

**Tips for making trauma-informed warm referrals**

**Plan of Safe Care (POSC) warm referral tips and information for providers**

Here are some suggested steps to make useful and supportive referrals to meet your clients’/patients’ concrete needs (e.g. housing, DTA) and needs for collateral services (e.g. behavioral health). Some of these steps might be difficult given your own time limitations, but they can help people navigate systems that may be unfamiliar, frustrating, overwhelming, and even trauma-triggering.

# Building a network of referral sources for needed services

Identify organizations, services, and providers who can potentially meet the needs of your clients/patients. This may include ensuring gender-specific services and providers for clients/patients who have clear preferences or needs. Consult your colleagues and supervisor; ask families you serve; search the Internet. Consider creating a resource binder for the organization, or a resource Google document that staff members can use and add on to.

Have a clear understanding of any services to which you are referring. Identify eligibility requirements (including requirement documentation), locations and hours of the organization, services provided, childcare options, options for transportation to and from there, cost of accessing services, insurance accepted, language capacity or available translation services, etc. Update this information on a regular basis.

Establish a contact (with a specific name and phone number) at each organization that can be your point person for problem solving or access issues. A sample protocol to develop with this contact might be:

1. Fax referral.
2. Follow up with email to that contact to confirm receipt.
3. Organizational contact will ensure that client/patient receives services in a timely manner.
4. That contact will close the loop to let initiator of referral know that appointments were made and kept.

If you have a regional perinatal substance use collaborative or are starting one, consider whether that person in the collateral organization should be invited to join.

Walk through accessing the service as though you are a potential consumer (i.e. call for an appointment, go to the site, sit in the waiting room). Make sure to include what the client will need to bring to their appointment (e.g. any identification or documents). Take photographs if possible so that you can show people what the place where they are being referred to will look like. This can help you to better explain what people can expect and how they can best prepare.

If there is an individual provider to whom you are referring, see if that provider is comfortable with making a “head shot” with their picture and name so that the client/patient has a visual of whom they will be meeting with.

## **When making a referral**

Ask the client/patient what supports would be helpful for them, and what they have used previously. Explore what has and has not worked for them in the past when accessing services. For example, if they did not like a particular therapist, they might not be willing to go to another therapist at the same organization. If they really liked a home-based service, try to find an organization that is flexible with their service delivery. If they have received the same service for substance use treatment multiple times, they might want to consider a different service.

Identify organizations that meet the client’s/patient’s expressed needs. Recognize that due to waitlists, referrals to multiple organizations offering similar services might be necessary. Share any information about the appropriate group to the client/ patient including visual and practical information so the client becomes more comfortable and familiar with the referral.

Encourage the client/patient to make a call to the service provider but offer to be present when the call is made in order to provide additional support and to ensure that the client leaves with an appointment scheduled.

Generate a list of questions to ask the service provider or organization with the client/patient before the referral call is made. Offer to role play the phone call with your client/patient beforehand to increase their comfort level.

If the client/patient is not comfortable making the call themselves, make the call with the client/patient on a speaker phone if privacy allows. Introduce the client/patient so that they feel fully involved in the process and can ask any questions in your supportive presence.

When desired by the client/patient and if appropriate, schedule an initial joint appointment with the new provider for continuation of care and/or to help ease the transition with a new service provider.

If an appointment is scheduled, encourage the client/patient to write down or put into their phone the appointment date, time, provider name, and contact information.

Brainstorm with the client/patient how they will get to their appointment, if they need childcare services, if they need to apply for health insurance, bring a copay, or any other possible barriers to accessing services with the new organization.

**After the referral has been made**

Follow up with client/ patient about the appointment. This may include reminding the client/patient before the appointment, asking if the client/patient has any further questions about the referral, and/or following up post referral appointment with client/patient. If they have not kept the appointment, discuss why and try to resolve possible ambivalence or barriers.

Ask the client/patient if they would sign a release of information (ROI) to allow you to communicate with the other provider if needed. Share that the purpose of the ROI is to best support the client/patient through building a coordinated team. Describe the kind of information you may share with the service provider or organization, what information the service provider or group may share with you, and if the release of information is limited to the referral process or allows for ongoing communication. Inform the client/patient that they may edit or rescind the release of information at any time.