



Tips for Making Trauma-Informed Warm Referrals

Here are some suggested steps to make useful and supportive referrals to meet your patients' concrete needs (i.e. housing, DTA) and needs for collateral services (i.e. 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 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; go to www.healthrecovery.org/safecare to consult the searchable database (and add any missing services via the chatbox); search the Internet. Consider creating a resource binder for the provider, or a resource Google document that staff members can use and add on to.

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

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

1. Fax referral.
2. Follow up with email to provider contact to confirm receipt.

3. Provider contact will ensure that patient receives services in a timely manner.
4. Provider contact will close the loop to let initiator of referral know that appointments were made and/or kept.

If you have a regional perinatal substance use collaborative or are starting one, consider whether that person in the collateral provider 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.



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 agency. If they really liked a home-based service, try to find an agency that is flexible with their service delivery. If they have received treatment in the the same service setting for substance use treatment multiple times, they might want to consider a different service setting.

Identify agencies that meet the client's/patient's expressed needs. Recognize that due to waitlists, referrals to multiple agencies offering similar services might be necessary.

Share any information about the appropriate agency to the client/ patient including visual and practical information so the client/patient 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/patient leaves with an appointment scheduled.

Generate a list of questions to ask the service provider or agency 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 agency.

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 agency, what information the service provider or agency 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.

If it seems that follow up with referral is needed and the client/patient has consented to a ROI, share with client/patient that you would like to contact the referral.