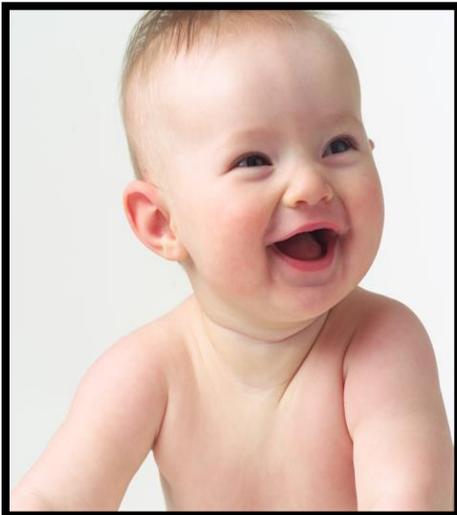




IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Idaho WIC Training **Referrals**



What Will You Learn?

WIC benefits include providing applicants and participants with written and verbal referral information. In this course, you will learn what referrals need to be provided to participants and the steps to making those referrals.

Instruction Level

Prerequisite for taking the course: WIC Overview

Items Needed for This Course

- Access to the [Idaho WIC website](#)
- Access to the WIC computer system (WISPr)
- No Idaho TRAIN LMS online course exists for this guidebook

Recommended Time

- Approximate time it takes to complete Referrals course: 1-2 hours
- Approximate time to complete the progress check and discussion: 30 -45 minutes

Module 1: Referrals to Health and Social Services

Types of Referrals

Referrals are a vital service that the WIC Program provides to participants. WIC recognizes that participants often face difficulties that affect their health and well-being. One way WIC can improve health outcomes is by enhancing the quality of our referrals. Some participants may need assistance from outside sources in addition to the support provided by the WIC Program. To satisfy this need, WIC staff can refer participants to outside agencies. While there are some required referrals, at any appointment a participant may need a referral.

To make meaningful referrals, WIC staff must:

- Know the community
- Keep updated information for new resources or changes in existing support
- Communicate effectively with all types of people
- Listen carefully with empathy

Health Service Referrals

WIC provides an ideal place to coordinate with other health services because participants receive an assessment of nutritional and health status at each certification and health screen. Results of this assessment are used to develop the participant's food package, provide nutrition education and breastfeeding support, and make appropriate referrals for other health services or resources such as:

- Prenatal Care
- Smoking-Cessation Programs
- Family Planning
- Substance Abuse Programs
- Family Case Management
- Lead Screening
- Children with Special Health Care Needs
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) or Well Child Visits
- Immunizations
- Child Find and Infant Toddler Programs
- Dental Referrals or Idaho Oral Health Program
- Shelter or Homeless Facility
- Food Bank
- Breastfeeding Support such as Peer Counseling or Lactation Consult/IBCLC
- Others as needed

Required Referrals

In addition to the health services listed above, some referrals are required per federal and state regulation. These referrals are to be offered at every certification. Written/hard copy information must be offered to all pregnant, breastfeeding and postpartum women and to parents or caretakers of infants and children participating in the program. These referrals are listed below and discussed more in this guidebook.

- Medicaid (MA)/Child Health Insurance Program (CHIP)
- SNAP (Supplemental Nutrition Assistance Program, previously called Food Stamps)
- Temporary Assistance for Needy Families – TANF/TAFI/Cash Assistance (TA)
- Drug and Other Harmful Substance Abuse (SA)
- Immunization (IM) (only for infants and children < 24 months old)

Medicaid (MA)/Child Health Insurance Program (CHIP)

Medicaid/Child Health Insurance Program provides health insurance benefits for no cost (or a small monthly premium). CHIP is a health insurance for children and is part of Medicaid. Income eligibility restrictions apply.

SNAP (Supplemental Nutrition Assistance Program)

SNAP provides food benefits on a monthly basis based on income eligibility. Eligible families receive an EBT card which can be used instead of cash to purchase food items.

Temporary Assistance for Needy Families (TANF/TAFI/TA)

Temporary Assistance for Needy Families is short term cash assistance for families in need to become self-reliant. An example is job preparation assistance. Income, residency and other eligibility restrictions apply.

Substance Abuse (SA)

SA referral information may provide individuals with the resources to treatment facilities or tobacco cessation classes. All potentially eligible pregnant, postpartum and breastfeeding women as well as parents or caretakers of infants and children on the program are screened for drug use and potentially other harmful substances as part of the nutrition/health assessment process. This includes questions about alcohol, tobacco and street drug use. Staff are not required to explore the specific details of the SA referrals such as the treatment types, but provide basic contact information.

Immunizations

During initial certification, subsequent certification visits and health screens children under 24 months old must be screened for immunizations using a documented record. A documented record is a record

(computerized or paper) in which actual vaccination dates are recorded. This includes a parent’s hand-held immunization record (from the provider), an immunization registry (IRIS for Idaho), an automated data system, or a participant’s paper chart (paper copy). A verbal report of updated immunizations cannot be used.

The immunizations status is entered into the WIC computer system under the *immunization tab* of the nutrition/health assessment. The computer system will prompt for immunizations to be recorded. The question will show as “are [name] immunizations up to date?” with a drop down of “yes”, “no”, “forgot records” or “exempt.” If a participant doesn’t have records, simply ask the responsible adult or caretaker to provide them at the next visit and enter “forgot records”.

At minimum, screen the infant/child’s immunization status by counting the number of doses of DTaP (diphtheria, and tetanus toxoids and acellular pertussis) vaccine they have received in relation to their age, according to the following table:

By 3 months of age	1 dose of DTaP
By 5 months of age	2 doses of DTaP
By 7 months of age	3 doses of DTaP
By 19 months of age	4 doses of DTaP

If immunizations records are not up-to-date, a referral must be offered for the immunizations program as well as applicable handouts. Participants that forgot or have updated records may still be offered immunizations information such as the table of recommended vaccinations by age in order to continue maintaining an updated record.

Other Tips When Providing Referrals

WIC’s core function is to provide nutrition education and improve the health outcomes of it’s participants. Referrals are important so that participants can find help in other areas WIC cannot, but often referrals are very basic such as providing contact information.

In general, when discussing sensitive topics such as SA it is important to provide positive messages and maintain a respectful environment. For more information on substance abuse referrals and effective messaging, you may refer to the *Substance Abuse Guide* on the WIC Works Resource System website.

Often, it is helpful to ask permission to offer referrals such as “*would it be okay if I give our resource handout with contact information for other services that may be helpful to your family or friends?*”

If a participant declines to take any information, it is okay, simply document this in the WIC computer system. They are not required to take the information, but we are required to offer it.



Complete Activity 1 in your Activities Workbook

Module 2: Steps to Making a Referral

WIC has the unique opportunity to provide participants with access to various resources. Often participants come to WIC with problems that cannot be helped with food or nutrition education. For example, they may need housing, they haven't found a dentist or they have lost their job. Using your participant centered skills is a step to offering a great referral.

Four Steps to Making a Referral

1. Identify what type of referral a participant may need.
2. Decide which referral is most important for the participant and refer the participant to the appropriate individual or agency that meets the participant's needs.
3. Document the referral.
4. At the participant's next WIC appointment, follow-up with the participant to determine if his/her needs were met and/or further help is needed.

Step One: Identifying Participants' Needs in WIC

Information that is collected during certification and follow-up appointments can be used to identify participants' needs. The following sources of information help in identifying non-nutrition related problems:

Participant, Responsible Adult or Caretaker information

Look for:

- Income
- Family size
- Age and sex of children under age 5
- Other health and community services the family receives, such as TANF, SNAP, Medicaid
- Housing
- Education level of responsible adult

Information from anthropometric/biochemical measurements

Look for:

- Hemoglobin/Hematocrit data
- Overall growth pattern
- Sudden weight loss or weight gain
- Weight to height ratio or Body Mass Index
- Other medical information shared through Nutrition Assessment

Information on the Nutrition Assessment gained through interview

Look for:

- The frequency of regular meals and snacks
- Supplements used
- Medical risks and pregnancy history
- Medical care/history
- Alcohol use/frequency
- Drug use/frequency
- Needs and concerns voiced by the participant or responsible adult
- Child(ren)'s immunizations
- Other health and community services the family receives

Observation of the participant and family members

Look for:

- How the parents and child interact
- The physical appearance of the parent and child
- How well the parent or caretaker understands and makes decisions
- The parent's behavior in the clinic
- The child's behavior
- Body language
- Tone of voice

Step Two: Prioritizing and Making a Referral

With all the information that you have collected, how do you decide what kind of referral meets a participant's needs? You need to prioritize and work with the participant to assess what is most important to them. To help you, always remember that handling life-threatening situations and meeting basic needs are top priority. Generally, needs could be ranked in this order:

1. Emergencies

Emergencies include life-threatening situations only. Other "emergency needs" include child abuse and family violence, disaster services, public safety, rape and sexual assault, and suicide prevention. Although it may be appropriate in any of these situations to call 9-1-1, there may also be numbers for providers that offer more comprehensive services.

2. Basic Needs

Basic needs include the following kinds of concerns: financial assistance, food, housing, transportation, education, and utilities. These are basic necessities of life. A person must eat to survive. Money is something everyone needs to secure the basics. Without a place to live, it is hard

to get a job and can result in increased illness. Lack of transportation will limit a person's options. Electricity and water are important for cooking and to prevent illness.

3. Other Needs

When needs fall into other categories besides emergencies and basic needs, try to understand the situation from the participant's point of view. No matter what a participant's needs are, always remain respectful of values and opinions. You cannot force anyone to make a change. You can only provide information that could help them toward workable solutions. It is up to the participant to actually take the necessary steps.

Making a Referral

Once a participant's needs are identified, ask permission to recommend an agency or community resource that may help with their needs. Offer the possibility of the referral and move to specific information if the participant seems interested. There are two ways to proceed with making a referral. Information can be given to a participant about an agency or organization that offers services that may be beneficial to the participant. Typically, this information includes the following:

- Name of organization
- Contact information
- Eligibility criteria
- Information about services provided

The more specific the referral information, the more likely the participant can follow through for help. For example, if you can tell how an agency works, hours of operation, or special information needed when they visit, this will make the referral more successful.

Some agencies and programs may require a written referral and then the agency contacts the participant. They may ask that you use a referral form to document the need and the referral source. Referral forms often contain the following information:

- Participant name, age, telephone number, and address (space for describing directions to the participant's house is helpful when the address is not easily located and the referral agency will be making a home visit)
- Participant's problem(s) or reason(s) for referral; type of services needed
- To whom the referral is being made
- Referring person's signature and agency, along with address and telephone number
- Participant's spoken language, if needed.
- A copy of this referral may be kept in the participant's file or in another location in the clinic.

Accepting Referrals

The majority of participants are referred to the WIC Program by other participants or people who know WIC participants: friends, relatives, neighbors. Healthcare providers and staff in public assistance programs also refer potential participants. Occasionally, your program may be contacted by these individuals in the interest of their participants.

For example:

- A public health nurse may approach you to arrange a certification appointment for one of her patients
- A doctor may call about a patient to discuss care
- An individual with a local food bank may call about the possibility of helping an indigent family with young children

Step Three: Documentation

All referrals are documented in the WIC computer system. They can be found in multiple places such as the *certification screen*, *care plan*, or *referrals tab* on the *participant summary* page of WISPr when referrals are given at a certification appointment. If a referral is made at another appointment, be sure to document in WISPr. If a care plan is created for another appointment, the referral information may be documented in the appropriate area such as the *referral section*.

Documenting what referrals were made allows for follow-up at subsequent WIC appointments. Follow-up provides the best service to WIC participants. Follow-up can consist of asking whether a participant applied for or is now receiving services from the program such as Medicaid or SNAP, or asking about other referral information that was provided.

Step Four: Follow-up

Checking whether participants followed through on staff referrals and obtained needed services is just as important as identifying problems and making referrals. If the participant did follow through with the referral process, affirm their efforts and ask if their need has been met. If not, explore if the need still exists and any barriers. Ideally, follow through would be checked at subsequent appointments and documented in the participant's record such as the care plan.

Special Concerns

Confidentiality

What a WIC participant tells you is confidential. To ensure confidentiality and to protect participants' rights and privacy:

- Do not discuss participants or their problems with someone outside of the program you are working for and only with other staff if it is relevant to your work. If there is a need to share information about a participant in a staff meeting or as part of a case study, do not mention the participant's name.
- Do not talk about participants in front of other participants.
- Do not give information about participants to people who should not have it. This includes other programs unless there is an agreement to share and/or participant written consent. For example, it is okay to give a participant smoking cessation referral information, but it is not okay to send the tobacco cessation program staff a contact list of all participants that smoke.
- Always consult with your WIC Coordinator or supervisor about any requests for information about a participant.

Suspected Child Abuse or Neglect

During appointments and nutrition assessments, staff should be aware of other signs or issues that cannot be addressed with a referral such as signs of child abuse. If staff suspect that an infant or child/children are being abused, this must be reported as required by law within twenty-four (24) hours to a law enforcement agency or appropriate department such as Idaho Department of Health and Welfare or a local Child Protection Services Office. Additionally, local agencies should refer to their Health District's policy and procedures for reporting mandatory abuse.

Signs of physical abuse include:

- Marks or injuries to a child when there is no reasonable explanation
- A pattern of repeated injuries
- Disclosure by the child that he or she was hurt by an adult
- Injuries that look suspicious (such as a bruise in the shape of a handprint)

Signs of neglect include:

- Living conditions that are unhealthy or safety hazards
- A child that has nothing to eat or appears hungry and underweight
- A child that appears dirty, unkept and inappropriately dressed for weather
- A child that has been left at home alone or abandoned with no home to go to



Complete Activity 2 in your Activities Packet