

**Chapter Six**  
**Referral, Outreach and Coordination of Services**

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## Overview

### Policy

Each Local Agency will develop an outreach plan of the available WIC services and coordinate services with other providers and community members. The Local Agency will review and/or revise the outreach plan annually and submit the plan to the State Agency for approval.

### In This Chapter

This chapter is divided into ten sections, which detail State and Local Agency responsibilities for outreach and referral, evaluation of outreach, and mechanisms for health care coordination, as well as one appendix.

## Section A Outreach – Overview

### Procedure

All Local Agencies will develop a written outreach plan specifying the objectives, methods, and evaluation of WIC outreach efforts. The plan will include coordination of activities between Local Agencies and outreach/referral agencies. The Local Agency will review and/or revise the outreach plan annually and submit the plan to the State Agency for approval.

### Objectives of Outreach

The objectives of WIC outreach efforts are:

- To inform eligible persons of the availability of the WIC Program, including the eligibility criteria for participation and the location of WIC services
- To target outreach toward physicians/hospitals in order to increase enrollment of high-risk participants
- To increase the number of migrants/agricultural workers enrolled in WIC
- To build community relationships and establish referral systems to the WIC Program

### Emphasis of Outreach

Emphasis will be placed on reaching potential participants who are:

- Migrant and agricultural workers
- Pregnant women, especially women in the early months of pregnancy
- Homeless individuals and facilities
- Infants and children under the care of foster parents and Department of Child Safety (DCS)
- Employed or residing in rural areas
- Working families
- Recipients of Temporary Assistance for Needy Families (TANF)
- Recipients of Supplemental Nutrition Assistance Program (SNAP)
- Participants in the Child and Adult Care Food Program (CACFP)
- Women enrolled in substance abuse programs
- Persons enrolled in the Arizona Health Care Cost Containment System (AHCCCS)
- Minority and immigrant populations

## Methods of Outreach

- Agencies, offices and organizations (including minority organizations serving or having access to eligible persons) will be contacted at least annually.
- Brochures describing WIC services, eligibility criteria, and location of Local Agencies will be distributed to outreach agencies that serve or have access to WIC's target population.
- Outreach agencies include, but are not limited to:
  - AHCCCS providers and private physicians
  - Indian Health Services (IHS) facilities
  - Dental services
  - Early and Periodic Screening Diagnostic and Treatment Services (EPSDT)
  - Family planning services
  - Alcohol and drug abuse counseling agencies
  - Department of Child Safety (DCS)
  - Child abuse counseling agencies
  - Child care providers
  - Immunization providers
  - Prenatal and postnatal care providers
  - Well child programs
  - Arizona Department of Education Child and Adult Care Food Program (CACFP) providers
  - Supplemental Nutrition Assistance Program (SNAP)
  - Expanded Food and Nutrition Education Program (EFNEP)
  - Temporary Assistance to Needy Families (TANF)
  - Supplemental Security Income (SSI)
  - Hospitals and clinics
  - Welfare and unemployment offices
  - School districts
  - Social service agencies
  - Food banks
  - Other food assistance programs like Commodity Supplemental Food Program (CSFP)
  - Food Distribution Program on Indian Reservations (FDPIR)
  - Homeless shelters
  - Child support enforcement services
  - Foster care agencies
  - Farm worker and migrant/agricultural workers
  - Agencies who serve children with special health care needs
  - Community religious organizations in low-income areas

## **Section B**

### **Outreach – State Agency Responsibilities**

#### **Coordination with Anti-Hunger Groups**

The State Agency encourages Local Agency participation with hunger advocates, food bank representatives, and others interested in supporting WIC. WIC staff is encouraged to participate in the statewide Hunger Advisory Council through DES.

#### **Announcement of WIC Services**

The State Agency will announce the availability of WIC services to the public annually using statewide media.

#### **Development of Materials**

The State Agency will obtain or develop outreach materials for distribution to Local Agencies to assist in their outreach efforts.

#### **Guidelines for Outreach**

The State Agency will assist Local Agencies in developing or expanding referral systems and outreach plans.

State and Local Agency's files of outreach agencies/organizations contacted will include (as applicable):

- Agency name and address
- Agency phone number
- Contact person(s)
- Service area
- Services of each agency/organization

Uniform WIC information materials announcing program benefits will include:

- A program description
- Eligibility criteria
- Location of local clinics
- Non-discrimination statement

#### **Toll-Free Lines**

An "800" number (1-800-2525-WIC) is available during normal business hours. The number allows potential or current participants to call the State Agency directly to ask for assistance or to find the nearest WIC office.

A complaint/fraud telephone line is available by calling 1-866-229-6561.

The Breastfeeding Hotline is available to all Arizona residents to ask questions about breastfeeding. This telephone number is 1-800-833-4642. This line is open 24 hours a day, seven days a week to answer residents' breastfeeding questions.

**NOTE:** All of these phone lines are bilingual.

### Arizona WIC Website

The azwic.gov website is available for participants and potential WIC applicants. Included on the website is information on WIC eligibility and resources, and is available to view in both English and Spanish. Another feature is the ability to search for the nearest WIC clinic(s) based on address, city, and/or zip code.

### Monitoring Local Agency Activity

The State Agency will monitor the following outreach activities at each Management Evaluation:

- Non-discrimination statement on Local Agency-developed outreach materials
- Breastfeeding promotional materials visible
- Outreach log
- Media contact policy
- Designated staff member responsible for outreach
- Outreach plan, including:
  - Homeless and migrant outreach
  - Efforts to target eligible women in early months of pregnancy
- Other activities outlined in Management Evaluation forms in Chapter 15 of the Policy and Procedure Manual

### Evaluation

The State and Local Agency's files of outreach activities will be updated on an ongoing basis in an outreach log (see Appendix A: Sample Outreach Log).



## Section C

### Outreach – Local Agency Responsibilities

#### Outreach Plan

Each Local Agency will prepare an outreach plan annually that will guide their outreach efforts. It will include objectives, methods, and evaluation components based on established outreach goals.

- Outreach goals shall be targeted towards potentially eligible populations
  - Migrant and agricultural workers
  - Pregnant women, especially women in the early months of pregnancy
  - Homeless individuals and facilities
  - Infants and children under the care of foster parents and Department of Child Safety (DCS)
  - Persons employed or residing in rural areas
  - Working families
  - Recipients of Temporary Assistance for Needy Families (TANF)
  - Recipients of Supplemental Nutrition Assistance Program (SNAP)
  - Participants in the Child and Adult Care Food Program (CACFP)
  - Women enrolled in substance abuse programs
  - Persons enrolled in the Arizona Health Care Cost Containment System (AHCCCS)
  - Minority and immigrant populations
- Specific agencies that the Local Agency plans to contact and a plan (including time frame and how this outreach activity will be completed) for these contacts
- An evaluation component that will include reporting outreach efforts
- An outreach log that includes the date the outreach activity was completed, staff member who completed the outreach, organization contacted, type of contact, and the result of the outreach activity. (See Appendix A - Sample Outreach Log)

**NOTE:** Those agencies that do not routinely schedule appointments outside of normal business hours will make appointments available for working persons seeking to participate in the WIC Program.

### **Outreach Activities**

Each Local Agency will contact agencies, offices, and organizations serving or having access to eligible persons in the local service area at least annually to notify program of local WIC services and build community relationships. Each agency will be supplied with a description of WIC services, eligibility criteria, and location of Local Agency clinics.

### **Announcement of WIC Services**

Each Local Agency will announce the availability of WIC services to the public annually, using media that will reach potential clients in the Local Agency service area.

### **Evaluation**

The Local Agency WIC Director and the State Agency staff will evaluate the effectiveness of outreach efforts. The State Agency will monitor the Local Agency's outreach activities during Management Evaluations.

## **Section D**

### **Referral – State Agency Responsibilities**

#### **Policy**

The State Agency will require and monitor Local Agencies for referrals to all adults applying for themselves or others, and provide information on the following programs.

#### **AHCCCS and EPSDT**

If individuals are not currently participating in Arizona Health Care Cost Containment System (AHCCCS), the Local Agency will refer those individuals to AHCCCS. This will include referring infants and children to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, and pregnant women for AHCCCS presumptive eligibility services.

#### **Child Support and TANF**

Child support and Temporary Assistance to Needy Families (TANF)

#### **SNAP**

Supplemental Nutrition Assistance Program (SNAP)

#### **Substance Abuse**

Substance abuse counseling/treatment programs

#### **Food Providers**

Other nutrition or emergency food providers (e.g., food banks, FDPIR)

#### **Immunizations**

State and local immunization programs

#### **Contact Phone Numbers**

The State Agency will maintain a list of contact phone numbers for agencies providing services of use to WIC clients statewide.

When inquiries are received on the 800-number, appropriate referrals will be made.

## Section E

### Referral – Local Agencies Responsibilities

#### Referral List

- Each Local Agency will develop a list of services available locally. The list will be updated at least annually. This list will be similar to the list of agencies contacted for outreach.
- At every certification, all WIC participants will be given written referral information about AHCCCS, SNAP, TANF, child support enforcement, immunizations, folic acid supplements and education (pregnant and postpartum women), perinatal mood and anxiety disorders, substance abuse treatment and counseling, lead screening (women and children), the Breastfeeding Hotline, Head Start programs, as well as information about other nutrition or food providers.
- This referral list will include, at a minimum, the program name, phone number and/or website (if available) for each of these programs.
- Applicants who are found to be ineligible for WIC services or applicants who are placed on waiting lists will be given referrals to other appropriate services.

#### Child Support

At each certification, WIC participants will be informed of the availability of child support enforcement services.

#### Social/Health Services and Breastfeeding Support

- WIC participants will be referred to appropriate social or health services according to identified needs.
- Breastfeeding or pregnant participants will be referred to appropriate counselors, peer counselors when available, or organizations for breastfeeding education and support.

#### Criteria for High-Risk Referrals

Local Agencies will develop a plan for referring high-risk clients both internally and externally. Refer to Chapter 7 for information regarding referring internal and external high-risk referrals.

## Section F Health Care Coordination

### Policy

Outreach/referral agencies will be contacted at least annually to review referral and coordination procedures and to resolve identified problems.

The Local Agencies may identify referred agency in the Family Information screen of HANDS under “How did you hear about WIC?”

The State Agency will encourage each Local Agency operation or agency run by cooperative agreement with a hospital to advise potentially eligible persons of the availability of WIC services. This includes:

- Clients who receive inpatient or outpatient prenatal, maternity, or postpartum services
- Those that accompany a child under the age of five who receives well-child services

## Section G Immunization Screening and Referral

### Policy

Children served by WIC will be screened for immunization status and, if needed, referred for immunizations.

Arizona WIC and the Local Agency will ensure that WIC infants and children under two years of age are screened using documented immunization histories and referrals for immunizations.

### Background

Low-income children are less likely to be immunized than their counterparts, placing them at high-risk for potentially serious diseases, such as diphtheria, pertussis, poliomyelitis, measles, mumps, and rubella. According to the Centers for Disease Control and Prevention (CDC), children who are not fully immunized are at increased risk for other preventable conditions, such as anemia and lead toxicity.

### WIC's Role

As an adjunct to health services, the WIC Program's role in immunization screening and referral is to support existing funded immunization activities. WIC involvement in immunization screening and referral activities should enhance, rather than substitute for, on-going Arizona's Immunization Program initiatives.

**NOTE:** The purchase of vaccines and delivery of immunizations remain unallowable costs to WIC.

### Screening Timeline

At initial certification and any subsequent certifications for children under the age of two, the infant's/child's immunization status will be screened using a documented record.

### Documented Record

A documented record (computerized or paper) with actual vaccination dates recorded. This includes:

- An immunization record from the provider
- An immunization registry
- An automated data system
- A paper copy (client provided)

### Screening

At a minimum, the infant's/child's immunization status will be screened by counting the number of doses of DTaP (diphtheria, tetanus toxoids, and acellular pertussis) vaccine they have received in relation to their age, as outlined in the Immunizations screen in HANDS.

### **Underimmunized**

If the child does not have the minimum number of doses:

- The caregiver will be provided with information on the recommended immunization schedule
- The participant will be referred to their health care provider or local immunization program
- The caregiver will be encouraged to bring the child's immunization record to the next certification visit

### **Missing Immunization Record**

If the immunization record is missing:

- The recommended immunization schedule appropriate to the current age of the infant/child will be provided
- A referral for immunization services will be provided, ideally to the child's usual source of medical care
- The parent/caretaker will be encouraged to bring the immunization record to the next certification visit
- Staff may access the client's electronic health record, if available, to obtain immunization information

### **ASIIS**

The Arizona State Immunization Information System (ASIIS) is an immunization registry designed to capture immunization data on individuals within the state. Providers are mandated under Arizona Revised Statute (A.R.S. §36-135) to report all immunizations administered to children from birth through 18 years of age to the state's health department. The registry serves as a receptacle for accommodating this reported data. In this capacity, the registry then provides a valuable tool for the management and reporting of immunization information to public health professionals, private and public health care providers, parents, guardians, and other child care personnel.

### **Documentation**

Document specific action taken in the HANDS Immunization screen. Immunization information will need to be verified and documented for every client under two years of age at each certification.

## Section H Domestic Violence

### Domestic Abuse of WIC Participants

Abuse is most often perpetrated by one person to another with whom they have an intimate or family relationship.

### Procedures

In the HANDS participant Assessment screen under letter E (Environmental/Other Factors) probing questions, there is a question on abuse that must be asked at every certification, unless the safety of the participant would be at risk with a potential abuser present. If the participant or authorized representative answers “yes,” Local Agency Policy and Procedures must be followed.

The safety of the client must be the first priority. Some questions that can be asked include:

- “Do you have a safe place to go?”
- If client is residing in a safe place, ask, “Do you want to talk to someone about your abusive situation?”
- “Do you want a referral to a safe house, program or hotline for abuse?”
- “Is it safe to give you information on abuse to read?” In many cases, if the abuser sees materials on the subject, the safety of the client could be jeopardized. If the client does not want the referral materials, the WIC staff can offer to write down telephone numbers or addresses for the clients.

The local WIC staff will have information available on domestic violence service providers in their area. The Arizona Coalition to End Sexual & Domestic Violence phone number is (800) 782-6400.

**NOTE:** Domestic violence of an adult is not a reportable offense. However, state law requires reporting suspected child abuse. Please see Chapter 14, Section D for more information on reporting child abuse.



## Section I Lead Screening

### Policy

All authorized representatives of child participants will be asked if their child has been evaluated for lead poisoning through a lead risk assessment screening questionnaire or blood lead test from a health care provider. A referral shall be made at each certification if no lead risk assessment screening questionnaire or blood lead test has been performed.

All pregnant and breastfeeding women will be asked if their health care providers had done a risk assessment screening questionnaire for lead exposure and/or ordered a blood lead test, and a referral shall be made at each certification if no risk assessment screening questionnaire or blood lead test has been performed.

### Background

Exposure to lead can cause serious permanent health problems that affect a child's development and ability to learn. Based on recommendations and guidance from the CDC, many states, including Arizona, have moved from universal lead screening to targeted screening. The role of WIC staff is to refer clients who may need lead testing to their physician, who will follow the targeted screening guidelines to determine risk and need. The Arizona Targeted Screening Plan can be found here:

<http://Azhealth.gov/leadscreeningplan>. The plan outlines the following screening guidelines:

- All children in Arizona should be evaluated for lead poisoning at 12 and 24 months of age.
- Children living in high-risk neighborhoods should receive a blood lead test at 12 and 24 months of age. Children living in high-risk neighborhoods aged 36 to 72 months should be tested if they have not been previously tested.
  - Enter the child's address on the lead risk map at [www.azhealth.gov/leadmap](http://www.azhealth.gov/leadmap) to determine in the child lives in a high-risk neighborhood.
- Children living in Arizona, but not in a high-risk neighborhood, should receive a questionnaire at age 12 and 24 months.

### Additional Resources

The CDC provides recommendations for identification and management of lead exposure in pregnant and lactating women. These recommendations can be found here:

<https://www.cdc.gov/nceh/lead/publications/leadandpregnancy2010.pdf>.

The lead risk assessment questionnaire can be found at [www.azhealth.gov/leadquestions](http://www.azhealth.gov/leadquestions).

The lead risk map can be found at [www.azhealth.gov/leadmap](http://www.azhealth.gov/leadmap).

### Procedure for Lead Screening for Child Participants

1. The Competent Professional Authority (CPA) will ask authorized representatives of children under 36 months of age if their health care provider has performed a blood lead test and/or has administered a questionnaire determining if a blood test is necessary.
2. If the child has not received a blood lead test or lead risk assessment screening questionnaire, this will be documented in the Notes section in HANDS. The WIC staff will refer the child to their health care provider for a screening. This referral will be documented in the Care Plan screen

under the Referrals tab in HANDS. The Childhood Lead Poisoning flyer shall be provided to the authorized representative, along with the Local Agency referral for lead screening.

3. If the child has received a blood lead test or lead risk assessment screening questionnaire, this will be documented in the Notes section in HANDS specifying the results of the screening or test. If it is found that the child has a diagnosed elevated blood lead level of  $> 5 \mu\text{g}/\text{deciliter}$  within the past 12 months, then WIC code 211 Elevated Blood Lead Levels shall be assigned in the Biochemical section of the Assessment tab in HANDS. At the next certification, the CPA shall ask a follow-up question asking if the child has been screened or tested since the elevated result and document the result in the Notes section in HANDS. Refer to the follow-up testing schedule found at <https://azdhs.gov/documents/preparedness/epidemiology-disease-control/childhood-lead/testing-schedule.pdf> for guidance on when repeat testing is needed.

### **Procedure for Lead Screening for Pregnant and Breastfeeding Women**

1. The Competent Professional Authority (CPA) will ask the pregnant or breastfeeding woman at each certification if their health care provider has done a risk assessment screening questionnaire for lead exposure and/or ordered a blood lead test.
2. If the participant has not received a blood lead test or lead risk assessment screening questionnaire, this will be documented in the Notes section in HANDS. The WIC staff will refer the participant to their health care provider for a risk assessment screening questionnaire for lead exposure and/or ordering of a blood lead test. This referral will be documented in the Care Plan screen under the Referrals tab in HANDS. The Local Agency Referral List shall be provided to the participant, including information pertaining to lead screening.
3. If the participant has received a blood lead screening or test, this will be documented in the Notes section in HANDS specifying the results of the screening or test. If it is found that the participant has an elevated blood lead level of  $> 5 \mu\text{g}/\text{deciliter}$  within the past 12 months, then WIC code 211 Elevated Blood Lead Levels shall be assigned in the Biochemical section of the Assessment tab in HANDS.

Additional information on lead screening and lead educational materials may be obtained from:

Childhood Lead Poisoning Prevention Program  
150 North 18th Avenue, Suite 140  
Phoenix, Arizona, 85007  
Phone: (602) 364-3118  
Email: [healthyhomes@azdhs.gov](mailto:healthyhomes@azdhs.gov)  
Website: [azhealth.gov/lead](http://azhealth.gov/lead)

## **Section J**

### **Access for Participants with Special Needs**

#### **Policy**

Participants who have special conditions that may make access to the WIC clinic difficult or impossible will be accommodated by the Local Agencies to ensure equal access to all participants.

#### **Employed or Rural Individuals**

Participants who are employed or live rurally can have their needs met by any of the following:

- Extending clinic hours to evenings, early mornings, and/or weekends
- Priority scheduling of appointments
- Making online video conferencing contacts, when applicable
- Issuing food benefits
- Expediting clinic procedures
- Satellite clinics

#### **Participants with Disabilities**

For more information regarding accommodations for participants with disabilities, please refer to Chapter 9, Section B.

**Appendix A:  
Sample Outreach Log**

**Sample Outreach Log**

**Outreach Log**  
FY\_\_\_\_\_

<b>Date</b>	<b>Staff Name</b>	<b>Organization Contacted</b>	<b>Type of Contact</b>	<b>Result</b>
1/6/XX	Ima Great, CPA	Concordia Valley High School Attn: Joan Doe Phoenix, AZ 85000	Mailed outreach packet	Potential to reach 100 pregnant and / or parenting teens

**Explanation of Log Criteria**

**Date** = date outreach activity completed

**Staff Name** = staff member who did the outreach

**Organization Contacted** = person / group who received information

**Type of Contact** = e.g., mailed information, radio interview, press release, public presentation, staffed booth at health fair

**Result** = e.g., potential number of clients reached and the description of those clients

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