

FFY 2020 STATE AGENCY GOALS, STRATEGIES AND ACTION STEPS

FFY 2020 Goals for the State Agency Were Developed Through the Joint State/Local Planning Process. The process of joint planning was developed and implemented by the State and local agencies and was designed to be a comprehensive planning and evaluation process that incorporates multi-year State and local agency priorities, State and local agency annual plans, and program performance measures.

The Nebraska WIC Program mission statement is **“To make a positive difference in the nutrition and health of families and individuals by providing services in a professional and respectful manner.”**

Planning Process Used for 2017-20

- Used a modified MAPP (Mobilizing for Action through Planning and Participation) Process with the consultation of DHHS staff in Community Health and Performance Management and the services of a professional facilitator
- State and local agency staff participated in two one-day in-person planning meetings, a one day environmental scan and a planning day
- Conducted needs assessment with data/information collected in the following areas 1) health status data, 2) completed environmental scan, 3) input from community, 4) WIC systems assessment
- Reviewed needs assessment data, identified priorities, drafted goals and strategies and brainstormed action steps during planning meeting
- State and local agency plans are developed from the results of the planning process
- A strategic map will be created as a one page visual of the state WIC goals, strategies and action steps
- Performance measures will be developed in 2016-17
- An annual in-person meeting will be held prior to each year’s plan to review progress on the state goals and the performance measures

Template for Goals, Strategies and Action Steps.

- Goal statements are defined as clear, concrete and precise with a measurable outcome. They indicate what will result when the goal is accomplished.
- Needs Assessment data is included to provide background and justification for selection of this priority area and goal.
- Baseline and annual data is provided for evaluation. Process Goals will have process evaluations.
- Strategies are defined as a statement that describes how the goal will be accomplished; strategies are action oriented.
- Action steps break the strategy into individual tasks which have distinct and independent purposes, each of which produces a deliverable.

Priority Areas Identified to Address in 2017-20 Joint State/Local Agency Goals

- Breastfeeding
- Obesity
- Decreasing caseload
- Diversity
- Women’s Mental Health

FFY 2020 Goals, Strategies and Action Steps—Progress Reports and Updates

Joint State/Local Goal Areas:

- 1) Breastfeeding
- 2) Nutrition-Obesity
- 3) Caseload
- 4) Diversity
- 5) Women's Mental Health
- 6) State EBT Goal--Completed

FFY 2020 Action Plan – Nebraska WIC Program – Progress Report

Functional Area II. Nutrition Services

Joint SA/LA Breastfeeding Goal: By October 1st, 2020, the percentage of WIC infants who are exclusively breastfed at 6 months of age, will be greater than or equal to 15%.

STATE PROGRESS DATA

Data Source: Journey Breastfeeding Prevalence Report

Date	% of infants ever breastfed	% of infants exclusively breastfed at 1 week	% of infants exclusively breastfed at 3 months	% of infants exclusively breastfed at 6 months
June 2019	81%	43%	16%	9%
June 2018	81%	43%	15%	8%
June 2017	80%	44%	16%	9%
June 2016 (baseline)	78%	46%	17%	9%

State Totals	Excl BF 1 Wk	Excl BF 3 mo	Excl BF 6 mo	Ever BF	1Wk	2Wk	3Wk	4Wk	5Wk	6Wk	2M	3M	6M	9M	12M	18M	24M
	43%	16%	9%	81%	69%	65%	62%	55%	53%	50%	44%	37%	26%	20%	20%	11%	0%
	3537	1106	601	13636	5704	4902	4355	3735	3494	3258	2893	2535	1769	999	776	159	0

Needs Assessment:

- WIC promotes breastfeeding as the norm for infant feeding. Policy recommendations from the American Academy of Pediatrics, the World Health Organization and the CDC state: "Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first six months after birth".
- Studies show that exclusive breastfeeding provides the most impact on long and short-term health outcomes.
- Staff support of exclusive breastfeeding, ability of staff to use effective counseling skills to help participants identify and overcome individual barriers to breastfeeding, and ability of staff to identify and manage common breastfeeding problems are essential elements to improve rates of exclusive breastfeeding and also breastfeeding duration.

• **JOINT STRATEGY #1: Promote and support exclusive breastfeeding for all WIC mothers and their infants.**

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Coordinate with local agencies to assess their current status in breastfeeding promotion and support, i.e. success of implementation of the NWA Six Steps to Achieve Breastfeeding Goals for WIC Clinics, through Management Evaluations, Local Agency Plan Reviews and Breastfeeding Coordinator calls.	Nicole Christensen Narissa Scales	Ongoing	
2. Local agencies will increase presence of positive WIC Breastfeeding messages on social media outlets to provide credible and scientifically sound breastfeeding messages on a platform that is potentially viewed by a large number of WIC participants.	Nicole Christensen Narissa Scales	Ongoing	<i>Progress 2018: There has been one Local Agency that created a breastfeeding Facebook page.</i>
3. State and local agencies will collaborate with partners in activities that promote and support breastfeeding to ensure breastfeeding messages are consistent and to increase overall support for breastfeeding outside of the WIC environment.	Nicole Christensen Narissa Scales	Ongoing	<i>Progress 2018: Nutr & BF Coord. is now a member and attend meetings for the Douglas County Breastfeeding Coalition</i>
4. Utilize Local Agency Breastfeeding Coordinators and WIC CPAs to identify gaps in current breastfeeding educational materials offered by the State. Identify or develop and provide materials that meet those gaps for LA Staff to use with participants for education, promotion and support of breastfeeding messages.	Nicole Christensen Narissa Scales Breastfeeding Coordinator Workgroup	Ongoing	<ul style="list-style-type: none"> <i>Progress 2018: Created and provided education materials to use with participants for education of breastfeeding messages</i>
5. Identify appropriate ongoing breastfeeding continuing education opportunities for local agency breastfeeding coordinators, clerks, CPA's, and peer counselors to increase and maintain breastfeeding knowledge.	Nicole Christensen Narissa Scales Breastfeeding Coordinator Workgroup	Ongoing	<i>Progress 2017: Dr. Marianne Neifert presented on breastfeeding topics at Annual Conference in May 2017</i> Provide staff training annually by Sept 30 th .
6. Provide consistent training on motivational interviewing and counseling skills for staff to use when providing nutrition education to breastfeeding mothers.	Nicole Christensen Narissa Scales Breastfeeding Coordinator Workgroup	Ongoing	<i>Progress 2017: Kate Speck presented on motivational interviewing at WIC/CSFP Annual conference in May 2017</i> <i>Progress 2018: Held webinar on VENA and goal setting, which will</i>

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
			<i>contain information about motivational interviewing and counseling skills on July 31, 2018.</i>
7. Work with Local Agency Breastfeeding Coordinators to identify and pilot an incentive program with the goal of educating and encouraging mothers to exclusively breastfeed for the first 6 months.	Nicole Christensen Narissa Scales Breastfeeding Coordinator Workgroup	June 2019- December 2019	

STATE STRATEGY #1: Increase coordination efforts of Nebraska WIC Breastfeeding education and support

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Attend breastfeeding MPRO in-person breastfeeding training.	Narissa Scales Jackie Johnson	June 2019	<i>Progress 2019: Narissa Scales, Jackie Johnson and LA BFPC Coordinators attended MPRO in-person Breastfeeding training</i>
2. Provide state-wide breastfeeding training to all WIC employees, including breastfeeding peer counselors	Narissa Scales Nicole Christensen	Spring 2020	
3. Establish state-wide training protocol for breastfeeding peer counselors	Nicole Christensen Narissa Scales	August 2019- December 2019	
4. Establish opportunities for breastfeeding coordinators, breastfeeding peer counselor coordinators and breastfeeding peer counselors to network.	Nicole Christensen Narissa Scales	Ongoing	<i>Progress 2019: We have established quarterly meetings with LA Breastfeeding Coordinators. We have had two calls so far.</i>

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
5. Provide support to all WIC local agencies to implement and/or expand breast pump programs	Nicole Christensen Narissa Scales	June 2019- December 2019	
6. Provide technical guidance and support to local agencies to start and/ or maintain active peer counseling programs.	Nicole Christensen Narissa Scales	Ongoing	
EVALUATION			
Journey reports to evaluate progress.			

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Functional Area II. Nutrition Services

Joint SA/LA Nutrition Goal: **By October 1st, 2020, the percentage of WIC children ages 2-5 who are overweight/obese will be less than or equal to 20%.**

STATE PROGRESS DATA

Data Source: Journey Query--unduplicated children ages 2-5 with risk codes 113 & 114 during FFY

Date	Children Risk 113, 114	Total Children 2-5 years	% of children with Overweight & Obese Risk
2018	5,909	23,804	24.8%
2017	6,184	24,480	25.3%
2016 (baseline)	6,508	23,938	27.2%

Needs Assessment:

- According to a WIC system query of assigned nutritional risk criteria, 27.2% of children participating in WIC have the risk for overweight or obese. (Journey Query for FFY2016)
- According to the Centers for Disease Control, in 2011-2012 8.4% of children aged 2-5 had obesity in the United States.
- In the New England Journal of Medicine, a study found that a child who is overweight when entering kindergarten is four times more likely to become obese. Since children are on WIC between the ages of 2-5, we have a great opportunity to ensure that children enter kindergarten at a healthy weight.
- Research has shown that childhood obesity among preschoolers is more prevalent in lower income families (CDC). The 2010 White House Task Force on Childhood Obesity Report to the President, outlined several ways WIC can prevent low income children from becoming overweight and obese through breastfeeding peer counseling programs, WIC cash vouchers for fruits and vegetables and the WIC farmer's market initiative.

JOINT STRATEGY #1: Implement initiatives with the goal of decreasing childhood overweight and obesity for children on the WIC program.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Form workgroup to investigate common practices used by parents, in the WIC program, that promote early childhood overweight and obesity, by survey or other research methodology	Narissa Scales Obesity Workgroup	Jan 2020	
2. Form workgroup to research and create an evidence-based project based on decreasing obesigenic practices used by WIC parents to feed their children	Narissa Scales Obesity Workgroup	Jan 2020- March 2020	
3. Pilot the evidence-based childhood obesity project.	Narissa Scales Obesity Workgroup	March 2020– Sept 2020	
4. Support Local agencies in providing and promoting participant education on regular physical activity as the norm for WIC families.	Narissa Scales Obesity Workgroup	Ongoing	
5. Provide evidence based nutrition education materials to Local Agencies that encourage healthy eating as the norm for WIC families.	Narissa Scales	Ongoing	<i>Progress 2019: We have created and updated nutrition education materials that are focused on health eating and exercise.</i>
6. Support Douglas County’s efforts to increase the use of Farmer’s Market coupons in order to provide WIC participants with increased access to fresh fruits and vegetables.	Narissa Scales Julieann Boyle	Annually June - October	
7. State and local agencies will increase presence of positive WIC Healthy Eating messages on social media outlets to provide credible and scientifically sound nutrition messages on a platform that is potentially viewed by a large number of WIC participants.	Narissa Scales	Ongoing	<ul style="list-style-type: none"> • Twitter, Instagram, Facebook, Youtube, etc.

STATE STRATEGY #1: Use WICHealth.org nutrition education reports to identify any correlation between topics selected by parents of overweight children.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Evaluate lessons completed on WICHealth.org by parents of overweight/obese children to see if there are any commonalities amongst the lessons that these parents choose.	Narissa Scales	Jan 2020- March 2020	<i>Progress 2017: Participants will be able to use WICHealth.org for nutrition education in Aug 2017</i> <i>Progress 2018: participants are able to use WICHealth.org for nutrition education</i>
2. Identify strategies to improve promotion and use of WICHealth.org by WIC employees and participants.	Narissa Scales	Sept 2019-Jan 2020	<i>Progress 2019: Scheduled meeting with WICHealth.org to figure out strategies to make WICHealth.org more appealing to WIC participants.</i>
3. Provide the common nutrition education topics to the childhood obesity workgroup for use in creating a preventative childhood obesity program	Narissa Scales	Jan 2020- March 2020	
EVALUATION			
Journey reports used to evaluate progress.			

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Functional Area VII. Caseload Management

Joint SA/LA Caseload Management Goal: By October 1, 2020 the average State participation will be increased by 5% from the previous fiscal year.

Data Source: Journey Participation with Benefits Report

STATE PROGRESS DATA	
Year	Average Participation
2018	35,247
2017	36,841
2016	37,480

Needs Assessment:

- Demographics and reach: Total participation has been on a downward trend for several years. Nebraska (2012 – 42,079; 2013 – 39,495; 2014 – 38,543; 2015 -37,167). There was a slight increase in 2016 but 2017 was down 1.7% to 36,841. So far in 2018 the monthly average is 35,425, down by 3.85%.
- Average WIC Enrollment has also decreased from 49,027 in 2012 to 45,305 in 2016. 2017 continued to decrease to a monthly average of 43,171. So far in 2018 enrollment is down to 40,618 (6% decline).
- No major difference between Nebraska and the U.S.
- The trend is driven by multiple factors, such as child participation, lower birthrate, and number of immigrant populations seeking services.
- WIC Moms have lower education levels than the general US population. Thus, outreach and education need to consider this.
- Nebraska WIC serves a greater percentage of Medicaid participants than the U.S.
- The current child bearing age women are media savvy and need different outreach techniques.
- A review of coverage rates in 2019 indicated Nebraska has a lower coverage rate for pregnant women.

JOINT STRATEGY #1: Use the National WIC Association (NWA) media campaign statewide.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Meet regularly with WIC Outreach Committee including state staff and local agency staff from across the state.	Nicole/Peggy/Marge and Outreach Committee		<i>Progress 2019: Outreach Committee meetings in April, August 2019. Planning meeting in September.</i>
2. Enhance the use of NWA media campaign materials in Local Agencies across the state through evaluation of current use and idea sharing between local agencies and other states. Next steps: <ol style="list-style-type: none"> a. Outreach committee prepares synopsis of use in their agencies b. Outreach coordinator prepares synopsis of use in agencies not represented c. Outreach coordinator prepares synopsis of use in other states d. Information is presented to local agencies <ol style="list-style-type: none"> i. Local agencies incorporate new ideas into their outreach plans 	State Staff and Outreach Committee	Start- Fall 2019 Present information to LA- Spring 2020 Incorporate into LA outreach plans for FY 2021	<i>Progress 2019: webinar for local agency WIC Directors presented on using NWA materials and other outreach/retention ideas</i>
3. Use NWA media campaign materials to continue to provide outreach brochures and expand other outreach materials offered by the state office to local agencies. <ol style="list-style-type: none"> a. Provide updated outreach brochure- July 2019 b. Work with outreach committee to identify and develop additional outreach/retention materials. For example- birthday cards for 1 year olds, WIC posters/fliers c. Offer at least 1 new outreach material by Summer 2020 	State Outreach Coordinator and outreach committee	Summer 2020	<i>Progress 2019: Outreach brochure updated in July 2019. Outreach posters updated and sent to some agencies in April 2019</i>
4. Look at innovative ways to use media to spread the word about WIC. (Social media, community partnerships, television). Focus on social media. Look at how social media is being used in WIC offices in NE and other States. Increase	State Staff, Outreach Committee, Local Agencies	December 2019	<i>Progress 2019: Meetings scheduled with DHHS Social media expert; SNAP and Foster</i>

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
<p>following of pages where WIC information is being shared. Focus on increasing partnerships with other organizations to share WIC messages on their pages.</p> <ul style="list-style-type: none"> a. Meet with DHHS Communications specialist July of 2019 b. Set up a good way of continually sharing what is being done and how it is working. (Potentially have LA share information with State Outreach Coordinator and regular updates are sent to Local Agencies?). Start by January 2020 c. Find information about how WIC offices in other states are using social media. Use this information to assist local agencies in using social media effectively in their own clinics. Share and implement new ideas by Summer 2020 			<p><i>care Administrators in August 2019</i> <i>Shared what is being done with social media on outreach committee call in July 2019</i></p>
5. EVALUATION			
<p>Review Participation Reports monthly to monitor total participation and enrollment Use National WIC Association guidelines for additional data collection and evaluation. Check referral reports that contain medical providers named as referred from.</p>			

JOINT STRATEGY #2: Focus on Child Retention Ages 1-4 years.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
<p>1. Develop guidance for incentives to help retain children ages 1-4. Explore strategies tried by other states and Nebraska WIC agencies.</p>	<p>State staff, outreach committee, local agencies</p>	<p>January 2020</p>	

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
<ul style="list-style-type: none"> a. Outreach Committee and State staff participate in NWA and other relevant webinars regarding retention and incentives. b. Consider incentives. c. Work with LA to think of ways to evaluate effectiveness of their incentives on retention. 			
<ul style="list-style-type: none"> 2. Use the outreach plan template to develop statewide outreach plan to target child retention. <ul style="list-style-type: none"> a. Make improvements as needed. b. Local Agencies complete their own plan using template. 	Outreach Committee	September 2019	<i>Progress 2019: In person planning meeting to develop state outreach plan scheduled in September using templates</i>
<ul style="list-style-type: none"> 3. Develop and/or find outreach/retention materials and strategies that target children. These ideas can be decided on and developed by the Outreach Committee. Members of the outreach committee may try some approaches at their own agencies. Information about these ideas will be provided to all Local Agencies. <ul style="list-style-type: none"> a. Ideas to focus on- value of the child's food package, value of the nutrition education received, birthday cards for children ages 1-4 sent to house reminding them about WIC b. Information about these initiatives would be presented to all local agencies c. Local Agencies will implement ideas they like in their plans for 2021 	State staff, outreach committee, local agencies	January 2020	
<ul style="list-style-type: none"> 4. Implement a statewide texting project. 	Nicole, Marge, April	December 2019	
<ul style="list-style-type: none"> 5. Consider a Telehealth pilot for nutrition educations for older non at risk children. 	Narissa	November 2019	
<ul style="list-style-type: none"> 6. Provide quarterly reports on child participation to local Agencies. 	State Outreach Coordinator	Ongoing	

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
EVALULATION			
Review Journey Participation Reports quarterly to check child participation statistics. Review Referral Summary Report to determine if referrals are coming from new Outreach program. Include internet sources.			

JOINT STRATEGY #3: Recruit and retain pregnant women

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
<ol style="list-style-type: none"> 1. Use the outreach plan template to develop statewide outreach plan to target pregnant women. <ol style="list-style-type: none"> a. Make improvements as needed. b. Local Agencies complete their own plan using template. 	Outreach Committee	September 2019	<i>Progress 2019: In person planning meeting to develop state outreach plan scheduled in September using templates</i>
<ol style="list-style-type: none"> 2. Develop and/or find outreach/retention materials and strategies that target pregnant women. These ideas can be decided on and developed by the Outreach Committee. Members of the outreach committee may try some approaches at their own agencies. Information about these ideas will be provided to all Local Agencies. <ol style="list-style-type: none"> a. For example: routinely include WIC information in doctor's office information provided to newly pregnant women. Increase WIC presence at hospitals through banners, brochures, BF peer counselors, and communication with hospital staff. b. Information about these initiatives would be presented to all local agencies c. Local Agencies will implement the ideas they like in Plans for 2021. 	Outreach Committee	January 2020	<i>Progress 2019: some strategies that local agencies are doing were shared during the outreach committee call in July 2019</i>

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
3. Include pregnant women in the statewide texting project.	Nicole, Marge, April	December 2019	
4. Provide quarterly reports on pregnant women participation to local agencies	State Outreach Coordinator	Ongoing	
EVALULATION			
Review Journey Participation Reports quarterly to check child participation statistics. Review Referral Summary Report to determine if referrals are coming from new Outreach program. Include internet sources.			

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Functional Area VII. Caseload Management

Joint SA/LA Diversity Goal: By October 1, 2020 WIC agencies will demonstrate an increased capacity in delivering culturally competent WIC services as measured through an evidence based assessment tool.

Data Source: Use of an evidence based assessment tool.

Needs Assessment:

- WIC client makeup has become increasingly more diverse.
- Lack of translation services and interpreters for newly arrived refugees creates barriers to services.
- Clinics and the clients they serve are very diverse (rural/urban, immigrants/farm families, teens/grandparents, English/multiple languages)
- Nebraska has seen an influx of migrants and refugees in the last 10 years.
- In 2014 56% of WIC clients in Nebraska identified with a race other than White.
- In June 2018 37% of WIC clients in Nebraska identified as Hispanic.
- In June 2018 26.5% of WIC clients in Nebraska identified with a race other than White.
- In 2018 34% of WIC clients spoke a language other than English. Most common languages spoken were: Spanish 24%; Karen 2.3%; Arabic 1.7%; Somali 1.3%; Kurdish 1%.

JOINT STRATEGY #1: Identify and implement an evidence based tool to assess culturally competent WIC services.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Convene a workgroup made up of state and local agency staff to identify a measurement tool.	Marge and Liz	August 2016	
2. Workgroup will develop criteria to use to select a tool	Marge, Liz, Workgroup	October 2016	Consider purpose of tool, ease of data collection and reports produced.
3. Possible tools will be identified for evaluation by the workgroup	Liz and Marge	August 2016	

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
4. Group applies criteria to identified tools and makes a final selection	Workgroup	October 2016	
5. Training will be identified or developed to train local agencies on use of the chosen tool.	Marge, Liz, Workgroup	November 2016	
6. Tool is provided to local agencies along with instructions and/or training for use	State Staff	November 2016	
7. State Agency and all Local Agencies complete individual agency assessment using measurement tool.	State Staff, Local Agency Staff	November 2016 - January 2017	
8. Results of state and local agency assessments will be compiled for the workgroup to use to identify priority areas needing improvement.	State Staff, Workgroup	January - February 2017 2018	
9. The results of the assessment will be used to target the content of a session at the WIC-CSFP Conference held in Spring 2017.	Marge	Spring 2017	
10. Using the results of the assessments the workgroup will develop a timeline for the next two years of the goal.	Marge, Workgroup	May 2017 2018	Timeline will be used to develop additional strategies and action steps for the remaining two years of the goal.
11. NEW FY2019: Using ad hoc Journey reports identify the most common languages spoken by WIC clients in Nebraska and find translators for these languages.	Marge	April 2019 Sept 2020	<i>Progress 4/2019: Most common languages identified</i>
12. NEW FY2019: Identify, evaluate and choose education materials in other languages such as Karen, Burmese, Iraqi, ect. OR have materials translated into these languages for use with WIC clients.	Narissa, Nicole, Marge	July 2019 Sept 2020	<i>Progress: 4/2019: It was determined that we needed to reevaluate the education materials we were currently</i>

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
			<i>providing. Narissa and Nicole worked on evaluating, updating current, developing new materials during 2019.</i>
13. NEW FY2019: Make the identified education materials available to clinics for use with WIC clients.	Narissa, Nicole	January Sept 2020	
14. NEW FY2019: Provide training on cultural groups representing Nebraska's WIC clients to all WIC staff.	Marge, Jackie	March 2019 to September 2020	<i>Training may be videos, webinars and/or in-person.</i>
EVALUATION			
Re-evaluate state agency and individual local agencies using the evidence based assessment tool.			

FY 2020 Action Plan – Nebraska WIC Program—Progress Report

Functional Area VIII. Certification, Eligibility and Coordination.

Joint SA/LA Goal: By October 1, 2020, increase the number of mental health referrals by 25%.

New Data Source: Journey Referral Summary Report

Date	Total # Of Referrals To Mental Health Provider
June 2018-June 2019	346
June 2017 - June 2018	297
June 2016 - June 2017	227

- *Using newly created referral code*

Needs Assessment:

- According to WIC system reports of assigned nutritional risk criteria, 6%, 8% and 11.7% of pregnant, breastfeeding and not breastfeeding women participating in WIC, respectively, have the risk for diagnosed depression. (Journey, June 2018)
- Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS) information sheet:
 - 2011 PRAMS data shows that 1 out of 10 Nebraska mothers report depression or sadness.
 - Nationwide – Post Partum Depression is estimated to occur among 10-15% of mothers who have recently given birth.
 - Research shows that the experience of mental illness in the household may effect a child’s brain development.
 - “Mothers with PPD are less likely to engage in healthy parenting behaviors, compromising mother-infant bonding and attachment. In extreme cases, mothers have harmed themselves or their babies.”
 - “All new mothers should be screened for PPD. However, some Nebraska mothers are particularly ‘at risk’ for PPD: teens, those with fewer years of education, those who experienced stressful life events, racial/ethnic minorities, uninsured, insured by Medicaid, WIC recipients, those living in poverty, tobacco users”

JOINT STRATEGY #1: Implement a maternal mental health screening tool, referral and education policy/process.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Create a work group to select a maternal mental health screening tool.	Narissa	Oct 2017	<ul style="list-style-type: none"> <i>Progress 2018: Created maternal mental health workgroup with two behavioral health therapist, Marge Blankenship (NE WIC Program), one urban and one rural Local WIC agency.</i>
2. Research and select appropriate evidence based maternal mental health screening tool.	Workgroup	Jan 2018-July 2018	<i>Progress 2018: Through research and discussions within the workgroup, we decided to pilot the PHQ 4, which has been validated in a WIC population.</i>
3. Pilot use of mental health screening tool as part of the WIC assessment.	Selected LA's	July 2019-Sept 2019	<i>Progress 2019: Researching behavioral health providers that can conduct maternal mental health training to WIC employees that work in pilot agencies.</i>
4. Support Local agencies in the creating/updating of a referral list dedicated to mental health agencies in the community.	Workgroup	Ongoing	<i>Progress 2017: Susan consistently updates this list as LAs send her information.</i>
5. Create referral codes for mental health to provide baseline referral percentages.	State WIC Staff	Oct 2016	<i>2017: Complete</i>
6. Investigate how to utilize Journey to help determine the percentage of women who receive a mental health referral. The referral will be based on the finding of mental health symptoms after completion of the piloted maternal mental health screening tool.	State WIC Staff	June 2019-Dec 2019	<i>Julieann, Choo, Narissa</i>
7. Offer annual training opportunities covering general mental health issues for women.	State Staff	Spring 2020	Provide webinars that focus on maternal mental health
EVALUATION			
Referral reports for women with assigned risk for depression to determine the percentage of these women who receive a referral.			

FFY 2019 Action Plan – Nebraska WIC Program – Final Progress Report—Goal Met

Functional Area III. Management Information Systems (MIS)

State Agency EBT Goal: By October 1, 2019 Nebraska will successfully implement EBT (eWIC) by 2020 in compliance with Federal Regulations.

Needs Assessment:

- All states must have implemented EBT by 2020 as mandated in the Healthy, Hunger-Free Kids Act of 2010.
- EBT has been shown to provide tremendous benefits to WIC participants, WIC approved retailers, and WIC program staff.

STATE STRATEGY: Work cooperatively with retailers, local WIC agencies and other stakeholders to implement the eWIC system.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Utilize detailed implementation process and activities as found in approved IAPD.	WIC EBT PM, eWIC Workgroup, SA Staff	2017 - 2018	<p><i>Progress 2019</i> <i>Implementation grant extended. Closeout and final reports to be submitted in 2020</i></p> <p><i>Progress 2018:</i> Annual IAPD submitted February 2, 2018; comments received from FNS April 11; revised IAPD submitted June 15. Progress 2017: Updated IAPD will be submitted to USDA in August 2017. IAPD was approved by USDA in September 2016</p>
2. Work with EBT Implementation Contractor to implement eWIC activities according to Project Work Plan.	WIC EBT PM, eWIC Workgroup, SA staff	June 2017 – Nov 2018	<p><i>Progress 2019:</i> <i>Action step completed. EWIC implemented statewide in November 2018</i></p> <p><i>Progress 2018:</i> Project workplan has been proceeding according to schedule, including weekly status update meetings. Workplan is 88% complete.</p>

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
			Progress 2017: FIS/CDP is the implementation contractor for the Nebraska eWIC project.
3. Work with MPSC Maintenance and Enhancement Contractor to migrate from Journey FI-based environment to Journey EBT-based environment according to Implementation Plan.	WIC EBT PM, eWIC Workgroup, SA Staff	August 2017 – Nov 2018	<p><i>Progress 2019:</i> <i>Action Step completed. Environment migrated in January 2019</i></p> <p><i>Progress 2018:</i> <i>Journey UAT was successfully completed and FNS approval to proceed to eWIC Pilot was provided on May 24, 2018. Continued data migration through the eWIC Rollout waves will be supported and monitored by CDP. CDP is the M&E Contractor for the MPUG and will support the Nebraska EBT migration project.</i></p>
4. Complete eWIC project initiation activities.	WIC EBT PM, eWIC Workgroup, SA staff	June – November, 2017	<p><i>Progress 2018:</i> <i>Action Step Completed</i></p> <p>Progress 2017: EBT Kickoff meeting was held June 27 – 28, 2017. Weekly project status meetings with CDP begin July 2017 and Biweekly Status Meetings with FNS begin August 2017.</p>
5. Pilot eWIC in Nebraska to assure stability and functionality of system.	WIC EBT PM, SA staff, Pilot LA, Contractors	June – August 2018 March – May 2018	<p><i>Progress 2019:</i> <i>Action step completed. Pilot completed between June and August 2018.</i></p> <p><i>Progress 2018:</i> <i>eWIC Pilot at East Central District Department began on June 4, 2018 and continued through August 3, 2018. Pilot Evaluation & Rollout Readiness Assessment Report was provided to FNS on July 23, 2018.</i></p>

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
			Progress 2017: July 2017 project schedule shows eWIC Pilot will be conducted March through May 2018.
6. Expand eWIC across Nebraska following rollout schedule.	WIC EBT PM, SA staff, Pilot LA, Contractors	August – Nov 2018	<p><i>Progress 2019:</i> <i>Action step completed. Rollout schedule met and statewide implementation completed in November 2018.</i></p> <p><i>Progress 2018:</i> <i>eWIC Rollout is scheduled to begin August 6, 2018 and be completed by November 16, 2018. This schedule includes a total of 6 rollout waves</i></p> <p>Progress 2017: July 2017 project schedule shows statewide eWIC expansion will be reached by November 2018.</p>
7. Attend national and/or regional EBT/eWIC conferences and user group meetings to remain current on regulations, policy, strategies and information.	Julieann Boyle Vince Rea Lisa Steinbach	Ongoing as needed	<p><i>Progress 2019:</i> <i>Action step completed. Attended Next Gen EBT in November and MPUG meeting in October 2018.</i></p> <p><i>Progress 2018: Meetings Attended:</i> <i>September 2017: MPUG Meeting</i> <i>November 2017: Next Gen EBT Conference</i> <i>June 2018: FNS EBT User Group Meeting</i></p> <ul style="list-style-type: none"> • Next Gen EBT Conference • NWA Technology Conference • Mountain Plains User Group Meeting • EBT User Group Meeting
EVALUATION			
<ul style="list-style-type: none"> • Statewide successful implementation of EBT as measured by: <ul style="list-style-type: none"> ○ IAPD Milestones met ○ QA Contractor (Maximus) Deliverables completed; Positive outcomes in Final Report 			

