

Appendix 12

Steps to Referral^a

DISCUSS WITH TEEN	Use brief motivational intervention strategies when discussing with the teen why you recommend a referral.
INVOLVE PARENTS	Ask the teen for permission to include parents. If the teen’s behavior is judged to be putting him/herself or others at risk, consider breaching confidentiality and discussing with parents even if permission is not obtained.
DETERMINE LEVEL OF CARE AND ACUITY	Adolescents who are suicidal or at risk of withdrawing from benzodiazepines or alcohol should be referred to the emergency department for medical clearance and referred to youth stabilization programs for medically supervised detoxification. Most other patients can be managed in an “urgent” (as opposed to “emergent”) manner and can be referred directly to youth stabilization.
SELECT APPROPRIATE PROGRAMS	<p>Create a list of providers/programs that meet the appropriate level of care.</p> <ul style="list-style-type: none">• Teens should ALWAYS be referred to programs designed for their age/developmental level. Adolescents should not attend programs designed for adults.• Insurance coverage.• Location/transportation, particularly for intensive outpatient and partial hospital programs, which require frequent trips from home.
CALL FOR ADMISSION PROCEDURES	<p>If possible, assign someone from your practice to assist parents with the initial phone call to determine admission procedures and bed availability.</p> <ul style="list-style-type: none">• Patients may need to wait at home several days until a bed becomes available.• Some insurance products require an emergency department evaluation prior to admission for “medical and insurance clearance.” In these cases, a letter from the primary care provider explaining the rationale for level of care may be helpful.
KEEP IN TOUCH WITH PATIENTS AND FAMILIES WHILE THEY ARE WAITING FOR PLACEMENT	Patients and families are vulnerable while they are waiting for placement in a treatment program. Many treatment programs will offer parent or family groups while waiting for admission. Have families come for brief office visits to check in with you during this window, or if this is not possible, have the practice call the family to check in. If behaviors escalate, the level of acuity may need to be reconsidered.
CONTINUE TO FOLLOW TEENS AND PARENTS WHILE THEY ARE IN TREATMENT	Schedule a visit or speak with parents while their teen is in treatment to see how things are going and to advise on discharge planning. Ask for a release of information and speak directly with program staff if at all possible.
FOLLOW UP WITH PATIENTS SOON AFTER DISCHARGE	As with any medical condition, follow up shortly after discharge from a higher level of care is warranted. Review the course of treatment and continuing care plans. Substance use disorders are not “cured,” and patients should continue in a lower level of care after discharge from more intensive treatment. Ongoing recovery supports are also recommended.

^a Massachusetts Department of Public Health. Adolescent SBIRT toolkit for providers. Boston, MA: Massachusetts Department of Public Health Bureau of Substance Abuse Services, 2015.