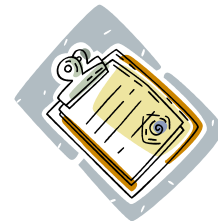


~ Making A Formal Referral ~

An *informal referral*, which usually occurs when substance use does not endanger the safety or well-being of the child, refers to the process of providing information about community resources to clients so they can secure services on their own. However, if the client's AOD history suggests that substance abuse is a serious problem, a *formal referral*, occurring when someone initiates a contract with an assessment, counseling, treatment, or other AOD agency on behalf of a client who has a substance abuse concern, becomes vital. Even if some entity initially rejects the referral, the interest demonstrated might help to penetrate the AOD-dependent person's denial. Generally, unless a caseworker makes a formal referral, a client heavily involved in substance abuse will not pursue the referral on his or her own. It then becomes imperative, for Child Welfare Professionals to know how to make a good referral in order to ensure we make reasonable efforts to reunify the child with their caretaker with substance abuse concerns. In doing so, we must:

- **Understand and establish contact with the local network of AOD providers.**
 - The goal is to identify as many resources as possible that can provide the full continuum of care. Individuals must use personal contact and even interagency agreements to identify compatibility of referral procedures between agencies, to resolve conflicts and unusual cases, to decide how to divide service responsibilities, and to set up mechanisms for interagency joint training. In some locations, programs might operate and fund alcohol programs independently from other drug programs. This might require contact with two separate systems. Sharing information and resources not only facilitates the referral process, but may also improve the quality of services.
 - Possible sources to contact for a current listing are the United Way, local councils on alcohol and drug abuse, the local and state health departments, and the single state Alcohol and Drug Abuse Director. In addition to getting information on treatment resources, you should also familiarize yourself with resources for conducting diagnostic assessment; the evaluation unit of an AOD treatment facility usually conducts such assessments. Other resources include mental health centers that treat AOD concerns and some public health departments. You should make certain that the assessment is comprehensive and sensitive to the special needs of populations served by child welfare agencies.



~ Making A Formal Referral (continued) ~

- **Engage the client.** Probably the most difficult part of the referral process is initially approaching the client about the need for a referral. Often the client will appreciate, in retrospect, the gesture; at the time; however, he or she may strongly resist the gesture. A good place to start is to affirm positive behaviors observed and then approach the AOD problems in a supportive and accepting manner. Once a client agrees to a referral, it is important immediately to proceed. Ask clients if they have ideas about what programs they would like to explore. Obtain a written consent to release information to the referral agency. (The initial discussion should be straightforward and candid. You should clearly explain the reason for the referral.) If possible, include the family in discussions regarding the referral.
- **Make an appointment with the referral source.** Agree to the initial time and location with the client before making the referral and setting up an appointment. Clarify procedures for making appointments when you first approach the referral resource. Document all referral arrangements.
- **Encourage follow-through.** Encourage and support the client in following through with the appointment. This might mean that the caseworker arranges childcare, transportation, and etcetera.
- **Document the referral and the result.** Complete records help in permanency planning and avoiding potential problems posed by staff turnover, as well as the possible confusion about requested and received services. Report to the state alcohol and drug abuse director documentation on unmet needs for assessment and treatment (This documentation might help to gain additional services in your community.)

