VII. CASELOAD MANAGEMENT

(Please indicate) **State Agency:** **Arkansas** for **FY** **2016**

Caseload management involves identifying the target population and special populations within it, implementing strategies to enroll the potential population and utilizing caseload effectively to reach the desired populations. Describe the procedures in place to implement these strategies.

A. No-Show Rate - 246.4(a)(11)(i): describe the procedures used by the State agency to monitor potential and current participants' utilization of program services.

B. ***Allocation of Caseload - 246.4(a)(5)(i) and (13):*** describe how the State agency assigns and manages local agency caseload allocations.

C. ***Caseload Monitoring - 246.4(a)(5)(i):*** describe the information and procedures used by the State agency to monitor caseload.

D. ***Benefit Targeting - 246.4(a)(5)(i); (6); (7); (18), (19), (20), (21), and (22):*** describe the plans and procedures for ensuring that WIC benefits reach the highest risk participants and persons in special need such as migrants, homeless, and institutionalized persons; pregnant women in their early months of pregnancy; and applicants who are employed or who reside in rural areas.

E. ***Outreach Policies and Procedures - 246.4(a)(5)(i-)(ii); (6), (7), (19), and (20):*** describe the types of outreach materials used, where these materials are directed, special agreements with other service organizations and how special populations are addressed. Also, provide data on unserved and underserved areas.

F. ***Waiting List Management - 246.4(a)(11)(i):*** describe the policies and procedures used for processing applicants.

VII. CASELOAD MANAGEMENT

A. No-Show Rate

1. Policies and Procedures for Missed Certification Appointments and Food Instrument/Cash Value Voucher Pick-Up (No-Shows)

a. The State agency has specific policies and procedures to ensure follow-up of no-shows for (check all that apply):

- [x] Initial certification for <u>any</u> potential participant
- [x] Subsequent certifications for high-risk participants
- [ ] Subsequent certification for <u>any</u> current participant
- [ ] Food instrument/cash value voucher pick-up
- [ ] Food instrument/cash value voucher/cash value benefit non-redemption
- [ ] State agency has no specific policies and procedures for no-show follow-up

b. The local agency attempts to contact each pregnant woman who misses her first appointment to apply for participation in the Program in order to reschedule the appointment. Such procedures include (check all that apply):

- [x] At the time of initial contact, the local agency obtains the pregnant woman's mailing and/or email address and telephone number
- [x] If the applicant misses her first certification appointment, an attempt is made to contact her by:
  - [x] Telephone
  - [x] Mail
  - [ ] Email
  - [ ] Text
- [x] If contact is established, she is offered one additional certification appointment.
- [x] If she cannot be reached, the local agency follows-up with a request for the applicant to contact the local agency for a second appointment by sending her a:
  - [ ] Postcard
  - [x] Letter
  - [ ] Email
  - [ ] Text
- [x] A second appointment is provided upon request from the applicant.

2. Monitoring No-Show Rates

a. The State agency has (check all that apply):

- [ ] Standards defining acceptable no-show rates
- [ ] Policies and procedures designed to assist local agencies to improve no-show rates; Please attach
- [ ] Sanctions that may be applied to local agencies that have chronically unacceptable no-show rates; Please attach
- [ ] Provides regular feedback to local agencies concerning no-show rates
- [ ] Reports to address appropriate follow-up of no-shows
- [x] No specific policies or procedures concerning local agency no-show rates

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
WIC-14

VII. CASELOAD MANAGEMENT
A. No-Show Rate

b. As a matter of standard procedure, the State agency monitors no-show rates through (check all that apply):

- ☐ State agency does not monitor local agency no-show rates
- ☒ Local agency reviews
- ☐ Automated reports
- ☐ Local agency reports on no-show rates
- ☐ Other (specify): _____

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
WIC-130-131

VII. CASELOAD MANAGEMENT
B. Allocation of Caseload

☒ **DOES NOT APPLY (EXPLAIN WHY AND PROCEED TO NEXT SECTION)**
Arkansas does not have local agencies. WIC Services provided in local health department offices which are administered by the Center for Local Public Health of the Arkansas Department of Health. WIC State Office is administered through the Center for Health Advancement of the Arkansas Department of Health.

1. The State agency considers the following factors in its initial allocation of caseload to local agencies (check all that apply):

- ☐ Percent of target population served by local agency's service area
- ☐ Analysis of no-show, void, non-redemption rates by local agencies
- ☐ Participation by priority and category
- ☐ Special population pockets
- ☐ Waiting lists
- ☐ Staffing/ability of local agencies to serve caseload
- ☐ Prior year caseload
- ☐ Food package costs per person
- ☐ Special projects
- ☐ Other (identify): _____

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

2. The State agency has a written procedure for allocation of caseload to local agencies.

☐ Yes ☐ No

If yes, attach written procedure in the Caseload Management Appendix or specify location in the Procedure Manual below.
If no, what guidelines does the State agency use for caseload allocation? (Describe in Caseload Management Appendix)

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

VII. CASELOAD MANAGEMENT
B. Allocation of Caseload

3. The State agency has a procedure in place to ensure that current/prior year caseload levels are maintained.

☐ Yes ☐ No

If No, explain why not:

4. If it appears that during the course of the program year all funds will not be spent, the State agency may reallocate caseload on the basis of the following factors (check all that apply):

☐ The State agency does not reallocate caseload mid-year

☐ Same basis as for initial allocation of caseload

☐ Local agency participation levels

☐ Local agency high priority participation

☐ Waiting lists

☐ Successful special projects

☐ Other (specify): _____

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

_____

5. The State agency has written procedures for local agencies to follow in situations of overspending:

☐ Yes ☐ No

If a written procedure is available, provide in the Caseload Management Appendix or specify location in the Procedure Manual below.

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

_____

VII. CASELOAD MANAGEMENT
C. Caseload Monitoring

1. The State agency's caseload monitoring process includes the review of the following data (check all that apply):

☒ Participation levels/rates ☐ High-risk participant levels/rates

☐ No-show rates ☒ Food costs per participant

☐ Food costs by area ☐ Other (specify): _____

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

_____

VII. CASELOAD MANAGEMENT
C. Caseload Monitoring

2. The State agency uses the following methods to monitor the above areas (check all that apply):

- ☐ Manual reports submitted by local agencies
- ☒ ADP system-generated reports (If utilized please attach a description of each report and how they are used)
- ☐ On-site reviews
- ☐ Other (specify): Participation Report is generated from SPIRIT and sent monthly to ADH Regional and Agency Managemet

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
Statewide participation numbers are determined monthly by Management Region and reported to upper management.

3. Local agency caseload utilization, by <u>any</u> method, is reviewed by the State agency at least:

- ☒ Monthly
- ☐ Quarterly
- ☐ Other (specify): _____
- ☐ Not applicable

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
Appendix I

VII. CASELOAD MANAGEMENT
D. Benefit Targeting

1. Development and Monitoring of State Agency Targeting Plans

a. The State agency has a plan to inform the following classes of individuals of the availability of program benefits (check all that apply):

- ☒ Pregnant women, with special emphasis on pregnant women in the early months of pregnancy
- ☒ High risk postpartum women (e.g., teenagers)
- ☒ Parents/Caregivers of Priority I & II infants
- ☒ Migrants
- ☒ Homeless persons/families
- ☐ Incarcerated pregnant women
- ☐ Institutionalized persons
- ☐ Other (specify): _____

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
WIC-128-130

b. The local agency contacts the following organizations to provide WIC Program information to eligible infants and children:

- ☒ Foster care agencies
- ☒ Protective service agencies
- ☒ Child welfare authorities
- ☒ Other (specify): Head Start, HIPPY, Homeless Facilities/Shelters

VII. CASELOAD MANAGEMENT
D. Benefit Targeting

c. The State agency ensures that benefits are targeted to those at greatest risk by limiting the use of regression as a nutrition risk criterion to only once after a certification period.

☒ Yes ☐ No

d. In addition to, or in lieu of, State-developed plans, the State agency encourages/permits local agencies to develop their own targeting plans.

☐ Yes ☒ No ☐ Not Applicable

e. If yes, the State agency assures the appropriateness/quality of local agency targeting plans by:

☐ Requiring local agencies to submit plans for State agency approval

☐ Review plans during local agency reviews

☐ Other (specify): _____

f. The State agency monitors benefit targeting through (check all that apply):

☐ Automated reports developed by State agency

☐ Manual reports submitted by local agencies

☒ Local agency reviews

☐ Other (specify): _____

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

_____

VII. CASELOAD MANAGEMENT
E. Outreach Policies and Procedures

1. Outreach Policies, Procedures and Materials

a. To administer outreach activities, the State agency (check all that apply):

☒ Issues a standard set of outreach materials for use by all local agencies

☒ Requires local agencies to develop outreach plans

☒ Reviews outreach plans developed by local agencies

☒ Reviews and approves any outreach materials developed by local agencies

☐ Utilizes broadcast media for outreach activities

☐ Other (specify): _____

b. Availability of Program benefits is publicly announced at least annually via:

State Agency	Local Agency	
☐	☐	Newspapers
☐	☐	Radio
☐	☐	Posters
☐	☐	Letters
☒	☒	Brochures/pamphlets
☐	☐	Television
☐	☐	Other (specify): _____

VII. CASELOAD MANAGEMENT
E. Outreach Policies and Procedures

c. Outreach materials are available in the following languages (check all that apply):

- [x] English
- [x] Spanish
- [ ] Vietnamese
- [ ] Tribal Language(s)
- [ ] Other (specify): _____

d. Outreach materials are distributed to (check all that apply):

- [x] Health and medical organizations
- [x] Hospitals and clinics
- [x] Welfare and unemployment offices or social service agencies
- [x] Migrant farmworker organizations
- [ ] Indian and tribal organizations
- [x] Homeless organizations
- [x] Faith-based and community organizations in low-income areas
- [x] Shelters for victims of domestic violence
- [x] Other (specify): Religious/Community/Minority/Food Banks/Pantries/Homeless/Shelters, Head Start, HIPPY Agencies

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
WIC 128-130

2. Accessibility to Special Populations

a. The State agency requires [all, some, no] local agencies to implement the following to meet the special needs of employed applicants/participants. When an Indian State agency operates as both the State and local agency "All" should be checked.

All	Some	None	
☐	☒	☐	Early morning/evening clinic hours by appointment
☐	☒	☐	Early morning/evening clinic hours, walk-in basis
☐	☐	☒	Weekend hours, by appointment
☐	☐	☒	Weekend hours, walk-in basis
☒	☐	☐	Priority appointment scheduling during regular clinic operations
☒	☐	☐	Food instrument/cash value voucher mailing procedures specifically designed for working participants
☐	☒	☐	Expedited clinic procedures for working participants
☐	☐	☒	Evening/weekend nutrition education classes
☐	☐	☐	Other (specify): _____

VII. CASELOAD MANAGEMENT

E. Outreach Policies and Procedures

b. The State agency requires/authorizes all, some, no local agencies to implement the following to meet the special needs of rural participants (check all that apply):

All	Some	None	
☐	☐	☒	Special clinic hours to accommodate travel time to clinic sites
☐	☐	☒	Use of mobile clinics to rural areas
☒	☐	☐	Food instrument/cash value voucher mailing procedures specifically designed for rural participants
☐	☐	☒	Special appointment/scheduling procedures for rural participants who do not have access to public transportation
☐	☐	☐	Special food instrument/cash value voucher issuance cycles for rural participants (check one): ☐ 2 months, ☒ 3 months issuance
☐	☐	☐	Other (specify): _____

c. The State agency requires/authorizes [all, some, no] local agencies to implement the following to meet the special needs of migrant families (check all that apply):

All	Some	None	
☐	☐	☒	Formal coordination with rural/migrant health centers
☒	☐	☐	Special outreach activities aimed at migrants
☐	☒	☐	Special clinic hours/locations to service migrant populations
☒	☐	☐	Expedited appointment procedures to accommodate migrant families
☒	☐	☐	Special food instrument/cash value voucher issuance cycles for migrant families (check one): ☐ 2 months issuance ☒ 3 months issuance
☐	☐	☐	Other (specify): _____

d. The State agency has in place formal agreements with one or more contiguous States to facilitate service continuity to migrants (exclusive of normal verification of certification procedures):

☐ Yes (If yes, please identify the State agencies with whom formal agreements exist): _____

☒ No

e. The State agency requires [all, some, no] local agencies to implement the following proceedings to facilitate service to homeless families/individuals (check all that apply):

All	Some	None	
☒	☐	☐	Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements
☒	☐	☐	Undertake regular and ongoing outreach to homeless individuals
☐	☐	☒	Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into commercial food service
☐	☐	☒	Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals
☒	☐	☐	Secure a written statement from the facility attesting to compliance with the requisite conditions for WIC services in a homeless facility
☒	☐	☐	Establish, to the extent practicable, plans to ensure that the three conditions in 246.7(n)(1)(i) regarding homeless facilities are met
☐	☐	☐	Other (specify): _____

VII. CASELOAD MANAGEMENT
E. Outreach Policies and Procedures

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
WIC-128

3. Unserved Geographical Areas

a. State agency's definition of an unserved geographic area (specify):
An unserved geographic area is defined as any county that does not provide WIC services.

b. Please list unserved geographic areas or attach a list to appendix:

☒ **No current unserved areas (check if applicable)**

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

4. Underserved Geographic Areas

a. State agency's definition of an underserved geographic area and a discussion of how the State prioritizes areas in descending order (specify):
An underserved geographic area is defined as any geographic area that limits access to participants for WIC services. All counties in all regions of the state currently provide at least 1 local health department office that provides WIC services.

☒ **No current underserved areas (check if applicable)**

b. The State agency has a list on file of served and/or unserved geographic areas including the number of potential eligibles, participation and priority level currently being served

☐ Yes ☒ No

c. The names and addresses of all local agencies found in the last FNS-648 Report, reflect all local agencies currently in operation

☒ Yes ☐ No, an update list is provided in the Appendix

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

5. The State agency has a plan to:

☐ Inform nonparticipating local agencies of the Program and the availability of technical assistance in implementation

☐ Encourage potential local agencies to implement or expand operations in the neediest one-third of all areas unserved or partially served

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
N/A for question 6

VII. CASELOAD MANAGEMENT
F. Waiting List Management

Waiting List Management and Procedures

1. **The State agency has specific policies/procedures for the establishment and maintenance of waiting lists which are used by all local agencies.**

   ☒ Yes ☐ No

2. **Waiting list procedures are uniform throughout the State.**

   ☒ Yes ☐ No, but State agency approves all exceptions

   ☐ No; local variation allowed without State agency approval

3. **The State agency routinely monitors waiting lists.**

   ☒ Yes ☐ No

4. **The State agency requires/allows subprioritization of waiting lists by (check all that apply):**

   ☐ No subprioritization permitted ☐ Income

   ☐ Nutrition risk ☐ Age

   ☐ Point system

   ☒ Special target populations (specify): By priority

   ☒ Other (specify): Date of application

5. **The State agency requires pre-screening for certification of individuals prior to placement on waiting lists.**

   ☒ Yes

   ☐ No, only categorical eligibility established

   ☐ No, only categorical and income eligibility established

   ☐ No, local agency variation

   ☐ Other (specify): _____

6. **Waiting lists are maintained:**

   ☒ Manually

   ☐ Automated system linked to State agency's central system

   ☐ Automated system, stand alone at some/all local agencies

7. **Telephone requests for placement on the waiting list are accepted.**

   ☒ Yes ☐ No

VII. CASELOAD MANAGEMENT
F. Waiting List Management

8. The State agency requires all local agencies to maintain waiting lists (telephone and/or pre-certification) with the following information (check all that apply):

- ☒ Name
- ☒ Address
- ☒ Phone number(s)
- ☒ Date placed on waiting list
- ☒ Category
- ☒ Priority
- ☐ Nutritional risk
- ☒ Income eligibility status
- ☐ Method of application
- ☒ Date applicant notified of placement on the waiting list
- ☐ Other (specify): _____

9. The State agency requires local agencies to provide information on other food assistance programs to applicants who are placed on a waiting list.

☒ Yes ☐ No

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
WIC 137-138

Annual Reported Participation by month by region by participant type FFY2015

Revised: 06/17/15

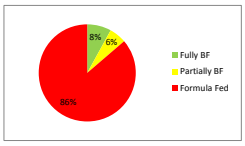
FFY2015

Official	Preliminary Final	Preliminary Final	Preliminary Final	Preliminary Final	Preliminary Final	Preliminary X	Preliminary X	Preliminary X	Preliminary X	Preliminary X	Preliminary X	Preliminary X		
Year 2015	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Totals**	**Average**
CENTRAL														
Pregnant	1,980	2,006	1,973	2,058	2,019	2,107	2,217	2,220					16,580	2,073
Breastfeeding	418	430	457	486	458	473	490	464					3,676	460
Partially BF	242	238	263	292	314	339	354	351					2,393	299
Postpartum	1,827	1,905	1,964	2,028	1,972	2,004	2,054	2,058					15,812	1,977
Subtotal Women	4,467	4,579	4,657	4,864	4,763	4,923	5,115	5,093	0	0	0	0	**38,461**	**4,808**
Fully BF	413	422	442	462	450	470	455	445					3,559	445
Partially BF	275	263	292	332	349	373	393	393					2,670	334
Formula Fed	4,693	4,708	4,800	4,853	4,736	4,845	4,867	4,982					38,484	4,811
Subtotal Infants	**5,381**	**5,393**	**5,534**	5,647	5,535	5,688	5,715	5,820	0	0	0	0	**44,713**	**5,589**
Children	**7,499**	**7,598**	**7,602**	**7,851**	**7,588**	**7,534**	**7,777**	**7,780**					61,229	7,654
REGION TOTAL	17,347	17,570	17,793	18,362	17,886	18,145	18,607	18,693	0	0	0	0	**144,403**	**18,050**
NORTHEAST														
Pregnant	2,130	2,204	2,203	2,290	2,197	2,239	2,324	2,315					17,902	2,238
Breastfeeding	352	356	369	397	410	396	425	426					3,131	391
Partially BF	90	87	77	83	89	91	86	81					684	86
Postpartum	1,914	1,986	2,097	2,163	2,150	2,137	2,140	2,136					16,723	2,090
Subtotal Women	4,486	4,633	4,746	4,933	4,846	4,863	4,975	4,958	0	0	0	0	**38,440**	**4,805**
Fully BF	346	348	353	378	385	390	416	410					3,026	378
Partially BF	93	90	89	100	108	94	92	104					770	96
Formula Fed	4,286	4,356	4,543	4,610	4,557	4,610	4,618	4,707					36,287	4,536
Subtotal Infants	**4,725**	**4,794**	**4,985**	**5,088**	**5,050**	**5,094**	**5,126**	**5,221**	**0**	**0**	**0**	**0**	**40,083**	**5,010**
Children	**7,870**	**8,169**	**8,302**	**8,411**	**8,044**	**7,927**	**8,096**	**8,084**					64,903	8,113
REGION TOTAL	17,081	17,596	18,033	18,432	17,940	17,884	18,197	18,263	0	0	0	0	**143,426**	**17,928**
NORTHWEST														
Pregnant	2,918	2,885	2,907	3,036	3,075	3,089	3,196	3,292					24,398	3,050
Breastfeeding	861	860	835	864	887	871	913	883					6,974	872
Partially BF	409	408	431	427	437	450	464	471					3,497	437
Postpartum	2,537	2,557	2,575	2,713	2,663	2,627	2,590	2,568					20,830	2,604
Subtotal Women	6,725	6,710	6,748	7,040	7,062	7,037	7,163	7,214	0	0	0	0	**55,699**	**6,962**
Fully BF	839	819	820	847	862	852	869	863					6,771	846
Partially BF	481	469	486	500	494	523	519	491					3,963	495
Formula Fed	5,799	5,725	5,861	6,046	6,054	6,005	5,996	5,977					47,463	5,933
Subtotal Infants	**7,119**	**7,013**	**7,167**	**7,393**	**7,410**	**7,380**	**7,384**	**7,331**	**0**	**0**	**0**	**0**	**58,197**	**7,275**
Children	**13,192**	**13,046**	**13,079**	**13,434**	**13,291**	**12,937**	**13,053**	**13,091**					105,123	13,140
REGION TOTAL	27,036	26,769	26,994	27,867	27,763	27,354	27,600	27,636	0	0	0	0	**219,019**	**27,377**
SOUTHEAST														
Pregnant	990	1,022	1,046	1,071	1,019	1,027	1,063	1,032					8,270	1,034
Breastfeeding	78	84	92	104	94	85	85	92					714	89
Partially BF	40	37	39	31	36	48	32	43					306	38
Postpartum	1,035	1,121	1,180	1,250	1,249	1,226	1,200	1,158					9,419	1,177
Subtotal Women	2,143	2,264	2,357	2,456	2,398	2,386	2,380	2,325	0	0	0	0	**18,709**	**2,339**
Fully BF	69	81	87	91	82	77	79	83					649	81
Partially BF	44	39	42	36	36	47	44	44					332	42
Formula Fed	2,251	2,332	2,439	2,458	2,419	2,496	2,467	2,505					19,367	2,421
Subtotal Infants	**2,364**	**2,452**	**2,568**	**2,585**	**2,537**	**2,620**	**2,590**	**2,632**	**0**	**0**	**0**	**0**	**20,348**	**2,544**
Children	**3,946**	**4,125**	**4,172**	**4,270**	**4,112**	**4,019**	**4,043**	**4,033**					32,720	4,090
REGION TOTAL	8,453	8,841	9,097	9,311	9,047	9,025	9,013	8,990	0	0	0	0	**71,777**	**8,972**
SOUTHWEST														
Pregnant	1,245	1,280	1,331	1,382	1,291	1,312	1,370	1,378					10,589	1,324
Breastfeeding	202	199	210	225	217	223	222	210					1,708	214
Partially BF	126	128	138	144	130	117	124	132					1,039	130
Postpartum	1,042	1,089	1,171	1,223	1,258	1,218	1,188	1,155					9,344	1,168
Subtotal Women	2,615	2,696	2,850	2,974	2,896	2,870	2,904	2,875	0	0	0	0	**22,680**	**2,835**
Fully BF	181	185	194	213	208	200	197	186					1,564	196
Partially BF	147	142	149	156	133	136	141	137					1,141	143
Formula Fed	2,430	2,521	2,655	2,709	2,641	2,667	2,634	2,603					20,860	2,608
Subtotal Infants	**2,758**	**2,848**	**2,998**	**3,078**	**2,982**	**3,003**	**2,972**	**2,926**	**0**	**0**	**0**	**0**	**23,565**	**2,946**
Children	**5,279**	**5,418**	**5,519**	**5,638**	**5,506**	**5,453**	**5,495**	**5,458**					43,766	5,471
REGION TOTAL	10,652	10,962	11,367	11,690	11,384	11,326	11,371	11,259	0	0	0	0	**90,011**	**11,251**
STATEWIDE														
Pregnant	9,263	9,397	9,460	9,837	9,601	9,774	10,170	10,237	0	0	0	0	77,739	9,717
Breastfeeding	1,911	1,929	1,963	2,076	2,066	2,048	2,135	2,075	0	0	0	0	16,203	2,025
Partially BF	907	898	948	977	1,006	1,045	1,060	1,078	0	0	0	0	7,919	990
Postpartum	8,355	8,658	8,987	9,377	9,292	9,212	9,172	9,075	0	0	0	0	72,128	9,016
Subtotal Women	**20,436**	**20,882**	**21,358**	**22,267**	**21,965**	**22,079**	**22,537**	**22,465**	**0**	**0**	**0**	**0**	**173,989**	**21,749**
Fully BF	1,848	1,855	1,896	1,991	1,987	1,989	2,016	1,987	0	0	0	0	15,569	1,946
Partially BF	1,040	1,003	1,058	1,124	1,120	1,173	1,189	1,169	0	0	0	0	8,876	1,110
Formula Fed	19,459	19,642	20,298	20,676	20,407	20,623	20,582	20,774	0	0	0	0	162,461	20,308
Subtotal Infants	**22,347**	**22,500**	**23,252**	**23,791**	**23,514**	**23,785**	**23,787**	**23,930**	**0**	**0**	**0**	**0**	**186,906**	**23,363**
Children	**37,786**	**38,356**	**38,674**	**39,604**	**38,541**	**37,870**	**38,464**	**38,446**	**0**	**0**	**0**	**0**	307,741	38,468
STATE TOTAL	**80,569**	**81,738**	**83,284**	**85,662**	**84,020**	**83,734**	**84,788**	**84,841**	**0**	**0**	**0**	**0**	**668,636**	**83,580**

Breastfeeding Rates for FFY2015

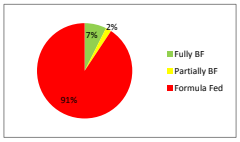
Central Region Infants

Fully BF	Partially BF	Formula Fed
3,559	2,670	38,484



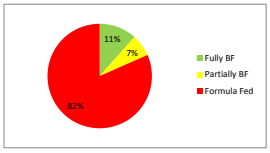
Northeast Region Infants

Fully BF	Partially BF	Formula Fed
3,026	770	36,287



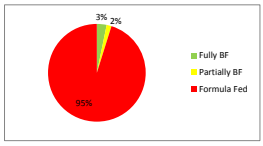
Northwest Region Infants

Fully BF	Partially BF	Formula Fed
6,771	3,963	47,463



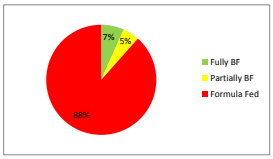
Southeast Region Infants

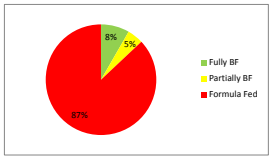
Fully BF	Partially BF	Formula Fed
649	332	19,367



Southwest Region Infants

Fully BF	Partially BF	Formula Fed
1,564	1,141	20,860



Statewide Infants

Fully BF	Partially BF	Formula Fed
15,569	8,876	162,461