

## IV. ORGANIZATION AND MANAGEMENT

(Please indicate) **State Agency:** CA for **FY** 2016

Organization and management involves the procedures for the documentation of staff time at the State level devoted to the various WIC functions, the evaluation and selection of local agencies, the documentation of local agency staffing standards and data, as well as disaster planning.

**A. State Staffing – 246.3(e), 246.4(a)(4) and (24):** describe the information relating to State level staff requirements and utilization as it relates to WIC Program functions and how the State agency will provide a drug-free workplace.

**B. Evaluation and Selection of Local Agencies - 246.4(a)(5)(i) and (7) and 246.5:** describe the procedures and criteria utilized in the selection and authorization of local agencies.

**C. Local Agency Staffing - 246.4(a)(4):** describe the State staffing standards which apply to the selection of local agency staff and the means used by the State agency to track and analyze local level staffing data.

**D. Disaster Planning -** describe the disaster plans to be implemented in the event of a disaster.

## IV. ORGANIZATION AND MANAGEMENT

### A. State Staffing

#### 1. State Level Staff

- a. Record below the current total full-time equivalent staff (FTEs) available for each position listed or attach equivalent information in Appendix \_\_\_\_\_ of this section:

<u>Position</u>	<u>FTE WIC</u>	<u>FTE In-kind</u>	<u>Total FTE</u>
Director	<u>1</u>	<u>          </u>	<u>1</u>
Nutritionist	<u>27</u>	<u>          </u>	<u>27</u>
Vendor Specialist	<u>58</u>	<u>          </u>	<u>58</u>
Program Specialist	<u>67</u>	<u>          </u>	<u>67</u>
Financial Specialist	<u>19</u>	<u>          </u>	<u>19</u>
Breastfeeding Coordinator	<u>4</u>	<u>          </u>	<u>4</u>
(MIS/EBT) Specialist	<u>3</u>	<u>          </u>	<u>3</u>
Intern	<u>0</u>	<u>          </u>	<u>0</u>
Other (specify): <u>Admin</u>	<u>27</u>	<u>          </u>	<u>27</u>
<u>Support staff</u>	<u>41</u>	<u>          </u>	<u>41</u>
<u>Student Assistants</u>	<u>11</u>	<u>          </u>	<u>11</u>

- b. The State agency has a WIC organizational chart showing all positions, titles, and staff names.

Yes     No

If yes, please attach the WIC organizational chart in Appendix A1b of this section.

- c. If available, attach an overall organizational chart that identifies the WIC Program's relationship within the State Health Department or Indian Tribal Organization in Appendix A1c of this section.

- d. The State agency has updated position descriptions for each of the above positions.

Yes     No

Please include position descriptions in Appendix A1d of this section.

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

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**IV. ORGANIZATION AND MANAGEMENT**

**A. State Staffing**

2. Estimate below the average percent of State staff time devoted to fulfilling the following functions:

<u>Function</u>	<u>Percent of Total Staff Time</u>
Certification, including nutrition risk determination	0
Breastfeeding training/promotion and support	5
Nutrition education	8
Monitoring of local agencies	18
Fiscal reporting	9
Food delivery system management	4
Vendor management, including vendor training	34
Staff training and continuing education	3
(MIS/EBT) system development and maintenance	1
Civil rights	1
Coordination with and referrals to other assistance programs and social service agencies	2
Other (specify): <u>Support/Administration</u>	15
_____	_____
_____	_____
_____	_____
Total	100

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

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**3. Drug-Free Workplace**

a. The State agency has a plan that will enable them to achieve a drug-free workplace.

Yes     No

b. Attach a description of the State agency's plans to provide and maintain a drug-free workplace in Appendix A1d of this section.

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

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**B. Evaluation and Selection of Local Agencies**

DOES NOT APPLY (PROCEED TO NEXT SECTION)

**1. Local Agencies Authorized**

84 Number of local agencies authorized to provide WIC services last year

84 Number of local agencies planned to provide WIC services this year

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

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**2. The State agency accepts applications from potential local agencies:**

- Annually                       Biennially
- On an on-going basis       Other (specify) Applications are accepted with RFA solicitation.

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

CDPH/WIC Division may release an RFA to solicit potential contractors to open additional sites based on service site location needs.

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**3. Existing local agencies must reapply and compete with new applicant agencies for authorization:**

- Annually     Biennially     Not applicable

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

For FFYs 2016-2019, Local Agency contracts will be awarded as Local Assistance contracts.

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**4. Selection Criteria**

**a. The State agency uses the following criteria in selecting local agencies in new service areas and/or in reviewing applications from existing service areas:**

New Service Areas	Existing Service Areas	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Coordination with other health care providers
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Projected cost of operations/ability to operate with available funds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Location/participant accessibility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Financial integrity/solvency
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Relative need in the area
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Range and quality of services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	History of performance in other programs
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ability to serve projected caseload
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Non-smoking facility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Americans with Disabilities Act (ADA) compliance
<input type="checkbox"/>	<input type="checkbox"/>	Other factors: _____
<input type="checkbox"/>	<input type="checkbox"/>	_____

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##### B. Evaluation and Selection of Local Agencies

b. The State agency conducts studies (provide date of most recent study: 01/01/2012 ) of the cost-effectiveness of local agency operations that examine:

- Location and distribution of local agencies in proportion to participants/potential eligibles
- Clinic procedures to optimize participant access/service (Patient Flow Analysis, etc.)
- Staff-to-participant ratios and related staffing analyses
- Comparative analyses of local agency/clinic costs
- Other

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

See Index of Rev.- The last study done was in 2012 for the number of eligible pregnant women on Medi-Cal non-participants.

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5. The State agency enters into a formal written agreement or contract with each local agency.

- Yes (state duration): 4 years  No

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

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6. The State agency has established statewide fair hearing procedures for local agency appeals.

- Yes, attach local agency fair hearing procedures or specify the location in the Procedure Manual and reference below:
- No
- Not Applicable

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

WPM 520-40 and 520-10

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7. The State agency maintains a listing of clinic sites that includes the following information. If available, please attach the listing in Appendix \_\_\_\_\_ of this section.

- Location
  - Type of site (e.g., hospital, health department, community action program)
  - Service area
  - Hours of operation
  - Days of operation
  - Health services provided on-site
  - Social services provided on-site
  - Participation
  - Other (specify): Local Agency name, site name, telephone number
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**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

See appendix IV B 7; Website address: <http://wicsearch.cdph.ca.gov/wic/resources/laSearch/search.asp>

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## IV. ORGANIZATION AND MANAGEMENT

### C. Local Agency Staffing

DOES NOT APPLY (PROCEED TO NEXT SECTION)

#### 1. Staffing Standards

**a. The State agency prescribes local agency staffing standards that include:**

Credentials

Staffing levels

Staff-to-participant ratio standards

Time spent on WIC functions

Other (specify): \_\_\_\_\_

Functions of CPAs

Paraprofessional requirements

Separation of duties to ensure no conflicts of interest

Other (specify): \_\_\_\_\_

Not applicable

**b. The State agency has a plan for ensuring that local agency credentials are in line with the Nutrition Services Standards.**

Yes  No

**c. The State agency maintains copies of local agency CPA position descriptions, classified in terms of Nutrition Services Standards, i.e., federal requirements, recommended criteria, best practices.**

Yes  No

**d. Local agencies follow staffing standards established by unions or local governmental authorities.**

Yes  No

**If yes, how many of the total local agencies are currently authorized by unions or local governmental authorities?** \_\_\_\_\_

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

WPM 130: Local Agency Staff Requirements

#### 2. Local Level Staffing Data

**a. The State agency gathers and analyzes data to determine staff-to-participant ratios (check all that apply):**

For each clinic/local agency

By function

At regular intervals

Program management

Monthly

Food delivery

Quarterly

Certification

Annually

Nutrition education

Other (specify):

Breastfeeding promotion and support

N/A

Other (specify): N/A

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### C. Local Agency Staffing

**b. Results of analyses are reported back to local agencies.**

- No  
 Yes, in a single report comparing all local agencies  
 Yes, in a local agency-specific report (no comparative data)

**ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):**

WPM 130: Local Agency Staff Requirements

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### 3. Local Agency Breastfeeding Staffing Requirement

- a. 84 Number of local agencies with a designated a staff person to coordinate breastfeeding promotion and support activities.
- b. The State agency maintains approved copies of local agency Breastfeeding Coordinator and Peer Counselor position descriptions as outlined in the FNS Loving Support Peer Counseling Model.  
 Yes    No
- c. 48 Number of local agencies with breastfeeding peer counselors

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### D. Disaster Plan

**1. State agency has developed a WIC disaster plan.**

Yes    No

**2. The WIC disaster plan is part of a broader Health Department or other State agency disaster plan.**

Yes, what agency(ies): Department of Public Health

No

**3. The State agency shares the disaster plan with its local agencies and clinics?**

Yes    No

**4. The Disaster Plan addresses:**

Procedures to assess the extent of a disaster and report findings

Access to program records

Certification and food issuance sites and procedures

Food package adjustments

Food delivery systems

Information System (IS) Recovery

IS alternate procedures

Emergency authorization of vendors

Back up computer systems

Back up filing systems

Staffing arrangements

Use of mobile equipment, clinics

Other (describe) Breastfeeding policy for shelters

**5. The State agency requires local agencies/clinics to have individual disaster plans.**

Yes    No

If yes, such plans are reviewed for compliance and consistency with the State agency disaster plan.

Yes    No

**6. The State agency has a designated staff person to coordinate disaster planning.**

Yes    No