



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

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



**Federal Fiscal Year 2024
(October 1, 2023 – September 30, 2024)**

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

August 15, 2023

TABLE OF CONTENTS

SECTION I

- A. Introduction
- B. Mission Statements
- C. State Agency Organization
- D. Local Agency Organization
- E. **PROGRESS FFY 2023** Goals and Objectives
- F. **FFY 2024** Goals and Objectives

A. INTRODUCTION

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

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

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

Section I of the plan contains the State goals and objectives FFY2024 and the evaluation for FFY2023. To the extent possible, the goals address the core functional areas of the WIC Program. The functional areas are management and organization, nutrition services and breastfeeding support and promotion, food delivery and food instrument accountability, vendor/retailer management, management information systems, caseload management and outreach, coordination of services, civil rights, certification and eligibility, monitoring and QA, fiscal management and data quality, analysis, and reporting. The goals and objectives are State-specific and function as a guide for enhancing both State and local program operations effectiveness and efficiency. The WIC Vendor Agreement is included for review. *Due to the State resources required to manage the aftermath of the nationwide infant formula shortage and impacts to WIC Program operations as well as analysis of local agency plans (LAP), we continue to limit the evaluation of FY 2023 Goals and Objectives and have streamlined the Resource Allocation section of the LAP for consistency. Significant State resources focused on Program Outreach and Technology advances, including the online application and myCT project. Further, State Outcome objective reports underwent a QI process which will impact State agency targets for the FY 2025 State Plan. These changes to reporting will improve program outcomes tracking and evaluation in the future and allow the Connecticut WIC Program to better monitor and respond to trends.*

Section II is the local agency operations manual and provides guidance to State and local staff about clinic level WIC policies and procedures. Building on lessons learned from the COVID-19 pandemic and guidance from USDA, the Connecticut WIC Program has included two draft policies that outline local agency expectations related to the opt-in ARPA waiver requirements and continuity of operations during a disaster or disruption.

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

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

infant formula rebate program. The Connecticut WIC Program took advantage of the flexibilities provided by Abbott and waiver authority provided by USDA/FNS to allow issuance and redemption of non-contract formulas due to the formula recall and shortages. These flexibilities have since expired, and the Connecticut WIC Program has resumed normal formula operations. To date, formula redemption rates of standard, contract formulas have nearly returned to pre-recall levels.

B. MISSION STATEMENTS

DPH Mission:

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

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

DPH Vision Statement:

Healthy People in Healthy Connecticut Communities

CFHPS Section Mission:

The Community, Family Health and Prevention Section is a positive and productive section of the Connecticut Department of Public Health that creates and achieves optimal public health outcomes through strong, consistent, proactive and ethical leadership; a positive and productive workplace environment; results-based accountability; and, premier customer 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" (2022), which states, "Breastfeeding and human milk are the normative standards for infant feeding and nutrition. The short- and long-term medical and neurodevelopmental advantages of breastfeeding make breastfeeding, or the provision of human milk, a public health imperative. The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for approximately 6 months after birth. Furthermore, the AAP supports continued breastfeeding, along with appropriate complementary foods introduced at about 6 months, as long as mutually desired by mother and child for 2 years or beyond."

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

Customer Service Principle:

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

C. STATE AGENCY ORGANIZATION

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

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

<p>Marangelie Ortiz Health Program Assistant 2 T: (860) 509-7526 F: (860) 509-8391 E-mail: Marangelie.ortiz@ct.gov</p>	<p>Compliance Investigations Compliance Buys Vendor complaints Vendor training High Risk Criteria Vendor monitoring as needed</p>
<p>Eric Marszalek Health Program Assistant 2 T: (860) 509-8072 F: (860) 509-8391 E-mail: Eric.marszalek@ct.gov</p>	<p>CT-WIC Vendor Portal Coordination Vendor Administrative Review Process A50 determinations WIC contact for EBT contractor Open enrollment and renewal process Technical assistance to vendors WIC webmaster</p>
<p>Beverley Daley Health Program Assistant 1 T: (860) 509-8076 F: (860) 509-8391 E-mail: Beverley.daley@ct.gov</p>	<p>Vendor monitoring Complaint follow up Vendor technical assistance</p>
<p>Barbara Quiros Health Program Assistant 1 T: (860) 509-7413 F: (860) 509-8391 E-mail: barbara.quiros@ct.gov</p>	<p>Competitive and Not to Exceed Pricing WIC Food Redemptions APL Maintenance Vendor training Technical assistance to Vendors and participants (transaction issues)</p>
<p>Maria Reyes Processing Technician T: (860) 509-7488 F: (860) 509-8391 E-mail: maria.reyes@ct.gov</p>	<p>Vendor application processing Vendor Authorizations Price Stock Survey updates Vendor correspondence/notification Tracks vendor penalties and prepares sanctions FNS/SNAP Collaboration//STARS</p>
<p>Susan Hewes Epidemiologist 3 T: (860) 509-7795 F: (860) 509-8391 E-mail: susan.hewes@ct.gov</p>	<p>Outcome objective analysis Program data analysis Produce results for quarterly objectives Internal/external data requests Adequate participant access determinations</p>
<p>Lauren Conroy Secretary 1 T: (860) 509-7462 F: (860) 509-8391 E-mail: lauren.conroy@ct.gov</p>	<p>State staff support Customer Service Order and maintain supplies Timekeeper Meeting minutes & training evaluations WIC Materials Management</p>
<p>Basil Obute Technical Analyst 2 T: (860) 509-7690 F: (860) 509-8391 E-mail: basil.obute@ct.gov</p>	<p>Systems development coordinator Local Agency technical support CT-WIC monitoring of automated processes CT-WIC data requests</p>
<p>Waqas Farooq</p>	<p>Development & maintenance</p>

<p>Technical Analyst 2 T: (860) 509-7429 F: (860) 509-8391 E-mail: waqas.farooq@ct.gov</p>	<p>Security Help Desk WICSmart WICShopper OCN Reporting</p>
<p>Deano Damico Technical Analyst 2 T: (860) 509-7688 F: (860) 509-8391 E-mail: deano.damico@ct.gov</p>	<p>Help Desk/Technical Support Equipment Prep/Deployment/Inventory Hardware Maintenance/CT-WIC update Hardware/Software Purchase</p>
<p>Michael Colello Technical Analyst 2 T: (860) 509-7210 F: (860) 509-8391 E-mail: michael.colello@ct.gov</p>	<p>Help Desk/Technical Support Equipment Prep/Deployment/Inventory Hardware Maintenance/CT-WIC update Hardware/Software Purchase</p>
<p>Linda MacPherson Associate Accountant T: (860) 509-7709 F: (860) 509-7227 E-mail: Linda.MacPherson@ct.gov</p>	<p>Financial Management of WIC grant Food Cost Estimation Review and monitor funding levels Organize and maintain budget. Project expenditures-budgets Work with auditors and program to ensure information reported is correct Monthly 798 reports for USDA Reconcile bank and treasurer accounts Monitor Local Agency cash flow, disbursements, and expenses</p>
<p>Yussuf Gulaid Fiscal Administrative Officer T: (860) 509-7713 F: (860) 509-8391 E-mail: Yussuf.Gulaid@ct.gov</p>	<p>Bank reconciliation & Treasury Report Abbott rebates Local agency budgeting and expenditures Breastfeeding Peer Counseling EBT report 425</p>

C. LOCAL AGENCY ORGANIZATION

LOCAL AGENCY	COORDINATOR	PROGRAM NUTRITIONIST
Bristol Health 9 Prospect Street Bristol, CT 06010 (860) 585-3280 mdickau@bristolhospital.org	Melissa Dickau	Christine Marschall
Connecticut Institute for Families (CIFC) 120 Main Street Danbury, CT 06810 (203) 797-4629 evansa@ct-institute.org	Anne Marie Evans	Jessica Liguori
Day Kimball Healthcare, Inc. 320 Pomfret Street Putnam, CT 06260 (860) 928-6541 KMorrisette@DayKimball.org	Kera Morrisette	Bianca Grover
East Hartford Health Department 754 Main Street East Hartford, CT 06108 (860) 291-7323 pmascoli@easthartfordct.gov	Patricia Mascoli	Carley Bedel
Hartford Health Department 131 Coventry Street Hartford, CT 06112 (860) 757-4780 shana.brierley@hartford.gov	Ponita Khouy (Acting)	Ponita Khouy
Meriden Health Department 165 Miller Street Meriden, CT 06450 (203) 630-4245 scarpenter@meridenct.gov	Shelley Carpenter	Ludim Sanchez
Optimus Health Care 1450 Barnum Avenue Bridgeport, CT 06610 (203) 333-9200 vsantiago@opthc.org	Verletha Santiago	Lauren Keenan
Thames Valley Council for Community Action (TVCCA) 83 Huntington Street New London, CT 06320 (860) 425-6620 rbrady@tvcca.org	Regina Brady	Jamie Shannon
Yale New Haven Hospital Saint Raphael Campus	Deborah Diehl	Jennifer Gemmell

150 Sargent Drive, 2 nd Floor New Haven, CT 06511 (203) 688-7670 Deborah.Diehl@ynhh.org		
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PROGRESS ON

FFY 2023

GOALS AND OBJECTIVES

Program Functional Area 1: Management and Organization

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

By September 30, 2023

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

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

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
<p>1.1 Convene monthly meetings (conference calls) for local agency coordinators to ensure on-going communication and feedback loop.</p>	<p>Schedule and facilitate at least 10 meetings with Program Coordinators to:</p> <ul style="list-style-type: none"> • Review policies and procedures. • Discuss funding and staffing issues. • Review CT-WIC data availability and reports. • Other topics as determined. 	<p>N/A</p>	<p>Summary of meetings.</p> <p>Improved compliance with policies and procedures.</p> <p>Increased sharing of strategies regarding resource utilization and staff retention.</p> <p>Improved use of data and discussions in LAP.</p>	<p>A total of 10 Program Coordinators' meetings were convened via MS Teams in FY2023 to keep local agencies updated on pandemic operations and the Public Health Emergency wind down efforts; formula recall/shortages information including transition back to normal formula operations; and other updates such as the transition to electronic Farmers Market Nutrition Program benefits. Meetings provided an opportunity for local agency staff to share information on resource utilization, program operations, and other key topics.</p> <p>State agency staff and partners presented at meetings on WIC survey data updates, CT-WIC MIS system and other IT</p>

				updates, and partner referral opportunities.
<p>1.2 Actively participate in MyCT project in 2023 to improve ease of access for applicants and ensure compliance with confidentiality regulations.</p>	<ul style="list-style-type: none"> • Attend meetings. • Provide clarification and information regarding WIC Program Regulations and policies. • Develop MOU/MOA as needed 	N/A	WIC Program successfully integrated into MyCT project and application.	<p>The WIC Director and State Nutrition Coordinator, as well as other relevant state agency staff attended regular meetings in FY2023 with the MyCT project team to finalize development efforts and prepare for launching the first phase of the site. The first phase creates a one-stop webpage for residents to access all of Connecticut’s HHS programs, including WIC. Residents can use a pre-screener function which will help them identify potential eligibility for HHS programs, and a second function wherein residents can link HHS program benefits to be displayed in one place for easy access. The soft launch began July 6, 2023 for state agency testing, and the full launch is anticipated for late summer 2023.</p> <p>Future phases may include additional integration and coordination of services, which will extend into the next fiscal year.</p>

<p>1.3 If funding is available, sponsor 1-2 local agency staff participation in NWA Leadership Academy on-line training course.</p>	<ul style="list-style-type: none"> • Determine if funding is available. • If yes, proceed with selection of local staff to apply to NWA • Connect with NWA Leadership Academy staff to coordinate PO and invoicing. • Follow-up with local staff during and after completion of course for evaluation. 	<p>N/A</p>	<p>Courses offered and successfully completed.</p>	<p>Two local agency staff participated in the next Cohort and completed 4 courses. One staff will now become a WIC Program Coordinator and the other left CT for a promotion opportunity at local WIC program in Virginia. NWA Leadership Academy is taking a pause after this cohort, we will revisit offering to local staff when the program opens registration.</p> <p>The State agency also offered two leadership workshops for local agency management staff throughout the fiscal year. The first workshop, held in person in March 2023, was entitled, "Leading Others Through Change." The second workshop was virtual in April 2023 and was entitled, "Bringing Out the Best in Others." The workshops were selected to help support local agency management staff in navigating challenges and strengthen teams, to support improved program delivery and engagement of staff to promote retention.</p>
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Program Functional Area 2: Nutrition Services, Breastfeeding Promotion and Support*

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

By September 30, 2023,

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

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

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

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

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

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

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

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

Objective 2.8: At least 50% of local agency submitted 2023 Local Agency Plans will have measurable strategies for nutrition outcome objectives. Local agency liaisons will make at least 1 in-person visit or phone call to each local agency to provide technical assistance in FY 2023.

Objective	Strategies/Activities	Baseline	Indicators	Progress
2.1 At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.	<p>Through State MER chart audits and observations investigate baseline data for maternal weight gain (MWG) indicators to determine areas for local agency improvement and recognize areas of local agency competence.</p> <p>When indicated, local agency liaison, may provide local agency management with feedback on corrective action plan (CAP) response and/or implementation via technical assistance visits, quality assurance activities (chart audits or observations) and/or training related to deficiencies in MWG indicators.</p>	<p>2023 WIC Objective: \geq 35%</p> <p><u>FFY 2018 Target:</u> \geq 35.0% Average: 26.5% Range: 11.6% - 37.3%</p> <p><u>FFY 2019 Target:</u> \geq 35.0% Average: 27.7% Range: 13.5% - 46.3%</p> <p><u>FFY 2020 Target:</u> \geq 35.0%* Average: 26.5% Range: 7.1%-40.2%</p> <p><u>FFY 2021 Target:</u> \geq 35.0%* Average 27.0% Range: 6.9-74.3%</p> <p>FFY 2022 Target: \geq 35.0%* Average 27.5% Range: 4.9-42.9%</p> <p>2023 data pending.</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>MER chart reviews and Observations.</p> <p>Improvement in trend data over time for low performing agencies.</p>	<p>Prenatal weight gain recommendations were documented 67% of both charts reviewed and observations. This was a decline from FY23 State Plan. Notably 1 local agency struggled with adequately discussing during observations and failed to appropriately document. Local agency staff would benefit from training in assisting participants in and documentation of a facilitated action plan for appropriate maternal weight gain.</p>

		<p>Data Source: FFY2018-2021: CT-WIC MIS (Management Information System).</p> <p>*Starting with FY 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
<p>2.2 The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.</p>	<p>Through State MER observations and review of documentation in chart audits, 80% of local agency staff incorporate prenatal weight gain guidance concepts in counseling, provide timely referrals and offer appropriate education materials that address applicable <i>modifiable</i> risk factors:</p> <ul style="list-style-type: none"> ▪ Smoking ▪ substance use (including prescription drugs) ▪ Prenatal weight gain ▪ Mental health concerns (PMAD) <p>Investigate Local agency Plan community needs assessments to determine baseline of LAP's that include data and/or add context to variables that impact LBW deliveries:</p> <ul style="list-style-type: none"> • teenagers • substance use • income • ethnicity • geographic location • mental health <p>Maintain relevant State agency collaborations that impact this outcome objective. (See Functional Area X)</p>	<p>2023 WIC Objective: ≤ 4%</p> <p>FFY 2018 Target: ≤ 6.0% Average: 2.6% ** Range: 0.0% - 13.0%</p> <p>FFY 2019 Target: ≤ 6.0% Average: 2.5% ** Range: 0.0% - 13.6%</p> <p>FFY 2020 Target: ≤ 6.0%* Average: 2.7% ** Range: 0.0% - 13.8%</p> <p>FFY 2021 Target: ≤ 4.0%* Average: 3.1% ** Range: 0.0% - 9.5%</p> <p>FFY 2022 Target: ≤ 4.0%* Average: 3.1% ** Range: 0.0% - 12.5%</p> <p>2023 data pending.</p> <p>(** Excludes pre-term & multiple births)</p> <p>Data Source: FY2018-2021: CT-WIC MIS (Management Information System). (*excludes pre-term & multiple births)</p> <p>*Starting with FY2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>Improvement in trend data over time for low performing agencies.</p>	<p>Of the two agencies reviewed to date, 67% of records indicated some discussions on prenatal weight gain guidance. In 90% of observations/chart audits staff provided timely referrals for smoking cessation and other substance use programs. Per indicator 2.1 additional training is needed on addressing prenatal weight gain.</p> <p>The State agency has developed strategies including use of the Prenatal Tell Me More (TMM) tool to assist staff in providing adequate education and support to ensure participants deliver a healthy full-term infant. Notably, only 9.6% of FY 2023 LAPs had TMM incorporated into strategies.</p>

<p>2.3 The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.</p>	<p>Through State MER observations and chart audits 90% of local agency staff effectively provide education to parents to reduce risk of development of anemia including:</p> <ul style="list-style-type: none"> ▪ Importance of timely blood work, ▪ Risk of lead poisoning ▪ Making appropriate referrals and follow-up. <p>Local agency liaisons will perform anemia QA chart audits in FY 2022. A total of 15 chart audits (sample to include 5 – 9-month infants; 5 – C1; and 5 – C2) to determine completeness of nutrition education documentation. Certain agencies will be selected based on outcome indicators.</p> <p>Indicators include anemia prevention, nutrition assessment, lab results, iron supplementation and type of anemia (if indicated).</p>	<p><u>2023 WIC Objective: ≤7.5%</u></p> <p><u>FFY 2018 Target:</u> ≤ 7.5% Average: 8.8% Range: 5.2% - 16.7%</p> <p><u>FFY 2019 Target:</u> ≤ 7.5% Average: 8.5% Range: 3.9% - 19.0%</p> <p><u>FFY 2020 Target:</u> ≤ 7.5%* Average: 8.5% Range: 3.5% - 18.2%</p> <p><u>FFY 2021 Target:</u> ≤ 7.5%* Average: 8.8% Range: 2.4% - 17.5%</p> <p><u>FFY 2022 Target:</u> ≤ 7.5%* Average: 8.2% Range: 2.9% - 12.7%</p> <p>2023 data pending.</p> <p><u>Data Source:</u> FY2018-2021: CT-WIC MIS (Management Information System).</p> <p>*Starting with FY2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>CT-WIC quarterly and annual reports. Chart audits and observations.</p> <p>Change in trend data over time for low performing agencies.</p>	<p>90% of local agencies monitored are using effective educational methods and appropriate education materials to assist parents in prevention of iron deficiency anemia for their children. Of the two local agencies reviewed to date, one agency had a significant number of findings related to missing bloodwork. In the one agency reviewed, in 25% of charts audited there is missing bloodwork. In addition, in 10% of charts despite bloodwork on file staff failed to enter results in CT-WIC.</p> <p>The State agency worked with a student intern May-June 2023 to conduct anemia chart reviews. Based on the indicators the summary of the results follows: 6 charts from 4 agencies were selected. Hgb/Hct was documented in 100% of the charts audited. Lead results were documented in 69.6% of charts audited. Of the 7 charts that did not have Lead results documented, no referral was documented (100%). Assessment notes were fully documented in 58.3% of the charts audited and</p>
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				<p>partially in 37.5% of charts audited.</p> <p>An anemia lesson plan was either partially documented (29.2%) or fully documented (33.3%) in the charts reviewed. In 37.5% of charts reviewed, no anemia lesson plan was documented.</p> <p>Factors causing anemia were fully documented in 50% of charts audited and partially documented in 20.8% charts. 29.2% of charts did not have Factors causing anemia documented.</p> <p>Family goals were fully documented in 25% of charts and partially 16.7%. 58.3% of charts did not have family goals documented.</p> <p>Lastly, follow-up appointments were fully documented in 16.7% of the charts reviewed, 50% were partially documented, and 33.3% of charts follow-up appointment notes were not documented.</p> <p>Based on these results, the State agency will provide local agencies training in FY24 on this quality assurance activity to improve the documentation of interventions for child participants with anemia.</p>
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<p>2.4</p> <p>a. The prevalence of BMI \geq 85thile to $<$ 95thile for children 2-5 years of age does not exceed 15%.</p> <p>b. The prevalence of BMI \geq 95thile for children 2-5 years of age does not exceed 10%.</p>	<p>10% of local agencies in FY 2022 incorporated follow-up staff training on BMI Guidance, Motivational Interviewing (MI) Guidance and TMM in their staff training plan. Based on strategies below, increase to 20% for FY 2024.</p> <p>30% of LAPs include TMM About Your Child in FY 2022/2023 strategies.</p> <p>Provide training for Program Nutritionists on effective strategies and tools (TMM) to use for child participants at risk for overweight and obesity.</p> <p>Convert the Child TMM tool to a fillable form.</p> <p>All child participants at risk of being overweight or obesity will have the TMM questionnaire completed at their follow-up visits to assess behaviors and monitor progress.</p> <p>Local agency liaisons will perform TMM QA chart audits in FY 2023. A total of 15 chart audits (sample to include child participants with at risk for or with overweight or obesity risk) to determine completeness of nutrition education documentation. Certain agencies will be selected based on outcome indicators.</p> <p>Indicators of effective use include documentation of TMM, MI, Stages of Change (SOC) and/or development of a plan.</p>	<p><u>2023 WIC Objectives:</u> Overweight: \leq 15% Obesity: \leq 10%</p> <p>a. <u>OVERWEIGHT:</u> BMI \geq 85thile to $<$95thile</p> <p><u>FFY 2018 Target:</u> \leq 15.0% Average: 15.0% Range: 11.3% - 21.8%</p> <p><u>FFY 2019 Target:</u> \leq 15.0% Average: 15.1% Range: 10.1% - 20.1%</p> <p><u>FFY 2020 Target:</u> \leq 15.0%* Average: 15.1% Range: 9.1% - 20.8%</p> <p><u>FFY 2021 Target:</u> \leq 15.0%* Average: 14.7% Range: 8.6% - 22.9%</p> <p><u>FFY 2022 Target:</u> \leq 15.0%* Average: 14.4% Range: 10.0% - 18.6%</p> <p>b. <u>OBESITY:</u> BMI \geq 95thile</p> <p><u>FFY 2018 Target:</u> \leq 10.0% Average: 15.1% Range: 8.7% - 21.1%</p> <p><u>FFY 2019 Target:</u> \leq 10.0% Average: 15.3% Range: 9.3% - 22.8%</p> <p><u>FFY 2020 Target:</u> \leq 10.0%* Average: 15.5% Range: 7.7% - 28.3%</p> <p><u>FFY 2021 Target:</u> \leq 10.0%* Average: 19.1% Range: 12.5% - 28.1%</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>All local agencies include in their 2023 LAP measurable strategies for reducing prevalence of childhood overweight and obesity. See 2.8</p>	<p>12.6% of local agencies' FY23 LAP's included TMM About Your Child in their FY23 strategies.</p> <p>The local agency liaisons performed chart audits in FY23 on 2 charts per local agency for a total of 20 charts. Results showed the following based on indicators developed. BMI assessment was fully documented in 80% of charts audited and partially documented in 10% of charts audited. 10% of charts audited did not document BMI assessment. Evaluation of Family Food Behaviors was fully documented in 35% of charts audited and partially documented in 45% of charts audited. 20% did not have appropriate documentation. Evaluation of Physical Activity was fully documented in 30% of the charts audited and partially documented in 45% of charts audited. 25% of the charts did not have appropriate documentation. None of the charts audited had MI and SOC fully documented. 15% of charts showed partial documentation, and 85%</p>
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	<p>50% of local agencies continue to use WICSmart modules for obesity/overweight prevention.</p>	<p>FFY 2022 Target: ≤ 10.0%* Average: 16.7% Range: 8.8% - 23.1%</p> <p>2023 data pending.</p> <p>Data Source: FY2018-2021: CT-WIC MIS (Management Information System).</p> <p>*Starting with FY2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>did not have appropriate documentation. Family Goals or Action Plans were fully documented in 5% of charts audited, 50% showed partial documentation, and 45% did not have appropriate documentation. The TMM About Your Child tool was fully documented in 25% of charts audited and 0% of charts had partial documentation. 75% did not have the TMM tool documented. Lastly, in 30% of the charts reviewed, follow-up notes were fully documented, 40% partially documented, and in 25% of charts follow-up notes were not documented.</p> <p>Based on these results the State agency developed FY24 strategies for local agencies to implement to improve use of TMM About Your Child Tool.</p> <p>Due to demands for scheduling other appointment types (to meet processing standards), several local agencies have implemented WICSmart to assist with staffing resources. To date, in FY23</p>
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				<p>we have seen a 47% increase in WICSmart module completion over FY22 levels. Conversations continue with management to support WICSmart assignment. 6/10 local agencies have notable improvement in WICSmart completion from FY22 to FY23.</p> <p>The State agency will continue to encourage local agencies to use WIC Smart modules to assist with overweight/obesity prevention and reduction efforts.</p>
<p>2.5 At least 80% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.</p>	<p>Through State MER observations and chart audits 50% of local agency staff will incorporate and document concepts from breastfeeding Content Sheets into prenatal education and counseling.</p> <p>50% of local agency staff will review and/or provide Make a Plan checklist at individual or group prenatal counseling/education. Indicators include documentation of preparing for hospital, family/friend support, skin-to-skin contact, rooming-in and community support.</p>	<p>2023 WIC Objective: ≥80%</p> <p><u>FFY 2018 Target:</u> ≥ 70.0% Average: 80.8% Range: 62.8% - 94.9%</p> <p><u>FFY 2019 Target:</u> ≥ 70.0% Average: 81.6% Range: 59.9% - 94.4%</p> <p><u>FFY 2020 Target:</u> ≥ 70.0%* Average: 81.3% Range: 63.9% - 93.6%</p> <p><u>FFY 2021 Target:</u> ≥ 80.0%* Average 79.8% Range: 61.1% - 94.3 %</p> <p>FFY 2022 Target: ≥ 80.0%* Average 79.6% Range: 62.8% - 94.9 %</p> <p>2023 data pending.</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports, Chart Audits and Observations conducted during Enhanced Breastfeeding Reviews and Peer Counseling Monitoring.</p> <p>Results of 2 enhanced Breastfeeding MERs, show documentation of 80% compliance with CT Guidelines for Breastfeeding Promotion and Support.</p>	<p>The State average for breastfeeding initiation continues with a stable trend of close to 80%.</p> <p>Half of local agencies reviewed to date in FY23 were observed utilizing effective and appropriate education materials to assist mothers in successful initiation of breastfeeding. In one agency reviewed there were several findings that indicated staff are not providing early and frequent breastfeeding education and support to women during the prenatal period. The Nutrition Services monitor was able</p>

	<p>Breastfeeding Unit (State Breastfeeding Coordinator and State agency WIC Peer Counselor Coordinator (IBCLC)) will continue to participate in Regional WIC Breastfeeding Curriculum training (CT, NH, ME, VI and VT) to train local agency staff and select community partners using the USDA/FNS DBE Curriculum.</p> <p>Breastfeeding Unit to conduct 1-2 enhanced breastfeeding reviews at local agencies. (One review will include agency with peer program.) See 2.6.</p> <p>Contribute to CDC 1807 cooperative agreement (SPAN 1807) breastfeeding activities related to initiation: Ten Step Collaborative, Ready, Set Baby webpage and It's Worth it Campaign.</p>	<p>Data Source: FY2018-2021: CT-WIC MIS (Management Information System).</p> <p>*Starting with FY2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		<p>to validate that only 1 of 2 of agencies reviewed utilize the Make a Plan (MAP) checklist during counseling.</p> <p>The WIC Breastfeeding Unit participated as part of Regional Breastfeeding Curriculum Training Collaborative in Fall 2022 and Spring 2023. Another Regional training opportunity is planned for Fall 2023 Levels 1-4 for State and local staff in CT, NH, ME, VI and VT.</p> <p>An enhanced breastfeeding review was completed in Spring 2023.</p> <p>SPAN 1807 evaluation will be available in August 2023. A continuation application was submitted for the next round of funding (SPAN 0012). Funding award is pending.</p>
<p>2.6 At least 60% infants enrolled in the WIC Program are breastfed for 6 months or more.</p>	<p>Through State MER observations and chart audits 50% of local agency staff will incorporate and document concepts from 7 duration focused breastfeeding content sheets, HUSKY breast pump access, and overview of CT breastfeeding laws, into individual or group prenatal counseling/education.</p> <p>Provide oversight and technical assistance to 8 WIC clinic based</p>	<p>2023 WIC Objective: ≥ 60%</p> <p><u>FFY 2018 Target:</u> ≥ 50.0% Average: 69.4% Range: 44.9% - 91.4%</p> <p><u>FFY 2019 Target:</u> ≥ 50.0% Average: 65.2% Range: 37.5% - 90.7%</p> <p><u>FFY 2020 Target:</u> ≥ 50.0%* Average: 64.4% Range: 42.6% - 88.9%</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports. Chart audits and Observations.</p>	<p>The Nutrition Services monitor was able to validate that 1 of the 2 agencies reviewed utilize the Make it Work (MIW) checklist during counseling.</p> <p>Please see the updated FY23 Breastfeeding Peer</p>

	<p>Breastfeeding Peer Counseling Programs through on-site visits, conference calls and review of quarterly program and financial reports. Work with Bristol/New Britain local agency to implement a BFPC program in FY 2023.</p> <p>Continue to monitor implementation of peer-counseling module in CT-WIC, including development of consistent, automated data reports for peer counseling programs.</p> <p>Contribute to SPAN breastfeeding activities related to duration: increasing access and equity in lactation, Collaboration with PRAMS Epidemiologists on Data to Action documents, Workplace Lactation Accommodations, and Breastfeeding Friendly Medical Offices Recognition.</p>	<p><u>FFY 2021 Target:</u> ≥ 60.0%* Average: 61.8% Range: 38.6% - 89.3%</p> <p><u>FFY 2022 Target:</u> ≥ 60.0%* Average: 62.7% Range: 37.7% - 90.4%</p> <p>2023 data pending.</p> <p><u>Data Source:</u> FFY2018-2021: CT-WIC MIS (Management Information System).</p> <p>*Starting with FY2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>Quarterly activity and expenditure reports from peer counseling contractors, including # of women enrolled, and duration rates are reviewed and approved.</p> <p>CT-WIC Peer counseling modules are being used appropriately in agencies with peer counseling programs.</p> <p>SPAN reporting.</p>	<p>Counseling Implementation Plan for details on oversight and updates in the CT WIC Breastfeeding Peer Counseling Program.</p> <p>A student intern completed an evaluation of the SPAN-funded pilot of Pacify app in two local agencies (Access-DKH site and TVCCA). The report is available for review upon request. Results will assist the State agency in expanding Pacify services to other local agencies in the future.</p>
<p>2.7 Monitor the successful implementation of CT-WIC via policy revisions, provision of State and local staff training and technical assistance, update of CT-WIC</p>	<p>Facilitate weekly internal (DPH) CT-WIC support meetings for 2023 to improve CT-WIC performance and reduce CT-WIC problems.</p> <p>Develop Release Notes for scheduled CT-WIC releases.</p>	<p>Help Desk Calls.</p>	<p>Reduction of Help Desk calls from local agencies and participants related to eWIC shopping experience and/or CT-WIC policies.</p>	<p>Weekly internal DPH CT-WIC support meetings were held in FY23. WIC IT, Nutrition, and Vendor staff were in attendance. Most of the meetings focused on testing and moving the CT-WIC server from DPH to</p>

<p>marketing and participant training materials.</p>	<p>Determine new process for monitoring nature of Help Desk calls (immediately following a Release) to provide targeted training or QA needs.</p>			<p>BITS. Other topics included investigations and solutions to reported bugs, and discussions on enhancements to the system.</p> <p>Release Notes and/or Memorandums were developed for local agency staff for the following releases and move: Release 3.7 on 10/23/22 Release 3.8 on 2/5/23 Server Move from DPH to BITS on 3/12/23. Release 3.9 on 4/16/23. A new process for monitoring Helpdesk calls was not put in place as the DPH IT Helpdesk is considering implementing new software for reporting issues to the Helpdesk. Currently, local agency staff call or email the DPH IT Helpdesk to report issues. <u>From 10/1/22 through 6/20/23, 1770 Helpdesk tickets related to CT-WIC were opened, resolved, and closed.</u></p>
<p>2.8 At least 50% of local agencies submitted 2023 Local Agency Plans will have measurable strategies included for nutrition outcome objectives.</p>	<p>Liaisons will meet at least 2 times in FY 2023 to discuss tracking spreadsheet and local agency trends observed.</p> <p>At least 50% of local agencies implemented their stated LAP measurable strategies for FY 2023 Use FY 2022 % to re-establish</p>		<p>2023 LAP outcomes summary tool</p> <p>During technical assistance visits, local agency liaisons will discuss the local agency's progress at achieving its measurable strategies for all nutrition outcome objectives.</p>	<p>Liaisons met to update FY24 strategies and to discuss the results of TA visits. A decision was made to standardize strategies for FY24 Resource Allocation to see if this improves local</p>

	<p>baseline and to evaluate if local agencies made progress or met target for including measurable strategies in the 2023 LAP for each nutrition outcome objective:</p> <ul style="list-style-type: none"> • 70% for appropriate MWG • 70% for LBW infants • 70% for prevalence of anemia in children • 85% for reducing the prevalence of overweight and obesity in children • 70% for increasing breastfeeding initiation for mothers on the WIC Program for 6 months or more during pregnancy • 70% for increasing breastfeeding duration for infants to 6 months or more 		<p>Trends or issues identified at liaison meeting/discussion 2x/year.</p>	<p>agency outcomes and efficiency.</p> <p>An evaluation of the FY23 LAP submissions related to measurable strategies showed:</p> <p>82% of local agencies included measurable strategies for MWG, with 54.5% partially meeting and 27.3% fully meeting the indicator.</p> <p>82% of local agencies included measurable strategies for LBW with 54.5% partially meeting and 27.3% fully meeting the indicator.</p> <p>82% of local agencies included measurable strategies for Childhood Anemia, with 54.5% partially meeting and 27.3% full meeting the indicator.</p> <p>73% of local agencies included measurable strategies for Childhood Overweight and Obesity with 45.5% partially meeting and 27.3% full meeting the indicator.</p> <p>73% of local agencies included measurable strategies for breastfeeding Initiation with 45.5%</p>
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				<p>partially meeting and 27.3% full meeting the indicator.</p> <p>73% of local agencies included measurable strategies for Breastfeeding Duration with 45.5% partially meeting and 27.3% full meeting the indicator.</p> <p>In FY24 we will eliminate this objective as the State agency developed the measurable strategies for all Nutrition Outcome Objectives. Evaluation will focus on training, implementation, and evaluation of the strategies.</p>
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*See Functional Area 12, Data Quality, Analysis and Reporting for information Epidemiology and IT specific activities related to on these strategies.

Program Functional Area 3: FOOD DELIVERY AND FOOD INSTRUMENT ACCOUNTABILITY

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

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

Objective: 3.2 Follow up on participant shopping experience project.

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

Objective	Strategies/Activities	Baseline	Indicators	Progress
3.1 Improve functionality of the Nutrition Module in CT-WIC.	Utilize CT-WIC data to improve competitive pricing amongst vendor peer groups.	October 2018	Manual exports needed to obtain the data.	Prices were adjusted to accommodate fluctuations in the market amongst the peer groups. Prices are obtained via online searches, prices gathered during monitoring visits, and the 97% report.
	Correct the functionality of UPC Upload for batch uploading into the APL.	October 2018	CT-WIC errors occurred when uploading text file.	Issue to be documented and sent to 3Sigma for investigation.
	Assess NTE Modeling enhancement and develop cat/subcat max price report in reporting portal.	October 2018	Reports in SSRS reporting portal utilize data from CT-WIC.	High Price Indicator is being tested and used for UPCs that have alternate packaging or forms that are priced higher than other items in the subcategory.
3.2. Follow up on participant shopping experience project.	New local agency staff will conduct WIC purchases with test cards to gain a perspective of the participant's experience in shopping.	October 2019	New employee orientation and onboarding for new staff. Improve understanding of WIC shopping challenges.	Local agency test cards issued in March and May 2023 for new staff and coordinators to conduct purchases.
	Standardized training program for local agencies to train participants remotely on obtaining balance inquiries, looking for shelf labels, using a mobile app for WIC approved products.	October 2019	The creation of a standardized training program and consistent use of it, leading to fewer complaints and phone calls about participants not knowing how to use card.	Presentation by state staff on the shopping experience in December 2022 and June 2023 at the new local agency staff orientation. A checklist is being developed in Q4 to share with all staff.

	Distribute results of project to all authorized vendors.	December 2019	Areas for vendors to make improvements in the shopping aisles and/or at checkout lanes	In Q4, the program will send the pertinent sections on shopping from the FY21 participant satisfaction survey results to vendors.
	Utilize results of Participant Satisfaction survey to assess improvements in participants' shopping experiences.	FY19 data Results of NWA Participant Satisfaction Survey	Rate eWIC card shopping averages: 1.59% -Poor; 55.83% - Excellent Could not find WIC foods: 52.35% WIC foods not labeled: 41.88% Cashier determination of WIC allowable food before scanning: 21.49%	FY21 Participant Satisfaction survey asked about changes in shopping experiences in the prior 6 months, reasons for not buying all of their WIC foods, and shopping options. Did not purchase options because they did not know how: 45.4%; Could not find WIC foods: 48.8%; Difficulty finding transportation: 20.8%; Difficulty finding childcare: 40.1%; Did not buy all their WIC foods because: online shopping was not available: 41.9% and curbside pick not available 40.7%; Ordering WIC foods for pick up: 59.7%; Ordered WIC foods for home delivery for additional out of pocket fee: 34%; Used self-checkout: 65.3%. ShopRite for Home that was made available in FY21 for WIC online ordering was reviewed for any updates needed and a successful test order was conducted in April 2023.

	<p>Participate in USDA WIC Shopping experience Improvement Grant: Explore feasibility of online shopping for the Northeast States</p>	<p>Application due August 8, 2022</p>	<p>State Directors discussion on assessing interest within our region and the common vendors we share.</p>	<p>CT WIC did not apply for the grant due to expecting to change EBT providers and awaiting the results of the Online Pilots through the Gretchen Swanson Center for Nutrition. The Program was expecting to collaborate with RI WIC on a feasibility study and provided RI with FY21 data regarding shopping from the NWA Multi State Participant Satisfaction Survey. CT WIC attended a webinar on 4/17/23 for this grant. CT WIC did accept the WIC Modernization Grant funds to explore online shopping as part of its proposal. The FRVM unit met on 4/26-4/27/23 to finalize its comments on the Online Shopping Proposed rules.</p>
<p>Objective 3.3 Cross training of staff on vendor and nutrition modules</p>	<p>Training of food resource and vendor management staff on connections between authorization, food items, pricing, monitoring, sanctions, reports, CT-WIC and EPPIC</p>	<p>July 2021</p>	<p>Improved knowledge of connections between CT-WIC modules and EBT provider portal</p>	<p>Discussions at various FRVM unit meetings held weekly to show available reports, review pricing. Training provided on 5/3/23 on modifications to a redemption report in the SSRS reporting portal. Staff work together in the Nutrition Module to create subcategories and manage products, in addition to creating process documents on the functionality of the CT-WIC screens and verification in the EBT provider portal.</p>

	Staff to provide walk throughs of CT-WIC screens to identify improvements and connections to enhance CT-WIC.	October 2021	Knowledge of WIC approved categories and subcategories, maximum prices, food issuances, food packages, peer group averages and assignments	Demo of enhancements made in release 3.7 to the CT-WIC Training screen on 11/2/22 that affects recording training attendance, readiness for monitoring, and connects with the monitoring screen to populate an activity row for the monitoring case. In May 2023, program staff provided a walkthrough for Fiscal staff on Maintaining Contracts for the rebate system in CT-WIC. Program staff provided demos for IT staff on CT-WIC screens to understand the user interface for Single Sign On and External Vendor Portal screens. Throughout this fiscal year, CT-WIC module demonstrations have been provided to new IT staff. In Q4, the program will walk through the UPC Maintenance screens for mass UPC uploads.
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Program Functional Area 4: Vendor Management

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

Objective: 4.1 Improvements in reporting vendor data.

Objective: 4.2 Transition of EBT Processors

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

Objective: 4.4 CT-WIC Enhancements to streamline processes

Objective: 4.5 Training videos to supplement interactive vendor training

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

Objective: 4.7 Implementation of Food Delivery Portal (FDP)

Objective	Strategies/Activities	Baseline	Indicators	Progress
4.1 Improvements in reporting vendor data.	Utilize CT-WIC data to improve reporting of redemption data, patterns, and food sales assessments.	October 2020	Refining reports in the SSRS reporting portal using the data from CT-WIC to provide more comprehensive information.	Expansion of the Less than \$25 report parameters and deployment to the DPH Reporting Portal. Work between IT and Program staff beginning in March to convert reports from Webfocus reporting software to the SSRS reporting portal for accessibility for all staff. Meeting of program staff on 4/18/23 to review IT's output and finalize report for deployment to DPH Reporting Portal and deployed on 4/28/23. Expanded reports are being worked on at the end of Q3 and through Q4.

	Finalization and implementation of Application Log in CT-WIC to track enrollment processes for new, renewal authorizations.	October 2018	Functionality of Application Log screen and Excel export.	Added the application status as a search field to monitor the status of new and renewal applications.
	Utilize CT-WIC data to improve tracking for compliance investigations.	October 2018	Tracking the status of individual investigations and Key Performance Indicators. Revisions to high-risk vendor report	Program and IT developed the FDP spreadsheets for upload.
	Utilize CT-WIC data to improve tracking for sanctions and referrals to SNAP on WIC DQs.	October 2018	Information is logged in CT-WIC on the sanction screen, and separate Excel spreadsheet is used for tracking purposes.	Program and IT developed the FDP spreadsheets for upload.
	Utilize CT-WIC data to improve tracking for training.	October 2018	Anticipated attendance for training; sessions, vendors assigned, and attendance. Interactive, High Risk, Annual training.	Added functionality in CT-WIC to select all vendors for the Annual Training document that is emailed in September of each year. Added functionality to the training attendance screen to create a case row for monitoring once training was completed.
	Utilize CT-WIC data to fulfill requirements for the 6 spreadsheets required for FDP.	October 2018	WIC-44 report from TIP website was used as the basis for the TIP report and a similar report will be available in FDP.	Multiple meetings held between program and IT staff and testing of the 6 extracts. FDP planning meeting for FY22 data held on 4/13/23.

4.2 Transition of EBT Processors	Participate in joint SNAP/WIC conference calls with NERO states to finalize Northeast Coalition of States (NCS) EBT Services.	Calls began January 7, 2021.	Discussion of any common areas between programs, establish WIC/SNAP timelines, coordinate services.	CT WIC participated monthly on NCS Joint WIC SNAP EBT calls to discuss the status of contracts.
	Participate in monthly WIC EBT conference calls with NERO states to collaborate on contract and implementation of EBT Services.	Calls began January 24, 2022.	FNS to support a successful implementation of the new EBT contract and services.	FRVM staff reviewed the WIC EBT Conversion Framework document during February 2023 and attended the training by FNS on 3/1/23. The State WIC Director, Nutrition, Vendor, and IT staff in Connecticut participated monthly on NERO WIC EBT calls to share EBT activities, the status of our current EBT contract and status of the NCS contract for NY.
	Draft WIC Contract to Legal for review and move through the contracting process via DAS.	October 2022	DAS approval to join NY State contract on June 21, 2019. Awaiting NY to execute their contract by October 2022.	On hold until New York decides on the NCS bid protest and executes an EBT contract.
	Notify WIC Vendor Advisory Council and authorized vendors of contractor selection.	Awardee was selected in December 2021	Vendor community informed on potential changes.	See above.
	Finalize and execute DPH WIC contract to partake in NCS contract.	December 2022	DAS approval to join NY State NCS RFP provided on June 21, 2019.	See above.
	Transition and Conversion plan for data, stand beside devices, retailer and participant portals, WIC cards	October 2022	Transition to new provider	See above.
	4.3 Develop policies and establish business processes for a Policy and Procedure Manual.	Document new processes in response to changes to current business practices.	March 2020	Changes to the WIC Vendor Agreement

	Revise policies and establish business processes for a Policy and Procedure Manual.	Policies and procedures in writing.	Implementation of eWIC, utilization of CT-WIC, and the COVID-19 pandemic changed processes. Shared knowledge of processes.	Change Enrollment Dates for the Vendor Portal in January 2023, details added to Maximum Allowable Reimbursement Levels in November 2022.
	Modify the CT-WIC Manual for the Vendor Module based on changes and enhancements made.	April 2018	Vendor Module Manual updated last for version 1.9.	Delayed to next fiscal year, as the program had competing priorities during the infant formula recall. Changes needed to the CT-WIC Manual are extensive, as it was not completed at the time that they system was acquired.
4.4 CT-WIC Enhancements to streamline processes.	Enhancements to Vendor Module training screens to increase the functionality and connection between training, monitoring and competitive pricing phases with selection criteria verification.	August 2020	NERO approved OA projects in Q3 of FY22; enhancement planned for 3.7 release. Screens operate independently between enrollment and routine training and monitoring.	Training screens enhancement deployed to the production environment with Release 3.7 on October 23, 2022.
	Refinement of the full monthly redemption report with EBT data through CT-WIC. SSRS report in our internal reporting portal captures data from multiple modules and redemption tables.	Database only accessible through EPPIC and/or IT report requests.	EPPIC access is not available to LA Coordinators, and not available on an as needed basis.	Program and IT staff worked together in Q1 to revise existing reports in the SSRS reporting portal. The amount of data in a full monthly redemption report is exorbitant, and the program will continue to revise the reports in usable formats.
	Utilize CT-WIC via Apple Ipad to allow real-time access to vendor information and provide electronic record of monitoring visits.	Monitoring visits currently done on paper.	Number of electronic documents available through the vendor portal to the MIS. Microsoft Surface tablets are not a reliable or stable device for in-store use. OA funding available for device purchases.	Ipads were ordered and received. SIM cards have been delayed and expected to be in use by Q4 of FY23.

4.5 Training videos to supplement interactive vendor training	Work with DPH Office of Communications and recording through Microsoft Teams to develop training videos to be used for open enrollment and renewal trainings.	October 2019	Consistent messaging for all training sessions.	Delayed to next fiscal year, as the program had competing priorities during the COVID-19 public health emergency and infant formula recall.
	Post on website for vendor use in training additional staff.	October 2019	Assistance to vendors to train more employees on WIC policies and procedures.	Delayed to next fiscal year, as the program had competing priorities during the COVID-19 public health emergency and infant formula recall.
	Request from other states who utilize post-training tests, online assessments to test knowledge of training.	October 2019	Training chapters will apply to different areas regarding minimum stocking requirements, transaction processing, violations, and sanctions.	Researched information gathered from prior fiscal years from other states' interactive training and train the trainer programs.
4.6 Improve investigation services through RFP process and inventory audits.	Re-Initiate an RFP for Compliance Investigation contract.	WIC timeline: RFP release date: 12/1/22.	Developed and issued an RFP for compliance buys investigation. No responses received in FY21; will revise and repost.	Deferred to FY24 due to other priorities. Undercover compliance buys have been conducted using state staff. The DPH Contracts Management Section is extremely short staffed, and due to the workload, it is not feasible to add another contract in FY23.
	Screen and evaluate all proposals to determine if bidders meet the requirements of the RFP.	WIC Timeline: Tentative 4/3/23.	Reviewed RFP proposals.	Deferred to FY24 due to other priorities. Undercover compliance buys have been conducted using state staff. The DPH Contracts Management Section is extremely short staffed, and due to the workload, it is not feasible to add another contract in FY23.

	Select a vendor to conduct compliance buys investigation services for the WIC program.	WIC Timeline: Tentative contract award notification: 4/10/23.	Screening team selected winner for the compliance buys investigation services.	Deferred to FY24 due to other priorities. Undercover compliance buys have been conducted using state staff. The DPH Contracts Management Section is extremely short staffed, and due to the workload, it is not feasible to add another contract in FY23.
	Develop a contract language for compliance investigation services.	WIC Timeline: Tentative 5/2/23.	Developed new contract language.	Deferred to FY24 due to other priorities. Undercover compliance buys have been conducted using state staff. The DPH Contracts Management Section is extremely short staffed, and due to the workload, it is not feasible to add another contract in FY23.
	Submit paperwork to initiate contract process.	WIC Timeline: Tentative 5/2/23.	Final contract paperwork submitted for review and approvals.	Deferred to FY24 due to other priorities. Undercover compliance buys have been conducted using state staff. The DPH Contracts Management Section is extremely short staffed, and due to the workload, it is not feasible to add another contract in FY23.
	Follow up contract process to make sure contract is executed.	WIC Timeline: contract Agreement start date: 10/1/23.	Executed contract with a selected vendor to provide compliance buys investigation services.	Deferred to FY24 due to other priorities. Undercover compliance buys have been conducted using state staff. The DPH Contracts Management Section is extremely short staffed, and due to the workload, it is not feasible to add another contract in FY23.

	Increase the number of Inventory Audits in place of undercover investigations.	October 1, 2022	Proposals were not submitted in response to the 2021 RFP and no contract for FY22 for undercover compliance buys.	Inventory audits have been increased to 13 vendors and represents 30% of all compliance investigations conducted.
4.7 Implementation of Food Delivery Portal (FDP)	Finalize spreadsheet templates with data from CT-WIC for each area; FDE, Annual and Training Data, Redemption, Investigation, Violation, and Sanctions and Claim Collections	Final FDP templates sent March 11, 2022	FDP File upload process is expected to be available for users in July 2022	Multiple meetings held this year between program and IT staff and testing of the 6 extracts. Worked with the FDP Helpdesk to find and correct formatting errors.
	Assign new FNS WIC IDs for existing authorized stores through FDE upload process for vendor authorized after FY20 TIP submission.	FNS WIC IDs assigned to authorized vendors on November 3, 2021	New WIC vendors authorized after October 1, 2020 were not yet assigned FNS WIC IDs.	FNS WIC IDs for new WIC vendors authorized after October 1, 2022 generated by the FDP with the successful FDE upload on June 27, 2023. These new FNS WIC IDs were then integrated into the associated CT WIC vendor records.
	Upload the 6 required spreadsheets, into the Food Delivery Portal.	Final FDP templates sent March 11, 2022	FY 2021 data entered in FDP by October 31, 2022.	Review of all FY22 data for FDP began in April 2023. The last of 6 uploads were successful on July 20, 2023.
	Upload the 6 required spreadsheets for FDP into	Final FDP templates sent March 11, 2022	FY 2022 data entered in FDP by June 30, 2023.	FY22 FDP planning meeting held on 4/13/23 by program staff. Program received new final templates on April 7, 2023, that were utilized for the FY22 submission due date of June 30, 2023.

Program Functional Area 5: Management Information Systems

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

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

Objective: 5.2 Move towards a self-service reporting environment for regular WIC information needs.

Objective: 5.3 Develop a new MIS equipment obsolescence plan.

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

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

Objective: 5.6 Implementation planning for next EBT contract

Objective: 5.7 Begin procurement planning for next MIS support contract

Objective: 5.8 Move MIS system to new hosting environment

Objective	Strategies/Activities	Baseline	Indicators	Progress
5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.	Add additional functionality to CT-WIC.	MIS-WIC implementation project complete.	Timely update of changes to reflect USDA policies	We continue to modernize the UI and functionality of CT-WIC. We have interfaced it with Dept of Agriculture's system to offer eFMNP. Currently preparing for the development of a participant portal with WIC Tech Grant funds. Also working with other agencies on a centralized citizens dashboard for services (HHS Portal or myCT).
5.2 Move towards a self-service reporting environment for regular WIC information needs.	Implementing data dashboard to replace file and paper distribution.	Webfocus reports are being converted to SQL Server Reporting Services (SSRS)	Webfocus reports sunset, begin conversion to PowerBI	Webfocus conversion is almost complete but has taken longer than planned. PowerBI adoption has also been slow. We have created some test dashboards, but not widely used yet.

<p>5.3 Develop a new MIS equipment obsolescence plan.</p>	<p>Continuing equipment refresh every three to four years.</p>	<p>Current IT infrastructure is a client/server environment on windows platform using technical control is as follows: Routers are managed by DAS Bureau of Enterprise Systems and Technology, while switches, servers, desktops, laptops, tablets and printers are managed by DPH/WIC IT, providing the necessary security, constant monitoring of database and network, equipment refreshment and maintenance.</p>	<p>Age and maintenance.</p>	<p>Ongoing refresh of desktops and laptops. Currently planning for switch upgrade at local agencies. CT-WIC servers have been migrated to the state's private cloud for resiliency.</p>
<p>5.4 Increase staff knowledge and utilization of current Programming languages, tools and techniques.</p>	<p>Staff have access to training library Training on new version of Focus reports to leverage legacy reports with new dashboard technology.</p>	<p>Staff have access to library as needed.</p>	<p>Staff are utilizing training library.</p>	<p>Staff have access to training materials.</p>
<p>5.5 Implement new technologies to enhance productivity and system security.</p>	<p>Implement Office 365 for Local Agencies to access state resources.</p>	<p>VPN connection to some resources, no access for others.</p>	<p>Local agencies able to access applicable state resources and share files via Teams.</p>	<p>Still in progress. Various State IT migrations have delayed some of our conversion plans.</p>
<p>5.6 Implementation planning for next EBT contract</p>	<p>Complete state contract for EBT services. Convert from existing vendor to new vendor.</p>	<p>Waiting on NY to complete primary procurement.</p>	<p>NY completes master contract, contract awarded through DAS, conversion completed.</p>	<p>Contract is still held up in New York. Unable to have meaningful discussion with selected contractor until protest ends.</p>
<p>5.7 Begin procurement planning for next MIS support contract</p>	<p>The existing contract is expiring in 2023. Plan procurement strategy with FNS and start IAPD process.</p>	<p>Have approval to use NASPO contract from DAS. Awaiting concurrence from FNS.</p>	<p>IAPD created and statement of work created.</p>	<p>FNS has approved NASPO contract use. Working with Connecticut Department of Administrative</p>

				Services to publish Statement of Work.
5.8 Move MIS system to new hosting environment	Resolve issue with state data center or move to cloud hosting.	Existing SAN storage is being decommissioned. Need to either move to state data center or cloud. State data center is presenting technical issues with the existing VPN connection.	MIS system moved off legacy server to new environment.	Main system is transitioned to state private cloud. Finalizing some transition activities to decommission legacy servers.

Program Functional Area 6: Caseload Management/Outreach

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

By September 30, 2023:

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

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

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
6.1 Target 1% increase over 2021 first trimester enrollment rates.	50% of LAP's Outreach Plans include a measurable strategy focused on 1 st trimester enrollment.	<p>2023 WIC Objective: ≥ 40%</p> <p><u>FFY 2018 Target:</u> ≥ 40.0% Average: 19.5% Range: 7.0% - 40.4%</p> <p><u>FFY 2019 Target:</u> ≥ 40.0% Average: 19.9% Range: 3.4% - 33.8%</p> <p><u>FFY 2020 Target:</u> ≥ 40.0%* Average: 17.4% Range: 4.3% - 38.6%</p> <p><u>FFY 2021 Target:</u> ≥ 40.0%* Average: 13.7% Range: 0.0% - 34.3%</p> <p>FFY 2022 Target: ≥ 40.0%* Average: 14.0% Range: 0.0% - 42.1%</p> <p>2023 data pending.</p> <p>Data Sources: FFY2018-2020: CT-WIC MIS (Management Information System).</p>	<p>CT-WIC Process Objective Report (FY 2022) 1st trimester enrollment of pregnant women is greater than or equal to 40%.</p> <p>DPH/DSS exchange data at least quarterly on co-enrollment between WIC & HUSKY-A.</p>	<p>The State did not achieve a 1% increase in first trimester enrollment. However, the local agency range did increase over 2021 data. We are still recovering from COVID-19 impact on meaningful outreach, especially in OB/GYN offices. The State agency developed strategies for FY24 that we hope will positively impact early prenatal enrollment.</p> <p>Both local agencies reviewed to date, had findings related to meeting the processing standard. Unfortunately, most local agencies reported issues scheduling participants within the processing standard in FY23 and</p>

		<p>*Starting with FY2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		<p>several requested extensions to the standard.</p>
<p>6.2 Implement a focused Outreach Campaign - WIC is MORE in FY 2022-2023. CDC Health Disparity grant reporting is required.</p>		<p>Baseline data in 2022</p>	<p>Overall participation increases (target areas = Hartford, Bridgeport, New Haven, Norwich/New London, Meriden/Middletown)</p>	<p>The WIC is More outreach campaign ran from June 2022 through February 2023. Prior to the campaign kick off, the WIC Online Interest Form was released on April 8, 2022. Campaign creatives included digital audio & video, display banners, paid social media ads, social media toolkit for posting on DPH social media platforms, out of home advertising which included geofencing to target residents exposed to outdoor posters and bus wraps. All campaign creatives linked CT residents to the Online Interest Form.</p> <p>From April 8, 2022-June 14, 2023, we have received over 9500 unique Online Interest Form applications. We received 6000 applications during the campaign timeframe of June 2022-February 2023 with half of the applications from the campaign targeted areas (Hartford, New Haven, Bridgeport, Middlesex and New London counties).</p>

				<p>Based on September 2022 data WIC participation rates had an estimated 6% increase in statewide participation. From April 2022-June 2023 we have noticed fluctuations in participation rates in some of the campaign target areas. Statewide we are currently at 0.4% increase in participation with ranges in our campaign area from 0.2-13% and several sites with a decline in participation ranging from .01-1.2%. Over time we have closely monitored participation rates specifically in the target areas to better understand why the campaign may have had a greater impact in some areas and not in others. We attribute some of the decline to changes during the holiday season, LA staffing challenges, and mandatory staff training in the fall of 2022.</p> <p>We were awarded additional CDC funding to continue with the campaign in FY24.</p>
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<p>6.3 25% of FY 2023 Local Agency Plans will include an Outreach Plan with measurable strategies.</p>	<p>50% of FY 2023 LAP's will include an evaluation of prior year's outreach activities.</p> <p>Provide review for Program Nutritionists and Program Coordinators about developing targeted, measurable strategies, using updated Outreach Materials.</p> <p>During technical assistance visits, Local agency liaisons will discuss the development of a local Outreach Plan and measurable strategies.</p>		<p>LAP submission and MER Program Operations questions on Outreach.</p>	<p>17.5% of FY LAPs had either complete (12.5%) or partially complete (5%) outreach activities and evaluation.</p> <p>Updated Outreach campaign information was provided to both targeted agencies and all staff during FY23.</p>
<p>6.4 100% of local agencies will review and use CT-WIC show rate tracking report to improve access to WIC services.</p>	<p>During monitoring ensure local agencies are implementing proven strategies to improve show rate including</p> <ul style="list-style-type: none"> • 100% of local agencies monitor show rate weekly. • Retrieve and Utilize One Call Now (OCN) report to manage clinic schedules and show rates. <p>Based on 2022 MER results, the Program Operations Monitor will highlight at least 2 best practices for improving show rates at a Statewide meeting or other appropriate venue in 2023.</p> <p>Determine if feasible to add a show rate indicator as a</p>	<p>Develop a realistic baseline using pre-pandemic and pandemic rates.</p>	<p>Review and verification of local agency process for tracking, analyzing, and implementing effective strategies to improve show rates.</p>	<p>The show rate reports for 2021 and 2022 confirm the development of 80% as a realistic baseline. CT-WIC report (CASE 10.5; SCH 7.2, 7.8) indicates the participant show rate range is between 84-93% for the reporting period 1/1/2021-12/31/2021. CT-WIC report (CASE 10.5; SCH 7.2, 7.8) indicates the participant show rate range is between 81-90% for the reporting period 1/1/2022-12/31/2022. Local agencies monitor show rate weekly for schedule management. In several local agencies, staff are tasked with calling all participants/families assigned to them and who missed their same day</p>

	LAP statewide process objective for 2024.			appointment. The appointment may be completed later that day or rescheduled. MER observations reveal that local agencies use participant email address to send/receive appointment documents.
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Program Functional Area 7: Coordination of Services

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

By September 30, 2023:

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<p>7.1 Maintain coordination with at least 80% of identified key partners.</p>	<p>Continue to actively participate in State level MCH Task Forces, Head Start, Oral Health, Lead Prevention/IZ programs, HUSKY (Medicaid Managed Care), Food Policy Council, DSS and OEC.</p> <p>Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.</p> <p>Facilitate emerging collaborations and/or executed MOUs with the following:</p> <ul style="list-style-type: none"> • Fetal Alcohol Syndrome Disorder-Substance Exposed Infants (FASD-SEI) marketing and training workgroup, which includes DMHAS • DPH led-Maternal Mortality and Morbidity Review Committee (MMRC) interagency workgroup, • Pregnancy Risk Assessment and Monitoring System (PRAMS) collaboration • CT Dental Health Partnership (DHP) <p>Continue to support WIC & Head Start Better Together Collaboration at 10 local agencies in FY 2023 via NSA funds and existing contracts.</p> <ul style="list-style-type: none"> • Sustaining State level activities include Liaison visits, bi-annual 	<p>Letters of agreement or MOUs with Medicaid Managed Care (HUSKY), Immunization, SNAP-Ed, Child Enforcement Agency and TANF.</p> <p>Revise as needed policy and procedures on formula safety and recall.</p> <p>Use existing Immunization Program MOU as a template for MOU or PSA with other programs as needed.</p>	<p>Improvement of service delivery to mutual clients.</p> <p>Ensure safety of food/formula provided to WIC participants.</p> <p>Current recommendations or guidelines relevant to WIC participants are sent to local WIC agencies.</p>	<p>In 2023, the State agency maintained active collaborations with Head Start, Oral Health, DPH Lead and Immunization Programs, PRAMS, Office of Early Childhood (OEC)- home visiting, and DSS (HUSKY/Medicaid) re: special formula coverage. Much of this work consisted of providing training for the partnering program staff and ensuring WIC local staff had access to training and new information about partner programs to best serve participants. The DSS MOU process remains stalled. However, MOUs with Head Start and CT-PRAMS were re-executed, and CT-DHP is in process.</p> <p>Additionally, ongoing work with CT-DHP included developing and enacting an MOU, CT-SEPI CT-Substance Exposed Pregnancy Initiative (formerly Fetal Alcohol Syndrome Disorder-Substance Exposed Infants (FASD-SEI) - workgroup participation, and the Policy Academy workgroup-updates to CAPTA policy and procedures. The WIC Program also has a Commissioner-appointed representative on the CT Food Policy Council. CHN-CT Community Health Network of CT collaboration involves working through issues related to</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>survey, and inclusion of Better Together objectives in LAP Outreach Plans.</p> <ul style="list-style-type: none"> Sustaining local level activities include Co-location, collaborative nutrition and outreach, monthly meetings and <p>As resources allow, continue SNAP-Ed/WIC Program Collaboration to complement WIC nutrition education efforts. Coordinate with SNAP-Ed as needed with local agency workshops that include taste testing and cooking demonstrations at selected sites. Incorporate routine use of SNAP-Ed recipes in WIC education/resources used.</p> <p>Continue participation in both the Women and Children’s Health Committee and Connecticut Perinatal Quality Collaborative (CPQC). Work with both groups to better coordinate hospital and community messaging about breastfeeding to high-risk populations.</p> <p>Follow-up on implementation of Perinatal Mood and Anxiety Disorder (PMAD) self-directed online training (CT-TRAIN). Continue collaboration with UConn’s Jennifer Vendetti, for technical assistance and training.</p> <p>Implement and monitor PMAD reports in 2023.</p>	<p>Executed updated MOU with OEC, CT-Head Start Association and 9 local program grantees.</p>	<p>SNAP-Ed evaluations and feedback from SNAP-Ed/local agencies/students SNAP-Ed Recipes utilized at local WIC agencies. Record of Women and Children’s Committee and CPQC meetings.</p> <p>Completion of PMAD training on CT-TRAIN and evaluation for new Staff.</p> <p>Ongoing implementation of</p>	<p>donor milk coverage and ensuring our mutual families are receiving appropriate services from both CHN-CT and WIC. The State agency will begin to re-administer the bi-annual Head Start survey in FY24. The DPH Supplemental Nutrition Assistance Program – Education (SNAP-Ed) has a long history of collaborating with the WIC Program to deliver complementary and value-added nutrition education to WIC clients who are also Supplemental Nutrition Assistance Program (SNAP) participants or eligible to receive SNAP benefits. From October 2022 to July 2023, the SNAP-Ed Program has delivered 11 <i>Eating Smart • Being Active</i> Workshops or Nutrition Education Sessions reaching 36 WIC participants during the 10-month period (Bridgeport, East Hartford, and Waterbury). The partnership with the WIC Program remains challenging as 2023 was a transition year from pandemic and many WIC offices are still conducting hybrid and remote services.</p> <p>Participation in the Women and Children Health Committee continued in FY23. WIC staff attended meetings as schedules allowed. Two meetings focused on lactation and maternity care bundle planning respectively that will have impacts on WIC participants. More limited collaboration with CPQC. See Nutrition and Breastfeeding Functional Area for progress local</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>Update WIC Orientation competency checklists with Course ID#'s for PMAD training by September 20, 2022.</p> <p>Maintain partnership with Doug Edwards from Real Dads Forever and other Fatherhood Advocates throughout the state. Doug Edwards will continue to provide training and serve as a support to the CT WIC Program in ensuring WIC services are family centered and encourage participation from dads and family men.</p> <p>Local agencies will build relationships with local fatherhood advocates to find site specific strategies in engaging more with dads/family men.</p>		<p>WIC PMAD Screening Protocol.</p> <p>Improved engagement with dads and family men at local WIC offices. Local agencies will have identified father advocates in their service area to engage with for referrals and training/engagement opportunities.</p>	<p>agency compliance with the PMAD protocols.</p> <p>Due to other CT WIC priorities, PMAD reporting QA was delayed. WIC Orientation Checklists were updated with PMAD CT-TRAIN Course ID# and requirements were completed by September 2022. On December 16, 2022, Doug Edwards conducted 'Effective Communication Training' with staff from Hartford and TVCCA WIC. This training was provided based on results from father-friendly site assessment completion at the 2 local agencies. The goal of this training is to explore challenges with effectively communicating with dads, communicating about dads' role and to identify strategies for effective communication, connection, and inclusion of dads. Pilot sites continue to work closely with fatherhood advocates. As a result of this training the Hartford WIC office is conducting a fatherhood roundtable for Hartford based dads. Currently we have plans to extend this project with 1 additional pilot site for FY23. The father friendly site assessment will occur in September 2023. State agency continues to work closely with Doug Edwards including project planning, work of Connecticut Fatherhood Initiative and review and feedback of CT WIC materials developed specific for dads including outreach posters and nutrition education materials.</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
				<p>6 local agency WIC staff and 1 State agency Nutrition Consultant attended the New England Fathering Conference in March 2023. Feedback was collected from staff who attended on overall thoughts on the conference. All staff reported enjoying the conference. Some highlights of attendance included: networking opportunities with dads and fatherhood advocates, learning from dads' experiences and challenges during Dad Stories, and the importance of WIC staff to engage and support dads. Staff in attendance also reported brainstorming ideas on how to further reach and connect with dads. In addition to the NE Fathering Conference 1 local agency staff person and 1 State agency staff attended the CT Fatherhood Initiative Summit focused on Relational Health on June 1, 2023.</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. 	<p>N/A</p>	<p>Improved local level coordination with staff regarding referrals.</p> <p>All local agencies will utilize a Local Community Resource Guide on a regular basis.</p> <p>Reduction in review findings related to referrals.</p>	<p>80% of charts audited had appropriate documentation of mandated referrals. However, in 1 site only 40% had documentation of provision of mandated referrals. Provision of targeted referrals was evident in both local agencies, however 1 local agency lacked documentation of follow-up to targeted referrals.</p> <p>All local agencies have a LA resource guide and were observed providing the LA resource to participants. In addition, there is evidence that the LA</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<ul style="list-style-type: none"> ▪ LA's develop an internal process for tracking referrals (providing and following up). ▪ Reduction in review findings related to referrals. 			<p>resource is provided in documentation.</p> <p>Both local agencies have an internal process for tracking referrals.</p>

Program Functional Area 8: Civil Rights

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

By September 30, 2023:

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<p>8.1 Verify 100% of local agencies comply with use of non-discrimination statement requirements and OMB racial/ethnic data collection standards.</p>	<p>During monitoring, request copies of LA developed brochures, handbooks, and/or other publications, webpages or social media accounts and review for proper usage of the nondiscrimination statement.</p> <p>Monitor to verify that Racial/Ethnic Data Collection procedures are followed at local agencies during FY 2023 reviews.</p>	<p>Ongoing</p>	<p>Each brochure and handout and webpage will contain the current USDA non-discrimination statement.</p> <p>Regulatory compliance as evidenced in monitoring reports.</p>	<p>Local agencies are monitored for compliance with the use of the non-discrimination statement and its requirement on all local on all local agency publications, websites, and social media accounts.</p> <p>Whenever findings exist, a corrective action plan is required from the local agency.</p> <p>Two local agencies have been reviewed to date. One of the two agencies is compliant with the use of the non-discrimination statement (NDS).</p> <p>Both agencies reviewed are</p>

				compliant with the OMB standards of racial/ethnic data collection.
8.2 Conduct annual civil rights training for local agency staff.	Annually, update and train all State and local staff on revised nondiscrimination complaint procedures and forms.		Annual interactive Civil Rights applied session is incorporated into Statewide Meeting annually.	Required Annual Civil Rights training was conducted by the NERO Civil Rights Officer on September 20, 2022 and September 21, 2022. 100% of CT WIC Staff completed the training. Planning for the FY23 training is underway.

Program Functional Area 9: Certification & Eligibility

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

By September 30, 2023:

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<p>9.1 Investigate during MER (Nutrition Monitor) and State audits (NCFL), local agency compliance with State WIC Special Formula and Eligible Nutritionals' policies.</p>	<p>For local agencies with MER scheduled, the Nutrition Monitor will use the CT-WIC Program Special Formula Review Form to determine if 80% of agencies reviewed comply with special formula procedures.</p> <ul style="list-style-type: none"> ▪ Select 5 (per permanent site) participant records with WIC Medical Documentation forms to determine frequency of insufficient "medical rationale" and if process was followed for HUSKY issuance of special formula. ▪ Based on monitoring results, determine areas for improvement in staff training, and clarify WIC formula policies and procedures and provide technical assistance as needed. 	<p>Established in 2018</p>	<p>Local agencies will demonstrate proficiency with:</p> <p>Following policy and process in assisting participants in ordering of special formula received through WIC.</p> <p>Following policy and process for assisting participants dually enrolled in HUSKY/Medicaid and WIC in obtaining special formula.</p> <p>Local agency report of improved knowledge base and comfort-level in interactions with HCP's.</p> <p>100% Medical Documentation Form Up to Date</p> <p>70% Medical Documentation Form accurately completed by MD/HCP</p>	<p>In FY23, two agencies had special formula issuance findings. Findings were mostly related to missing documentation, inadequate follow-up tolerance or failure to assign risk factors/medical conditions identified on the medical documentation form. Additionally, most WIC Medical Documentation forms on file were outdated and did not contain the information regarding HUSKY coverage since CT WIC transitioned to HUSKY/Medicaid as the 1st payor of special formula/eligible nutritionals. 31% of completed WIC Medical Documentation forms were up to date and included information regarding HUSKY/Medicaid coverage. 56% of charts reviewed showed the CT-WIC Risk screen was updated based on medical conditions identified on medical documentation forms.</p> <p>In February 2023, the NCFL completed a total of 30 chart audits for local agencies that were not being reviewed in</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>For local agencies conducting an Off-Year Self Evaluation, the NCFL will use the CT-WIC Program Special Formula Review Form to conduct a minimum of 5 chart audits per local agency. Approximately 20 charts per year will be evaluated by the NCFL. See indicators column, for performance standards for WIC Special Formula and Eligible Nutritionals' issuance as well as HUSKY/Medicaid issuance.</p> <p>Based on results, local agency liaisons will discuss areas for improvement and address questions or concerns during local agency TA visits. Outstanding formula issues identified will be topic for discussion during training sessions at local agency staff meetings, Program Nutritionists and/or statewide meetings.</p> <p>Establish baseline to determine if policy and process is followed for participants dually enrolled in HUSKY/Medicaid and WIC to obtain special formula through HUSKY.</p>		<p>90% Medical Documentation correlates with HUSKY and/or WIC prescription issuance on Family Benefit List (FBL)</p> <p>80% Appropriate Growth Assessment/evaluation documented.</p> <p>50% of charts show medical documentation is obtained for verbal orders within 24 hours (WIC only).</p> <p>25% of Nutritionists follow-up with MD/HCP when indicated.</p> <p>60% CT-WIC Risk Screen updated based on new information.</p>	<p>2023. Some of the indicators did not meet targets set in 2022. The State agency will re-evaluate these targets and focus on indicators that need most improvement- obtaining documentation of verbal orders and follow-up with MD/HCP.</p> <p>55% of charts reviewed showed the Medical Documentation Form accurately completed by MD/HCP</p> <p>84% of charts reviewed showed the WIC Medical Documentation Form formula correlates with HUSKY and/or WIC prescription issuance on Family Benefit List (FBL)</p> <p>46.9% of charts reviewed showed Appropriate Growth Assessment/evaluation documented.</p> <p>2% of charts audited showed medical documentation for verbal orders were obtained within 24 hours (WIC only).</p> <p>5.3% of charts audited showed Nutritionists followed-up with MD/HCP when indicated.</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>In first quarter of FY 2023, NCFL will follow-up with the vendor unit on the progress of the updated data entry process for WIC Special Formulas and Eligible Nutritionals. At a minimum, review bi-annually. Update list in 1st quarter of fiscal year.</p> <p>Review CT-WIC quarterly reports of Issuance and Redemption of WIC Special Formulas and Eligible Nutritionals. Liaisons may choose to cover this topic during technical assistance visits as needed.</p> <p>Provide at least one (1) in-service training to identified stakeholders about changes to WIC special formula policies (HUSKY primary payor) and procedures by September 30, 2023. Assist local agencies in providing in-service presentations as appropriate.</p>			<p>47.1% of charts audited showed CT-WIC Risk Screen updated based on new information.</p> <p>The Nutrition Services Unit hosted a student intern between May-June 2023. The NCFL worked with the intern to conduct chart audits for all participants on Pediasure as well as Nutramigen. The evaluation summary is included in the State Plan submission.</p> <p>Many of the findings related to HUSKY/Medicaid transition to first payor were anticipated. The State agency met on several occasions with DSS to ensure participants could access special formula through their HUSKY/Medicaid benefits. Additionally, updates to the DSS formulary were made to accommodate participants that needed high-calorie products or exceeded HUSKY/Medicaid allocations. The State agency continues to work through remaining transition issues with DSS. Training is planned for local agencies in FY24 to review the evaluation findings and implement improved quality assurance practices during chart audits.</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<p>9.2 Monitor implementation of updated Nutrition Risk Criteria.</p>	<p>By end of first quarter, review new or updated WIC nutrition risk criteria (6 updated for implementation by 10-1-24), develop training plan and submit IT request to perform needed modifications to CT-WIC.</p> <p>Train local agency staff on new or revised criteria at Statewide meeting or self-paced modules.</p> <p>During monitoring determine if local staff accurately identify and assign new or revised risks.</p> <p>Through State MER observations and chart audits 80% of local agency staff will conduct PMAD screening per protocol and document appropriately.</p> <p>Continue to work with Epi to link PRAMS data on maternal depression with WIC populations.</p>	<p>N/A</p>	<p>IT report submitted. Training scheduled for local agencies. Monitoring indicates local agency staff are correctly assigning risks.</p>	<p>State agency staff reviewed Nutrition Risk memorandum and developed plan to include CT-WIC modifications in Release 4.1.</p> <p>A Nutrition Risk Update Presentation and required modifications to Certification Forms and Supplements to Certification Forms will be finalized by August 30, 2023, and disseminated to local agencies. Accompanying CT-WIC Release notes to follow. Local agency staff will have 30 days to review training and complete post-test.</p> <p>Two agencies reviewed to date have had findings related to staff accurately identifying and/or assigning risks. Many of these findings are related to medical conditions identified on the WIC Medical Documentation form that have not been assigned as risks in CT-WIC.</p> <p>Both agencies reviewed had findings related to either documentation (i.e., scanning or data entry in CT-WIC) on the PMAD screen or completing the PMAD screens at the designated timeframes.</p> <p>46% of local agency staff reviewed, conducted PMAD</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
				<p>screening per protocol and of those, 73% documented appropriately based on chart audit review.</p> <p>The State agency will connect with CT-PRAMS Team by September 2023 for update on PRAMS data to share with Program Nutritionists.</p> <p>Also, working with OEC Home Visiting on bi-directional referral process to facilitate co-enrollment. See 7.1 for more details on collaboration.</p>

Program Functional Area 10: Monitoring & QA

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

By September 30, 2023:

Objective: 10.1 Monitor five (5) service regions including satellites.

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<p>10.1 Monitor five (5) service regions including satellites.</p>	<p>By end of 1st quarter, develop FY2023 monitoring schedule. Adjust as needed based on COVID-19 impacts.</p> <ul style="list-style-type: none"> ▪ Conduct monitoring visits, schedule exit conference within two weeks of completion of fieldwork, and complete exit conference within 30 calendar days. ▪ Prepare program review reports to local agencies within thirty (30) calendar days of the program exit conference. ▪ Respond to local agency CAP within 30 days. Two weeks as best practice. ▪ Synthesize common review findings & responses to CAP in both nutrition services and program operations to update FFY23 Goals and Objectives, training and technical assistance plans. ▪ During routine monitoring, collect data on satellite site operations to determine effectiveness: Location of satellite sites, # of participants served, and Hours of operation 	<p>FFY21 LA monitoring schedule (See Objective 10.3)</p>	<p>100% of scheduled monitoring visits and reports completed by Sept 2023.</p> <p>80% of agencies will have their exit conference scheduled within two weeks of completion of onsite visits.</p>	<p>The monitoring schedule was developed at the beginning of the 1st quarter. Four (4) agencies were scheduled for routine monitoring in 2023. Two local agencies have been reviewed to date. The last 2 reviews will be conducted by September 2023.</p> <p>Common findings and CAP responses will be used to update FY24 Goals and Objectives, and training and technical assistance plans.</p>

<p>10.2 Evaluate applications of VENA principles in local operations and identify training and technical assistance needs.</p>	<p>Monitor local agency staff progress in three (3) VENA competency areas to establish individual baselines for self-improvement.</p> <p>Highlight local agency best practices once a year as appropriate.</p> <p>Utilize Program Nutritionist (PN) meetings to address local agency training and technical assistance needs.</p> <ul style="list-style-type: none"> ▪ Update webpage as needed. ▪ Upload to CT-TRAIN and implement modules on Nutrition Risk for CPAs/Nutritionists. ▪ Determine next steps to offer hybrid (virtual and in person) bi-annual New Staff Orientation using lessons learned from and technology acquired during the pandemic. 		<p>Ongoing process/tool evaluation and feedback from local agencies.</p>	<p>Of the two local agencies reviewed to date, areas needing improvement are in risk assignment and nutrition education documentation. One local agency would also benefit from training/coaching on goal setting.</p> <p>Ongoing updates to webpage occurred based on demand including regular updates regarding formula recalls/shortages, participant shopping resources, etc.</p> <p>WIC Nutrition Risk Criteria and Nutrition Assessment Guidance training presentation was developed in FY23 and shared with local agency PNs for feedback in April 2023. Feedback was requested prior to the May 23, 2023, PN meeting and was also discussed during the PN meeting. After feedback was received, the presentation was recorded and sent to local agency staff with related attachments in June. Local agency staff are required to review the training and complete a posttest by August 18th. We are working with DPH Communications to have the training posted to CT-TRAIN for future staff training.</p> <p>On June 22 & 23, 2023 The State agency hosted its first hybrid New Staff Orientation with Day 1 in person and Day 2 in a virtual format.</p>
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Program Functional Area 11: Fiscal Management

Goal 11: Maximize the utilization of WIC food funds.

By September 30, 2023

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

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

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

Program Functional Area 12: Data Quality, Analysis & Reporting

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

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

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

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Progress
<p>12.1 Improve access to, and the utility and application of, WIC Program data:</p> <p>a. Build on current reports to provide enhanced, more accessible data resources.</p> <p>b. Search for alternative to originally planned CT-WIC Dashboard.</p>	<p>Prepare summary data tables & graphs to illustrate trends, and maps to compare the distribution of selected variables and other Program resources (e.g., participants, WIC sites, authorized vendors).</p> <p>Post results or otherwise share selected data tables, graphs, reports, maps, and other data presentations as appropriate, including:</p> <ul style="list-style-type: none"> • WIC participation and key demographics; • Process and outcome objectives; • Benefit issuance & redemption; and, • Authorized vendors; plus, • Current national WIC data and state population figures. <p>Coordinate with DPH attorney prior to sharing any personally identifiable information outside the WIC program (e.g., with DPH/Vital Records, Local Health Districts), to ensure state and federal confidentiality regulations are properly met; censor all public-facing data, as appropriate.</p>	<p>Monthly Reports</p> <p>Quarterly Outcome Reports</p> <p>Annual Summary Reports</p>	<p>Enhanced analysis & data presentations meet USDA, state & local WIC agency data needs.</p> <p>Data tables, graphs & maps facilitate the comparison of participant characteristics, outcomes, etc.</p> <p>Data reports are posted to the shared Q drive for state & local agency staff; public-facing data posted to program website and DPH Dashboard are censored and periodically updated, as appropriate.</p> <p>Improved data access results in less staff time being invested in responding to routine data requests, while protecting file security & participant confidentiality.</p>	<p>Redesign of all quarterly Outcome reports, and monthly Participation reports, will be completed by conclusion of FY23.</p> <p>Data tables & graphs continue to facilitate the comparison of participant characteristics, outcomes, etc. Maps pending.</p> <p>No shared Q drive has been established to post and share data reports with local agency staff.</p> <p>DPH Dashboard is updated thru 2022 and will be updated quarterly once all data reports are completely redesigned and deployed. WIC website will also be updated once reports are available</p>

<p>c. Expand research/data analysis and reporting initiatives.</p>	<p>Select one program outcome to analyze in relation to potential risk/contributing factors (e.g., low birth weight: compare preterm/full-term birth outcomes in relation to mothers' pre-pregnancy weight, weight gain during pregnancy, substance use behaviors, initiation of prenatal care, etc.).</p> <ul style="list-style-type: none"> • Identify and track risk factors contributing to poor birth outcomes. • Evaluate associations between WIC participation and risk factors for poor birth outcomes. • New addendum to LBW outcome report will track prematurity data (current report excludes multiple and preterm births). <p>Support all efforts to procure DSS/Medicaid dataset, to:</p> <ul style="list-style-type: none"> • Determine co-enrollment in WIC/Medicaid: • Use Medicaid data to identify and provide outreach to those eligible but not enrolled in WIC; map addresses to identify pockets of those not enrolled, enabling more targeted outreach efforts. • Map selected health, demographic and socio-economic Census variables at the local level; compare results with current program coverage. 	<p>Prior DPH, WIC and other related studies</p> <p>DSS Medicaid/HUSKY A dataset</p> <p>U.S. Census Bureau data</p>	<p>More in-depth analyses help inform program decisions in support of key interventions, with a focus on improved outcomes, and increased outreach, recruitment & retention.</p> <p>Local-level disparities are identified based on Census data & other data sources, to better target program services and allocate financial & program resources</p>	<p>The new Outcome reports have been redesigned to permit the creation of crosstab analysis (e.g., by race & ethnicity, individual risk factors, etc.).</p>
<p>d. Provide support in meeting other Program-related data and reporting needs.</p>	<p>Respond to internal & external WIC data requests (e.g., DPH, Local Health Districts, FOI requests, universities, non-profits, <i>ad hoc</i> requests, etc.).</p> <p>Identify/develop relevant reference & training resources:</p> <ul style="list-style-type: none"> • Draft presentations for WIC Director, Nutrition staff, Vendor Unit, etc., when requested. • Prepare reports for use by state staff in local agency monitoring visits 	<p>CT-WIC data reports</p> <p>Ongoing collaboration</p>	<p>Timely response to internal and external data requests.</p> <p>Data reports, surveys and presentations developed and/or technical assistance provided.</p> <p>Committees successfully complete assigned tasks.</p>	<p>Data requests completed as requested.</p> <p>The PRAMS Committee has not met since COVID-19.</p>

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

	Continue to identify priority data needs; perform needed analyses and build standardized queries and presentation formats to meet those needs.	Authorized Vendor lists WIC Participation data	Analytical maps developed to determine geographic access and store capacity to meet the demand of WIC participants in each area are produced prior to adding or removing a vendor from the CT WIC authorized vendors list.	
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FFY 2024

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, 2024

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

Objective 1.2: Actively participate in MyCT project in 2024 to improve ease of access for applicants and ensure compliance with confidentiality regulations.

Objective 1.3: If funding is available, sponsor at least one leadership workshop for local agency management staff).

Objective 1.4: Update DPH and WIC Continuity of Operations Plan (COOP) to include recommended USDA components and ensure alignment.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
1.1 Convene monthly meetings (in-person or virtual) for local agency coordinators to ensure on-going communication and feedback loop.	<p>Schedule and facilitate at least 10 meetings with Program Coordinators to:</p> <ul style="list-style-type: none"> Review policies and procedures. Discuss funding and staffing issues. Review CT-WIC data availability and reports. Other topics as determined. 	N/A	<p>Summary of meetings.</p> <p>Improved compliance with policies and procedures.</p> <p>Increased sharing of strategies regarding resource utilization and staff retention.</p> <p>Improved use of data and discussions in LAP.</p>	<p>WIC Director State Nutrition Coordinator</p>
1.2 Actively participate in MyCT project in 2024 to improve ease of access for applicants and ensure compliance with confidentiality regulations.	<ul style="list-style-type: none"> Attend meetings. Provide clarification and information regarding WIC Program Regulations and policies. Develop MOU/MOA as needed 	N/A	<p>WIC Program successfully integrated into MyCT project and application.</p>	<p>WIC Director State Nutrition Coordinator Nutrition Consultant</p>
1.3 If funding is available, sponsor at least one leadership workshop for local agency management staff.	<ul style="list-style-type: none"> Determine if funding is available. If yes, proceed with identification of topic for workshop. Identify speaker and location. 	N/A	<p>Courses offered and successfully completed.</p>	<p>WIC Director State Nutrition Coordinator</p>

	<ul style="list-style-type: none"> • Complete workshop and conduct evaluation for feedback. 			
1.4 Update DPH and WIC COOP to include recommended USDA components and ensure alignment.	<ul style="list-style-type: none"> • Work with DPH's Public Health Preparedness and Local Health Section to review existing COOP and identify gaps. • Update as appropriate. 	N/A		WIC Director State Nutrition Coordinator Food Resource and Vendor Management Supervisor

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

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

By September 30, 2024,

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

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

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

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

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

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

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

Objective 2.7: Monitor the maintenance of CT-WIC via policy revisions, provision of State and local agency staff training and technical assistance, update of CT-WIC user manuals/helpfiles and participant training materials.

Objective 2.8: Local agency liaisons will make at least 1 in-person visit or phone call to each local agency to provide technical assistance in FY 2024.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
2.1 At least 35% of pregnant women participating in the WIC Program for a minimum of 6 months gain appropriate weight.	<p>Through State MER chart audits and observations investigate baseline data for MWG indicators to determine areas for local agency improvement and recognize areas of local agency competence.</p> <p>Review of local agency LAPs and show that few local agencies have implemented the Tell Me More (TMM) About You tool in prenatal appointments in FY23.</p> <p>As a result, the State agency developed a required strategy for local agencies to use TMM About You in FY24.</p> <p>A baseline will be established using results reported in FY25 LAPs.</p>	<p>2023 WIC Objective: \geq 35%</p> <p><u>FFY 2018 Target:</u> \geq 35.0% Average: 26.5% Range: 11.6% - 37.3%</p> <p><u>FFY 2019 Target:</u> \geq 35.0% Average: 27.7% Range: 13.5% - 46.3%</p> <p><u>FFY 2020 Target:</u> \geq 35.0%* Average: 26.5% Range: 7.1%-40.2%</p> <p><u>FFY 2021 Target:</u> \geq 35.0%* Average 27.0% Range: 6.9-74.3%</p> <p>FFY 2022 Target: \geq 35.0%* Average 27.5% Range: 4.9-42.9%</p> <p>2023 data pending.</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>MER chart reviews and Observations.</p> <p>Improvement in trend data over time for low performing agencies.</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist IT Unit Nutrition Unit</p>

	<p>The State agency will facilitate collaboration among Program Nutritionists in the last quarter of FY23, and first quarter of FY24, to develop training, implementation, and evaluation process for the FY 2024 strategy.</p> <p>When indicated, local agency liaison, may provide local agency management with feedback on CAP response and/or implementation via technical assistance visits, quality assurance activities (chart audits or observations) and/or training related to deficiencies in MWG indicators.</p>	<p>Data Sources: FFY2018-2021: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
<p>2.2 The incidence of low birth weight (LBW) among infants whose mothers were on the WIC Program for at least six months during pregnancy does not exceed 6%.</p>	<p>Through State MER observations and review of documentation in chart audits, 80% of local agency staff incorporate prenatal weight gain guidance concepts in counseling, provide timely referrals and offer appropriate education materials that address applicable <i>modifiable</i> risk factors:</p> <ul style="list-style-type: none"> ▪ Smoking ▪ substance use (including prescription drugs) ▪ Prenatal weight gain ▪ Mental health concerns (PMAD) <p>Investigate Local Agency Plan (LAP) community needs assessments to determine baseline of LAP's that include data and/or add context to variables that impact LBW deliveries:</p>	<p>2023 WIC Objective: ≤ 4%</p> <p><u>FFY 2018 Target:</u> ≤ 6.0% Average: 2.6% ** Range: 0.0% - 13.0%</p> <p><u>FFY 2019 Target:</u> ≤ 6.0% Average: 2.5% ** Range: 0.0% - 13.6%</p> <p><u>FFY 2020 Target:</u> ≤ 6.0%* Average: 2.7% ** Range: 0.0% - 13.8%</p> <p><u>FFY 2021 Target:</u> ≤ 6.0%* Average: 3.1% ** Range: 0.0% - 9.5%</p> <p><u>FFY 2022 Target:</u> ≤ 4.0%* Average: 3.1% ** Range: 0.0% - 12.5%</p> <p>2023 data pending.</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>Improvement in trend data over time for low performing agencies.</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist Nutrition Unit</p>

	<ul style="list-style-type: none"> • teenagers • substance use • income • ethnicity • geographic location • mental health <p>Maintain relevant State agency collaborations that impact this outcome objective. (See Functional Area X)</p>	<p>FFY2018-2021: CT-WIC MIS (Management Information System). (*excludes pre-term & multiple births)</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
<p>2.3 The prevalence of anemia among children enrolled in the WIC Program for at least one year does not exceed 7.5%.</p>	<p>Through State MER observations and chart audits 90% of local agency staff effectively provide education to parents to reduce risk of development of anemia including:</p> <ul style="list-style-type: none"> ▪ Importance of timely blood work, ▪ Risk of lead poisoning ▪ Making appropriate referrals and follow-up. <p>Local agency liaisons will perform anemia QA chart audits in FY24. A total of 15 chart audits (sample to include 5 – 9-month infants; 5 – C1; and 5 – C2) to determine completeness of nutrition education documentation. Certain agencies will be selected based on outcome indicators.</p> <p>Indicators include anemia prevention, nutrition assessment, lab results, iron supplementation and type of anemia (if indicated).</p>	<p>2023 WIC Objective: ≤7.5%</p> <p><u>FFY 2018 Target:</u> ≤ 7.5% Average: 8.8% Range: 5.2% - 16.7%</p> <p><u>FFY 2019 Target:</u> ≤ 7.5% Average: 8.5% Range: 3.9% - 19.0%</p> <p><u>FFY 2020 Target:</u> ≤ 7.5%* Average: 8.5% Range: 3.5% - 18.2%</p> <p><u>FFY 2021 Target:</u> ≤ 7.5%* Average: 8.8% Range: 2.4% - 17.5%</p> <p>FFY 2022 Target: ≤ 7.5%* Average: 8.2% Range: 2.9% - 12.7%</p> <p>2023 data pending.</p> <p>FFY2018-2021: CT-WIC MIS (Management Information System). *Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>CT-WIC quarterly and annual reports. Chart audits and observations.</p> <p>Change in trend data over time for low performing agencies.</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist Nutrition Unit</p>

<p>2.4</p> <p>a. The prevalence of BMI ≥ 85thile to < 95thile for children 2-5 years of age does not exceed 15%.</p> <p>b. The prevalence of BMI ≥ 95thile for children 2-5 years of age does not exceed 10%.</p>	<p>Review of local agency LAPs and show that few local agencies have implemented the TMM About Your Child tool.</p> <p>As a result, the State agency developed a required strategy for local agencies to use TMM About Your Child in FY24. All child participants at risk of overweight or obesity will have the TMM questionnaire completed at their follow-up visits to assess behaviors and monitor progress.</p> <p>A baseline will be established using results reported in FY25 LAPs.</p> <p>The State agency will facilitate collaboration among Program Nutritionists in the last quarter of FY23, and first quarter of FY24, to develop training, implementation, and evaluation process for the FY24 strategy.</p> <p>The State agency will provide a presentation on the results of the FY23 TMM chart audits by December 2023 and identify areas for improvement in counseling and documentation for children at risk of overweight/obesity.</p> <p>By the third quarter of FY24, the State agency will determine the need to update and convert the Child TMM tool to a fillable form.</p>	<p>2023 WIC Objectives: Overweight: ≤ 15% Obesity: ≤ 10%</p> <p>a. OVERWEIGHT: BMI ≥ 85thile to <95thile</p> <p><u>FFY 2018 Target:</u> ≤ 15.0% Average: 15.0% Range: 11.3% - 21.8%</p> <p><u>FFY 2019 Target:</u> ≤ 15.0% Average: 15.1% Range: 10.1% - 20.1%</p> <p><u>FFY 2020 Target:</u> ≤ 15.0%* Average: 15.1% Range: 9.1% - 20.8%</p> <p><u>FFY 2021 Target:</u> ≤ 15.0%* Average: 14.7% Range: 8.6% - 22.9%</p> <p>FFY 2022 Target: ≤ 15.0%* Average: 14.4% Range: 10.0% - 18.6%</p> <p>b. OBESITY: BMI ≥ 95thile</p> <p><u>FFY 2018 Target:</u> ≤ 10.0% Average: 15.1% Range: 8.7% - 21.1%</p> <p><u>FFY 2019 Target:</u> ≤ 10.0% Average: 15.3% Range: 9.3% - 22.8%</p> <p><u>FFY 2020 Target:</u> ≤ 10.0%* Average: 15.5% Range: 7.7% - 28.3%</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports.</p> <p>Indicators of effective use include documentation of TMM, MI, Stages of Change and/or development of a plan.</p>	<p>Monitoring Staff Local Agency Liaisons Epidemiologist IT Unit Nutrition Unit</p>
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	<p>Local agency liaisons will perform TMM QA chart audits in FY 2024.</p> <p>A total of 15 chart audits (sample to include child participants with at risk for or with overweight or obesity risk) to determine completeness of nutrition education documentation. Certain agencies will be selected based on outcome indicators.</p> <p>50% of local agencies continue to use WICSmart modules for obesity/overweight prevention. This will be assessed in routine monitoring.</p>	<p>FFY 2021 Target: ≤ 10.0%* Average: 19.1% Range: 12.5% - 28.1%</p> <p>FFY 2022 Target: ≤ 10.0%* Average: 16.7% Range: 8.8% - 23.1%</p> <p>2023 data pending.</p> <p>FFY2018-2021: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
<p>2.5 At least 80% of infants enrolled in the WIC Program (have mothers who) initiate breastfeeding.</p>	<p>Through State MER observations and chart audits 50% of local agency staff will incorporate and document concepts from breastfeeding Content Sheets into prenatal education and counseling.</p> <p>Review of local agency LAPs and nutrition services monitoring results show few local agencies have implemented the Make a Plan (MAP) checklist and documentation of specific actions to assist in breastfeeding success.</p> <p>As a result, the State agency developed a required strategy for local agencies to implement the MAP checklist during prenatal second contacts. Indicators include documentation of preparing for</p>	<p>2023 WIC Objective: ≥80%</p> <p>FFY 2018 Target: ≥ 70.0% Average: 80.8% Range: 62.8% - 94.9%</p> <p>FFY 2019 Target: ≥ 70.0% Average: 81.6% Range: 59.9% - 94.4%</p> <p>FFY 2020 Target: ≥ 70.0%* Average: 81.3% Range: 63.9% - 93.6%</p> <p>FFY 2021 Target: ≥ 80.0%* Average 79.8% Range: 61.1% - 94.3 %</p> <p>FFY 2022 Target: ≥ 80.0%* Average 79.6% Range: 62.8% - 94.9%</p> <p>2023 data pending.</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports, Chart Audits and Observations conducted during Enhanced Breastfeeding Reviews and Peer Counseling Monitoring.</p> <p>Results of enhanced Breastfeeding MERs, show documentation of 80% compliance with CT Guidelines for Breastfeeding Promotion and Support.</p>	<p>Nutrition Monitor Local Agency Liaisons Epidemiologist IT Unit Breastfeeding Unit Epidemiologist</p>

	<p>hospital, family/friend support, skin-to-skin contact, rooming-in and community support.</p> <p>A baseline will be established using results reported in FY25 LAPs.</p> <p>The State agency will facilitate collaboration among Breastfeeding Coordinators in the last quarter of FY23, and first quarter of FY24, to develop training, implementation, and evaluation process for the FY24 strategy.</p> <p>Breastfeeding Unit (State Breastfeeding Coordinator and State agency WIC Peer Counselor Coordinator (IBCLC)) continue to participate in Regional WIC Breastfeeding Curriculum training (CT, NH, ME, VI and VT) to train local agency staff and select community partners using the USDA/FNS DBE Curriculum.</p> <p>Breastfeeding Unit to conduct 1-2 enhanced breastfeeding reviews at local agencies. (One review will include agency with peer program.) See 2.6.</p> <p>If awarded, contribute to SPAN 0012 breastfeeding activities related to initiation: Ten Step Collaborative, Ready, Set Baby webpage. Diversity in Lactation, and update of It's Worth it Campaign.</p>	<p>FFY2018-2021: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>		
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<p>2.6 At least 60% infants enrolled in the WIC Program are breastfed for 6 months or more.</p>	<p>Through State MER observations and chart audits 50% of local agency staff will incorporate and document concepts from 7 duration focused breastfeeding content sheets, HUSKY breast pump access, and overview of CT breastfeeding laws, into individual or group prenatal counseling/education.</p> <p>Local agencies do not have daily CT-WIC schedules that include access to timely breastfeeding follow-up appointments.</p> <p>As a result, the State agency developed a required strategy for local agencies implement in FY24, to include the addition of daily, non-benefit issuance, breastfeeding follow-up appointments and to develop and train staff on a local agency referral and triage protocol/process.</p> <p>Based on results reported in FY25 LAP, determine training needs or adjustments to polices.</p> <p>The State agency will facilitate collaboration among Breastfeeding Coordinators in the last quarter of FY23, and first quarter of FY24, to develop training, implementation, and evaluation process for the FY24 strategy.</p>	<p><u>2023 WIC Objective:</u> ≥ 60%</p> <p><u>FFY 2018 Target:</u> ≥ 50.0% Average: 69.4% Range: 44.9% - 91.4%</p> <p><u>FFY 2019 Target:</u> ≥ 50.0% Average: 65.2% Range: 37.5% - 90.7%</p> <p><u>FFY 2020 Target:</u> ≥ 50.0%* Average: 64.4% Range: 42.6% - 88.9%</p> <p><u>FFY 2021 Target:</u> ≥ 60.0%* Average: 61.8% Range: 38.6% - 89.3%</p> <p><u>FFY 2022 Target:</u> ≥ 60.0%* Average: 62.7% Range: 37.7% - 90.4%</p> <p>2023 data pending.</p> <p>FFY2018-2021: CT-WIC MIS (Management Information System).</p> <p>*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.</p>	<p>CT-WIC Quarterly & Annual Outcome, Summary & Trend Reports. Chart audits and Observations.</p>	<p>Nutrition Services Monitor Breastfeeding Unit Epidemiologist</p>
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	<p>Provide oversight and technical assistance to 7 WIC clinic based Breastfeeding Peer Counseling Programs and one hybrid program through on-site visits, conference calls and review of quarterly program and financial reports.</p> <p>Continue to monitor implementation of peer-counseling module in CT-WIC development of consistent, automated data reports for peer counseling programs.</p> <p>If awarded, contribute to SPAN 0012 breastfeeding activities related to duration: increasing access and equity in lactation, Collaboration with PRAMS Epidemiologists on Data to Action documents, Workplace Lactation Accommodations, and Breastfeeding Friendly Medical Offices Recognition.</p>		<p>Quarterly activity and expenditure reports from peer counseling contractors, including # of women enrolled, and duration rates are reviewed and approved.</p> <p>CT-WIC Peer counseling modules are being used appropriately in agencies with peer counseling programs.</p> <p>SPAN 0012 reporting.</p>	
<p>2.7 Monitor the maintenance of CT-WIC via policy revisions, provision of State and local agency staff training and technical assistance, update of CT-WIC user manuals/helpfiles and participant training materials.</p>	<p>Facilitate weekly internal (DPH) CT-WIC support meetings for FY24 to improve CT-WIC performance and reduce CT-WIC problems.</p> <p>Develop Release Notes for scheduled CT-WIC releases.</p> <p>Determine new process for monitoring nature of Help Desk calls (immediately following a Release) to provide targeted training or QA needs.</p>	<p>Help Desk Calls.</p>	<p>Reduction of Helpdesk calls from local agencies related to CT-WIC policies and transaction information requests.</p>	<p>Nutrition and Program Monitoring staff Breastfeeding Unit Epidemiologist Nutrition Unit Vendor Unit</p>

<p>2.8 Local agency liaisons will make at least 1 in-person visit or phone call to each local agency to provide technical assistance in FY 2024.</p>	<p>Liaisons will meet at least 2 times in FY24 to discuss tracking spreadsheet and local agency trends observed.</p>		<p>Updated LAP outcomes summary tool During technical assistance visits, local agency liaisons will discuss the local agency's progress at achieving its measurable strategies for all nutrition outcome objectives.</p> <p>Trends or issues identified at liaison meeting/discussion 2x/year.</p>	<p>Local agency Liaisons</p>
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*See Functional Area 12, Data Quality, Analysis and Reporting for information Epidemiology and IT specific activities related to these strategies.

Program Functional Area 3: FOOD DELIVERY AND FOOD INSTRUMENT ACCOUNTABILITY

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

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

Objective: 3.2 Follow up on participant shopping experience project.

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

Objective: 3.4 Support of Department of Agriculture in electronic Farmers Market Nutrition Program (FMNP).

Objective: 3.5 Make changes to food packages and eligible foods in response to Final Rule for Revisions in the WIC Food Packages.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
3.1 Improve functionality of the Nutrition Module in CT-WIC.	Utilize redemption data to determine the status of authorized vendors in meeting the competitive pricing criteria.	October 2022	Manual exports needed to obtain the data. Prices collected during monitoring visits do not reflect items that participants are purchasing.	Food Resource and Vendor Management (FRVM) Pricing Analyst DPH IT
	Correct the functionality of UPC Upload for batch uploading into the APL.	October 2018	CT-WIC errors occurred when uploading text file.	FRVM Pricing Analyst DPH IT
	Assess NTE Modeling enhancement and develop cat/subcat max price report in reporting portal.	August 2021	Reports in SSRS reporting portal utilize data from CT-WIC.	FRVM Pricing Analyst DPH IT
	Implement the high price indicator functionality in CT-WIC to accommodate maximum prices for items higher in price due to alternate packaging (i.e. multi-packs of yogurt, half gallons and quarts of milk, etc.)	August 2021	Reports in SSRS reporting portal utilize data from CT-WIC.	FRVM Pricing Analyst DPH IT
3.2. Follow up on participant shopping experience project.	New local agency staff will conduct WIC purchases with test cards to gain a perspective of the participant's experience in shopping.	October 2019	New employee orientation and onboarding for new staff. Improve understanding of WIC shopping challenges.	FRVM staff Nutrition staff

	Standardized training program for local agencies to train participants on obtaining balance inquiries, looking for shelf labels, using a mobile app for WIC approved products.	October 2019	The creation of a standardized training program and consistent use of it, leading to fewer complaints and phone calls about participants not knowing how to use card.	FRVM staff Nutrition staff
	Utilize results of Participant Satisfaction survey to assess improvements in participants' shopping experiences.	FY21 data Results of NWA Participant Satisfaction Survey	Did not purchase options because they did not know how: 45.4%; Could not find WIC foods: 48.8%; Difficulty finding transportation: 20.8%; Difficulty finding childcare: 40.1%; Did not buy all their WIC foods because: online shopping was not available: 41.9% and curbside pick not available 40.7%; Ordering WIC foods for pick up: 59.7%; Ordered WIC foods for home delivery for additional out of pocket fee: 34%; Used self-checkout: 65.3%.	FRVM staff Nutrition staff
	Collaborate with Rhode Island and Vermont WIC Programs to explore the feasibility of online shopping for the Northeast States.	August 2022	State Directors discussion on assessing interest within our region and the common vendors we share. FY21 data regarding shopping from the NWA Multi State Participant Satisfaction Survey.	FRVM staff Nutrition staff
	Revise the Connecticut WIC Approved Food Guide with updated foods that are available in the APL for purchase			FRVM staff Nutrition staff
3.3 Cross training of staff on vendor and nutrition modules	Training of food resource and vendor management staff on connections between authorization, food items, pricing, monitoring, sanctions, reports, CT-WIC and EPPIC	July 2021	Improved knowledge of connections between CT-WIC modules and EBT provider portal	FRVM staff

	Staff to provide walk throughs of CT-WIC screens to identify improvements and connections to enhance CT-WIC.	October 2021	Knowledge of WIC approved categories and subcategories, maximum prices, food issuances, food packages, peer group averages and assignments	FRVM staff
3.4 Support of Department of Agriculture (DoAg) in electronic Farmers Market Nutrition Program (FMNP).	Using the SoliPortal, provide assistance to families who contact the state or local offices with questions about receiving FMNP benefits.	July 2023	DoAg implemented eFMNP using SoliSystems Corporation in July 2023	FRVM staff Nutrition staff
	Collaborate with DoAg on messaging to participants about spending FMNP benefits through Q1 of FY24.	June 2023	Messaging began in June on the change to eFMNP vs. the use of paper vouchers	FRVM staff Nutrition staff
3.5 Make changes to food packages and eligible foods in response to Final Rule for Revisions in the WIC Food Packages.	Changes to minimum inventory, pricing and monitoring reports will be needed. Review submissions from manufacturers and distributors on product nutrition labels, statewide availability, and retail costs	Announcement of the final rule.	Emails and information submitted to the State WIC Office for approval in Connecticut.	FRVM staff Nutrition staff
	If needed, amendments to the vendor agreements to update the minimum inventory requirements.	Announcement of the final rule.	Agreements are revised and emailed to all authorized vendors.	FRVM staff
	If needed, provide bulletin on new regulations or procedures.	Announcement of the final rule.	Bulletins sent to all WIC authorized vendors.	FRVM staff
	If needed, communicate necessary changes in food packages to IT.	Announcement of the final rule.	Changes tested.	Nutrition staff
	If needed, provide updates to local agencies regarding any new policies, educational materials, etc.	Announcement of the final rule.	Numbered memo sent.	Nutrition staff

	If needed, notify wholesale distributors of updates to food packages, new food items, and minimum inventory requirements.	Announcement of the final rule.	Mailing list.	FRVM staff
	Assess the percentage of category redemptions to determine any increases in redemptions because of the new food package revisions.	Announcement of the final rule.	Report-Redemptions by Site and Food Category	FRVM staff

Program Functional Area 4: Vendor Management

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

Objective: 4.1 Improvements in reporting vendor data and producing the extracts for FDP.

Objective: 4.2 Potential transition of EBT Processors

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

Objective: 4.4 CT-WIC Enhancements to streamline processes

Objective: 4.5 Training videos to supplement interactive vendor training

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

Objective: 4.7 Investigate and determine the process for changing State Regulations.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
4.1 Improvements in reporting vendor data and producing the extracts for FDP.	Utilize CT-WIC data to improve reporting of high risk vendor criteria, transaction level redemption data, redemption patterns, and produce the redemptions template for FDP.	June 2022	Refining reports in the SSRS reporting portal using the data from CT-WIC to provide more comprehensive information.	FRVM staff DPH IT
	Utilize CT-WIC data to improve tracking of compliance investigations and produce the investigations template for FDP.	June 2022	Tracking the status of individual investigations and Key Performance Indicators. Revisions to high risk vendor report	FRVM staff DPH IT
	Utilize CT-WIC data to improve tracking of violations and produce the violations template for FDP.	June 2022	Information is logged in CT-WIC on the violations screen, and separate Excel spreadsheet is used for tracking purposes.	FRVM Staff
	Utilize CT-WIC data to improve tracking for sanctions and produce the sanctions and claims collections template for FDP, in addition to referrals to SNAP on WIC DQs.	June 2022	Information is logged in CT-WIC on the sanction screen, and separate Excel spreadsheet is used for tracking purposes.	FRVM Staff

	Utilize CT-WIC data to improve tracking for training and produce the annual training and data template for FDP.	June 2022	Anticipated attendance for training; sessions, vendors assigned, and attendance. Interactive, High Risk, Annual training.	FRVM Trainers
	Utilize CT-WIC data to fulfill requirements for FDP spreadsheets, including populating the FDE template.	June 2022	WIC-44 report from TIP website is used as the basis for the TIP report.	FRVM Staff
4.2 Potential transition of EBT Processors	Participate in joint SNAP/WIC conference calls to finalize Northeast Coalition of States (NCS) EBT Services.	Calls began January 7, 2021.	Discussion of any common areas between programs. publishing dates per WIC/SNAP timelines; October 2020.	FRVM staff Nutrition staff IT staff
	CT staff on selection committee to participate on approval of contractor.	October 2021	Estimated dates per OTDA timelines: Bid submission May 13, 2021 ; Award made December 2021. Finalization of New York's contract.	FRVM staff Nutrition staff IT staff
	Draft WIC Contract to Legal for review.	May 2021	DAS approval to join NY State Contract provided on June 21, 2019.	FRVM staff Nutrition staff IT staff
	Notify WIC Vendor Advisory Council and authorized vendors of contractor selection.	December 2021	Vendor community informed on potential changes.	FRVM staff
	Finalize and execute DPH WIC contract to partake in NCS contract.	February 2022	DAS approval to join NY State NCS RFP provided on June 21, 2019.	FRVM staff Nutrition staff IT staff
	Transition and Conversion plan for data, stand beside devices, retailer portal.	July 2022	Transition to new provider or platform	FRVM staff
4.3 Develop policies and establish business processes for a Policy and Procedure Manual.	Document new processes in response to changes to current business practices.	March 2020	Changes to the WIC Vendor Agreement, access	FRVM staff
	Revise policies and establish business processes for a Policy and Procedure Manual.	Policies and procedures in writing.	Implementation of eWIC, utilization of CTWIC, and the COVID-19 pandemic changed processes. Shared knowledge of processes.	FRVM staff

	Modify the CT-WIC Manual for the Vendor Module based on changes and enhancements made.	April 2018	Vendor Module Manual updated last for version 1.9.	FRVM staff Nutrition staff
	Open the application portal multiple times per year for new vendors to apply for WIC authorization.	October 2023	Open enrollment now offered for new stores only in January each year.	FRVM staff
4.4 CT-WIC Enhancements to streamline processes.	Enhancements to Vendor Module training screens to increase the functionality and connection between training, monitoring and competitive pricing phases with selection criteria verification.	August 2020	Enhancements were delayed until the revised 3Sigma contract was in place. Currently the relationship between enrollment and routine operations are separate.	FRVM staff
	Refinement of the full monthly redemption report with EBT data through CT-WIC. Report captures data from multiple modules and redemption tables.	Database only accessible through EPPIC and/or IT report requests.	EPPIC access is limited to the Coordinators, and not available on an as needed basis.	FRVM staff Nutrition staff IT staff
	Utilize CT-WIC via tablet to allow real-time access to vendor information and provide electronic record of monitoring visits.	Monitoring visits currently done on paper.	Number of electronic documents available through the vendor portal to the MIS. Apple Ipads can be used to access CT-WIC for in-store use.	FRVM staff
4.5 Training videos to supplement interactive vendor training	Recordings through Microsoft Teams to develop training videos to be used for open enrollment and renewal trainings.	October 2019	Consistent messaging for all training sessions.	FRVM staff
	Post on website for vendor use in training additional staff.	October 2019	Assistance to vendors to train more employees on WIC policies and procedures.	FRVM staff

	Request from other states who utilize post-training tests, online assessments to test knowledge of training.	October 2019	Training chapters will apply to different areas regarding minimum stocking requirements, transaction processing, violations, and sanctions.	FRVM staff
4.6 Improve investigation services through RFP process and inventory audits.	Re-Initiate an RFP for Compliance Investigation contract.	WIC timeline: RFP release date: 10/1/23.	Developed and issued an RFP for compliance buys investigation. No responses received in FY21; will revise and repost.	FRVM staff
	Screen and evaluate all proposals to determine if bidders meet the requirements of the RFP.	WIC Timeline: Tentative 12/1/23.	Reviewed RFP proposals.	FRVM staff
	Select a vendor to conduct compliance buys investigation services for the WIC program.	WIC Timeline: Tentative contract award notification: 12/8/23.	Screening team selected winner for the compliance buys investigation services.	FRVM staff
	Develop a contract language for compliance investigation services.	WIC Timeline: Tentative 1/1/24.	Developed new contract language-	FRVM staff
	Submit paperwork to initiate contract process.	WIC Timeline: Tentative 1/1/24.	Final contract paperwork submitted for review and approvals.	FRVM staff
	Follow up contract process to make sure contract is executed.	WIC Timeline: contract Agreement start date: 10/1/24.	Executed contract with a selected vendor to provide compliance buys investigation services.	FRVM staff
	Explore the use of summer interns and those seeking non-DPH internships for students to conduct compliance investigations.	January 2024	Collaboration with criminal justice students or Connecticut Department of Emergency Services and Public Protection	FRVM staff
4.7 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.			FRVM staff
	Explore the regular process for changing regulations and determine which required changes can be completed using this process.			FRVM staff
	Update violations and state agency established sanctions to accommodate the change from paper checks to eWIC cards.		Several violations no longer exist with the elimination of paper WIC checks, and new sanctions for eWIC violations are being established.	FRVM staff

Program Functional Area 5: Management Information Systems

Goal 5: To maintain and enhance the WIC IT infrastructure through 9/30/2024.

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

Objective: 5.2 Move towards a self-service reporting environment for regular WIC information needs.

Objective: 5.3 Develop a new MIS equipment obsolescence plan.

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

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

Objective: 5.6 Implementation planning for next EBT contract

Objective: 5.7 Implement next MIS support contract

Objective: 5.8 Implement Participant Portal

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
5.1 Implement solutions or new technologies to address changes in USDA regulations and/or state policy.	Add additional functionality to CT-WIC.	MIS-WIC implementation project complete.	Timely update of changes to reflect USDA policies.	WIC IT Staff
5.2 Move towards a self-service reporting environment for regular WIC information needs.	Implementing data dashboard to replace file and paper distribution.	Webfocus reports have been converted to SQL Server Reporting Services (SSRS)	Webfocus reports sunset, begin conversion to PowerBI	WIC IT Staff WIC Epidemiologist Nutrition Consultant
5.3 Develop a new MIS equipment obsolescence plan.	Continuing equipment refresh every three to four years.	Current IT infrastructure is a client/server environment on windows platform using technical control is as follows: Routers are managed by DAS Bureau of Enterprise Systems and Technology, while switches, servers, desktops, laptops, tablets and printers are managed by DPH/WIC IT, providing	Age and maintenance.	WIC IT Staff

		the necessary security, constant monitoring of database and network, equipment refreshment and maintenance.		
5.4 Increase staff knowledge and utilization of current Programming languages, tools and techniques.	Staff have access to training library Training on new version of Focus reports to leverage legacy reports with new dashboard technology.	Staff have access to library as needed.	Staff are utilizing training library.	WIC IT Staff
5.5 Implement new technologies to enhance productivity and system security.	Implement Office 365 for Local Agencies to access state resources.	VPN connection to some resources, no access for others.	Local agencies able to access applicable state resources and share files via Teams.	WIC IT Staff
5.6 Implementation planning for next EBT contract	Complete state contract for EBT services. Convert from existing vendor to new vendor.	Waiting on NY to vacate protest on award.	NY completes master contract, contract awarded through DAS, conversion completed.	State WIC Director WIC IT Staff FRVM Nutrition Unit
5.7 Implement next MIS support contract	Existing contract is expiring in 2023. Plan procurement strategy with FNS and start IAPD process.	Have approval to use NASPO contract from DAS and have concurrence from FNS.	IAPD created and statement of work published.	State WIC Director WIC IT Staff
5.8 Implement participant portal	Add self service capabilities so participants can pre-enroll in WIC, upload documents, and make appointments	New CT-WIC server configuration being updated to support applicable web services, and necessary security to support 40,000 users.	Self-service portal implemented	State WIC Director WIC IT Staff

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, 2024:

Objective 6.1: Target a 1% increase over 2022 first trimester enrollment rates. (14.0%-2022) Objective 6.2: Based on available funding, continue, or expand implementation of focused Outreach Campaign - WIC is MORE in FY 2024. CDC Health Disparity grant reporting is required.

Objective 6.3: 25% of FY 2024 Local Agency Plans will include an Outreach Plan with measurable strategies.

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
6.1 Target 1% increase over 2023 first trimester enrollment rates.	<p>Review of local agency LAPs and show that few local agencies have implemented 1st trimester enrollment outreach strategies in FY23.</p> <p>As a result, the State agency developed two strategies in FY24 to improve first trimester enrollment. Local agencies are required to select one for implementation.</p> <p>The State agency will facilitate collaboration among Program Nutritionists in the last quarter of FY23, and first quarter of FY24, to develop training, implementation, and evaluation process for the FY24 strategy.</p>	<p>2023 WIC Objective: ≥ 40%</p> <p><u>FFY 2018 Target:</u> ≥ 40.0% Average: 19.5% Range: 7.0% - 40.4%</p> <p><u>FFY 2019 Target:</u> ≥ 40.0% Average: 19.9% Range: 3.4% - 33.8%</p> <p>FFY 2020 Target: ≥ 40.0%* Average: 17.4% Range: 4.3% - 38.6%</p> <p>FFY 2021 Target: ≥ 40.0%* Average: 13.7% Range: 0.0% - 34.3%</p> <p>FFY 2022 Target: ≥ 40.0%* Average: 14.0% Range: 0.0% - 42.1%</p> <p>2023 data pending.</p> <p>Data Sources: FFY2018-2020: CT-WIC MIS (Management Information System).</p>	<p>CT-WIC Process Objective Report (FY 2023) 1st trimester enrollment of pregnant women is greater than or equal to 40%.</p> <p>DPH/DSS exchange data at least quarterly on co-enrollment between WIC & HUSKY-A.</p>	<p>Program Monitor Epidemiologist Outreach Team</p>

		*Starting with 2022 State Plan submission, we will report available complete calendar year data based on previous calendar year.		
6.2 Based on available funding, continue, or expand implementation of focused Outreach Campaign - WIC is MORE in FY 2023-2024. CDC Health Disparities grant reporting is required.		Baseline data in 2022	Overall participation increases (target areas = Hartford, Bridgeport, Norwich/New London, Meriden/Middletown)	Outreach Team
6.3 25% of FY 2024 Local Agency Plans will include an Outreach Plan with measurable strategies.	<p>50% of FY24 LAP's will include an evaluation of prior year's outreach activities.</p> <p>Provide review for Program Nutritionists and Program Coordinators about developing targeted, measurable strategies, using updated Outreach Materials.</p> <p>During technical assistance visits, Local agency liaisons will discuss the development of a local Outreach Plan and measurable strategies.</p>		LAP submission and MER Program Operations questions on Outreach.	Local agency Liaisons Program Monitor
6.4 100% of local agencies will review and use CT-WIC show rate tracking report to improve access to WIC services.	<p>During monitoring ensure local agencies are implementing proven strategies to improve show rate including</p> <ul style="list-style-type: none"> 100% of local agencies monitor show rate weekly. 	Develop a realistic baseline using pre-pandemic and pandemic rates.	Review and verification of local agency process for tracking, analyzing, and implementing effective strategies to improve show rates.	Program Monitor Epidemiologist

	<ul style="list-style-type: none">• Retrieve and Utilize One Call Now (OCN) report to manage clinic schedules and show rates. <p>Based on FY23 MER results, the Program Operations Monitor will highlight at least 2 best practices for improving show rates at a Statewide meeting or other appropriate venue in FY24.</p> <p>Determine if feasible to add a show rate indicator as a LAP statewide process objective for FY25.</p>			
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Program Functional Area 7: Coordination of Services

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

By September 30, 2024:

Objective: 7.1 Maintain active coordination with at least 80% of identified key partners in 2024.

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<p>7.1 Maintain coordination with at least 80% of identified key partners.</p>	<p>Continue to actively participate in State level MCH Task Forces, Head Start, Oral Health, Lead Prevention and IZ programs, HUSKY (Medicaid Managed Care), Food Policy Council (FPC), DSS and OEC.</p> <p>Continue to coordinate with DPH Food Protection Program, Consumer Protection Agency, and DPH Environmental Epidemiology.</p> <p>Facilitate emerging collaborations and/or executed MOUs with the following:</p> <ul style="list-style-type: none"> • DPH led-Maternal Mortality and Morbidity Review Committee (MMRC) interagency workgroup. • Pregnancy Risk Assessment and Monitoring System (PRAMS) collaboration <i>Internal MOU executed.</i> • CT Dental Health Partnership (DHP)-<i>MOU draft in progress.</i> • Substance Exposed Pregnancy Initiative or SEPI-CT and DMHAS and DCF Policy Academy <i>Collaboration ongoing.</i> • Office of Early Childhood and Home Visiting <i>Collaboration ongoing.</i> 	<p>Letters of agreement or MOUs with Medicaid Managed Care (HUSKY), Immunization, SNAP-Ed, Department of Children and Families (DCF), and TANF.</p> <p>Revise as needed policy and procedures on formula safety and recall.</p> <p>Use existing Immunization Program MOU as a template for MOU or PSA with other programs as needed.</p>	<p>Improvement of service delivery to mutual clients.</p> <p>Ensure safety of food/formula provided to WIC participants. Current recommendations or guidelines relevant to WIC participants are sent to local WIC agencies.</p>	<p>Nutrition Unit Nutrition and Program Monitors Breastfeeding Unit</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<ul style="list-style-type: none"> • CT Coalition Against Domestic Violence <i>Collaboration ongoing.</i> • MCH Block Grant <i>Provide data and narrative for annual reports.</i> <p>Continue to support WIC & Head Start Better Together Collaboration at 9 local agencies in FY24 via NSA funds and existing contracts.</p> <ul style="list-style-type: none"> • Sustaining State level activities include Liaison visits, bi-annual survey, and inclusion of Better Together objectives in LAP Outreach Plans. • Sustaining local level activities include co-location, collaborative nutrition and outreach, monthly meetings and <p>As resources allow, continue SNAP-Ed/WIC Program Collaboration to compliment WIC nutrition education efforts. Coordinate with SNAP-Ed as needed with local agency workshops that include taste testing and cooking demonstrations at selected sites. Incorporate routine use of SNAP-Ed recipes in WIC education/resources used.</p> <p>Continue participation in both the Women and Children’s Health Committee and Connecticut Perinatal Quality Collaborative (CPQC). Work with both groups to better coordinate hospital and community messaging about breastfeeding to high-risk populations.</p>	<p>Executed updated MOU with OEC, CT-Head Start Association and 9 local grantees.</p>	<p>SNAP-Ed evaluations and feedback from SNAP-Ed/local agencies/students SNAP-Ed Recipes utilized at local WIC agencies.</p> <p>Record of Women and Children’s Committee and CPQC meetings.</p>	

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>Follow-up on implementation of Perinatal Mood and Anxiety Disorder (PMAD) self-directed online training (CT-TRAIN).</p> <p>Continue collaboration with UConn’s Jennifer Vendetti, for technical assistance and training. Update post-tests to Microsoft Forms.</p> <p>Preform QA on data tables, then, implement and monitor PMAD reports in 2024.</p> <p>Maintain partnership with Doug Edwards from Real Dads Forever and other Fatherhood Advocates throughout the state. Doug Edwards will continue to provide training and serve as a support to the CT WIC Program in ensuring WIC services are family centered and encourage participation from dads and family men.</p> <p>Local agencies will build relationships with local fatherhood advocates to find site specific strategies in engaging more with dads/family men.</p>		<p>Completion of PMAD training on CT-TRAIN and evaluation for new Staff.</p> <p>Ongoing implementation of WIC PMAD Screening Protocol.</p> <p>Improved engagement with dads and family men at local WIC offices. Local agencies will have identified father advocates in their service area to engage with for referrals and training/engagement opportunities.</p>	
<p>7.2 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>	<p>N/A</p>	<p>Improved local level coordination with staff regarding referrals.</p> <p>All local agencies will utilize a Local Community Resource Guide on a regular basis.</p> <p>Reduction in review findings related to referrals.</p>	<p>Nutrition Monitor</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<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. 			

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, 2024:

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
8.1 Verify 100% of local agencies comply with use of non-discrimination statement requirements and OMB racial/ethnic data collection standards.	<p>During monitoring, request copies of LA developed brochures, handbooks, and/or other publications, webpages or social media accounts and review for proper usage of the nondiscrimination statement.</p> <p>Monitor to verify that Racial/Ethnic Data Collection procedures are followed at local agencies during FY24 reviews.</p>	Ongoing	<p>Each brochure and handout and webpage will contain the current USDA non-discrimination statement.</p> <p>Regulatory compliance as evidenced in monitoring reports.</p>	Monitoring staff
8.2 Conduct annual civil rights training for local agency staff.	Annually, update and train all State and local staff on revised nondiscrimination complaint procedures and forms.		Annual interactive Civil Rights applied session is incorporated into the annual Statewide Meeting.	Program Monitor

Program Functional Area 9: Certification & Eligibility

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

By September 30, 2024:

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<p>9.1 Investigate during MER (Nutrition Monitor) and State audits (NCFL), local agency compliance with State WIC Special Formula and Eligible Nutritionals' policies.</p>	<p>For local agencies with MER scheduled, the Nutrition Monitor will use the CT-WIC Program Special Formula Review Form to determine if 80% of agencies reviewed comply with special formula procedures.</p> <ul style="list-style-type: none"> ▪ Select 5 (per permanent site) participant records with WIC Medical Documentation forms to determine frequency of insufficient "medical rationale" and if process was followed for HUSKY issuance of special formula. ▪ Based on monitoring results, determine areas for improvement in staff training and clarify WIC formula policies and procedures and provide technical assistance as needed. <p>The NCFL will use the CT-WIC Program Special Formula Review Form to conduct a minimum of 5 chart audits per local agency, for those local agencies conducting an Off-Year Self Evaluation. per local agency. Approximately 20 charts per year will be evaluated by the NCFL. See indicators column, for performance standards for WIC Special Formula and Eligible Nutritionals' issuance as well as HUSKY/Medicaid issuance.</p>	<p>Established in 2018</p>	<p>Local agencies will demonstrate proficiency with:</p> <p>Following policy and process in assisting participants in ordering of special formula received through WIC.</p> <p>Following policy and process for assisting participants dually enrolled in HUSKY/Medicaid and WIC in obtaining special formula.</p> <p>Local agency report of improved knowledge base and comfort-level in interactions with HCP's.</p> <p>100% Medical Documentation Form Up to Date</p> <p>70% Medical Documentation Form accurately completed by MD/HCP</p> <p>90% Medical Documentation correlates with HUSKY and/or WIC prescription issuance on Family Benefit List (FBL)</p>	<p>Nutrition Unit Nutrition Monitor NCFL Epidemiologist Liaisons</p>

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>Based on results, local agency liaisons will discuss areas for improvement and address questions or concerns during local agency TA visits. Outstanding formula issues identified will be topic for discussion during training sessions at local agency staff meetings, Program Nutritionists and/or statewide meetings.</p> <p>Confirm baseline for compliance with special formula policies and practices for participants dually enrolled in HUSKY/Medicaid and WIC. (HUSKY as first payer). Determine useful tracking reports.</p> <p>In first quarter of FY 2024, NCFL will follow-up with the vendor unit on the progress of the updated data entry process for WIC Special Formulas and Eligible Nutritionals. At a minimum, review bi-annually. Update list in 1st quarter of fiscal year.</p> <p>Review CT-WIC quarterly reports of Issuance and Redemption of WIC Special Formulas and Eligible Nutritionals. Liaisons may choose to review during technical assistance visits as needed.</p>		<p>80% Appropriate Growth Assessment/evaluation documented.</p> <p>50% of verbal orders for medical documentation are obtained within 24 hours (WIC only).</p> <p>25% of Nutritionists follow-up with MD/HCP when indicated.</p> <p>60% CT-WIC Risk Screen updated based on new information.</p>	

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
	<p>Provide at least one (1) in-service training to stakeholders about changes to WIC special formula policies (HUSKY primary payor) and procedures by September 30, 2024. Assist local agencies in providing in-service presentations as appropriate.</p>			
<p>9.2 Monitor implementation of updated Nutrition Risk Criteria.</p>	<p>By the 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>Provide update to Program Nutritionists by 2nd quarter, on results of post-test for WIC Nutrition Risk Criteria and WIC Nutrition Risk Assessment training. (Self-paced module).</p> <p>Train local agency staff on new or revised criteria at Statewide meetings or using a self-paced module.</p> <p>During monitoring determine if local staff accurately identify and assign new or revised risks.</p> <p>Through State MER observations and chart audits 80% of local agency staff will conduct PMAD screening per protocol and document appropriately.</p>	<p>N/A</p>	<p>IT report submitted. Training scheduled for local agencies. Monitoring indicates local agency staff are correctly assigning risks.</p>	<p>Nutrition Unit Monitoring staff Breastfeeding Unit IT Unit</p>

Program Functional Area 10: Monitoring & QA

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

By September 30, 2024:

Objective: 10.1 Monitor five (5) service regions including satellites.

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<p>10.1 Monitor five (5) service regions including satellites.</p>	<p>By end of 1st quarter, develop FY24 monitoring schedule.</p> <ul style="list-style-type: none"> ▪ Conduct monitoring visits, schedule exit conference within two weeks of completion of fieldwork, and complete exit conference within 30 calendar days. ▪ Prepare program review reports to local agencies within thirty (30) calendar days of the program exit conference. ▪ Respond to local agency CAP within 30 days. Two weeks as best practice. ▪ Synthesize common review findings & responses to CAP in both nutrition services and program operations to update FY24 Goals and Objectives, training, and technical assistance plans. ▪ During routine monitoring, collect data on satellite site operations to determine effectiveness: Location of satellite sites, # of participants served, and Hours of operation 	<p>FY21 LA monitoring schedule (See Objective 10.3)</p>	<p>100% of scheduled monitoring visits and reports completed by Sept 2024.</p> <p>80% of agencies will have their exit conference scheduled within two weeks of completion of onsite visits.</p>	<p>Nutrition Monitor Program Monitor Local agency Liaisons Breastfeeding Unit</p>

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

Goal 11: Maximize the utilization of WIC food funds.

By September 30, 2024

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

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

Objective: 11.3 Ensure draw downs are processed against the correct accounts.

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
11.1 Stable usage of food funds at 90%.	<ul style="list-style-type: none"> Track and monitor monthly food expenditures. Meet with program coordinators. Work with WIC Director and Epidemiologist to monitor food costs using the current CPI cost indicators. 	Budget/expenditure reconciliation.	100% of food dollars are accounted for.	State WIC Director Fiscal Unit Epidemiologist
11.2 Use economic and financial trend data to manage resources and improve program quality more effectively.	<ul style="list-style-type: none"> Utilize financial data in trend analysis. 	N/A	Utilize financial trend data to drive program decisions.	State WIC Director Fiscal Unit Epidemiologist
11.3 Ensure draw downs are processed against the correct accounts.	<ul style="list-style-type: none"> Create process to have two fiscal staff complete and review draw information to ensure accuracy. 	N/A	Draw downs are correctly processed.	Fiscal Unit

Program Functional Area 12: Data Quality, Analysis & Reporting

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

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

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

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

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

Objective	Strategies/Activities	Baseline	Indicators	Staff Assigned
<p>12.1 Improve access to, and the utility and application of, WIC Program data:</p> <p>a. Build on current reports to provide enhanced, more accessible data resources.</p>	<p>Prepare summary data tables & graphs to illustrate trends, and maps to compare the distribution of selected variables and other Program resources (e.g., participants, WIC sites, authorized vendors).</p> <p>Post results or otherwise share selected data tables, graphs, reports, maps, and other data presentations as appropriate, including:</p> <ul style="list-style-type: none"> • WIC participation and key demographics; • Process and outcome objectives; • Benefit issuance & redemption; and, • Authorized vendors; plus, • Current national WIC data and state population figures. <p>Coordinate with DPH attorney prior to sharing any personally identifiable information outside the WIC program (e.g., with DPH/Vital Records, Local Health Districts), to ensure state and federal confidentiality regulations are properly met; censor all public-facing data, as appropriate.</p>	<p>Monthly Reports</p> <p>Quarterly Outcome Reports</p> <p>Annual Summary Reports</p>	<p>Enhanced analysis & data presentations meet USDA, state & local WIC agency data needs.</p> <p>Data tables, graphs & maps facilitate the comparison of participant characteristics, outcomes, etc.</p> <p>Data reports are posted to the shared Q drive for state & local agency staff; public-facing data posted to program website and DPH Dashboard are censored and periodically updated, as appropriate.</p> <p>Improved data access results in less staff time being invested in responding to routine data requests, while protecting file security & participant confidentiality.</p>	<p>WIC Epidemiologist, in coordination with IT staff & Nutrition Unit, as well as with Local Agency staff, where appropriate.</p> <p><u>Note:</u> Emphasis in FY24 will be placed on: 1) facilitating access to monthly & quarterly reports by Local Agency Staff; & 2) updating WIC website and DPH Dashboard in a timely manner.</p>
<p>b. Expand research/data analysis and reporting initiatives.</p>	<p>Select one program outcome to analyze in relation to potential risk/contributing factors (e.g., low birth weight: compare preterm/full-term birth outcomes in relation to mothers' pre-</p>	<p>Prior DPH, WIC and other related studies</p>	<p>More in-depth analyses help inform program decisions in support of key interventions, with a focus on improved outcomes,</p>	<p>WIC Epidemiologist, in coordination with Nutrition Unit & IT staff, as well as with Local</p>

	<p>pregnancy weight, weight gain during pregnancy, substance use behaviors, initiation of prenatal care, etc.).</p> <ul style="list-style-type: none"> • Identify and track risk factors contributing to poor birth outcomes. • Evaluate associations between WIC participation and risk factors for poor birth outcomes. • New addendum to LBW outcome report will track prematurity data (current report excludes multiple and preterm births). <p>Support all efforts to procure DSS/Medicaid dataset, in order to:</p> <ul style="list-style-type: none"> • Determine co-enrollment in WIC/Medicaid: • Use Medicaid data to identify and provide outreach to those eligible but not enrolled in WIC; map addresses to identify pockets of those not enrolled, enabling more targeted outreach efforts. • Map selected health, demographic and socio-economic Census variables at the local level; compare results with current program coverage. 	<p>DSS Medicaid/HUSKY A dataset</p> <p>U.S. Census Bureau data</p>	<p>and increased outreach, recruitment & retention.</p> <p>Newly redesigned Outcome reports used to develop the methodology to:</p> <ul style="list-style-type: none"> • Perform crosstab analyses of Outcomes to determine impact on results by, for example, race and ethnicity (e.g., breastfeeding initiation & duration); • Explore the impact of risk factors on Outcomes; and, • Map results. <p>Continued support of all efforts to procure DSS/ Medicaid dataset (unsuccessful to date).</p>	<p>Agency staff, where appropriate.</p>
<p>c. Provide support in meeting other Program-related data and reporting needs.</p>	<p>Respond to internal & external WIC data requests (e.g., DPH, Local Health Districts, FOI requests, universities, non-profits, <i>ad hoc</i> requests, etc.).</p> <p>Identify/develop relevant reference & training resources:</p> <ul style="list-style-type: none"> • Draft presentations for WIC Director, Nutrition staff, Vendor Unit, etc., when requested. • Prepare reports for use by state staff in local agency monitoring visits (e.g., staff-to-participant ratio analysis by race/ethnicity; benefit redemption by Permanent Site, etc.). • Develop presentations for WIC staff; present on data-related topics as needed at statewide meetings, coordinators meetings, trainings. 	<p>CT-WIC data reports</p> <p>Ongoing collaboration</p>	<p>Timely response to internal and external data requests.</p> <p>Data reports, surveys and presentations developed and/or technical assistance provided.</p> <p>Committees successfully complete assigned tasks.</p>	<p>WIC Epidemiologist</p>

	<ul style="list-style-type: none"> • Provide analysis, reporting and/or technical assistance as requested (e.g., adjust annual WIC outcome targets, calculate caseload, design surveys and new reporting forms, etc.). • Contribute to preparing the Annual State Plan and yearly Operational Adjustment proposal, present midterm, and final reports. • Collaborate in DPH initiatives that benefit the State's MICH population (e.g., MCH Block Grant, PRAMS Steering Committee, RFPs, Publication Review Committees, etc.). 			
<p>12.2. Contribute data inputs to help maximize strategic program coverage & effectiveness:</p> <p>c. Strengthen appropriate access to and delivery of program services.</p>	<p>Monitor Program services to help inform program planning and implementation efforts:</p> <ul style="list-style-type: none"> • Identify service gaps, priorities & opportunities. • Track program outcomes, evaluate changes. <p>Use GIS mapping to help improve resource allocation (e.g., location of clinic sites, authorized vendors).</p> <p>Target resources to improve outcomes for those at highest risk.</p> <p>Identify specific populations to target for outreach promotional efforts and program services, where needed.</p> <p>Develop new reports (e.g., identification of Risk Factors, Referrals/Counter-Referrals by local agency, and permanent WIC site, etc.).</p>	Current program services & resources	<p>Decisions to increase/decrease or relocate program services and resources are based on objective inputs (e.g., trend analysis, percentage change over "x" period of time, etc.).</p> <p>Risk factors and other variables associated with a specific outcome or result(s) are identified, providing enhanced criteria for targeting program interventions.</p>	WIC Epidemiologist, in coordination with Nutrition Unit, as well as with IT & Local Agency staff, where appropriate.
d. Ensure adequate access to vendor services, and vendor capacity to meet participant demand.	Coordinate with the Vendor Management Unit to strengthen data collection, analysis and reporting functions, especially for vendor monitoring and TIP Report preparation.	Vendor Unit data Authorized Vendor lists	Vendor locations, services and resources meet participant and program needs.	WIC Epidemiologist, in coordination with the Vendor Unit, and others, as needed.

	Continue to identify priority data needs; perform needed analyses and build standardized queries and presentation formats to meet those needs.	WIC Participation data	Analytical maps determine geographic access and store capacity to meet demand of WIC participants produced prior to adding or removing a vendor from the CT WIC authorized vendors list.	
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