



## Participant Centered Staff In-Service Guide

### Title: Strengthening Referrals in WIC

#### Session Focus

**Target Audience:** Local agency WIC staff who provide referrals to participants

**Session Goal:** To improve the health outcomes of WIC participants by enhancing the quality of referrals made by WIC program staff.

#### Key Content Points:

- Point 1: Referrals are one of WIC's key functions. Referrals are as important as nutrition education, supplemental foods, and breastfeeding promotion in impacting participant health outcomes.
- Point 2: Meaningful referrals are relevant to the participants needs and are provided in a way that makes it easy for the participant to access the service offered.
- Point 3: Documenting referrals in TWIST improves continuity of care for the participant and provides a record of WIC's activity which allows us to report our services to our partners and the community.
- Point 4: WIC requires referrals to drug and alcohol treatment, immunization providers, and Oregon Health Plan in certain situations.

**Session Objectives:** Upon completion of this in-service:

- Objective 1: WIC staff will be able to identify meaningful referrals for participants based on the participants needs.
- Objective 2: WIC staff will be able to correctly document in TWIST referrals they have provided participants.
- Objective 3: WIC staff will be able to describe situations when they are required to make referrals.

#### Session Planning

#### Materials Needed:

- Computer for PowerPoint and LCD projector for larger groups
- PowerPoint presentation "Strengthening Referrals in WIC"
- Handout "Documenting referrals in TWIST"
- Optional handout "Addressing Barriers"
  - Optional – White board or chart paper and markers



### Preparation Needed:

- Review PowerPoint with the session guide
- Review Policies 481, 880, 885
- Identify updates you have made to the referral organizations for your agency

**Time Needed:** 30 to 60 minutes

**Facilitator Considerations or Expertise Needed:** The session guide is needed to remind facilitator of discussion points and for activity instructions not included in the slide.

### Session Outline

Time	Learning activity (Supports participant centered content/instruction) – Key Open Ended Questions - Important concepts to cover	Objective covered
1 min	<b>Opening the session:</b> (Slide 1) “Referrals to health and social services are one of the 4 core services that WIC provides. Making meaningful referrals is just as important as the foods we provide, the nutrition education, or the breastfeeding support we offer. WIC has always done a great job of letting people know about services that might be helpful. Today we are going to spend 30-45 minutes focusing a little bit on making referrals as accessible and helpful for participants as possible and looking at some features in TWIST that can help. How does that sound?”	1
5-10 min	<b>Warm-up activity:</b> (Slide 2) Group sharing (may be a pair share if it is a larger group) <ul style="list-style-type: none"><li>• <b>Thinking about participants you spoke to in the last week, what was the most important referral you made ?</b></li><li>• <b>Follow up question (click) – What made that referral important?</b> (Note: These questions help focus the group on referrals and the level of impact they could have on participants.)</li></ul>	1
10 min	<b>Activity 1:</b> (Slide 3)How to take a good referral and make it great <ul style="list-style-type: none"><li>• (Slide 4) <b>How might making a referral improve health outcomes for WIC participants ?</b> - Group discussion</li><li>• Offer the following if not brought up by the group</li></ul>	1



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	<ul style="list-style-type: none"> <li>○ If participants take advantage of the referrals offered, the family health and social situation may improve, which has a direct impact on the health outcome of the WIC participant</li> <li>○ Adequate health care – referrals for health care, prenatal care, dental care, or immunizations have a direct impact on the participants health, as well as those around them</li> <li>○ Social determinants of health – These are the circumstances in which we live that impact our health – adequate housing, heating, support systems</li> <li>○ What else?</li> <li>● (Click) <b>What factors influence whether a participant takes advantage of the referral offered?</b> (Consider keeping track of ideas generated on flip chart or white board.)</li> <li>● Offer the following if not brought up by the group <ul style="list-style-type: none"> <li>○ Relevance – does it meet a need that is identified by the participant, can they see the benefit for their family of taking the time and effort to follow up</li> <li>○ Access issues– do they know how to make the connection, can they call, do they have a phone, is the phone system easy to use, do they know the hours the organization is open, will they need an appointment to be seen,</li> <li>○ Cost – does it cost money, do they need insurance to access, will they have to use gas to get there, will they have to miss work,</li> </ul> </li> <li>● (Slide 5) <b>What are the steps to making a great referral? What can you do to help increase the likelihood that the participant will access the resource offered?</b> (Consider keeping track of ideas generated on flip chart or white board.)</li> <li>● (Click for Steps) <ul style="list-style-type: none"> <li>○ (Slide 6) Use participant centered skills</li> <li>○ (Slide 7) Identify and prioritize needs <ul style="list-style-type: none"> <li>▪ Relevance – offer the possibility of the referral and move to specific information if the participant seems interested, connect it to concerns that the participant has mentioned “You said something about ..., I have a</li> </ul> </li> </ul> </li> </ul>	



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	<p>some information that might help with that. Would you be interested?”</p> <ul style="list-style-type: none"> <li>○ (Slide 8) Provide a specific referral <ul style="list-style-type: none"> <li>▪ Access issues– Be as specific as possible about who (contact person if possible), what (describe what they offer), when (specific hours available), where (address or map), how (phone number, items to bring, restrictions)</li> <li>▪ Vague referrals (“You might try calling the OHP office”) have little chance of success.</li> </ul> </li> <li>○ (Slide 9) Help address barriers <ul style="list-style-type: none"> <li>▪ Brainstorm ways to overcome barriers or if possible, provide assistance with accessing the service</li> <li>▪ Optional Handout – Addressing Barriers – Discuss how you might handle these.</li> </ul> </li> <li>○ (Slide 10) Follow up</li> <li>○ (Slide 11) Everyone has a role</li> </ul>	
<b>5-10 min</b>	<p><b>Activity 2:</b> (Slide 12) How can TWIST help?</p> <ul style="list-style-type: none"> <li>● (Slide 13) TWIST can help find a resource</li> <li>● Handout: Finding and Documenting Referrals in TWIST</li> <li>● “Referral categories will help you quickly find a particular type of referral organization. You might have noticed that these categories have been updated to fit more with what WIC is doing now. For example, at new category of Physical Activity and Recreation Resources has been added.”</li> <li>● (Slide 14) “There are also spaces for us to put in websites or email addresses. We have been/will be updating our list of referral organizations to make sure they are useful for you and participants. Let’s take a look at the list of referral categories on the handout and the examples of referral resources you might find in them.”</li> <li>● (Slide 15) What referral resources do we need in TWIST?</li> <li>● Discussion questions</li> </ul>	2



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	<ul style="list-style-type: none"> <li>• <b>Think of that important referral you made this week. What referral category might it fit in ?</b></li> <li>• <b>What referrals do you find yourself making the most often? What referral category might those fall into?</b></li> <li>• <b>When you look at this list of referral categories, what referral resources should we consider adding to our list in TWIST?</b></li> <li>• Consider tracking ideas on white board or chart paper</li> <li>• (Slide 16) Documenting your referrals</li> <li>• “The referral button on the enrollment screen has been converted to an additional way to document referrals. This makes it easier for anyone in WIC to make and document referrals.”</li> <li>• <b>What are the advantages to WIC to document referrals on the referrals tab in Cert NE or the pop up in enrollment?</b></li> <li>• Offer the following if not brought up by the group: <ul style="list-style-type: none"> <li>○ (Slide 17) All the referrals are in one place and are easy to find.</li> <li>○ Improves continuity of care for the participant</li> <li>○ TWIST automatically includes date and status.</li> <li>○ Data can be pulled from these tables to show the effort that is being put into referrals. Referrals documented in progress notes cannot be reported on.</li> <li>○ (Slide 18) Specific written referrals can be generated with a click.</li> </ul> </li> </ul>	



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5-10 min	<ul style="list-style-type: none"> <li>• <b>Activity 3:</b> (Slide 19) Which referrals are required?</li> <li>• <b>What are the 3 referrals that WIC is required to make ?</b></li> <li>• (Slide 20) Three required referrals</li> <li>• (Slide 21) Alcohol or drug use referrals – review info</li> <li>• (Slide 22) Options for written referrals</li> <li>• <b>Which option would you feel most comfortable offering?</b></li> <li>• (Slide 23) Options for providing information</li> <li>• <b>Which option would you feel most comfortable offering?</b></li> <li>• Emphasize that it is required that both a written referral for treatment and written info on the dangers be provided.</li> <li>• (Slide 24) Immunization referrals – nothing new in referral process</li> <li>• Immunization status button is available again for use in TWIST</li> <li>• Key points: <ul style="list-style-type: none"> <li>○ Will say up-to-date, immunizations due, or no immi record along with the date TWIST was last updated from Alert.</li> <li>○ (Slide 25) Letter provides list of immunizations that are due, the immunization history, and contact information.</li> <li>○ Printing the letter is optional.</li> </ul> </li> <li>• (Slide 26) Oregon Health Plan Referrals <ul style="list-style-type: none"> <li>○ Every participant must be referred at every cert, if not enrolled in OHP already</li> <li>○ A written referral is required</li> </ul> </li> <li>• (Slide 27) Options for written referrals</li> <li>• <b>Which option would you feel most comfortable offering?</b></li> <li>• <b>Which option might be the most meaningful to participants?</b></li> </ul>	3



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<b>10 min</b>	<p><b>Activity 4:</b> (Slide 28) Case Studies – review as a group and identify what referrals you would make. Discuss what resources are available in your area and what would make this referral most likely to help these families.</p> <ul style="list-style-type: none"> <li>• (Slide 29) Case Study: Kim and Sara</li> <li>• Required referrals: A written referral to Oregon Health Plan, immunizations since there is no immi record</li> <li>• Recommended referrals?: Low cost clinics, housing</li> <li>• Meaningful ?: Local self sufficiency office address and hours, immi clinic hours, phone numbers for housing support</li> <li>• (Slide 30) Case Study: Lauren and Elizabeth</li> <li>• Required referrals: A written referral to alcohol treatment plus written information on the dangers of alcohol</li> <li>• Recommended referrals?: mental health support, BF support, encourage to see OB-GYN</li> <li>• Meaningful: schedule time to see the WIC BF specialist as soon as possible, offer the information on dangers of alcohol in a non-judgmental way and connect it to the referral for treatment, ask about barriers and help problem solve ways to overcome them</li> </ul>	1, 3
<b>3 min</b>	<p><b>Closing the session:</b> (Slide 31)</p> <ul style="list-style-type: none"> <li>• Summarize key points</li> <li>• Identify next steps and where to go if there are questions</li> <li>• Thank the group for participating</li> </ul>	1,2

### Facilitator review:

- How well does the session support the “teach less, learn more” philosophy? (Lecture less, involve more)
- What have I included in the activities to help staff be involved in their own learning?
- How do I allow for staff to have a potential ah-ha moment?
- How do I include time for the staff to digest and reflect on what was covered?
- What was staff reaction to the session?

