



Policy 880

Referrals

July 1, 2025

POLICY

Local WIC agencies must screen and refer WIC participants to health and social services according to identified needs and/or upon participant request. Written information is offered for the Oregon Health Plan (OHP) as well as for substance use and lead referrals. Verbal education on substance use is required at certification. Agencies will screen and refer under-immunized WIC participants 3 to 24 months of age to immunization resources.

PURPOSE

To improve the health status and well-being of WIC participants by preventing and/or reducing harm and ensuring awareness of referrals and available resources.

RELEVANT REGULATIONS

7 CFR §246.4 ¶(a)(8) and (9)—State Plan

7 CFR §246.7 (a) and (n) Certification of Participants 7 CFR §246.7 ¶(b)(1), (2) & (3)
Program Referral and Access

7 CFR §246.11 (a)(3) and (b)(1) Nutrition Education

7 CFR §246.14 (c)(1) and (9) Program Costs

USDA All States memorandum 94-28—Documentation of referrals (December 3, 1993)

OREGON WIC PPM REFERENCES

- ◆ [215—Local Program Monitoring and Review](#)
- ◆ [450—Confidentiality](#)
- ◆ [470—Local Program Outreach](#)
- ◆ [481—Immunization Screening and Referral Protocol](#)

OTHER REFERENCES

[Substance Use Prevention: Screening, Education and Referral Resource Guide for Local WIC Agencies](#). United States Department of Agriculture, Food and Nutrition Service. FNS 276 revised. September 2013. (2017: additional information on medications for breastfeeding women was added).

DEFINITIONS

Competent Professional Authority (CPA)/Certifier: An individual on the staff of the local WIC program authorized to assess program eligibility, determine nutritional risk, provide nutrition education and counseling and prescribe supplemental foods.

Temporary Assistance for Needy Families (TANF): A program administered by the Oregon Department of Human Services (ODHS) that provides a monthly cash benefit to families with children who meet income limits.

Oregon Child Support Program: A division of the Oregon Department of Justice that provides assistance with establishing paternity, obtaining child support orders, and procuring child support payments from non-custodial parents.

HSD: Health Systems Division. Administers the Oregon Health Plan (Medicaid).

Oregon Health Plan (OHP): Oregon Health Plan (OHP) is the state Medicaid program providing health care coverage for those who meet income limits. OHP is managed by Health Services Division of the Oregon Health Authority (OHA). There are additional OHP benefit packages including but not limited to: **OHP Plus** (for children ages 0-18 and adults ages 19-64); **OHP Plus Supplemental** (for pregnant adults age 21 or older); and/or **OHP Bridge** (for adults with income just above the traditional OHP Plus limit). The Healthier Oregon program expands full OHP eligibility to people of all ages who live in Oregon and meet income and other criteria, regardless of immigration status.

Screening for substance use: The process of reviewing selected indicators to determine if an applicant or participant may be using alcohol, tobacco, or other drugs that could harm the mother or baby. Screening is completed by a certifier.

Assessment and diagnosis of substance use: The process of making a more thorough review of an applicant's or participant's use of alcohol, tobacco, and/or other drugs in order to determine if the person needs further treatment. Assessment is completed by an independent provider or staff member who has specific training in the process. It is the responsibility of WIC to refer for further assessment; it is not the responsibility of WIC staff to diagnose substance use problems or to provide counseling.

Provider: In the terms of this policy, a professional trained to treat or counsel individuals using harmful substances.

Assister: Individuals who are trained to provide application assistance for consumers enrolling in the Oregon Health Plan.

211info: A statewide toll-free maternal and child health hotline that provides health information and referrals to families throughout Oregon.

Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps: A program administered by the Oregon Department of Human Services (DHS) that provides an electronic benefit card to buy food for income eligible households.

PROCEDURE

Required referrals

- 1.0 Local agency WIC programs must screen and refer for:
 - Immunizations for participants 3 to 24 months of age
 - Medicaid (Oregon Health Plan)
 - Substance use
 - Blood lead status for child participants 13 months of age and older

Required referral to Immunizations

- 2.0 Refer to policy ♦ [481—Immunization Screening and Referral Protocol](#) for details.

Required referral to Oregon Health Plan

- 3.0 At the initial enrollment and each recertification, WIC staff must offer written Oregon Health Plan (OHP) information and referral to adults applying or reapplying to WIC for themselves and/or their children who are not currently participating in OHP and appear to have a family income within OHP guidelines. WIC staff shall refer participants to OHP even if they have private insurance as OHP can serve as a secondary insurer. ***A referral to the Oregon Health Plan is a referral to Medicaid.***
 - 3.1. Local programs may meet requirements in a variety of ways:
 - 3.1.1. Refer to either a community or on-site OHP application assister. When available, pregnant women can be referred to Oregon Mothers Care to get their OHP application expedited.
 - 3.1.2. Develop OHP information sheets which include OHP income guidelines and the telephone number of the ODHS office or local programs offering OHP assistance in the WIC program area.
 - 3.1.3. Refer participants to OHP informational materials including the 211 Referral card.
 - 3.2. It is **not** the responsibility of WIC staff to be experts on OHP eligibility or to provide extensive screening procedures for OHP.
 - 3.3. Document the OHP referral in the WIC data system.

Required Information and Screening for Substance Use:

- 4.0 Substance use includes any use of alcohol, tobacco or other drugs that might cause harm to a developing fetus or child, including misused prescription drugs, potentially harmful over-the-counter medications, and/or herbal remedies.
 - 4.1. WIC's role in preventing substance abuse is to provide participants with educational messaging, referrals, and coordination of services. The intended outcome is to increase participants' access to information about the dangers of substance use during pregnancy and breastfeeding, and provide referrals for further assessment.
 - 4.2. Local WIC programs must provide a brief screening for substance use for prenatal and postpartum participants by asking the questions listed in the WIC data system.
 - 4.3. Certifiers must offer verbal education on substance use at initial enrollment and subsequent recertifications for **all** prenatal, postpartum, and breastfeeding participants, as well as parents, and caretakers of infants and children participating in the program. Education must be provided regardless of how the participant responds to screening questions.
 - 4.4. There are several ways for local agencies to meet this requirement using a trauma-informed approach:
 - 4.4.1. Use participant-centered skills when interacting with participants on this sensitive topic.
 - 4.4.2. Frame the conversation by sharing that as part of the certification process, WIC is required to provide information on smoking, alcohol, and drug use.

- Example 1: “As part of the certification process, WIC is required to provide information on smoking, alcohol, and drug use to help ensure that you have a healthy baby. Is it okay to provide you with additional information?”
 - Example 2: “A goal of the WIC program is for all families to be healthy. Substance use can have harmful effects on the whole family. WIC offers information and referrals to make sure families are aware of the dangers of substance use. Would you be interested in more information?”
- 4.4.3. Verbal education may be provided during individual discussion or group sessions.
 - 4.4.4. Local programs may also provide participants with state-approved written (printed or digital) substance use educational materials in addition to providing verbal education. Your agency’s assigned Nutrition Consultant can support you in creating materials, if needed.
 - 4.4.5. Additional resources can be found online through WICWorks, such as [Substance Use Prevention: Screening, Education and Referral Resource Guide for Local WIC Agencies](#).
 - 4.5. In addition to the requirement of providing verbal education, the local WIC agency may choose to display the substance use prevention poster produced by the state agency to support a trauma-informed clinic environment. The poster is available for order in English and Spanish through [Shopify](#).
 - 4.6. It is **not** the responsibility of WIC staff to diagnose substance use problems or provide in-depth counseling. If a WIC participant is identified as at risk, refer the participant to a local program that provides professional evaluation, counseling, and treatment services. Disclosure of substance use does not affect access to WIC services.

Referral and Coordination of Services for Substance Use:

- 5.0 Local WIC programs shall maintain and make available a list of referral sources (printed or digital) in the program’s service area that provide substance abuse counseling and treatment. Ensure that the referral list is available for all WIC certifiers to share with all WIC applicants and participants: pregnant, postpartum, and breastfeeding women, and parents and caregivers of infants and children.
 - 5.1. Local programs are encouraged to update their referral list annually and to add other treatment programs to their referral list in order to make them as complete as possible. Consult with the referral agencies to determine their guidelines for receiving referrals.
 - 5.1.1. One resource available for use is the [Oregon Prevention and Treatment Providers Directory](#), a list of prevention and treatment providers for every county.
 - 5.2. Local programs are encouraged to stay up-to-date with current research to make sure messages are accurate and relevant to participants. Coordinate with local resources to establish linkages, strengthen referral processes, and to receive staff training and technical consultation.
 - 5.3. WIC staff must document all substance use referrals in the WIC data system.

Screening for Childhood Lead Poisoning:

- 6.0 WIC staff play a key role in referring children for lead screening and testing. There is no known safe level of exposure to lead. Children may experience continued undetected exposures to lead that could result in developmental delays and behavioral issues. Universal lead screening of children is recommended, and in the case of OHP-enrolled children, blood lead testing is required though not a service provided by WIC.
 - 6.1. At the time of each certification and mid-certification, certifiers must inquire during nutrition assessment if a child has been screened or has been tested for lead.
 - 6.2. If a child has not been screened or tested for their blood lead level, a referral is required. Refer to health care provider or local public health department. See Shopify for the English and Spanish referral card. Document the referral in the WIC data system.

Confidentiality

- 7.0 Staff, including all volunteers, must keep participant information about possible alcohol or other drug use confidential. This type of information has additional confidentiality restrictions on both disclosure or re-disclosure. Refer to Policy ♦ [450—Confidentiality](#) for more information.

All other referrals

- 8.0 Referrals are a fundamental component of the WIC program to ensure positive health outcomes. WIC programs provide health and social service referral information to applicants and participants at certification appointments or at other contacts when the need arises. Examples of appropriate referrals include, but are not limited to, Temporary Assistance for Needy Families (TANF), housing, Head Start, oral health services, Community Action Agencies, school breakfast and lunch programs, behavioral/mental health services, Child Support Enforcement, and SNAP (Food Stamps).

Determining referral needs

- 9.0 WIC staff will screen and refer participants to appropriate health or social services upon request or when a need has been identified during the assessment of income, food, health, social or medical resources.

Facilitating the referral process

- 10.0 Facilitate the referral process by encouraging participants to access needed services. Ideas to promote follow-through include:
 - 10.1. Offer participants appropriate handouts, brochures, or applications to help them access services more readily. Circle or underline pertinent information on referral materials for easy reference.
 - 10.2. Coordinate WIC appointments with appointments for other services within the same agency for the participant's convenience whenever possible. Provide a warm hand-off when possible.
 - 10.3. Exchange participant health data with other programs, when the participant consents to release of information, to reduce duplication of service.

- 10.4. Coordinate participant referrals with case managers when they are available within the program.
- 10.5. Participants needing multiple services can be referred to the statewide toll-free [211info](#) information and referral service.

Evaluation

- 11.0 Evaluate referral outcomes when possible by conducting follow-up with participants at subsequent visits.
 - 11.1. Ask participants if services were obtained.
 - 11.2. Reinforce follow-through if services were accessed.
 - 11.3. Identify barriers and options for overcoming barriers if services were not obtained.
 - 11.4. When possible, communicate barriers or feedback to partner programs to improve community services and referral processes.

Community Resources

- 12.0 Ensure that local agency staff are informed about available health and social services in the community whenever possible.
 - 12.1. Invite staff from other programs to give presentations at staff meetings. Share information about new community resources at staff meetings.
 - 12.2. Update community resource materials regularly. Keep pamphlets and brochures in locations available for participants.
 - 12.3. Develop or obtain a comprehensive listing of available resources, services provided, program locations, telephone numbers, websites and eligibility criteria.
 - 12.4. Enter any new organizations or resources in the WIC data system.
 - 12.5. Document outreach activities on the local agency outreach log. See ♦ [215—Local Program Monitoring and Review](#) for more information.

Documentation of Referrals

- 13.0 Local agency WIC staff are required to document **all** referrals in the participant's record. This includes required referrals as well as any additional referrals that are provided.

**If you need this in large print or an
alternate format, please call 971-673-0040.**

This institution is an equal opportunity provider.

POLICY HISTORY

Date	* Major Revision, Minor revision
1/11/16	Major Revision
10/2/19	880 and 885 merged-new # is 880
7/1/2025	Major Revision

The date located at the top of the policy is the implementation date unless an “effective date” is noted on the policy. Policies will become compliance findings 6 months from the implementation date.

Release notes can be found in the corresponding document on the [Policy and Procedure Manual page](#).

***Major Revisions:** Significant content changes made to policy.

Minor Revisions: Minor edits, grammatical updates, clarifications, and/or formatting changes have occurred.

Date of Origin: Date policy was initially released