

VII (A). CASELOAD MANAGEMENT

GOAL: The State Agency (SA) Outreach Coordinator and Local Agency (LA) Outreach Coordinators and staff will network with a variety of organizations to improve access to WIC for high risk populations.

METHODOLOGY: During the first quarter of fiscal year (FY) 2019, the organizations that will be targeted for outreach efforts include Child Protective Services (CPS), foster care agencies, and other child-centered services.

The second quarter of FY 2019 will target kinship/relative caregiver support groups/organizations, halfway houses, and substance abuse organizations (residential and outpatient facilities).

The third quarter of FY 2019 will target neonatal intensive care units (NICU), pediatric intensive care units (PICU), and hospital social workers.

The fourth quarter of FY 2019 will target neonatal abstinence services and organizations, due to the growing drug epidemic in West Virginia.

EVALUATION: Evaluation will be conducted by the SA Outreach Coordinator upon receipt of each LA's annual outreach plan which includes state outreach goals. This plan includes a mid-year report and final report outlining the outreach efforts conducted for each LA. The SA Outreach Coordinator will review the specific number of organizational contacts made for each quarter in FY 2019 and will run reports to monitor referrals to targeted organizations. Caseload reports will be distributed to each LA to monitor caseload growth/decline. The SA Outreach Coordinator will provide a state standard show rate per policy 1.13.

STATUS: Outreach activities that were accomplished:

- 18 local Department of Health and Human Resources (DHHR) offices had presentations with the state outreach coordinator and local liaison; one presentation completed with Regional Community Service Managers, regional director and three different foster care agencies;
- Local agency collaborative involvement with Healthy Grandfamilies, largest kinship care advocacy program;
- New agencies that serve pregnant and postpartum moms with substance abuse issues were discovered and provided WIC information;
- Increased local staff awareness regarding show rates;
- Presentations completed at Youth Health Services;
- Improvement in certain local agencies show rate;
- Early Headstart/Headstart relationship growing;

- Initial phase of building a breastfeeding coalition with healthcare providers;
- Increased regional teamwork due to shortages to provide services;
- Meetings with CSMs proved to be a good review for CSMs and local supervisors and hopefully increase referrals;
- Because of attending meetings, have a better relationship with our partners;
- New organizations were discovered and visited;
- Foster care agencies that didn't have WIC information previously now have materials to make referrals; and
- Community organizations requesting more of the new WIC brand materials.

Challenges:

- Difficulty contacting Community Service Managers (CSM) to organize meetings or even communicating with a county DHHR office to schedule meetings (often must leave materials items with secretaries or the social worker of the day);
- Contact information for foster care agencies online is not always accurate;
- Providing foster care brochure to foster care agencies when on back order;
- Tracking “Where did you hear about WIC?” when “foster care agency” is not an option for the question in Crossroads database;
- Difficulty communicating with substance abuse agencies point of contact and providing materials to the appropriate location because the substance abuse organization may not want their location known;
- Increasing staff awareness about the importance of show rates;
- Completing priorities for outreach coordinators with employee shortage;
- Outreach items out of stock;
- Completing pilot projects component of outreach while still completing objectives of state plan;
- Difficulty getting healthcare involvement for children over the age of one year;
- Difficulty documenting referral source;
- No Medicaid or expired client list;
- Lots of distribution to healthcare organizations but limited presentations.

This goal is ongoing for FY 2020 although the focus will be each LA completing four presentations with collaborative partner organizations utilizing a training called Educating Practices in the Community (EPIC). During the mid-year local outreach coordinators must also organize a WIC lead open public event for families in one of each region most populous counties.

Second half of mid-year of FY 2020;

- Follow-up with presentations regarding educational resource needs utilizing Survey Monkey;
- Scheduling possible future EPIC dates and providing other helpful resources;
- Distribute new branded WIC brochures, posters, and fliers to local agency community partners and non-traditional venues, for example, laundry mats.

VII (B). CASELOAD MANAGEMENT

GOAL: Utilize social media postings developed by the National WIC Association (NWA) to implement a consistent social media presence statewide and promote WIC's new branding that West Virginia WIC has incorporated.

METHODOLOGY: LA Facebook pages and the West Virginia Department of Health and Human Resources Facebook page will be used to present NWA developed social media postings that coincide with national health observances such as National Nutrition Month, etc. Social media and local WIC clinic webpages will be used to promote and publicize the new WIC branding that West Virginia WIC is implementing.

EVALUATION: Evaluation will be conducted by the SA Outreach Coordinator upon receipt of each LA's annual outreach plan. LA Outreach Coordinators will be required to include an update regarding the use of NWA social media postings, including number of times that social media postings were shared and the number of new organizations that "Like" a WIC clinic's social media page. They will also be required to report any challenges they encountered using social media postings.

STATUS: Social media achievements were slow in the beginning but as the first public health program to implement a consistent social media presence statewide with Local Agencies as well as DHHR Communications, WIC's social media presence is an awesome accomplishment. Successes include:

- First boosted Facebook (FB) post had a reach to over 17,564 people, 128 engagements and 28 shares;
- Social medial page followers have significantly grown over 80%;
- Breastfeeding and weather-related posts had 62 shared posts;
- Two hundred and sixty organizations responded well to new brand look;
- Three business pages posted events WIC participated in or hosted;

- Utilized FB to disseminate information concerning announcements such as our new food list and topics of interest for parents of young children; and
- Created a consistent, saturated message and brand recognition by providing an annual FB post schedule which was implemented by all FB pages (i.e. at least one post each week appeared on all FB pages affiliated with the WV WIC Program).

Challenges experienced:

- Community presence and presentation materials have not been updated so these do not match the new brand logo;
- Funding for boosting FB posts not readily available;
- No partner agencies liking or following Facebook page;
- Mainly staff and their family members following page with very few shares;
- Engaging participants to view local WIC Facebook;
- No increase to the number of followers;
- Getting more organizations to like and follow the agency’s FB page; and
- Providing incentives for participants to engage in Facebook but no families are engaging.

This goal is ongoing for FY2020.

VIII (C). CASELOAD MANAGEMENT

GOAL: Networking with Medicaid Managed Care Organizations (MCOs), MCO doctors and Office of Maternal Child, and Family Health’s (OMCFH’s) Early, Periodic, Screening, Testing and Diagnostic (EPSTD) program to create a WIC direct referral process for eight specific populous counties; Kanawha, Wood, Cabell, Monongalia, Berkley, Raleigh, Harrison and Mercer.

METHODOLOGY: Collaborate with MCOs to create an internal direct referral form. SA Outreach Coordinator will utilize collaborative group for suggested revision of policy 7.05 to meet federal regulations and attachment #7.05 of WIC policy. SA Outreach Coordinator also will identify local outreach contacts to support local agency outreach coordinators in public events. SA will create or identify a pregnancy Medicaid advisory expansion group to increase enrollment of pregnant mothers.

EVALUATION: Evaluation will be conducted based on the number of Medicaid MCO referrals to each county, number of times physicians associated with MCO utilizes SA for meetings, conferences and other public forums to educate peer groups. Assessment will be evaluated on the number of sponsored MCO events.

STATUS: **This is a new goal for 2020.**