

## VII (A). CASELOAD MANAGEMENT

**GOAL:** Outreach Coordinators will increase participation in WIC from high-need populations by improving understanding of WIC service delivery structure and benefits as well as increasing referral rates from community partner organizations that serve target populations. Education, relationship building, and new referral processes for partner organizations will be created through group meetings and personal (or 1-on-1) follow-up connections with partner representatives. This is a new goal for FY2025.

**METHODOLOGY:** Outreach Liaisons (ORLs) will improve existing and build new relationships with community partner organizations that serve high-need populations. ORLs will host a minimum of four (4) meetings with representatives from partner organizations that feature a presentation to introduce WIC's service delivery structure and open discussion to understand partners' needs to successfully make referrals. ORLs will recruit representatives to participate in meetings from partner organizations that provide direct services to high-need populations in the most populous counties in each region. Example high-need service populations include:

- Migrant Families
- Grandfamilies
- Foster Care Families
- Addiction Recovery and Treatment Program Participants
- Domestic Violence Program Participants
- Homeless and Housing Insecure Families

This is a new goal for FY2025.

**EVALUATION:** Before the ORLs meet with partners in their area, baseline data will be gathered from Crossroads, "How did you hear about WIC?" One quarter (three months) following each meeting, data will be pulled again from Crossroads. ORLs will be expected to report the number of referrals received from any partner organization that was targeted in the mid-year and final report.

For the narrative portion of the evaluation, following each of the four meetings coordinators will be expected to document answers to the following questions:

- 1) Who did you meet with? This is the organization name, contact name, and the target population this organization serves.
- 2) Was this meeting held virtually, at a WIC clinic, or at a different location?
- 3) What did you determine was your partner's greatest need in making referrals to WIC?
- 4) At your one week follow up, what educational resources and materials did you share?
- 5) For your first point of contact, what was done to increase referrals? Please include details such as time of contact and the types of resources discussed or

needed. If your partner requested your presence or assistance with a separate event please provide that information here.

6) For your second point of contact, what was done to increase referrals? Please include details such as time of contact and the types of resources discussed or needed. If your partner requested your presence or assistance with a separate event, please provide that information here.

7) For your third point of contact, what was done to increase referrals? Please include details such as time of contact and the types of resources discussed or needed. If your partner requested your presence or assistance with a separate event, please provide that information here.

### **Presentations and Follow-Up Actions**

ORLs will host group meetings at a mix of virtual and in-person locations, with preference for in-person meetings. Location is dependent on partner needs. Presentations will cover the following topics:

- Education on WIC service delivery structure (with focus on changes made to service delivery in the public health emergency years)
- Accessible options to enroll in WIC Services for participants
- How to make referrals to WIC
- Discussion on unique needs (successful methods to communicate, potential challenge areas for understanding and accessibility of WIC services etc.) of high-need service populations
- Discussion points of contact, materials, and processes needed for partners to successfully complete referrals

ORCs will follow-up within 1 week after the meeting to share educational resources and materials requested by partners to successfully complete referrals. Within 2 months following the meeting, ORCs will make, at a minimum, three additional points of contact with partner representatives to ensure organizations understand educational materials, request if additional materials are needed, and also ensure organizations are making referrals.

This is a new goal for FY2025.

**STATUS:** Outreach activities that were accomplished:

- Valley Health

#### Meeting #1

- 1) Met with members of Marshall Health/Healthy Connections, Lily's Place, Right from the Start, Healthy Families Mountain State, Prestera, Marshall Core, KVC Behavioral Health Care, and The Point Cafe (Recovery Point).
- 2) The meeting was held at the Cabell WIC Clinic.
- 3) From the pre and post test survey responses, by providing a presentation about WIC and making referrals, it increased confidence from average to excellence. Our partners' greatest need was more education and feeling confident about understanding the WIC program.

- 4) At our one week follow up, the google referral form was shared, the powerpoint from the meeting, as well as our peer breastfeeding counselor shared some information on drug use and breastfeeding.
- 5) At the first point of contact the google form was shared with them again as well as the OR-11 WIC Clinic Contact Information card. They were also reminded that the WIC clinic is here for any questions about the referral process. Lastly, information was shared on new income guidelines in April as well as WIC participants using Farmer's Market benefits.
- 6) Second round of email sent Jun 2, 2024.
- 7) Not completed at this time.

### Meeting #2

- 1) Met with members of Pretera and Unicare.
  - 2) The meeting was held at the Kanawha WIC Clinic.
  - 3) From the pre and post test survey responses, by providing a presentation about WIC and making referrals, it increased confidence from average to excellence. Our partners' greatest need was more education and feeling confident about understanding the WIC program.
  - 4) At our one week follow up, the google referral form was shared, the powerpoint from the meeting, as well as our peer breastfeeding counselor shared some information on drug use and breastfeeding.
  - 5) At the first point of contact the google form was shared with them again as well as the OR-11 WIC Clinic Contact Information card. They were also reminded that the WIC clinic is here for any questions about the referral process. Lastly, information was shared on new income guidelines in April as well as WIC participants using Farmer's Market benefits.
  - 6) Second round of email sent Jun 2, 2024.
  - 7) Not completed at this time.
- \*Additional two meetings will be held later in the year.

### ● Shenandoah

The first half of the fiscal year focused on planning, developing a flier, and reaching out to community partners who may be interested in attending one of the community partner presentations. Community partner presentations are planned for April 11, May 30, June 20, and July 18.

### ● Monongalia

#### Meeting #1

- 1) Met with members of the Monongalia DHHR, Aetna, The Health Plan and Unicare.
- 2) Meetings were held In Monongalia County Health Department conference room.
- 3) They needed more information about WIC and who is eligible and what services WIC provides.
- 4) OR-001, OR-004, and OR-31 literature were provided.
- 5) Touched base with them and asked if there were any questions. Questions were asked about breastfeeding support and we were told about potential themes of events coming up with Unicare (i.e. child safety). WIC will be

invited once the event is established.

- 6) Invited to our 50th Celebration events held in our counties.
- 7) No referrals at this time.

\*Additional two meetings will be held later in the year.

- MOV

The previous liaison in coordination with the state ORC and other local agency liaisons had created the action plan for these meetings. MOV plans for these to be accomplished within the second half of FY24.

- Wheeling/Ohio

Meeting #1

- 1) Met with members of the Maternal Infant Health Outreach Workers(MIHOW), Head Start, Health Right, Wheeling Hospital, Northwood Health Systems and Ohio County Family Resource Network.
- 2) The meeting was held at the Ohio County WIC Clinic. Due to a state of emergency, the meeting was canceled.
- 3) Calls were made and in the process of rescheduling meetings.
- 4) Calls were made and in the process of rescheduling meetings.
- 5) Calls were made and in the process of rescheduling meetings.
- 6) Calls were made and in the process of rescheduling meetings.
- 7) MIHOW requested we attend some of their meetings.

Meeting #2

- 1) Met with members of the Marshall, Haven Maternity Home, Wellsprings Pregnancy Center and Casa.
- 2) The meeting was held at the Marshall County WIC Clinic. Participants were a no show.
- 3) Calls were made and in the process of rescheduling meetings.
- 4) Calls were made and in the process of rescheduling meetings.
- 5) Calls were made and in the process of rescheduling meetings.
- 6) Calls were made and in the process of rescheduling meetings.
- 7) MIHOW requested we attend some of their meetings.

\*Additional two meetings will be held later in the year.

- Randolph Elkins

- 1) Upshur and Lewis Counties are partnering with Buckhannon Housing Authority, Crosslines and Mt. Cap Family Support Centers; Randolph county is partnering with Centers Against Violence; Grant, Hardy, and Pendleton counties are partnering with recovery programs.
- 2) The presentation for the Buckhannon Housing Authority, Crosslines, and Mt. Cap Family Support Centers in Upshur and Lewis Counties will be held at the Buckhannon WIC Office; The Centers Against Violence presentation would not be held at a WIC clinic though they would be offered a tour of the WIC clinic- it was not specified where this presentation would be held; The presentation to partners that target individuals in recovery programs would be held at a regional PITAR (prevention, intervention, treatment, anti-stigma, and recovery) meeting and tours of the clinic would be offered.

- 3) Plan to utilize the tools that were created in ORQI in January (custom URLs, LAORL Guide to Relationship Building Tools, the customizable powerpoint etc.)
- 4) No results as of time of report.
- 5) No results as of time of report.
- 6) No results as of time of report.
- 7) No results as of time of report.

- Central

Lists of community partners who work with the target populations compiled. Individuals of that target population were invited to attend a presentation, as well as explaining the purpose of the presentation. Four practice run-throughs of the presentation have been completed with Central staff. Two were completed virtually with LAD and LAAD. The third was virtually at a LA staff meeting and the fourth was in-person with LAD, LAAD and Braxton staff. The purpose of the run-throughs was to get more comfortable and learn the flow of the presentation, but also to keep staff informed of our outreach goal and to get their input. The first presentation is scheduled for June 18th at the Clay County Family Resource Network meeting at the Clay County Health Department.

- TSN

1. During the first six months, the following three organizations were met with to target high-need populations:
  - 1-a. Mercer County DOHS Social Service Staff
  - 1-b. WV FACT (Foster and Adoptive Care Training);
  - 1-c. Region 2 Home Visitation Collaborative
2. Meetings were held at the Mercer County DOHS Field Office, Concord University, and the Word of Life Church in Logan, WV
3. An updated overview of the WIC program and encouragement from their organization's supervisor.
4. Links to the community partner referral pages and a WIC Thank You card.
5. The first point of contacting and collaborating with organizations in this FY 2024 outreach process is sending out the pre-presentation survey to staff within the organization who plan on attending the WIC presentation. This survey was sent to the person organizing the event (contact person) a few days prior to the presentation dates respectively of 2/21/2024, 3/1/2024, and 5/13/2024. The contact person would then send out the pre-presentation survey to their organization's staff. Outreach materials are sent and/or delivered to community partner organizations on a regular basis. The three partners aforementioned have not requested any assistance with making referrals to WIC.
6. Both the first and second points of contact after the presentation for the first two presentations listed above (the third presentation only occurred on 5/13, so a thank you email, and referral links were only sent out as the first point of contact today on 5/15) were sent via email and thank you cards, thanking the contact person for allowing WIC to present to their staff, offering any help if needed on further instructions when making referrals, etc.
7. For the third point of contact, occurring a month after each of the two presentations, DOHS's was contacted and volunteered to follow-up with staff at an upcoming Staff meeting. WV FACT would not send out the pre-presentation survey. They had to be contacted numerous times to encourage sending out the referral link, which was completed. All materials and procedures were followed in

the State 2024 OR plan to increase caseload within the areas of contact and help target populations in need.

This is a new goal for FY2025.

Challenges:

- Difficulty getting forms in correct format in time to get forms in circulation to maximize attendance.
- New Outreach Coordinator's onboarding processes being in the earlier stages.
- The number of referrals received from community partner presentations may need to be tracked into the next fiscal year.
- Difficult to get multiple key partner's schedules to align to ensure high attendance levels.
- Weather and unforeseen circumstances such as state of emergency situations make for an issue that cannot be avoided.

**This goal will be modified for FFY2025 to focus on support groups already established and in place within local communities.**