

**Assessment of
California Women, Infants, and Children (WIC) Program
Goals for Federal Fiscal Year 2014**

The major goals of the California WIC Program for FFY 2014 are to:

1. Fully utilize federal funds to support the WIC programs operations and food delivery. Monitor program integrity and allocate funds to sustain caseload.
2. Increase vendor integrity and accountability.
3. Continue planning efforts to implement Electronic Benefit Transfer (eWIC) in California.
4. Promote and support all WIC mothers in normal infant feeding.
5. Facilitate effective and open communication and leverage expertise and resources with our community partners.
6. Foster staff development and engagement with State and local agency staff.

To accomplish these goals, the California WIC Program has established the following FFY 2014 program objectives:

Goal One: Ensure program integrity and fully utilize federal funds to support the WIC programs, operations, and food delivery.

Objective I: Analyze 2012 data to identify potential WIC eligible families.

Assessment: Each year, California WIC collaborates with the California Department of Public Health, Maternal Child and Adolescent Health Division (MCAH) to identify underserved areas with unmet need. MCAH staff link WIC ISIS data with the state birth file data to identify pregnant women who receive MediCal, but not WIC, and thus are eligible for WIC. These eligible non-participants are mapped based on their residential address. Areas in the state with the highest concentration of eligible families are pinpointed to determine opportunities to allocate resources to expand caseload. Maps based on 2012 data will be distributed to WIC local agencies by September 2014. These maps also contain both local WIC sites and authorized WIC vendors (based on August, 2014 active local agency sites and vendors) so that local agencies can view their site locations and compare them to previous years to determine if there are changes and if there is migration in or out of their areas and to direct participants to authorized vendors in their areas.

Objective II: Enhance local agency expenditure monitoring protocols to ensure local agency integrity.

Assessment: California WIC developed a new invoice template for the local agencies to use to expand the breakdown of their operating expenditures. The new template captures the operating expenses breakdown to match what the local

agencies listed on their line item Operating Expenses Budget Detail Worksheet that can be found in their approved contract. This new process will ensure that the local agency will not exceed the budgeted line item amounts.

We also attended regional meetings and offered additional training to local agencies and their fiscal officers on how to use of the new invoicing template. We provided training and written procedures to State staff on how to use the new invoicing process to monitor the local agency expenditures to ensure program integrity. We will continue to monitor local agency expenditures and provide technical assistance to local agencies who need further assistance in submitting their invoices to ensure all expenditures are allowable and within the scope of their contract.

Objective III: Adjust funding to support caseload and quality services to WIC families.

Assessment: California WIC implemented a pilot bloodwork project for a non-invasive screen for anemia in WIC local agency sites as one strategy to improve local agency compliance to the bloodwork requirements and to improve quality services to WIC families. By having a complete health assessment, WIC participants are able to benefit from relevant health care referrals specific to their health care needs. In addition, these participants may receive up to three months of WIC food instruments thus minimizing the number of trips to their WIC site.

We revised WIC Program Manual (WPM) policies 210-11 and 330-10 to further clarify the bloodwork requirement and the allowable issuance of food instruments in the absence of bloodwork. These policies were released in May 2013 but were not fully implemented until February 2014.

The pilot project began with 56 local WIC agencies receiving funding for equipment and training. By June 2014, we expanded the project to include a total of 79 local WIC agencies are participating in the pilot. In FFY 2014, we offered over 15 trainings on how to properly use the non-invasive device to local WIC agency staff, including weekly webinars from April 1 – June 3, 2014.

Since implementation of the pilot project and the release of the revised bloodwork policies, we have seen a steady increase in compliance to the federal bloodwork requirement and will continue to monitor local agency progress and provide training and guidance.

Goal Two: Increase vendor integrity and accountability.

Objective I: Reduce vendor abuse by maintaining the increased number of enhanced routine monitoring visits, compliance investigations, and audits outlined in the Plan for Cost Containment and Program Effectiveness.

Assessment: California WIC has maintained the increased number of routine monitoring visits, compliance investigations and audits as outlined in the Cost Containment Plan. Between September 2013, and April 2014, program staff conducted an average of 58 routine monitoring visits and 100 compliance buys each month. These numbers equal about 42.5 percent of the authorized vendors annually.

California WIC continues to contract with the State Controller's Office (SCO) to conduct inventory audits of WIC vendors to ensure that vendors are purchasing

WIC-authorized foods from a valid distributor, manufacturer or wholesaler. Per the contract, the SCO completes approximately 200 inventory audits per year.

Objective II: Administer and fund the Local Vendor Liaison (LVL) Technical Assistance Program.

Assessment: Over the past year, California WIC has been able to put in place measures that have addressed LVL stakeholder issues. LVL training is provided bimonthly, annually, and on an ad-hoc basis. Annual trainings are in person and other trainings are via webinar. An LVL training and resource web page is available that includes an educational component so LVLs can work with vendors more effectively. An LVL TA SharePoint site has been developed to 1) track TA data and generate associated reports, and 2) maintain local agency vendor assignments and generate reports on local agency performance outcomes. In addition, a File Transfer Protocol (FTP) has been created so LVLs can submit their TA reports to the State Agency as computer files via the internet using a secure login protocol. The FTP process and LVL SharePoint site allow for an automated submission process and tracking mechanism to ensure the accuracy of data submitted by LVLs to the State Agency in order to meet their TA requirements.

Local agencies are expected to visit their assigned vendors to provide TA, and all visits must be recorded in the State tracking system. Between April 2013 and April 2014, a total of 3,812 TA visits were provided by LVL staff to the California WIC authorized vendors. In addition to TA visits, LVLs conduct special visits to assist the State in collecting or distributing important information to support cost containment strategies.

Objective III: Implement the Vendor Authorization Criteria and Peer Group regulatory packages, including assessing all vendors for compliance with authorization criteria and reassigning peer groups.

Assessment: On September 17, 2013, California WIC adopted the Vendor Authorization Criteria into regulation, and these rules became effective on October 17, 2013. The Vendor Authorization Criteria established 19 different standards that vendors must meet in order to obtain and retain WIC authorization. To facilitate compliance with the regulations, California WIC has conducted outreach to vendors and stakeholders, including vendor associations.

On April 4, 2014, California WIC adopted new vendor peer groups and a corresponding reimbursement system into regulation. The new vendor peer groups and corresponding Maximum Allowable Department Reimbursement (MADR) rates became effective on June 1, 2014.

Objective IV: Complete the Vendor Management Reorganization and Growth Plan to effectively manage vendors and enforce violations.

Assessment: In 2013, California WIC reorganized its Vendor Management Branch by splitting it into two different Branches: the Compliance and Program Integrity Branch (CPIB) and the Vendor Management Branch (VMB). This branch split enabled the Program to accommodate additional hiring for vendor oversight and

compliance. It also enabled California WIC to consolidate all vendor-related services, such as vendor training, within the two branches.

California WIC implemented a strategic planning assessment and identified priorities and changes needed in the number of staff or work focus in specific areas. The organizational structure is being revised to accommodate those changes.

As part of the 2014 reorganization, the Branch will be revised again to add more staff for new vendor applications and appeals of terminations or disqualifications. It is critical that the influx of vendor applications does not impact vendor oversight activities. In addition to increasing staff capacity in the VMB, the 2014 reorganization will also establish the Data Analysis, Research, and Evaluation Section. This section will enable WIC to better collect and use data to drive program activities, including vendor data analysis for evaluation and monitoring.

Goal Three: Continue planning efforts to implement EBT (eWIC) in California.

Objective I: Submit the EBT Implementation Advance Planning Document (IAPD) to USDA for review and approval.

Assessment: California WIC submitted the EBT IAPD on January 29, 2014. USDA responded with comments on April 25, 2014. CDPH prepared responses and resubmitted the updated IAPD with comments to USDA on June 17, 2014.

Objective II: Convene eWIC planning teams and stakeholder meetings.

Assessment: The eWIC Planning Team members convened and participated in the following activities and will continue to have ongoing meetings as the project progresses.

- Reviewed sections of the EBT IAPD in preparation for submission to USDA.
- Attended work sessions to develop requirements the EBT processor Request for Proposal (RFP).
- Ongoing recruitment for new eWIC Planning Team members in December 2013 and will continue recruitment as team members change.
- eWIC New Member Orientation held April 18, 2014.
- eWIC Planning Team Leads met monthly for project and team activities planning.
- eWIC Planning Team Leads reviewed additional project documents to remain updated and knowledgeable about the project.

Goal Four: Promote and support all WIC mothers in normal infant feeding.

Objective I: Provide ongoing breastfeeding support and training for all WIC local agency employees.

Assessment: California WIC's Nutrition Service Plan requires local agencies to train staff on breastfeeding promotion and support. This training must be 20 hours in length using approved training modules such as USDA's "Using Loving Support™, Grow and Glow in WIC (Breastfeeding Competency Training)" and the California

WIC Peer Counseling Training which is based on the Loving Support model. Staff is also required to have an additional 7 hours of breastfeeding training annually. This was incorporated into the WIC Program Policy and approved by the USDA in 2012.

Objective II: Continue to support and enhance the effectiveness of the Breastfeeding Peer Counseling Programs.

Assessment: California WIC used the FY 2013 funds for the Breastfeeding Peer Counseling (BPC) Program to continue support to 48 local agency BPC Programs. BPC Program staff includes 214 Peer Counselors, 110 International Board Certified Lactation Consultants and 64 supervisors. There continues to be BPC programs in 34 counties including 7 programs in Los Angeles County. California WIC has provided technical assistance to all local BPC programs throughout the year, which included agency visits for a few programs.

California WIC will allocate available FY 2014 BPC funds to those currently funded local agencies that have demonstrated implementation of the research based program components and essential functions of a successful Peer Counseling Program (Loving Support Model).

California WIC has begun the process of analyzing peer counseling data along with WIC program data to identify some preliminary program outcomes and to categorize data that could be provided to local agencies by means of a regular reporting system that would assist agencies in improving and refining program services.

Goal Five: Facilitate effective and open communication and leverage expertise and resources with our community partners.

Objective I: Create an online toolkit of the Regional Breastfeeding Liaisons materials, including a collection of lessons learned and tools developed over the past three years.

Assessment: During Fall 2013 California WIC worked with WIC Regional Breastfeeding Liaisons and established an outline and template for an online breastfeeding outreach toolkit to foster relationships with community partners. To date, case studies have been written and are going through peer review.

Objective II: Create and distribute outreach materials for the medical community which emphasizes our commitment to breastfeeding and how we can support each other.

Assessment: WIC has developed drafts of the Healthcare Pocket Guide and handouts on common clinical breastfeeding concerns. These materials are currently under review and revision.

Goal Six: Foster staff development and engagement with State and local agency staff.

Objective I: Provide Participant Centered Education (PCE), staff engagement and mentoring training to local agencies.

Assessment: California WIC will have trained approximately 350 staff in PCE workshops conducted in Northern, Central, and Southern California. Twelve sessions were offered: The introductory level *PCE for Individual Education* (4 sessions), *Be an Effective PCE Mentor* improves education through observation and feedback (4 sessions), *Designing the PCE Way* helps staff develop PCE-compatible lesson plans and staff training events (2 sessions), and *Your Toolkit: PCE for Group Education* helps attendees use PCE group education designs to lead effective classes (2 sessions). These training programs were developed and offered to local agencies to help establish and maintain quality PCE standards in California as described in Goal 3 on PCE in the Nutrition Services Plan for FFY 2012 – 2014.

Objective II: Continue with the Academy for Participant-centered Leadership (APL) program with the fourth cohort of local and state agency staff.

Assessment: Twenty local agency and one State staff participated in the year-long APL leadership training program, which included three workshops and two webinars. Topics included leadership assessment, temperament and communication style assessments, facilitating change, project planning and implementation, and presentation skills. Trainees received technical assistance from their assigned APL consultant via site visits, telephone conference, and electronic mail.