

Module G:

NUTRITION AND HEALTH REFERRALS

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NUTRITION AND HEALTH REFERRALS OVERVIEW

Introduction

This module will show you how to make effective referrals to WIC participants and help you to understand the importance of community outreach.

Learning Objectives

After completing this module the Trainee will be able to:

- Assess a participant's need for referral(s).
 - Identify sources of information indicating a referral need.
 - Prioritize referrals.
 - Identify key elements of an effective referral.
 - Identify the local resources available to WIC participants.
 - Help the participant problem solve when there is no referral agency to meet their specific needs.
 - Identify barriers affecting a participant's ability to follow through with a referral and methods to address these barriers.
 - Explain how to document referrals.
 - List the mandatory referrals given to WIC participants and when they should be given.
 - Describe the services provided by and the general application guidelines for CalFresh, CalWORKS/TANF, Medi-Cal, Child Health and Disability Prevention (CHDP), and Healthy Families programs.
 - Explain why community outreach efforts are important to WIC.
 - Identify what types of organizations should be contacted for outreach.
 - Explain the purpose and use of an outreach log.
-

REFERRALS

Definition

Referrals are offered to families as part of the basic services provided by WIC, in addition to Food Instruments, Nutrition and Health Education, and Breastfeeding Support.

Making a referral is an action taken when a participant has a need for services not provided by WIC. Making a referral identifies community services which may help them meet those needs.

Why Are Referrals Needed?

WIC participants may have non-nutrition-related problems or needs, such as finding housing or employment. Making referrals is how WIC helps participants resolve these problems or needs.

By providing participants with the help they need, you increase the possibility their quality of life will improve.

THE REFERRAL PROCESS

Referral Procedures

Most WIC agencies have established procedures for making a referral. Your agency will probably have procedures similar to the process described below.

7-Step Process

Making referrals is a 7-step process. The steps are:

1. Assessment
2. Prioritization
3. Selection
4. Preparation
5. Informing
6. Follow-up
7. Maintenance

Each of the referral steps will be described in detail and summarized in the next pages.

STEP 1: ASSESSMENT

Definition

Assessment is identifying a participant's needs.

Types of Needs

There are several types of participant needs. They are:

- Basic
 - Legal/Public Safety
 - Education/Employment
 - Family Issues
 - Health Care
 - Mental Health
-

Identifying the Help Needed

The first step in making referrals is to identify the kind of help the participant needs. You will do this by using information gathered from:

- Forms (such as nutrition questionnaires)
 - Needs and concerns mentioned by the participant/parent/guardian
 - Interviews with the participant/parent/guardian
 - Observations of the participant/parent/guardian or family members
-

Getting Information from Forms

WIC has several forms to can help you identify a participant's needs and concerns. Information about a participant can be found in:

- WIC application forms
 - WIC referral forms
 - Nutrition questionnaires
 - Supplemental questions in WIC MIS
-

Chart

The following chart lists some possible sources of obtaining participant information and identifying language. Check with your mentor or supervisor for additional forms your agency uses.

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STEP 1: ASSESSMENT *(continued)***Identifying Participant Needs**

Source	Check the following
WIC Application Form	<ul style="list-style-type: none"> • Income • Family size • Age and gender of children • Other services family receives • Housing situation
WIC Referral Form	<ul style="list-style-type: none"> • Height and weight • Hematocrit/hemoglobin • Medical information from provider
Nutrition Questionnaire	<ul style="list-style-type: none"> • Variety of foods eaten • Quantity and frequency of food intake • Preparation of foods • Whether any supplements are used • If there are medical risks • Food security
WIC Supplemental Questions in WIC MIS	<ul style="list-style-type: none"> • Medical risks • Pregnancy history • Family issues • Alcohol use • Drug use
WIC MIS	<ul style="list-style-type: none"> • Overall growth pattern • Sudden weight loss or gain • Weight to height ratio • Risk codes • Referral history • Previous comments or notes
Interviews	<ul style="list-style-type: none"> • Dietary habits • Medical history • Children's immunization history • Family planning practices • Family issues • Services family receives
Observations	<ul style="list-style-type: none"> • Parent and child interactions • Appearance (poor hygiene) • Behaviors • Body language • Tone of voice

STEP 2: PRIORITIZATION

Several Needs	<p>A participant often has several needs.</p> <p>These needs may change over time. The participant may have resolved issues previously identified at an appointment but there may be new issues.</p>
Prioritization	<p>Prioritization is helping the participant identify their most “pressing” need and dealing with this first.</p>
Participant Makes the Decision	<p>A participant may not prioritize their needs the same way you would. You can make suggestions and provide guidance, but the participant makes the final decision.</p>
How to Prioritize	<p>Generally, needs can be prioritized in the following order:</p> <ol style="list-style-type: none">1. Emergencies2. Basic needs3. Other needs
Emergencies	<p>Emergency needs include:</p> <ul style="list-style-type: none">• Life threatening situations• Child abuse• Family violence• Disaster services• Public safety• Sexual assault• Suicide prevention <p>You may need to call 9-1-1 for these situations. Check with your agency to identify the services available in your community.</p>
Basic Needs	<p>There are basic needs required to live. Basic needs include:</p> <ul style="list-style-type: none">• Money• Food• Housing• Transportation• Utilities (such as electricity and water)
Other Needs	<p>Other needs are those not considered as emergencies or basic needs.</p> <p>Medical care and childcare are examples of “Other Needs”.</p>

STEP 3: SELECTION

Identifying Local Community Resources

Once the participant has identified and prioritized their need(s), you will identify the relevant community resource(s).

You will need to be familiar with the local resources in your area to select the agency best suited to meet those needs.

To learn more about the resources in your community see the *Mandatory Referrals* and *Local Referrals* sections in this module.

STEP 4: PREPARATION

Definition

Preparing for a referral is helping the participant:

- Understand the importance of the referral.
 - Deal with her/his feelings about getting help.
-

Understanding the Importance of a Referral

The participant may not always know what help is available. It is important for you explain how a referral can help.

Dealing with the Participant's Feelings

Asking for help is often one of the most difficult things a person has to do.

Participants often have feelings preventing them from asking for help.

Some common feelings include:

- Shame
- Fear
- Sense of powerlessness
- Distrust

Cultural beliefs may greatly influence how a participant views asking for help.

Use listening skills (See Task IV in WNA Training Manual) to identify what the participant is feeling.

Establish Trust

The participant will need to feel they can trust you before accepting a referral. You can show a positive regard for and genuine interest in the participant by restating the participant's comments and feelings.

STEP 5: INFORMING

Referral Procedures

Most agencies have established procedures for giving participants referral information. Your agency will probably have procedures similar to the one described below.

Agency Information

When making a referral, you will give the participant **general** information such as:

- Name of the agency
- Phone number
- Address

You will also give **specific** information about the agency's services such as:

- Description of services provided
 - Service hours open
 - Fees
 - Language(s) spoken
 - Eligibility
 - Application process
-

STEP 6: FOLLOW-UP

Participant Makes the Decision

Once you have given the participant the agency name, phone number and any other important information, it is up to the participant to contact the agency.

Each participant does what they feels most comfortable doing. Not every participant will contact the referral agency.

Outcome of the Referral

Your agency will want to know the outcome of referrals. Check out how it handles follow-up on referrals.

Your agency may follow-up at the participant's next appointment. At this appointment, staff may ask the participant whether they used the referral service.

If the participant used the service:

- Give positive feedback, such as, *"It took a lot of courage; I am glad you were able to follow up with the recommendation."*
- Check to see how things went. Ask a question such as, *"How did things go for you?"*

If the participant did not use the service:

- Check to see why they did not use the service. Ask a question such as, *"Tell me more about why you did not use the service."*

Barriers

There are several reasons why a participant may not follow through with a referral. These reasons include:

- Fear
- Embarrassment
- Not enough time
- Lack of transportation
- Lack of child care
- Language barriers
- Cultural background
- Lack of money

Addressing Barriers

To make effective referrals you will need to:

- Address any barriers affecting their ability to follow through with it.
- Use good listening skills. Ask the participant how they plan to use the referral.
- Allow to the participant to identify barriers preventing the use.
- Guide the participant so they resolve their problem.

Suggestions to Address Barriers

The chart on the next page gives some suggestions on how to address some of the barriers.

STEP 6: FOLLOW-UP *(continued)***Addressing Barriers**

Barrier	Suggestion
Fear	Let the participant know many people are afraid to ask for help.
Embarrassment	It is okay to need help sometimes. Many WIC participants have been referred for this service and referrals are confidential.
Not Enough Time	If the participant says they are too busy, check to see if the referral is truly a priority. If not, reprioritize. If so, problem solve with the participant.
Lack of Transportation	Offer information on public transportation assistance or make a referral to an agency providing transportation assistance.
Lack Of Child Care	Inform the participant about agencies providing childcare. Problem solve when needed.
Language Barriers	Ensure the referral can provide services in the participant's primary language. If not, remember to tell the participant.
Cultural Background	Ensure the referral agency is sensitive to the needs of people from various cultures.
Money	Tell the participant if the referral agency charges a fee.

STEP 7: MAINTENANCE

Maintaining the Referral Base

Maintaining an agency's referral base involves checking if the agency:

- Is still in business.
- Has changed its services.
- Has changed any of its referral information, such as address, phone number(s), or contact person(s).
- Provides quality services.

Your agency probably updates referral information regularly.

New Agencies

New agencies may open up in your area. Your agency will need to determine:

- What services the new agency provides.
- If the agency's services may be useful to WIC participants.
- If the agency is sensitive to the needs of WIC participants.
- If the agency will be able to handle referrals from the WIC program.

Only make a referral to a new agency once it has been decided to use them for referrals.

You may get information about new agencies from:

- Coworkers or another WIC agency.
 - Other community agencies.
 - Community meetings.
 - The media.
 - Local newsletters.
 - Local telephone assistance.
-

SUMMARY OF THE 7-STEP REFERRAL PROCESS

Step & Description	Example
<p>1. Assessment Identifying what kind of help the participant needs.</p>	<p><i>Maria Garcia says she wants help with her English and her husband has not been sending child support payments.</i></p>
<p>2. Prioritization Identifying what the participant's most "pressing" need is.</p>	<p><i>Not getting child support has been very hard on Maria. She tells you learning English is not as important right now.</i></p>
<p>3. Selection Identifying the community resource which may help meet the participant's need.</p>	<p><i>The local District Attorney's office and child support enforcement service may be able to help Maria.</i></p>
<p>4. Preparation Getting the participant ready for the referral by helping them deal with the feelings about asking for help.</p>	<p><i>Maria is worried about what her friends and family will think if she asks for help. The WIC staff person tells her there are many participants have similar worries.</i></p>
<p>5. Informing Giving the participant the name of the agency and information about the agency.</p>	<p><i>The WIC staff person gives Maria a flyer from Positive Collections, a local child support enforcement agency, and tells her about its services.</i></p>
<p>6. Follow-Up Check in with the participant, referral agency, and/or other staff to determine whether the participant used the service and the outcome of the referral.</p>	<p><i>At Maria's next appointment, staff will ask her how things went with Positive Collections.</i></p>
<p>7. Maintenance Checking to see if the agency is still in business, if there are any changes in its services, and checking on the quality of the agency's services.</p>	<p><i>Every 6 months staff calls Positive Collections to ask if their services are the same. Staff will provide updates on referral agencies at monthly meetings.</i></p>

Learning Activity 1

To help you learn more about the referral process, you may want to try **Learning Activity 1** found at the end of this module.

MANDATORY REFERRALS

Definition

Mandatory referrals are those required by the California WIC Program.

Requirements

A local agency shall provide each participant/ applicant written information on the following programs:

- Temporary Aid to Needy Families (TANF)/CalWORKS.
- CalFresh and other food assistance programs
- Medi-Cal.
- Child Support Enforcement Programs.
- Substance abuse programs, including smoking cessation programs.
- Child Health and Disability Prevention (CHDP) Program.

When appropriate, the agency shall refer applicants/participants to these programs.

Documentation of the referral(s) can be made on the WIC MIS Referral screen during initial and subsequent certifications.

Written Referrals

A written referral is a pamphlet, flyer, or other document given to the participant.

For example, your agency may be using the WIC Program pamphlet, *“Referrals – How Can We Help?”*

Chart of Mandatory Referrals

The chart on the following page gives details of the WIC Program’s referral requirements for each of the programs.

Program Descriptions

Descriptions of the TANF/CalWORKS, CalFresh, Medi-Cal, CHDP, and Healthy Families programs are provided following the chart of *Referral Requirements*.

Be aware program descriptions, eligibility requirements and application guidelines are subject to change.

continued on next page

MANDATORY REFERRALS *(continued)***Referral Requirements**

Program	Requirement- <i>The Local Agency shall:</i>
TANF/CalWORKS (Temporary Assistance for Needy Families)	<ul style="list-style-type: none"> • Provide written information to each adult applying for themselves and/or for others at initial and subsequent certifications.
CalFresh	<ul style="list-style-type: none"> • Provide written information to each adult applying for themselves and/or for others at initial and subsequent certifications.
Medi-Cal or Covered California	<ul style="list-style-type: none"> • Refer all applicants/participants except those who already receive Medi-Cal or whose family income is above applicable maximum. • Provide written information to each adult applying and reapplying for themselves and/or for others at initial and subsequent certifications.
Child Support Enforcement	<ul style="list-style-type: none"> • Provide written information to each adult applying for themselves and/or for others at initial and subsequent certifications.
Other Food Assistance Programs	<ul style="list-style-type: none"> • Provide information to each adult applying for themselves and/or for others when they cannot be served by the WIC agency due to caseload or priority.
Substance Abuse	<ul style="list-style-type: none"> • Refer participants to appropriate counseling and treatment for the abuse of alcohol, nicotine, street drugs, prescription medications, and/or over-the-counter drugs and medications. • Provide a list of local resources for substance abuse counseling and treatment at initial and subsequent certifications.
CHDP (Child Health and Disability Prevention Program)	<ul style="list-style-type: none"> • Refer infants and children if they are not receiving wellness care check-ups from CHDP. • Provide written information to each parent or caretaker applying for an infant or child at initial and subsequent certifications.

TANF/CALWORKS

Program Description

The Temporary Aid to Needy Families (TANF) Program is the federal program providing money to eligible families until they are able to support themselves. (The program used to be called the “Aid to Families with Dependent Children (AFDC) Program” and “Welfare.”)

In California, the program is called the “California Work Opportunity and Responsibility to Kids” or “CalWORKs” Program.

Eligibility

To be eligible for CalWORKs applicants must be residents of California and plan to stay in California.

A family is eligible for CalWORKs if:

- Gross family income is below TANF guidelines for family size OR
- One or both parents are absent from the home, unemployed, disabled, or deceased.

To receive CalWORKs benefits, a person must also:

- Have a child/children under age 19 (if a child is 18, they must be in high school or be in training full-time and expect to graduate by their 19th birthday) OR
- Be pregnant.

Children who are U.S. citizens or eligible aliens can get CalWORKs benefits if they meet eligibility guidelines even if their parents are not eligible.

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TANF/CALWORKS *(continued)*

Application Guidelines

People may apply for TANF/CalWORKs at any assistance office located in the county where they live.

Families requesting assistance must complete an application form. Applicants are interviewed to determine eligibility. Applicants must provide the County with:

- Proof of income and property.
- Citizenship status.
- Age.
- Social security number.
- Residence.
- Shelter costs.
- Work or school status.

Adult family members must also be fingerprinted and have their photo taken.

If the family is eligible it will receive monthly checks from the County Health and Human Services Department until the family is no longer eligible.

A family can ask for immediate help if they have little or no cash and need emergency housing, food, utilities, clothing or medical care.

CALFRESH

Program Description

CalFresh, previously known as the Food Stamp program, is a federal program providing low-income households with monthly food benefits issued on an Electronic Benefits Transfer (EBT) card.

People can use their EBT card at any food store and at authorized farmers' markets. It can be used to buy:

- Food and
- Plants and seeds (*so people can grow their own food*).

People **cannot** buy:

- Alcohol or tobacco products.
- Precooked meals.
- Vitamins or medicines.
- Pet foods.
- Paper supplies.
- Soap.

The benefit amount a household receives is based on the number of people in the household and on their monthly income.

Eligibility

If a person receives CalWORKS they are eligible for CalFresh. People may also qualify if they:

- Work for low wages.
- Are unemployed or work part-time.
- Receive other assistance.
- Are elderly or disabled and live on low income.

A WIC participant may get CalFresh benefits. Eligible people can have both WIC and CalFresh.

Application Guidelines

People may apply for CalFresh at a County Health and Human Services Department. The applicant will be asked to show:

- Pay stubs.
- Rent or mortgage payments.
- Utility bills.
- Child- or elder-care bills.
- Child-support orders.

If eligible, the person will receive an EBT card with a monthly allotment. The monthly allotment is dependent on the size of the household.

MEDI-CAL

Program Description

Medi-Cal is California's Medicaid program. Medi-Cal provides health care coverage for low-income families. It is also available to people with private health insurance.

Eligibility

To be eligible for Medi-Cal a person must be physically present and living in California with the intention of remaining permanently or for an indefinite time in California.

People are **automatically eligible** for Medi-Cal if they are on:

- Social Security Income (SSI)/State Supplemental Payment (SSP)
OR
- CalWORKs

The following people are also potentially eligible:

- Eligible refugees during the first 8 months after their arrival in the United States.
- "Medically needy" people who are 65 years or older, blind, disabled, or families meeting the deprivation requirements of CalWORKs who cannot pay for health care and are not receiving financial assistance.
- "Medically indigent" people who are not eligible as "medically needy" and are under 21 years of age, 21-64 years old and reside in a skilled nursing facility, or pregnant.

Special Medi-Cal programs may cover certain individuals for full or restricted benefits if they meet other eligibility requirements.

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MEDI-CAL *(continued)*

Medi-Cal Coverage

Medi-Cal provides two levels of coverage.

- Full-scope Medi-Cal coverage provides the full range of necessary medical care including doctors, hospitals, drugs, dental services and eyeglasses.
 - *Emergency services only or restricted benefits* provide only the specific services indicated on their card. Many WIC participants receive *emergency services only* for their pregnancy.
-

Geographic Managed Care

Some counties participate in the state Geographic Managed Care (GMC) Program. Residents in these counties are eligible for full-scope Medi-Cal coverage but must enroll in a managed care health plan and dental plan.

Application Guidelines

A person may apply for Medi-Cal by:

- Going to a County Health and Human Services Department office.
 - Meeting with an eligibility worker outsourced at a clinic or community-based organization.
 - Mailing in an application.
-

Application Guidelines

The application process may vary by county. The following describes the basic application process:

1. The applicant meets with a county eligibility worker or mails in the application.
 2. The applicant completes several forms and provides documentation such as proof of household address and income.
 3. The eligibility worker determines if the applicant is eligible for Medi-Cal.
 4. The county Medi-Cal office notifies the applicant of their enrollment status (“enrolled” or “declined”) within 45 days of the application.
-

CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM

Program Description

The Child Health and Disability Prevention (CHDP) Program is a preventive health program for children and youth. CHDP provides the following free services.

- Medical exams
 - Nutritional assessments
 - Immunizations
 - Vision and hearing testing
 - Tuberculin skin testing
 - Laboratory tests
 - Health education
 - Dental care
 - Assistance in accessing health services
-

Eligibility

The following children and youth are eligible for CHDP:

- Medi-Cal recipients, including those enrolled in Medi-Cal Managed Care plans, from birth to age 21.
 - Non-Medi-Cal eligible children and youth from birth to age 19 from families with income equal to or less than 200% of the federal income guidelines.
 - Children in Head Start and State-sponsored preschool programs.
-

Application Guidelines

People may apply for CHDP through their local health department.

REPORTING CHILD ABUSE

Reporting is Mandatory

While assessing a participant's needs, you may get information causing you to suspect a child has been abused or neglected. If so, you must report the information to **Child Protective Services (CPS)**.

Unlike other information a participant might share with you, **child abuse information must be reported.**

Check with your supervisor or mentor to get a copy of your agency's procedures on child abuse reporting.

DOCUMENTING REFERRALS

Required Documentation

Agencies shall document referrals in WIC MIS on the Referral Screen or in the Individual Nutrition Education Plan.

Some agencies may require a written referral from WIC.

LOCAL RESOURCES

Definition

Local resources are the agencies or services people in a community use to get help.

Finding Resources

You may find local resources

- In the “Community Services” section of your local phone book.
- In a local community resource/referral book.
- In your agency referral book.
- By using the Internet.
- By phoning a local helpline, such as 2-1-1. (See following page.)
- California 2-1-1 on Internet

Check with your agency to learn the resource(s) your agency uses for finding referrals.

If your agency uses the Internet to find referrals be mindful some website information may NOT be current.

Common Needs

The common needs/problems of WIC participants and the referral resources may help can be broken down into six categories.

1. Basic needs
 2. Education/Employment
 3. Family issues
 4. Health Care
 5. Legal/Public safety
 6. Mental Health
-

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LOCAL RESOURCES *(continued)*

Telephone Help Lines and 2-1-1

Local referral resources can be accessed by phone, depending on what is available in your area. A nationwide help line number is **2-1-1** and it is available in many metropolitan areas in California. Dial 2-1-1 as you would 9-1-1 and 4-1-1. This free number provides community health and human resources, often 24 hours a day. If experiencing problems with a cell phone, use a land line phone.

You can use the 2-1-1 help line in the following two ways.

- Call the 2-1-1 yourself to get a listing of possible referrals and give list to the participant.
- Refer the participant to the 2-1-1 help line number and let them dial direct.

An advantage of the 2-1-1 help line or other local help lines is the sponsoring agency maintains the referral base regularly. Usually the referral information is up to date and new agencies are included in their data base.

Learning Activity 2

To help you learn more about how your agency makes referrals, you may want to try **Learning Activity 2** found at the end of this module.

Learning Activity 3

To help you locate and identify a referral(s) for each of the case studies presented, you may want to try **Learning Activity 3** found at the end of this module.

Learning Activity 4

To help understand how your agency makes referrals, you may want to try **Learning Activity 4** found at the end of this module which uses role play to provide practice.

COMMUNITY OUTREACH

Definition

Community outreach is increasing community awareness and knowledge of WIC services by distributing WIC information to:

- The public.
 - Community agencies.
 - Service providers.
-

Purpose

The purpose of outreach is to bring applicants to WIC.

Requirement

Local WIC agencies are required to conduct outreach to establish and maintain contacts with community organizations. Outreach should target organizations who serve:

- Low-income pregnant, breastfeeding, and postpartum women.
- Low-income infants or children, especially foster children.
- Homeless individuals.
- Migrant farm workers. (If the agency is located in an agricultural area.)

Local agencies are required to contact the following organizations at least annually.

- Health and medical organizations
 - Hospitals and clinics (including migrant health clinics)
 - Welfare offices
 - Social service agencies and offices
 - Homeless facilities and institutions
 - Foster care agencies
 - Protective service agencies
-

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COMMUNITY OUTREACH *(continued)*

Importance

Ongoing community outreach is important to WIC. Community outreach:

- Directs potential participants to apply for WIC.
 - Increases community awareness about WIC services.
 - Keeps the community up-to-date on changes in WIC services.
 - Increase and maintains WIC referrals made by community agencies and/or service providers.
-

Outreach Activities

Outreach activities may include the following.

- Giving a presentation about WIC services to a community agency.
 - Talking about WIC with a community member.
 - Distributing information at community events.
 - Mailing a brochure/flyer which describes WIC services to local community programs to serve low-income people.
 - Displaying WIC posters in the waiting rooms of medical providers.
 - Developing and giving a public service announcement (PSA) to a radio or television station.
 - Arranging to have WIC information displayed on bus benches, billboards, and grocery bags.
 - Placing advertisements about WIC services in a local ethnic/cultural newspaper.
 - Distributing WIC promotional items at health fairs or community events. (such as mugs or bibs with the WIC logo and your agency's name and phone number)
-

OUTREACH LOG

Requirement

Local agencies are required to document outreach contacts in an outreach log.

Outreach Log

The outreach log should include the following:

- Date of contact.
- Name of coworker making contact.
- Name, address, and telephone number of the organization contacted.
- Type of contact. (for example, “telephone contact”, “visit”, “correspondence”, “posters”, “newsletter”, etc.)
- Purpose of contact. (for example, “to request referrals”, “to provide information”, “public service announcement”, etc.)
- Materials provided.
- Outcome.

Your Agency’s Outreach Log

Ask your supervisor or mentor to show you your agency’s outlook log. See how it compares to the sample outreach log below.

Sample Outreach Log

Date & Staff Person	Contact Person/ Organization	Type of Contact	Purpose of Contact	Outcome
02/01/00 Sandi Wilson	Alice Caring Public Service Agency (PSA) 123 Service Avenue Our Town, CA 99999 (999) 888-7777	Presentation	Inform PSA staff of WIC services	<ul style="list-style-type: none"> • Distributed Information Kits & referral forms • Set up block of appointments for PSA clients
03/01/00 Rosa Garcia	Robert Jones Family Services Unit County Health Dept. 321 Health Street Our Town, CA 99999 (999) 888-6666	Letter	Establish relationship with new director	<ul style="list-style-type: none"> • Invitation to present at Family Services Unit’s next monthly staff meeting

PROGRESS CHECK

1. Match the step of the referral process to its description.

<u>STEP</u>	<u>DESCRIPTION</u>
_____ Assessment	(A) Helping the participant identify their most “pressing” need(s)
_____ Prioritization	(B) Helping the participant understand the importance of the referral and deal with feelings about getting help
_____ Selection	(C) Identifying what resources may be able to help the participant
_____ Preparation	(D) Finding out if the participant used the services of the referral agency
_____ Informing	(E) Regularly checking if the agency is still in business, has changed its services, and provides quality services
_____ Follow-Up	(F) Giving general and specific information about an agency
_____ Maintenance	(G) Identifying the needs of the participant

2. Put a check mark (✓) next to the appropriate activities to help you identify a participant’s needs.

- _____ Reviewing forms filled out by the participant
- _____ Listening to the participant describe their life
- _____ Observing the participant’s interaction with others
- _____ Calling the participant’s home and asking other family members if there are any problems

PROGRESS CHECK *(continued)*

3. Identify the following needs as “E” for **Emergency**, “B” for **Basic**, and “O” for “**Other**”.

____ Boyfriend is violent.

____ Participant does not own a car.

____ The participant wants to get GED.

____ Has teenage daughter who is doing poorly in school.

____ Participant’s electricity has been turned off.

4. Prioritize the following participant’s needs as “1”, “2”, or “3”, with “1” being the most important.

____ Participant will be evicted from apartment in two days

____ Participant has suicidal feelings

____ The participant’s children are not current with their immunizations

5. Participants often have feelings preventing them from asking for help. Name two ‘feelings’ a participant may have about asking for help.

6. Put a check mark (✓) next to the reasons why a participant may not follow through with a referral.

____ Fear

____ Not enough time

____ Participant could not afford agency’s fees

____ Participant was denied services because agency does not serve WIC participants

____ Agency did not provide services in the participant’s primary language

PROGRESS CHECK *(continued)*

7. Put a check mark (✓) next to all referrals required by the WIC Program.

_____ Child, Health and Disability Prevention (CHDP) Program

_____ CalFresh

_____ Career counseling services

_____ Medi-Cal

_____ CalWORKS/TANF

_____ Substance abuse programs

_____ Child support enforcement programs

_____ Family planning services

8. Match each of the programs to its description.

<u>PROGRAM</u>	<u>DESCRIPTION</u>
_____ CalWORKS/TANF	(A) A health program providing free health exams to children and youth.
_____ CHDP	(B) A welfare program providing financial assistance to families.
_____ Medi-Cal	(C) A food assistance program.
_____ CalFresh	(D) A program paying for the medical care of low-income people.

PROGRESS CHECK *(continued)*

9. Put a check mark (✓) next to the resources useful for finding a referral agency.

- Local telephone book
- Local help line or 2-1-1
- WIC Program Manual
- Local community resource/referral book
- Local agency referral book
- Internet

10. For each of the problems listed below match it to the general area of need.

<u>PROBLEM / NEED</u>	<u>AREA OF NEED</u>
<input type="checkbox"/> Unable to read	(A) Basic Need
<input type="checkbox"/> Homeless	(B) Education/Employment
<input type="checkbox"/> Person is HIV-infected	(C) Family Issues
<input type="checkbox"/> Person is feeling suicidal	(D) Health Care
<input type="checkbox"/> Person is a refugee wanting citizenship information	(E) Legal/Public Safety
<input type="checkbox"/> Person's child was placed in foster care	(F) Mental Health

PROGRESS CHECK *(continued)*

11. Mark the following as “TRUE” or “FALSE”.

- _____ Community outreach is increasing community awareness and knowledge of WIC services by distributing WIC information to the public, community agencies, and service providers.
- _____ Local agencies are not required to conduct outreach because the State WIC Program handles all outreach for California.
- _____ Outreach does not get potential participants to apply for WIC.
- _____ Outreach helps increase or maintains WIC referrals made by community organizations.

12. Fill in the outreach log below using the following information:

On October 12, 2015, coworker David Campbell called Healthy Babies, a new prenatal care program, welcoming them to the community and introducing the local agency’s services. David spoke with the director, Linda Wellspring. Linda welcomed the idea of a presentation and scheduled a presentation for November 7, 2015. The agency is located at 999 Kid Street in Sacramento, CA 95816. Their phone number is 916-999-9999.

Outreach Log

Date & Staff Person	Contact Person/ Organization	Type of Contact	Purpose of Contact	Outcome

LEARNING ACTIVITIES

The following activities are included and are recommended for interactive learning:

- **Learning Activity 1:** Assessing and Prioritizing Needs
- **Learning Activity 2:** Local Agency Referrals
- **Learning Activity 3:** Referral Case Studies
- **Learning Activity 4:** Role Play - Referrals

Activity 1: Assessing and Prioritizing Needs

Learning Objectives

After completing this activity, the Trainee will be able to:

- Identify participant needs/problems
- Prioritize needs/problems

Instructions

1. Read each of the 3 case studies on the following pages.
 2. For each case study,
 - Identify the participant's needs/ problems.
 - List these needs/problems.
 - Label these needs/problems as "emergency", "basic", or "other".
 3. When you are finished, discuss your findings with your supervisor or mentor.
-

Activity 1: Assessing and Prioritizing Needs *(continued)*

Case Study 1:

May Nguyen is 18 years old. May, her husband Sam, and 3-month old daughter live with her aunt. May looks pale and coughs frequently.

May speaks limited English. The interpreter tells you:

- May’s uncle recently died of tuberculosis.
- They are unable to see a doctor because there is no health insurance.
- May wants to get CalFresh.
- May wants to learn English.

	Emergency	Basic	Other
Needs/Problems:			

Activity 1: Assessing and Prioritizing Needs *(continued)*

Case Study 2:

Joyce Webber is a 19-year old single mother of 3-month old Jessica without support from the father of the baby. Joyce and Jessica recently relocated to live with family in California to “get away from the past”.

Joyce used drugs in her past, including her pregnancy with Jessica. Joyce tells you Jessica seems to be having some developmental problems. Joyce is unfamiliar with available services for high-risk/special needs infants here.

Jessica has several bruises on her face and possible burn marks on her legs. You suspect someone may be abusing Jessica.

She wants to apply for CalWORKS/TANF and CalFresh.

	Emergency	Basic	Other
Needs/Problems:			

Activity 1: Assessing and Prioritizing Needs *(continued)*

Case Study 3:

Cassandra Clark is pregnant. She and her husband David have two boys. Darius is 15 months and Derrick is 3 years old.

The Clark’s are having money problems. David was fired from his job two months ago and still unemployed. They sold their car last month to get some cash to pay the rent and other bills. They need some financial assistance but are not sure what help is available.

Cassandra and David are worried about Darius. He has been sick for the last 5 days. He has had a fever, diarrhea and vomiting. They are unable to see a doctor because there is no health insurance.

	Emergency	Basic	Other
Needs/Problems:			

Activity 2: Local Agency Referrals

Learning Objectives

After completing this activity, the Trainee will be able to explain how referrals are made at their agency.

Instructions

1. Ask your supervisor or mentor to explain how your agency makes referrals. Remember to ask how mandatory referrals are made.
2. Use the form on the following page to record your notes.
3. Ask your mentor or supervisor to arrange observations for several individual nutrition education sessions.
4. Observe the coworker:
 - assess the participant's needs/ problems
 - prioritize these needs/problems
 - offer referral(s), **including mandatory referrals**
 - document referral(s)
 - follow-up on referral(s)
5. Record your comments on the "Observation Notes" page.
6. When you are finished, discuss the referral process with your supervisor or mentor.

Activity 2: Local Agency Referrals *(continued)*

1. What is your agency's referral policy? Does the agency have a written procedure?

2. What resource does your agency use to make referrals? Check all the applicable.

- Phone book
- Local agency or county referral book
- Website(s)
- Other, specify _____

3. How does your agency make mandatory referrals?

4. What materials are provided to participants when offering a referral?

5. How are referrals documented in your agency?

Activity 2: Local Agency Referrals *(continued)*

Observation Notes:

Activity 3: Referral Case Studies

Learning Objectives

After completing this activity, the Trainee will be able to locate and identify a referral(s) for each of the case studies.

Instructions

1. Read each of the 5 case studies on the following pages.
2. For each case study:
 - Identify the need(s) of the participant
 - Write down these need(s)
 - Identify the local referral(s) you might provide to the participant
 - Document the referral(s)

Use your agency's referral resources to guide you.

3. When you are finished, discuss each of the case studies with your supervisor or mentor.
-

Activity 3: Referral Case Studies *(continued)*

Case Study 1:

Participant: Brenda Johnson

Brenda is a single parent of a 2-year old. She works part-time and wants to go back to school. She does not have childcare. Her ex-husband has not been providing child support.

Participant's Need:

Possible Referral:

Activity 3: Referral Case Studies *(continued)*

Case Study 2:

Participant: Thuy Nguyen

Thuy speaks limited English but is interested in improving this. She is new to the area and having a hard time adjusting to life in the United States. She has an 18-month old child who needs to be immunized.

Participant's Need:

Possible Referral:

Activity 3: Referral Case Studies *(continued)*

Case Study 3:

Participant: Alicia Martinez

Alicia is pregnant. She has just been evicted from her apartment for failure to pay her rent. She smokes a pack of cigarettes a day. She is also having problems with her teeth.

Participant's Need:

Possible Referral:

Activity 3: Referral Case Studies *(continued)*

Case Study 4:

Participant: Susan Whitecloud

Susan has three children. She is breastfeeding her 6-month old infant and experiencing breast pain. There is not enough food to feed her two teenage children. She has bruises on her arms from her boyfriend who sometimes “gets rough when he drinks.”

Participant’s Need:

Possible Referral:

Activity 3: Referral Case Studies *(continued)*

Case Study 5:

Participant: Jennifer Bailey

Jennifer is a 21-year old single parent of a 20-month old child, David. David is not yet walking or talking and she is worried about him. “I can hardly get up in the morning to deal with life.” She is dressed in thin clothes although it is cold outside. She lives in a rural area and does not have a car.

<u>Participant’s Need:</u>	<u>Possible Referral:</u>

Activity 4: Role Play - Referrals

Learning Objectives

After completing this activity the Trainee will be able to:

- Make an effective referral and
- Problem-solve when no referral agency exists to meet the participant's needs.

Background

A role play is a scenario in which 2 or more people act out a scene as though it was “real life”. Props are not needed but may be helpful.

Instructions

1. Ask your mentor, supervisor, or a co-worker to role play any three of the five participant roles (A-E) described on the following page.
 2. Using the information and skills you have learned in this module, act out the role of a WIC Nutrition Assistant in a session with each of the three participants.
 3. Mentor/Supervisor/Co-Worker: Using the role plays as your guide, act out the role of the participant. Try to be as realistic as possible.
 4. After each session, ask your co-worker to tell you what they noticed. Make sure to ask for your strengths as well as weaknesses.
-

Activity 4: Role Play - Referrals *(continued)***5 Participants****Role Play
A**

LaTasha Webber is a 16-year old pregnant teen living with her boyfriend. She has not told him about the pregnancy or seen a doctor. She had some bleeding last night and is worried about it. There are some bruises on her right arm and a large bruise around her eye. She says, "I fell down the stairs last night." Her boyfriend is in the waiting room.

**Role Play
B**

Anna Juarez is a single mother of 19-month old Maya. Anna is quiet and appears depressed. Anna's husband died last month. He had AIDS. She can hardly take care of Maya. She works the night shift at a retirement center and Anna's sister cares for Maya. She is worried about keeping her job since her sister will be moving to Nevada next month.

**Role Play
C**

Tammi Green is 26 years old. She and her husband Robert have 3-month old twins. They are currently living in a shelter after a fire destroyed their apartment a week ago. All their belongings were destroyed. They do not know what their options are.

**Role Play
D**

Joy Vanderwetering is a 21-year old, non-breastfeeding mother of 2-month old Jacob. Her ex-husband is not paying child support. She currently lives with her mother who helps out by paying for formula and diapers.

**Role Play
E**

Karla Flynn is a 31-year-old single mother of Ray, a 4-month old and Samantha, a 18-month old. Karla was recently evicted from her apartment. She says Samantha is "out of control" and does not know what to do with her.

PROGRESS CHECK ANSWERS

1. Match the step of the referral process to its description.

<u>STEP</u>	<u>DESCRIPTION</u>
<u>G</u> Assessment	(A) Helping the participant identify their most “pressing” need(s).
<u>A</u> Prioritization	(B) Helping the participant understand the importance of the referral and deal with feelings about getting help.
<u>C</u> Selection	(C) Identifying what resources may be able to help the participant.
<u>B</u> Preparation	(D) Finding out if the participant used the services of the referral agency.
<u>F</u> Informing	(E) Regularly checking if the agency is still in business, has changed its services, and provides quality services.
<u>D</u> Follow-Up	(F) Giving general and specific information about an agency.
<u>E</u> Maintenance	(G) Identifying the needs of the participant.

2. Put a check mark (√) next to the appropriate activities to help you identify a participant’s needs.

- Reviewing forms filled out by the participant
- Listening to the participant describe their life
- Observing the participant’s interaction with others
- Calling the participant’s home and asking other family members if there are any problems

PROGRESS CHECK ANSWERS *(continued)*

3. Identify the following needs as “E” for **Emergency**, “B” for **Basic**, and “O” for “**Other**”.

- E Boyfriend is violent
- B Does not own a car
- O Wants to get GED
- O Has teenage daughter who is doing poorly in school
- E Participant’s electricity has been turned off

4. Prioritize the following participant’s needs as “1”, “2”, or “3”, with “1” being the most important.

- 2 Will be evicted from apartment in 2 days
- 1 Has suicidal feelings
- 3 Children are not up-to-date with immunizations

5. Participants often have feelings preventing them from asking for help. Name two ‘feelings’ a participant may have about asking for help.

ANY 2 OF THE FOLLOWING ARE ACCEPTABLE:

- *Shame*
- *Fear*
- *Sense of powerlessness*
- *Distrust*

6. Put a check mark (✓) next to the reasons why a participant may not follow through with a referral.

- ✓ Fear
- ✓ Not enough time
- ✓ Participant could not afford agency’s fees
- Participant was denied services because agency does not serve WIC participants
- ✓ Agency did not provide services in the participant’s primary language

PROGRESS CHECK ANSWERS *(continued)*

7. Put a check mark (✓) next to any of the referrals required by the WIC Program.

Child, Health and Disability Prevention (CHDP) Program

CalFresh

Career counseling services

Medi-Cal

CalWORKS/TANF

Substance abuse programs

Child support enforcement programs

Family planning services

8. Match each of the programs to its description.

<u>PROGRAM</u>	<u>DESCRIPTION</u>
<u>B</u> CalWORKS/TANF	(A) A preventive health program providing free health exams to children and youth
<u>A</u> CHDP	(B) A welfare program providing financial assistance to families
<u>D</u> Medi-Cal	(C) A food assistance program
<u>C</u> CalFresh	(D) A program paying for the medical care of low-income people

PROGRESS CHECK ANSWERS *(continued)*

9. Put a check mark (✓) next to the resources useful for finding a referral agency.

- Local telephone book
- Local help line or 2-1-1
- WIC Program Manual
- Local community resource/referral book
- Local agency referral book
- Internet

10. For each of the problems listed match it to the general area of need.

<u>PROBLEM / NEED</u>	<u>AREA OF NEED</u>
<u>B</u> Unable to read	(A) Basic need
<u>A</u> Homeless	(B) Education/Employment
<u>D</u> Person is HIV-infected	(C) Family issues
<u>F</u> Person is feeling suicidal	(D) Health care
<u>E</u> Person is a refugee wanting citizenship information	(E) Legal/Public safety
<u>C</u> Person's child was placed in foster care	(F) Mental health

PROGRESS CHECK ANSWERS *(continued)*

11. Mark the following as “TRUE” or “FALSE”.

TRUE Community outreach is increasing community awareness and knowledge of WIC services by distributing WIC information to the public, community agencies, and service providers.

FALSE Local agencies are not required to conduct outreach because the State WIC Program handles all outreach for California.

FALSE Outreach does not get potential participants to apply for WIC

TRUE Outreach helps increase or maintains WIC referrals made by community organizations.

12. Fill in the outreach log below using the following information:

On October 12, 2015, coworker David Campbell called Healthy Babies, a new prenatal care program, welcoming them to the community and introducing the local agency’s services. David spoke with the director, Linda Wellspring. Linda welcomed the idea of a presentation and scheduled a presentation for November 7, 2015. The agency is located at 999 Kid Street in Sacramento, CA 95816. Their phone number is 916-999-9999.

Outreach Log

Date & Staff Person	Contact Person/ Organization	Type of Contact	Purpose of Contact	Outcome
10/12/10 David Campbell	Linda Wellspring Healthy Babies 999 Kid Street Sacramento, CA 95816 916-999-9999	Phone call	Establish contact & introduce WIC services	November 7 presentation scheduled