

## IV. ORGANIZATION AND MANAGEMENT

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 - 246.4(a)(4) and (23):** 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):** 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>1</u>
Nutritionist	<u>12</u>	_____	<u>12</u>
Vendor Specialist	<u>3</u>	_____	<u>3</u>
Program Specialist	<u>49</u>	_____	<u>49</u>
Financial Specialist	<u>6</u>	_____	<u>6</u>
Breastfeeding Coordinator	<u>1</u>	_____	<u>1</u>
ADP Specialist	<u>19</u>	_____	<u>19</u>
Intern	<u>22 - # varies throughout year</u>		<u>22</u>
			_____
Other (specify):	<u>40</u>	_____	<u>40</u>
<b>Mgr</b>	<b>11</b>		<b>11</b>
<b>Admin</b>	<b>19</b>		<b>19</b>
<b>Nurse</b>	<b>1</b>		<b>1</b>
<b>Trainer</b>	<b>9</b>		<b>9</b>

**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 "see Nutrition Services org chart" 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 "see DSHS Organizational Chart" of this section.**

**IV. ORGANIZATION AND MANAGEMENT**

**A. State Staffing**

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

Yes  No

**Please include position descriptions in Appendix Note: Kept on file at SA as approved by SWR office" of this section.**

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

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

<b>Function</b>	<b>Percent of Total Staff Time</b>
Certification, including nutrition risk determination	<u>1</u>
Breastfeeding training/promotion	<u>4</u>
Nutrition education	<u>4</u>
Monitoring of local agencies	<u>4</u>
Fiscal reporting	<u>5</u>
Food delivery system management	<u>9</u>
Vendor management	<u>6</u>
Training	<u>14</u>
ADP system development and maintenance	<u>12</u>
Civil rights	<u>1</u>
Coordination with other assistance programs	<u>1</u>
Other (specify):	<u>39</u>

**Director, Administration, Local Agency Coordination, EBT program development, contract management, purchasing, inventory control, client 1-800 line, policy development, marketing, video production, statistical support**

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

**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 "see HHSC Drug Free Workplace policy excerpt" of this section.**

## **IV. ORGANIZATION AND MANAGEMENT**

### **A. State Staffing**

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

**IV. ORGANIZATION AND MANAGEMENT**

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

**DOES NOT APPLY (PROCEED TO NEXT SECTION)**

**1. Local Agencies Authorized**

78 number of local agencies authorized to provide WIC services last year

78 number of local agencies planned to provide WIC services this year

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

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

- annually                       biennially  
 on an on-going basis         other (specify) As needed

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

**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):**

**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:**

<b>New Service Areas</b>	<b>Existing Service Areas</b>	
<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 type="checkbox"/>	<input type="checkbox"/>	other factors:
<input type="checkbox"/>	<input type="checkbox"/>	

**IV. ORGANIZATION AND MANAGEMENT**

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

**b. The State agency conducts studies (provide date of most recent study: ) 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 (PFA, 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):**

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

- Yes (state duration): **Fiscal Year**  No

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

**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):**

**7. The State agency maintains a listing of clinic sites that includes the following information. If available, please attach the listing in Appendix "see listing of WIC Clinics" 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):

#### **IV. ORGANIZATION AND MANAGEMENT**

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

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

**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
- 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, i.e., federal requirements (FR), recommended criteria (RC), best practices (BP).**

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 (FR), recommended criteria (RC), best practices (BP).**

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):**



#### IV. ORGANIZATION AND MANAGEMENT

##### C. Local Agency Staffing

### 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
  - at regular intervals
  - monthly
  - quarterly
  - annually
  - other (specify): **As needed**
  
- by function
  - program management
  - food delivery
  - certification
  - nutrition education
  - breastfeeding promotion and support
  - other (specify): **all functions but only as needed**

#### 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 (cite):**

### 3. Local Agency Breastfeeding Staffing Requirement

#### a. The local agency has designated a staff person to coordinate breastfeeding promotion and support activities.

- Yes
- No

#### 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

**IV. ORGANIZATION AND MANAGEMENT**

**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: DSHS/HHSC  
 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 extent of disaster and reporting findings
- Access to program records
- Certification and food issuance sites and procedures
- Food package adjustments
- Food delivery systems
- Information System 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)\_\_\_\_\_

**5. The State agency requires local agencies/clinics to have a 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