

Previously Section 15 - Outreach|Referrals|Targeting

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Caseload Management

All local agencies are required to maintain control of the number of participants served per month.

Caseload management can help agencies decide when to add or drop participants based on monthly participation allotment. There are reports locally available in Compass to help with this. The Participation with Benefits Report is a report that indicates WIC participation at the local agency level and the local agency WIC clinic level.

Any questions regarding managing caseload or using these reports should be directed to the assigned State Office Nutrition Consultant.

Find applicable forms at:

<https://www.colorado.gov/cdphe/wic-tools-and-guidance>

Outreach

Purpose and Definition

Outreach consists of the techniques used to promote and advertise the WIC Program to individuals within the community who are in need of services. Should the Colorado WIC Program's financial resources become limited, participants at the highest nutritional risk must be served. Therefore, an effective outreach program targets those with the highest nutritional risk.

Minimum Components of an Outreach Program

Direct outreach activities to those client and community resources that refer applicants to the WIC Program. The United States Department of Agriculture (USDA) specifies that WIC Programs perform the four following principle activities to assure effective outreach (each discussed in detail below):

- Publicize the availability of the WIC Program
- Build an outreach network
- Inform organizations in the outreach network about the WIC Program
- Coordinate with other community resources

Publicizing the Availability of the WIC Program

Several techniques can be used to publicize the availability of a local WIC Program. Media related activities include news releases, newspaper feature stories, and public service announcements. Other activities include distribution of flyers, pamphlets, and posters.

At a minimum, once each year every local WIC Program must publicize the availability of the Program using outreach techniques believed to be the most effective. Additionally, the State WIC Office releases an annual statewide general press release.

The purpose of the notification system is to inform applicants, participants, and potentially-eligible persons of the Program availability, Program participants' rights and responsibilities, the nondiscrimination policy and the procedure to file a complaint.

Public Service Announcements must include the following elements:

- Program Availability
 - ✓ Hours of operation
 - ✓ Location of clinics
- Complaint Information
 - ✓ How to file a complaint
- The WIC Nondiscrimination Statement

When the Program reaches maximum caseload, direct outreach activities toward "high risk" clients and the maintenance of caseload. The Program's outreach activities need to be specific rather than generalized. For example, instead of distributing WIC flyers community-wide, distribute them only to resources serving pregnant women, such as obstetricians and childbirth classes. If the local WIC Program serves an area where a large percentage of the potential participants speak a language other than English, communicate outreach activities in that language.

Building an Outreach Network

An effective outreach program includes an established network of community agencies, organizations, and employers who serve the same population. The purpose of this network is to ensure that potentially-eligible clients are referred to the WIC Program.

Include community agencies and organizations serving low income pregnant, breastfeeding and postpartum women, infants, and children in the outreach network. Since many working families qualify for the WIC Program, include employers of potentially-eligible clients in the outreach network. Provide to these organizations written materials that describe WIC and how to apply.

Examples of local organizations to include in this network are listed **later in** this section. The size of the community determines those agencies/organizations to include in the network.

Informing Organizations in the Outreach Network about the WIC Program

Once the outreach network is established, provide continual updates regarding the WIC Program to the agencies/organizations. After the initial contact, it is important to continue to update these organizations on the status of the Program. This can be accomplished by routinely visiting the agency, through telephone contacts, and/or sending personal update letters. Arranging to provide short presentations on the WIC Program at a staff meeting could also be a valuable outreach technique.

Community agencies should maintain a stock of pamphlets describing the WIC Program with the address and telephone number of the nearest WIC office, so they can be distributed to potentially-eligible clients. Also, if the agency permits, a WIC poster should be displayed.

Minimally, each agency/organization should be contacted at least once a year, and more often if a major change in the Program occurs (i.e., caseload increase or decrease).

Local agencies may want to determine if their outreach network is functioning effectively. By reviewing the *Referral Summary* report, the agency can see who is making referrals to your clinic and those programs where outreach efforts can be enhanced.

Coordination with Community Resources

The local WIC Program's outreach activities should be coordinated with other community programs. Refer to the *Targeting High Priorities* section on page 4 for further information on coordination of services.

WIC Outreach Efforts through the Colorado PEAK Application

The Colorado PEAK online application includes functionality that allows a person using PEAK to mark whether or not they wish to be notified by WIC. The PEAK system creates live reports, by county, of those interested individuals' contact information. Local WIC Agencies are responsible for contacting all individuals in the Local Agency's PEAKPro Inbox within two weeks. For more details, see the **Local Staffing, Outreach Coordinator** section in the Program Manual, Section 4: *Organization and Management*.

Outreach for Special Population Groups

Migrant Farm Workers

The migrant population needs outreach even more than the general population because their newness to the area often means they do not know where to obtain WIC services. Outreach is also necessary to overcome their isolation from the general population. Outreach techniques used for migrants may include:

- Outreach in migrant camps by bilingual staff members or volunteers.
- Special WIC clinics held in the migrant camps.
- Inclusion of migrant farm worker organizations in the outreach network.

Refer to the WIC Program Manual, **Migrant Farm Work WIC Services** section in Section 9, *Food Delivery*, for further information on the provision of services to this special population group.

Refugee Population

The refugee population also needs outreach more than the general population because of their newness to the area. Outreach techniques that may be useful for the refugee population include:

- Notifying agencies that sponsor refugees about the WIC Program.
- Making WIC outreach pamphlets available in the appropriate language(s).
- Including community organizations that service refugees in the outreach network.

Infants and Children under the Care of Foster Parents, Protective Services, or Child Welfare Services

Infants and children in protective services, placed in a foster home, or under the care of child welfare are considered to be families of one and are, therefore, eligible to participate in WIC when caseload slots are available. Outreach is necessary to let the caregivers of this population know about Program services.

During annual outreach activities local agencies must specifically target programs/organizations that are likely to come in contact with foster children.

- Use agencies and organizations that specifically work with infants and children who have been placed in protective care or foster homes. By informing staff in these organizations and making brochures for distribution and posters for display available, a large number of potential clients may be reached. Such agencies and programs may include:
 - ✓ Medicaid Office
 - ✓ Mental Health
 - ✓ TANF Office
 - ✓ Foster Parent Support Groups
 - ✓ Protective Services Office
- Use public service announcements (PSAs) targeted specifically toward caregivers of these infants and children.
- Encourage clients to do outreach. Support groups for foster parents and other caregivers may exist in some communities. These groups could provide a number of referrals and word of mouth is often the most effective means of getting the word out.

Homeless Individuals

The WIC Program is mandated to provide Program benefits to homeless individuals through outreach to facilities where they live. Community organizations providing temporary housing and meal service to homeless individuals must be contacted to determine their interest in participating in WIC, and whether they meet the four conditions for participation as outlined in the WIC Program Manual, **Food Delivery, Section 9, Providing WIC Program Services to the Homeless.**

Informing individuals about the WIC Program may include the following:

- Notifying facilities where homeless individuals live temporarily.
- Making WIC materials available to agencies such as: food kitchens, employment offices, YMCAs, YWCAs, and local churches.

When appropriate, operating special WIC clinics for homeless individuals at a shelter is a way to improve services to the homeless population.

Employed Participants/Working Care Providers

The WIC Program is mandated to provide access to benefits for employed persons and rural residents. This includes providing scheduled appointment availability for all employed individuals who apply for WIC Program benefits.

Employed Persons and Rural Residents

Local WIC Programs must ensure that service delivery hours and clinic sites are accessible to working parents and to rural residents. Agencies are encouraged to provide WIC services during lunch times, and during some evening and weekend hours to accommodate working clients. In some agencies this may mean allowing some staff to work a flexible schedule according to need (i.e., coming in early or staying after clinic hours to accommodate an individual) or it may mean looking to hire new staff (when turnover occurs) who are willing to work some non-traditional clinic hours.

To accommodate WIC participants who live in isolated rural areas, clinic administrators must make efforts to provide decentralized clinics on a reasonable basis. During each monitoring visit, State Office Nutrition

Consultants review the locations of clinics and the number of individuals who drive long distances for WIC services. Together, recommendations can be agreed upon to provide better access to WIC benefits.

Scheduled Appointments for Employed Participants

In almost all cases the State Office has encouraged clinics to move from "walk in" clinics to scheduled appointments. In the rare instance where "walk in" systems still are in place, it is mandated that employed persons be given an appointment so as to minimize the time an individual must be away from work. That individual must be seen at the appointed time; no matter how many other participants are in the office waiting to be seen.

Participants have the right to choose their WIC clinic.

Documenting Outreach Activities

Local agencies are encouraged to develop a documentation mechanism that suits their needs. The State agency reviews outreach efforts during monitoring visits through review of the documentation maintained by the agency.

Outreach Resources

The State Office has outreach pamphlets and posters available in English and Spanish. Agencies can adapt these for local use by including the address and telephone number of the nearest WIC office.

Targeting High Priorities

Target services to the highest WIC priorities, especially when WIC agencies are at caseload. Targeting WIC services to those who would benefit most from the Program includes priorities 1 and 2 or pregnant/breastfeeding women and infants, migrants, and homeless individuals. Infants and children under the care of foster parents, protective services, or child welfare authorities, including infants exposed to drugs prenatally should be targeted.

Suggested Activities for Targeting Infants and Pregnant/Breastfeeding Women

- Enlist the help of people in the community who are well known and respected by the people you are targeting or who care about the people you are targeting. These key people might be popular radio announcers, grocers, doctors, teachers, nurses, 4-H leaders, athletes, and pharmacists. They may be willing to do spot radio announcements or newspaper interviews on nutrition, discuss WIC with people they work with, or be advocates for WIC in other ways.
- Because many working families qualify for the WIC Program, contacting employers in your community to see if they are willing to display outreach posters or brochures or let you speak at a staff meeting can be very effective at reaching working people who are not using WIC services. Many working families may not know about the WIC Program or may associate WIC with welfare and, therefore, think they do not qualify or see the Program as a handout and do not want to participate in it. Make an effort to educate employers and employees that the WIC Program provides nutrition education, breastfeeding support, checks weight gain/growth, and does referrals to other health care services in addition to giving special supplemental foods, the benefits of the Program and the differences between the WIC Program and welfare programs. Employers of potentially-eligible clients are listed **later in this section**. Sample letters to employers with return postcards that employers can fill out and send to you are available from the State Office.
- Form a local task force and work with these groups to put together a strategy for publicizing WIC to high priorities within the community. At a National WIC Meeting, task forces were reported to be one of the best approaches to targeting high priorities. Include key community people mentioned above, as well as individuals from:

<ul style="list-style-type: none"> ✓ Other programs within your health department or nursing service. ✓ Church groups. ✓ Boards of Education. ✓ Local chapters of the nursing/physician/dietetic organizations. ✓ Mayor or County Commissioners. ✓ Local representatives of elected officials. ✓ School nurses and wellness teams. ✓ Local chapter of March of Dimes. ✓ Medicaid offices. 	<ul style="list-style-type: none"> ✓ Temporary Assistance to Needy Families (TANF) offices. ✓ Supplemental Nutrition Assistance Program (SNAP) offices. ✓ Hunger Free Colorado. ✓ La Leche League or local breastfeeding task forces. ✓ Hospitals. ✓ Agriculture extension offices. ✓ Day care facilities.
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- Provide WIC information materials to all the places in your community that specifically attract infants and pregnant and breastfeeding women (versus attracting children or families in general). These are the places where posters can be displayed, a stack of outreach pamphlets can be dropped off, and/or brief presentations can explain about the WIC Program. Maybe the leader of childbirth classes or La Leche League would include you as part of their regular agenda so you can give a brief "pitch" on WIC. Maybe a WIC outreach pamphlet could be part of the packet of information given to new prenatal patients or in the discharge packet from the OB ward at the hospital. These might include:
 - ✓ Medicaid offices.
 - ✓ Child birth classes.
 - ✓ Summer feeding programs.
 - ✓ La Leche League meetings.
 - ✓ Obstetricians' and pediatricians' offices.
 - ✓ Stores/thrift shops that sell maternity or infant clothes.
 - ✓ Obstetrics wards in hospitals.
 - ✓ Teen mothers' classes or groups.
 - ✓ New parents' classes at the YMCA/YWCA or Red Cross.
 - ✓ Day care centers that serve infants.
 - ✓ Babysitting co-ops.
 - ✓ Diaper services.
 - ✓ Supermarkets - at customer service or next to the baby food, diapers, or formula.
 - ✓ Exercise programs geared for pregnant women.
 - ✓ Infant swim classes.
 - ✓ Birthing clinics.
 - ✓ Offices serving other nutrition assistance programs, e.g., Supplemental Nutrition Assistance Program (SNAP), CSU Extension.
- Encourage clients to help with outreach
 - Make a poster directed at clients telling clients (especially pregnant and breastfeeding women or infants) about WIC. Or, give incentive prizes to participants for referring applicants. Extra "points" can be given for referring pregnant and breastfeeding women and infants. Try to get a merchant to donate incentive prizes (such as a half price restaurant meal, a movie pass, or a discount haircut). Participant surveys show that word of mouth referrals are by far the most effective outreach mechanism.
- Write a newspaper article about good nutrition for pregnancy, breastfeeding, and/or infancy. Use a catchy title that will attract the reader's attention. At the end of the article, describe the WIC Program, and include your local address and phone. Include a "human interest" photo that will attract the readers' attention, (e.g., a pregnant woman being weighed, a mother holding her newborn).
- Use public service announcements (PSAs) designed specifically to attract pregnant and breastfeeding women and infants. Consider whether your PSAs need to be done in a second language too, such as Spanish. Target radio and television stations with programming oriented to high-priority populations that may be interested in WIC.
- Use outreach posters geared toward high priority individuals. Use posters in locations that specifically attract pregnant and breastfeeding women.
- Outreach in small towns throughout the county. These towns may offer a new pool of high priority clients.
- Advertise and offer free height and weight screenings for infants. At the screening, let families know about the WIC Program.
- Include information about WIC on the county or local health department's webpage.
- Add a link from the county webpage to the Colorado WIC Facebook page. (www.Facebook.com/CDPHE.WIC).
- Share posts to the state WIC Facebook page. This helps cross promote both organizations.
- Let participants know about the Colorado WIC Facebook page. Facebook provides an easy way for individuals to hear good things about WIC from those they trust most and will be among the most effective ways of encouraging potentially eligible individuals to come to the clinic.
- General ideas to consider for outreach efforts:
 - ✓ Avoid jargon in your outreach materials. For example, people may not understand the meaning of a "food package" or "nutrition risk criteria."
 - ✓ Outreach not only to target populations but also to those people who care for them such as grandparents in a local senior citizen group.
 - ✓ Be sensitive to the community's values. For example, do not stress that WIC is a USDA program in a county where USDA may be associated with farm foreclosures.
 - ✓ Develop an "additional resources" sheet for people who apply for WIC as a result of outreach efforts but do not qualify or are put on a waiting list.

Referral

One of the functions of the WIC Program is to refer participants, as indicated, to appropriate community agencies/services. WIC is designed to screen for the nutritional need of the participants, and funds are made available for this service. The health status of an individual is determined by several other factors, such as social and medical conditions. To ensure that participants' medical and social needs are met, local WIC Programs should establish referral systems.

Referral is a means of directing a participant from one service to another. Referral is essential for continuity of care and for maximization of services available from other resources. For clarity in this context, referral will be defined as the mechanism(s) of directing a WIC participant to other services, as deemed necessary.

Within the WIC Program, there are two types of referral systems. The first consists of directing a participant to a medical professional (i.e., nurse, physician) due to a medical need. An example of this type of referral would be directing an infant who entered the WIC Program with a cleft palate to the Health Care Program for Children with Special Needs (HCP) for evaluation and follow up.

The second type of referral which should occur within the WIC Program is directing participants to other community agencies/ services for educational or social needs. An example would be referring a participant entering the WIC Program to the local SNAP Program.

Establishment of a Referral Network

The establishment of a local agency referral network consists of two components: identification of community resources and education of WIC staff on community resources.

A local referral network consists of many of the same agencies included in the Program's outreach network (see General Agencies or Organizations in the WIC Outreach Network" on the following pages). It includes programs housed within the same agency as the WIC Program (intra-agency), as well as other community organizations (inter agency). The number of community agencies within the WIC Program service area will determine the size of the referral network. A listing and brief description of some community services/agencies which could be included in the WIC referral network is shown in the "Referral Resources" and "Referral Resources based on Condition/Problem" section on the following pages. This listing is not complete since services vary from area to area.

To ensure participants are appropriately directed to other community services, it is necessary to inform all WIC staff about the organizations within the referral network. WIC staff should understand the purpose/function and eligibility criteria for each agency/organization in the network. Several mechanisms could be used to inform the WIC staff members. Agency representatives can be invited to provide a short presentation at WIC staff meetings. Pamphlets from the various community organizations could be made available to the WIC staff. Maintaining a "community resource" notebook with these pamphlets would provide the staff with easy access.

Development of Referral Systems

The referral system used to direct the client to other community services is influenced by the intra-agency integration, purpose and type of referral. The "Referral Resources based on Condition/Problem" in this section outlines specific conditions/problems and the appropriate referral sources. This listing is not complete, since referrals will depend upon community resources. Referrals can be informal (informing the client about the SNAP Program) or formal (sending a standardized referral form). This will depend on the reason for the referral.

For general community referrals, time constraints dictate informal referral systems, whereby the WIC staff informs the client about specific community services and provides written materials, if available. It is recommended, though not required, that all clients be directed informally to the Supplemental Nutrition Assistance Program (SNAP), Medicaid, Child Health Plan Plus (CHP+), and Temporary Assistance to Needy Families (TANF) Programs, including providing the addresses and telephone numbers. The local WIC Program can obtain this information from the Social Services Agency. WIC staff may also refer individuals to Colorado PEAK (<https://coloradopeak.secure.force.com>), an on-line service for Coloradans to check for potential food and cash assistance programs, apply for Medicaid and Child Health Plan Plus programs, WIC, SNAP, TANF and Aging and Adult Services Financial programs and manage benefits on-line.

Referrals due to specific medical need should be outlined in the local agency's nutrition protocols. When such referrals are initiated, a more formal referral system may be needed.

All referrals by local WIC staff persons must be entered into the Compass system administration. Local staff document referrals made to local programs or organizations on the *Referrals - Participant* panel in the Compass system. If the referral includes client information or requires local staff to contact the local program or organization on behalf of the family, then a signature of consent must be obtained. If the endorser has granted permission to release information to the physician, client information may be released to the physician without obtaining another release. The referral may be printed and given to the participant upon request.

All referrals, whether formal or informal, must be recorded on the *Referrals - Participant* panel in Compass or noted in the participant's care plan if the organization is not listed in Compass. All written information given to participants on assistance programs must be recorded, as well. To ensure that quality nutritional care is provided to WIC clients, follow up should be provided on all medical/nursing referrals. The State WIC Program will review local agency referral systems during monitoring visits.

Adjunctive Eligibility and Referral

Any individual nutritionally and categorically (e.g., pregnant, breastfeeding, postpartum, infant, child) eligible for WIC, and currently participating in Medicaid, TANF, or Supplemental Nutrition Assistance Program (SNAP), is automatically eligible for WIC participation. WIC applicants and participants, who are eligible for but not receiving Medicaid services, should be given a referral to Medicaid at the time of each certification. This may be facilitated through:

- ✓ Referral to Colorado PEAK (<https://coloradopeak.secure.force.com>), an on-line service for Coloradans to screen and apply for medical, food, and cash assistance programs.
- ✓ Joint certification days where applicants for both programs are screened.
- ✓ Assignment of a specific staff person within both the Medicaid and WIC Programs to handle issues and referrals involving the other program. These agency individuals may refer potential participants by phone or through personal contact to their counterpart. The assigned personnel in each agency would be responsible for regularly receiving and disseminating information about programs and assisting potential participants in applying for participation.
- ✓ Regular education of agency staff regarding WIC and WIC eligibility, including the provision of pamphlets and handouts appropriate to the groups the agency is prepared to share (i.e., pregnant/breastfeeding, infant and/or child—depending on the caseload level and priorities the agency can serve).

Coordination with other Community Resources

Community resources, such as the Expanded Food and Nutrition Education Program (EFNEP), should be coordinated with WIC services when possible. This coordination of resources will entail cooperation and referral between WIC and other community services. The steps involved in accomplishing community resource integration are listed below:

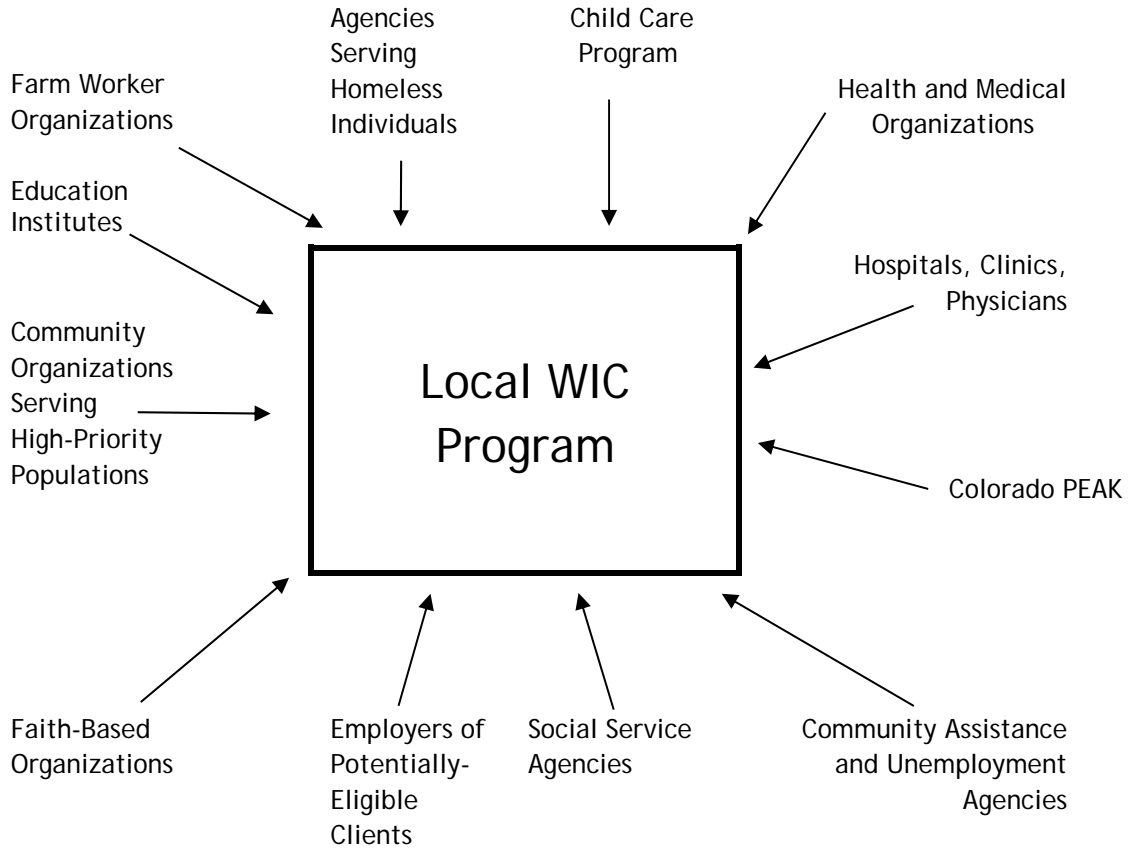
- Identify and contact community services, such as:
 - ✓ Child Health Plan Plus (CHP+)
 - ✓ Medicaid Office
 - ✓ Supplemental Nutrition Assistance Program (SNAP)
 - ✓ Temporary Assistance to Needy Families (TANF)
 - ✓ Expanded Food and Nutrition Education Program (EFNEP)
 - ✓ Hunger Free Colorado
 - ✓ Family Planning
 - ✓ School Health Program
 - ✓ Child Health Clinics
 - ✓ Health Care Program for Children with Special Needs (HCP)
 - ✓ Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program
 - ✓ Prenatal Clinics
 - ✓ Head Start
 - ✓ Day Care Centers
 - ✓ Migrant Clinics and Advocacy Agencies
 - ✓ Social Services
 - ✓ Alcohol and Drug Abuse Counseling Services

Other appropriate programs may be available in certain areas; they should be identified and contacted.

- Provide a mechanism for mutual sharing of information between WIC and other community services. Information pamphlets could be available in the various offices to inform clients of available community services.

- Establish a continuous referral system. Once programs are aware of each other's scope and eligibility criteria, an ongoing referral system may be established.

WIC Outreach Network



General Agencies or Organizations in the WIC Outreach Network

	Specific Examples
<i>Employers of Potentially-Eligible Clients</i>	<ul style="list-style-type: none"> Major employers in the community Factories/warehouses Fast food restaurants/restaurants Grocery stores Retail stores
<i>Health and Medical Organizations</i>	<ul style="list-style-type: none"> Local childbirth associations Local medical associations La Leche League Local dietetic and nursing associations
<i>Hospitals, Clinics and Physicians</i>	<ul style="list-style-type: none"> Local physicians (obstetricians, pediatricians, etc.) Local hospitals (include Social Service and dietary departments, maternity and pediatric units) Local health department or nursing services (EPSDT) Health Care Program for Children with Special Needs (HCP) Nurse Family Partnership, Health maintenance organizations Family Planning
<i>Community Assistance & Unemployment Agencies</i>	<ul style="list-style-type: none"> Salvation Army Goodwill Local Job Training Partnership Act (JTPA) Local WIN (Work Incentive) Programs
<i>Social Service Agencies</i>	<ul style="list-style-type: none"> Medicaid Supplemental Nutrition Assistance Program Temporary Assistance to Needy Families Foster Care Program Colorado PEAK
<i>Religious Organizations/Advocacy Groups</i>	<ul style="list-style-type: none"> Churches/Synagogues Colorado Advocates Against Hunger Bread-For-The-World Emergency food banks Housing Authority Crisis Center Battered Women Center Community Action Program
<i>Educational Institutes</i>	<ul style="list-style-type: none"> Adult education programs High school Teen Parents' Program Local colleges and universities CSU-Extension service SNAP-Ed Extended Food and Nutrition Education Program (EFNEP)
<i>Agencies Serving Homeless Individuals</i>	<ul style="list-style-type: none"> Homeless Shelters Food Kitchens Unemployment Offices YMCA, YWCA

Referral Resources

Referral Resource	General Purpose/Function
<i>Alcohol & Drug Abuse</i>	Prevention counseling and comprehensive treatment for substance abuse
<i>Childbirth Education Associations</i>	Prenatal education
<i>Child Health Plan Plus (CHP+)</i>	Medical Assistance for low income children who are not eligible for Medicaid
<i>Colorado State University Extension Service</i>	Consumer classes, food preparation information, recipes
<i>Early & Periodic Screening, Diagnosis & Treatment (EPSDT) Program</i>	Nutrition education
<i>Family Planning/Planned Parenthood</i>	Guidance and counseling to provide freedom of choice in the number and spacing of children
<i>Supplemental Nutrition Assistance Program</i>	Food assistance for low income
<i>Genetic Counseling/Screening</i>	Genetic counseling, diagnosis and education primarily for PKU, hypothyroidism, galactosemia, sickle cell anemia, homocystinuria, maple syrup urine disease
<i>Health Care Program for Children with Special Needs (HCP)</i>	Diagnosis and treatment services for special needs children
<i>Head Start</i>	Preschool educations for disadvantaged children
<i>Housing Authority</i>	Housing information/placement for low income
<i>Immunization Clinics</i>	Immunizations
<i>La Leche League</i>	Breastfeeding support
<i>Local Physicians, Medical Clinics, Hospitals</i>	Medical care
<i>Maternity Services</i>	Prenatal, postnatal comprehensive care
<i>Medicaid</i>	Medical assistance for low income women and children
<i>Mental Health Services</i>	Prevention and crisis intervention counseling
<i>Prenatal Plus</i>	Assistance for high-risk women who are on Medicaid
<i>Temporary Assistance to Needy Families</i>	Financial assistance for low income children

Referral Resources based on Condition/Problem

Condition/Problem	Referral Source
<i>New Migrant Family</i>	Farm Worker Health Services Program
<i>Infant/Child w/Cleft Palate or other Handicapping Conditions</i>	Health Care Program for Children with Special Needs (HCP)
<i>Infant/Child w/Failure to Maintain Growth Percentile</i>	Public Health Nurse
<i>An individual or family needing food assistance</i>	Supplemental Nutrition Assistance Program
<i>Inadequate Food Supply</i>	Local Food Banks
<i>Breastfeeding Women</i>	La Leche League
<i>Overweight Postpartum Women</i>	Weight control classes
<i>Women entering with Short Inter-Conceptual Period of High Parity</i>	Family Planning/Planned Parenthood
<i>Pregnant Women for HIV Testing</i>	Planned Parenthood, Private Physician, Local Health Department
<i>Pregnant Women who have not received Prenatal Care</i>	Local Prenatal Program, local private physician accepting Medicaid
<i>Pregnant Women who Smoke</i>	A community smoking cessation program Colorado Quitline 1.800.QUIT.NOW (1.800.784.8669) https://www.coquitline.org
<i>A Severely Anemic Participant</i>	Public Health Nurse, local physician
<i>Teenage Mother or Teenage Pregnant Women</i>	Public Health Nurse, Community prenatal support groups

Substance Abuse Information and Referral

Federal Drug and Other Harmful Substance Abuse Information and Referral regulations for the WIC Program specify the following requirements for all local WIC Programs:

- Participants with suspected drug or other harmful substance abuse problems must be referred to an appropriate counseling, treatment or education program where services are locally available.
- Each local agency must maintain and make available for distribution a list of local resources for substance abuse counseling and treatment.
- Local agencies are required to coordinate with local alcohol and drug abuse treatment services.
- Screening WIC participants for drug use is not specifically required by the legislation, however, some very basic screening is necessary to determine which WIC participants need referral for further assessment, counseling or treatment. Currently, the Colorado WIC Program screens for drug, alcohol, and tobacco use to determine nutrition/medical criterion through the use of questions asked on the Nutrition Interview.

To best meet these requirements, it is strongly recommended that local WIC Programs work with their agencies and public health nurses in establishing standard policies and procedures for implementation of these requirements. Specifically, the development of the distribution list and referral procedures should be developed with agency input. The following outlines the minimum requirements of the final drug and other harmful substance abuse regulations and provides suggestions for implementation.

Provision of Information

WIC staff must provide information on the dangers of drugs and other harmful substances and referrals to pregnant, postpartum, and breastfeeding women and to the parents and caretakers of WIC infants and children. Participants who indicate that they or their child are exposed to secondhand tobacco smoke must also be warned of the dangers to themselves and/or their children. Information can be provided in any form, including visual, verbal or written communication.

Staff members are not expected to diagnose drug and other substance abuse or to provide in-depth counseling. Rather, they are to provide information on the dangers of substance abuse and secondhand smoke in the course of routine activities.

Information provided to the participant should be documented in the participant's care plan.

Resources

- ✓ WIC Pamphlets can be ordered using the *Colorado WIC Program Materials Order Form*:
 - They Depend on You - Risks of Substance Abuse
 - Secondhand Smoke: Real Consequences
 - Marijuana Factsheet: Tips for Parents
 - Marijuana Factsheet: Marijuana and Your Baby
 - Focus on You
- ✓ Colorado Quitline - 1.800.QUIT.NOW (1.800.784.8669) <https://www.coquitline.org/>

Making Referrals

The regulations require that participants identified as having a possible drug or other harmful substance abuse problem must be provided with a referral for appropriate counseling, treatment or education program where services are locally available. Agencies have the option to provide either an informal or formal referral. Methods for each type of referral are described as follows:

Informal Referral: A referral can be accomplished simply by providing all adult participants and caretakers of participating infants and children with the list of local substance abuse counseling and treatment resources.

- *AND/OR* -

Formal Referral: A local agency may opt to develop a more formal referral system wherein a staff member initiates contact with a substance abuse counseling or treatment agency on behalf of an interested participant.

Legislation does not require the WIC Program to make formal referrals with respect to drug use. An informal referral system whereby information is made available to participants so that they can contact referral services on their own complies with the legislative mandate.

However, for participants whose screening results suggest that drug or other substance use may be a severe problem, use of a formal referral may be more effective. A prompt formal referral for an assessment and, based on results of the assessment, further treatment as indicated has potential to benefit not only the participants themselves, but also their existing families and as yet unborn children. Even when such a formal referral is rejected, the interest demonstrated by staff may penetrate the denial that often accompanies drug and other harmful substance abuse and signal to the participant that the problem is a matter to be taken seriously. Documentation of the referral should be entered in Compass and followed up at the next visit.

Distribution List

A list of local resources should be maintained by WIC local agencies, including hotlines and self-help groups for alcohol and other drug users (e.g., Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Al-Anon Family Groups, Adult Children of Alcoholics, Women for Sobriety), drug and alcohol treatment programs as well as local smoking cessation programs sponsored by organizations such as the American Lung Association and American Cancer Society. In communities where resources are limited, the public health nurse or the participant's physician should be considered as a possible resource.

Coordination with Local Treatment Centers

Local WIC agencies are required to contact local treatment programs to establish a referral network for participants. Familiarity with local drug and/or alcohol treatment programs and types of services provided is very important. By visiting with the staff from local programs, referrals can be more personalized. The participant can be given the name of the person they are likely to see and an explanation as to what they can expect when they go for help. See "*Coordination with other Community Resources*" **in this section**.

Screening

The interview questions for women are designed to solicit drug, alcohol and tobacco use information from the participant. The prenatal interview asks about the woman's substance use behavior currently and three months prior to pregnancy. These questions are designed to most accurately assess the participant's substance use behavior during the time of conception up to and past the time a woman first finds out she is actually pregnant.

The following are guidelines for how to respond to positive answers to the questions regarding substance abuse while meeting legislative requirements. It is important to remember that pregnancy can be a stressful time and it is not uncommon for people to revert back to poor lifestyle behaviors when enduring stress.

It is again emphasized that local WIC Programs need to work with their agencies to determine specific policies and procedures around referrals and education provided to participants who respond positively to these questions.

Confidentiality

Depending upon the type and extent of WIC local agency substance abuse information and referral activities, different Federal regulations and State Laws regarding the confidentiality of information collected about participants' drug and other harmful substance abuse will apply.

Current WIC regulations pertaining to confidentiality of information apply in the usual situations of providing information on drug and other harmful substance abuse in general nutrition education sessions, handing out brochures on drug and other substance abuse, providing a list of local resources for counseling and treatment to a participant, or performing minimal basic screening for purposes of referral. (FNS-276 revised, "Substance Use Prevention - Screening, Education, and Referral Resource Guide for Local WIC Agencies")

If an agency, however, engages in screening and referral beyond the WIC mandates outlined in the requirement section above, the agency may be subject to the Department of Health and Human Services (DHHS) "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations, 42 CFR Part 2. For example, if WIC programs choose to provide formal referrals or screenings, policies and procedures should be established with the local agency to fulfill the DHHS regulations.

Staff Training

All WIC staff members are required to complete the [Level I Colorado WIC Certification Program](#) substance use training that is part of the WIC Orientation module.

HIV/AIDS Information and Referral

WIC staff members are to be part of a team of health professionals, medical personnel, and other HIV-trained health care providers responsible for apprising women of the risk of HIV transmission to their infants and the importance of HIV testing and early treatment.

The Colorado WIC Program concurs with the Colorado Department of Public Health and Environment and United States Department of Agriculture to support the recommendations of the American Academy of Pediatrics and the Centers for Disease Control and Prevention that women in the United States should not breastfeed if they are HIV positive or have AIDS. The Colorado WIC Program can play an important role in preventing the transmission of HIV/AIDS in the perinatal population.

The following guidelines define the policy for the WIC Program regarding issues related to HIV/AIDS and WIC participants:

- Encourage comprehensive health care for all WIC participants.
- Advise all pregnant, postpartum, and breastfeeding women to know their HIV status and receive early diagnosis through routine, voluntary testing, and counseling.
- Provide appropriate referrals to participants for testing, counseling, and medical treatments as needed.
- Strongly encourage and support breastfeeding as the healthiest way to feed infants. Inform all participants that HIV-positive mothers should not breastfeed, and that HIV is more easily transmitted through breast milk during the period immediately following the onset of infection.

Suggested Procedures for Policy Implementation:

Providing Information to the WIC Participant

WIC staff should provide information on HIV-related issues with pregnancy and breastfeeding and document that the woman received counseling that recommends testing.

In the first prenatal nutrition education contact and during prenatal breastfeeding class, all women must be provided the following information (preferably verbally):

- ✓ The Colorado Department of Public Health and Environment and the Colorado WIC Program recommends HIV testing of all pregnant women.
- ✓ Women who test positive for HIV should receive treatment modalities which greatly reduce the risk of transmission to the fetus.
- ✓ Women should know their HIV status before deciding to breastfeed because of the risk of passing HIV through breast milk.
- ✓ Women who are HIV positive should not breastfeed.
- ✓ Participants can ask their health care provider to test them or they can go to other local testing sites.

Appropriate language to use at the initial visit might be:

"We recommend that all pregnant women be tested for HIV, the virus that causes AIDS. The reason for this is that medication can almost always prevent HIV-positive mothers from transmitting the virus to their babies."

If a woman reports she has been tested for HIV, but not during this pregnancy - recommend she talk with her health care provider about being screened.

Some suggested messages to use in breastfeeding sessions include:

"Breastfeeding is a wonderful way to feed a baby. At WIC we are really committed to helping women breastfeed. However, before I talk with you about some of the tremendous benefits of breastfeeding, I need to mention to you a few situations where breastfeeding is not recommended."

"Women who are HIV-positive should not breastfeed. Their breast milk may infect their baby with HIV, the virus that causes AIDS. We strongly encourage breastfeeding for all women who have tested HIV-negative."

"Remaining HIV-negative is important for breastfeeding women too because women who first become HIV-infected while they are breastfeeding are most likely to pass the virus to their baby in their breast milk."

“Women who use drugs or routinely drink heavy amounts of alcohol are advised not to breastfeed as these substances are transmitted into breast milk.”

To help review this information with the participant, staff may use the education materials listed below:

- ✓ Pamphlet: *“A Guide for a Healthy Pregnancy”* WIC #P01 (English) #P02 (Spanish)
- ✓ Pamphlet: *“Breastfeeding: Baby’s Best Start”* WIC #B01 (English) #B02 (Spanish)
- ✓ Pamphlet: *“Focus on You”* WIC #G36 (English) #G37 (Spanish)

The WIC Certification Program’s Level II Breastfeeding Module provides additional information on the contraindications to breastfeeding.

Making Referrals

WIC staff should provide information on local counseling and testing sites and make appropriate referrals to WIC participants. It is recommended that each local WIC agency work with their community programs (e.g., Planned Parenthood, local health departments, community health centers, and various non-profit organizations) to develop a resource list of community HIV Counseling and Testing Sites including fee and confidentiality information. Up-to-date services offered around Colorado are available in the AIDS Coalition for Education HIV/AIDS Directory (<http://www.directory.acecolorado.org/toc.aspx>).

Confidentiality

WIC staff must maintain confidentiality to ensure privacy during discussions regarding a participant’s HIV status. Individuals have the right to keep their HIV status confidential in most settings and do not have to answer the corresponding interview questions related to medical conditions. WIC staff will not know the HIV status of all participants. Furthermore, WIC staff should not ask participants their HIV status in order to make appropriate infant feeding recommendations nor to determine whether blood will be drawn to test hemoglobin. Staff must collect blood following the basis of “universal precautions.”

Staff Training

The purpose of staff training is to educate WIC staff and make the referral process clearer. It is not intended to prepare staff as HIV counselors. Resources include:

- ✓ HIV/AIDS information is incorporated in the [WIC Certification Program’s Level II Prenatal & Postpartum and Breastfeeding](#) modules.
- ✓ Local agencies are encouraged to link with community AIDS service organizations and health departments to obtain educational materials, training, speakers, and referral information.

Frequently asked questions . . .

Why is WIC a resource for HIV-positive women?

The WIC Program has an enormous potential to be a resource and referral link to reduce the possible transmission of HIV among the perinatal population. Women make up one of the fastest growing populations of being newly infected with HIV. Women who are disproportionately affected include low-income women, very young women, and Hispanic and African American women. No other single U.S. public health program reaches as large a percentage of pregnant women. Although U.S. deaths from AIDS have declined because medications help HIV-positive individuals live longer, the rates of new infections among women have not declined.

WIC Programs have established good rapport with participating women. Women who enroll in WIC and are not receiving medical care are introduced to prenatal care options. WIC staff members cover many points with pregnant women and can incorporate two additional points:

- Pregnant women know their HIV status to reduce the risk of an HIV-positive mother transmitting HIV to their unborn child (by starting the medication regime early); and
- HIV positive women avoid breastfeeding to reduce the risk of transmitting HIV to their newborn baby.

Why not leave it for primary care providers?

Physicians who follow CDC recommendations and discuss the issue with all pregnant women report little difficulty in securing the permission to test patients. Physicians should provide counseling before they order HIV testing. Some physicians consider this to be time consuming and do not do it routinely with all pregnant women in their care. Some physicians discuss HIV only with patients whom they perceive to be high risk. They may miss

people who are at risk. Women who have become HIV-infected via heterosexual sex with a man to whom they have been monogamous would have no “risk” to disclose. The most common route of HIV infection among U.S. women is heterosexual sex.

Is the risk worth routine advice?

Early diagnosis of HIV-positive status can greatly reduce the risk of transmission from an HIV-positive mother to her baby in utero, during delivery, and via breastfeeding. The risk can be reduced tremendously if HIV-positive mothers are identified and treated with drugs such as AZT and others. To lower the risk of transmission, women are given antiretroviral drugs, may deliver babies by cesarean, and should avoid breastfeeding.

Blood Lead Screening Information & Referral

Lead poisoning is a persistent, but entirely preventable, public health problem in the United States. Elevated blood lead levels (BLLs) at or above the reference value identified by the Centers for Disease Control and Prevention can adversely affect behavior, development, and intelligence. The current cut-off value is ≥ 5 micrograms (ug) per deciliter. Lead poisoning is most common in children, but can occur in other groups as well. Children remain at heightened risk because they absorb lead more readily than adults and their developing nervous system is particularly vulnerable to the effects of lead. Minority and poor children are disproportionately affected. WIC is an important partner in efforts to combat this serious, but preventable health risk.

To implement the provision in Public Law 106-387, included in the WIC Appropriations Act FY2001, local WIC Programs are required to:

- Ask if the child has had a blood lead screening test.
- If the child has not had a test, they must be referred (at each certification/midcert/recertification) to programs where they can obtain such a test. Once a lead test has been performed, referral is no longer required.

The blood screen within the Assessment panel is where staff record if a child has received a blood lead screening test. If a child has not been tested, a referral for testing should be made to a local program and documented in the child’s education record. Agencies should maintain a list of local referral sources. In Colorado, lead testing is covered by Medicaid and the Child Health Plan Plus (CHP+). Additionally, most private insurance providers will cover the cost of the testing when the test is ordered by a physician. Some local health departments may also provide lead testing.

The WIC Program can further help individuals exposed to lead by:

- Referring them to lead treatment programs.
- Providing supplemental foods high in iron and calcium which help alleviate the effects of elevated blood lead levels.
- Emphasizing the importance of diet in treatment of lead exposure and assisting in developing an appropriate plan for nutrition intervention.
- Providing information on how to reduce exposure to lead.

Public Law 106-387 does not allow WIC funds to be used to conduct blood lead screening tests. A hematological test for anemia, such as a hemoglobin or hematocrit, is the only laboratory test required to determine a person’s eligibility for WIC. It is therefore, the only cost that may be charged to WIC.

Immunization Screening, Information, and Referral

Low-income children are less likely to be immunized than their higher-income counterparts, placing them at high risk for potentially serious diseases, such as diphtheria, pertussis, poliomyelitis, measles, mumps, and rubella. WIC staff members play a significant role in helping to improve the immunization rates for low-income infants and children by assessing immunization records, educating participants on the importance of immunizations and by making referrals as necessary to bring immunizations up-to-date.

Colorado WIC policy requires local WIC agencies to do the following:

- Ask caregivers of infants and children under 25 months of age to bring immunization records to all certification/recertification visits and to the infant’s mid-certification check. Note: If the record is available in the Colorado Immunization Information System (CIIS), agencies with access to CIIS may access electronic records in lieu of obtaining the immunization information from the caregiver.

- Assess immunization records for infants and children less than 25 months of age for recommended DTaP shots.
- Provide information on the immunization schedule and refer caregivers to obtain immunizations if the infant or child's immunizations are not up-to-date or the immunization record is not available.
- Continue to ask the immunization status of children 25 months of age and older and make referrals as necessary.

Required Immunization Screening

- When scheduling a certification/recertification/mid-certification visit for an infant or child under 25 months of age, the caregiver must be asked to bring the child's immunization record to the scheduled visit. The importance of assessing a child's record to make sure immunizations are up-to-date should be explained to the caregiver, however, the caregiver must also be assured that immunization records are not required to receive WIC benefits.
- At the certification/recertification/mid-certification visit of an infant or child under 25 months of age, WIC staff must ask to see the immunization record, or view it on CIIS. The infant/child's immunization record is evaluated for the appropriate number of doses of DTaP (diphtheria, tetanus and acellular pertussis) in relation to their age. The following table should be used for comparison:
 - ✓ 1st DTaP is at 2 months of age
 - ✓ 2nd DTaP is at 4 months of age
 - ✓ 3rd DTaP is at 6 months of age
 - ✓ 4th DTaP is between 15 and 18 months of age
- Acceptable immunization records include any hand-written, typed, or electronic forms from a reliable source. Reliable sources include physicians (or others with prescriptive authority), HMOs, hospitals, schools, local community nursing service, health departments and immunization registries, including CIIS. Other sources may be used when their reliability can be established by the local agency. Immunization records may be from any state or country.
- If immunization documentation for an infant or child less than 25 months of age is not brought to the WIC certification/recertification/mid-certification visits, or obtained from CIIS, the caregiver should be encouraged to bring the immunization record to the next recertification visit. The WIC clinic must also provide the parent with information on the recommended immunization schedule and make a referral to an immunization provider, ideally the child's usual source for medical care.
- Immunizations records for children 25 months of age and older are not required. WIC staff should continue to ask the caregiver if the child is up-to-date on their immunizations.
- If the infant/child is under-immunized, information is to be provided on the recommended immunization schedule. A referral should be made to where immunizations may be received, ideally the child's usual source for medical care. Clinics are encouraged to have written referral sheets available with locations and times when immunizations are available. A referral sheet may not be necessary for smaller agencies that provide immunizations on site, on an as needed basis.
- The number of DTaP shots received must be entered into Compass, and Compass will assess, based on the infant's age, whether his/her immunization status is up to date, or he/she needs additional shots.
- WIC funds, including staff time, may not be used to provide immunizations for WIC participants. The purchase of vaccines and delivery of immunizations to WIC participants are not allowable WIC costs.

Enhanced Screening

While requirements for immunization screening and referral are described above, a local WIC agency may voluntarily provide more comprehensive immunization screening:

- WIC staff may assess the entire immunization record for infants/children less than 25 months of age rather than only using DTaP shots. Recording of immunization status in Compass, however, must be done as indicated for the minimal screening policy (for the purposes of Compass, only DTaP shots should be used in determining if the participant is up-to-date).
- WIC staff may review the immunization records of children 25 months of age or older. A local WIC agency may set a policy to ask caregivers to bring immunization records to all WIC visits.

Should a local WIC agency choose to enact an enhanced immunization screening policy, the policy must be consistently applied. **Under no circumstances may WIC benefits be withheld or delayed because the endorser/participant does not comply with local agency immunization policy.**

Confidentiality

A current Memorandum of Understanding between CDPHE's Prevention Services Division and the Disease Control and Environmental Epidemiology Division (DCEED). This Memorandum allows the sharing of individual WIC participants' information with DCEED and the CIIS interface with local agency WIC staff.

Voter Registration Information and Referral

National Voter Registration Act and requirements

The National Voter Registration Act (NVRA) of 1993 is a federal civil rights law that requires public assistance agencies to offer voter registration services to all persons applying for benefits, recertifying or renewing their eligibility, or whenever a client changes an address. As such, the law requires that voter registration services are provided at all WIC agencies throughout the state. At a minimum, the following services are required to be made available to Program applicants who are not already registered to vote:

- Distribution of mail voter registration application forms.
- Assistance to applicants in completing agency voter registration application forms (unless the applicant refuses such assistance).
- Acceptance of completed agency voter registration application forms for transmittal to the appropriate county clerk and recorder within 5 days.

At every certification, recertification and change of address, WIC staff members are required to ask all endorsers and adult participants, "If you are not already registered to vote where you live now, would you like to apply to register to vote here today?"

Voter Choice Form

All persons who are not already registered to vote (including those who are ineligible to vote due to age or citizenship) must be asked to fill out a Voter Choice Form, whether or not they also fill out a voter registration application. Clients should check the appropriate box and then sign and date the form. If, for whatever reason the client refuses to do so, staff should initial the form and date it. Voter Choice Forms, even if left blank by the client, should be kept by the agency for 24 months. Forms should be kept in a central file, i.e., not in the participant's chart or transmitted to the county clerk and recorder's office.

Voter Registration Application

If the client wishes to register to vote, in addition to completing the Voter Choice Form, staff must provide an Agency-Based Voter Registration Application (NVRA-1) form and instruct applicants to fill out all required information.

Assistance with Forms

Agencies are required to offer each applicant with the same degree of assistance in completing the voter registration form as is provided in completing Program forms, unless the applicant refuses such assistance. Assistance includes reviewing voter registration application to assure they are filled out completely, and providing bilingual assistance when necessary.

Confidentiality

Any person who provides services at a voter registration agency must ensure that the following information is not disclosed to the public:

- Information relating to a declination to register to vote.
- The identity of the voter registration agency through which any particular voter is registered.

Prohibitions

The NVRA further stipulates that any person who provides voter registration services must not:

- Seek to influence an applicant's political preference or party registration.
- Display any political preference or party allegiance.
- Make any statement to an applicant or take any action, the purpose or effect of which is to discourage the applicant from registering to vote.
- Make any statement to an applicant or take any action, the purpose or effect of which is to lead the applicant to believe that a decision to register or not to register has any bearing on the availability of services or benefits.

Tracking of Voter Registration Activities

Voter registration information tracked in Compass is tallied by the State WIC office and reported to the Secretary of State's office. No separate reporting by local WIC agencies is required.

Ordering Voter Registration Forms and Posters

Voter registration forms and Voter Choice forms, can be ordered from:

<http://www.sos.state.co.us/ccorner/NVRAAgencyOrderForms.do>

Forms should not be downloaded from the website. The green color-coded voter registration forms available from the secretary of state's office identifies that the forms came from an NVRA agency and tracks compliance of the NVRA law. Posters informing the public that voter registration services are available may be downloaded from the Secretary of State's website. Please direct any questions to the secretary of state's office at nvra@sos.state.co.us

Voter Registration Training

The Secretary of State's office is responsible for training local staff and providing voter registration forms. Questions regarding voter registration should be directed to the Secretary of State's office at nvra@sos.state.co.us

An optional on-line training for staff is available at:

<https://cosos.learnercommunity.com/Account/login/Secure>

The NVRA agency information web page dedicated to helping agencies ensure compliance is available at:

<http://www.sos.state.co.us/pubs/elections/NVRA/NVRAHome.html>