

# Referral to Treatment



# Overview

- Substance abuse treatment works!
- Following are strategies to realize the greatest likelihood of a successful treatment referral.

# Learning Objectives

By the end of this session you will be able to—

- Identify the practical aspects of making a successful treatment referral.
- Identify what substance abuse treatment is.
- Practice use of the BNI for making a treatment referral.

# About Patients Screened in Primary Care

- Evidence indicates that approximately 5 percent of patients screened will require a referral to either brief treatment or specialty treatment.



# What Is Treatment?

Treatment may include—

- Counseling and other psychosocial rehabilitation services
- Medications
- Involvement with self-help (AA, NA, Al-Anon)
- Complementary wellness (diet, exercise, meditation)
- Combinations of the above



# What Is Treatment? (continued)

- Substance abuse treatment is provided within levels of care often available in multiple treatment settings.
- Level of care is determined by severity of illness: Is the patient a dependent or nondependent substance abuser, and are there medical or psychiatric comorbidities?
- Inpatient treatment is reserved for those with more serious illness (dependence, comorbidity).



# Referral Guidelines for Greatest Success

- Determine if patient is drug or alcohol dependent and needs medical detoxification (usually inpatient).
- A nondependent substance abuser is usually treated as an outpatient unless there are other risk factors.
- Most patients can be successfully served in outpatient treatment.



# A Strong Referral to Appropriate Treatment Provider Is Key

When your patient is ready—

- Make a plan with the patient.
- You or your staff should actively participate in the referral process. The warmer the referral handoff, the better the outcome.
- Decide how you will interact/communicate with the provider.
- Confirm your followup plan with the patient.
- Decide on the ongoing followup support strategies you will use.





# What Is a Warm-Handoff Referral?

The “warm-handoff referral” is the action by which the clinician directly introduces the patient to the treatment provider at the time of the patient’s medical visit. The reasons behind the warm-handoff referral are to establish an initial direct contact between the patient and the treatment counselor and to confer the trust and rapport. Evidence strongly indicates that warm handoffs are dramatically more successful than passive referrals.

# Video Demonstration

This brief video demonstrates the BNI negotiating a referral to treatment.

# BNI Practice Session

- Roles
- Patient
- Interviewer
- Observer



# Plan for the Nuts and Bolts

- Whom do you call?
- Do you have access to referral resource information?
- What form do you fill out?
- What support staff can help?



# Considerations When Choosing a Treatment Provider

- Language ability/cultural competence
- Family support
- Services that meet the patient's needs
- Record of keeping primary care provider informed of patient's progress and ongoing needs
- Accessible location/transportation



# Payment for Services

- Does the provider accept your patient's insurance?
- Will the patient need to get prior insurance authorization?
- If the patient does not have insurance, does the provider offer services on a sliding-fee scale?





# What Should You Expect?

- Substance abuse treatment facilities should provide you ongoing updates with a valid release of information.
- If they do not, you may choose to refer elsewhere.



# What Should You Expect?

- Substance abuse treatment facilities should provide you with a structured discharge plan discussing the patient's ongoing treatment needs and recommend providers.





# What Should You Expect?

- Programs change over time. Maintain an up-to-date roster of public and private treatment and self-help resources in your community.



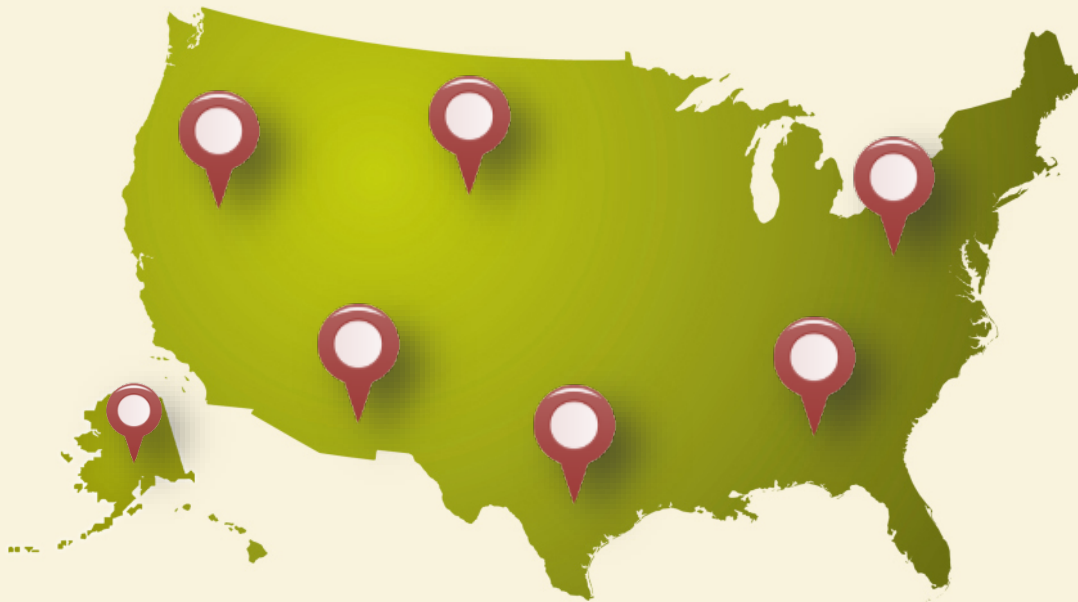
# Common Mistakes To Avoid

- Rushing into “action” and making a treatment referral when the patient isn’t interested or ready
- Referring to a program that is full or does not take the patient’s insurance
- Not knowing your referral base
- Not considering pharmacotherapy in support of treatment and recovery
- Seeing the patient as “resistant” or “self-sabotaging” instead of having a chronic disease



# Referral Resources

- SAMHSA's National Treatment Facility Locator  
<http://findtreatment.samhsa.gov>



# Summary

- Treatment works.
- With a minimal amount of preparation, you can know what is available in your community.
- Clarify your procedures for referral.
- Warm handoffs work best.
- Follow up.

