

When you call an addiction treatment center, it's reasonable to ask whether it can provide the care you need—or will connect you with another provider for **outside specialist care**. A referral might be part of a thoughtful treatment plan. It can also reveal that a center does not offer a service you need, such as medically supervised withdrawal, psychiatric care, or treatment for a serious medical condition.

The important question is not simply, "Do you refer people out?" It's: **How does the center assess my needs, decide whether it can safely meet them, and help me connect with the right care?**

In my years around detox intakes and step-down planning, I've seen how hard it can be to think clearly while you're worried, in withdrawal, or calling on behalf of someone you love. Use the questions in this guide as a checklist. You don't have to know the right clinical words or make every decision during one phone call.

What "referring out" can mean

A referral is a recommendation or connection to another provider. It can happen before admission, during treatment, or when someone is ready to move to a different level of care. The phrase "we refer out" is too vague to tell you what will actually happen, though.

- **Pre-admission referral:** After an assessment, the center recommends a different program because it cannot provide the right level or type of care.
- **Consultation:** A specialist advises the treatment team, while you continue receiving care at the center.
- **Transfer:** The center helps arrange a move to another facility, sometimes because your needs change or become more medically complex.
- **Aftercare referral:** The center helps connect you with ongoing counseling, medical care, peer support, or other services after its program ends.

These are not interchangeable. Ask which one the center means, who makes the decision, and what help you will receive. A referral should not be a surprise or a way to leave you to sort everything out alone.

Start with an assessment—not a schedule

Ever notice how a center should learn about your situation before promising that a particular program or schedule is appropriate. A personalized assessment (a conversation and review of your needs, health, and circumstances) helps the provider decide what level of care may be safe and useful. It should be more than a quick sales call or a tour of the daily timetable.

Depending on the provider and your situation, questions may cover what substances you use, how much and how often, when you last used them, past withdrawal experiences, medical conditions, medications, mental health, and immediate safety concerns. The assessor may also ask about housing, transportation, work, family responsibilities, and what you hope will change.

It's okay to ask how information is handled, who will review it, and whether the person speaking with you is qualified to assess clinical needs. You can also ask what happens if the assessment suggests the center isn't a fit. A responsible answer should explain the next steps, not pressure you to enroll before your needs are understood.

Questions to ask about the assessment

- "Can you assess my needs before discussing a schedule or admission date?"

- “Who completes the assessment, and what health or treatment background do they have?”
- “What information do you need about my substance use, health, medications, and past treatment?”
- “If you think another service is a better fit, will you explain why and help me contact it?”
- “Can I include a family member or another support person in the conversation?”

Ask how the center handles withdrawal risk and safety

Withdrawal is the body’s response when someone reduces or stops using a substance after the body has adapted to it. The risks vary depending on the substance, pattern of use, health history, and other factors. Some withdrawal can be dangerous. A center should not assure you that stopping is safe based only on a short phone conversation.

Ask how the provider evaluates withdrawal risk and what it does if you may need medical monitoring. **Medical detox** (care that monitors and treats withdrawal symptoms) is not the same as residential treatment, counseling, or a place to stay. Some centers offer withdrawal care on site; others coordinate with a hospital or a separate detox provider. Neither arrangement is automatically right or wrong—the key is whether the plan matches your risk and whether the handoff is clear.

Find out who monitors symptoms, what medical staff are available, and what happens if your condition worsens. Ask whether the center can manage your health needs and prescribed medications, and how it responds to emergencies. If the answer is “we’ll figure it out when you arrive,” ask for more detail before relying on that plan.

Questions to ask about withdrawal planning

- “How do you decide whether I need medically monitored withdrawal care?”
- “Do you provide that care here, or would you refer or transfer me somewhere else?”
- “Who checks on people during withdrawal, and what medical help is available?”
- “If I need a higher level of medical care, who arranges the transfer?”
- “What should I do if I feel unsafe before admission?”

If someone may be in immediate danger, has severe symptoms, or is difficult to wake, contact emergency services rather than waiting for an intake appointment. This article can’t assess individual withdrawal risk; a qualified medical professional can advise on the next step.

Understand the center’s scope of services

Scope of services means what a provider is equipped and authorized to offer. It may include certain levels of addiction treatment, medical services, counseling, or support after discharge—but not every service that a person might need.

Ask the center to describe its services in concrete terms. “We have a full continuum” or “we tailor care” doesn’t tell you whether it provides medically supervised withdrawal, residential treatment, outpatient visits, psychiatric evaluation, or medication for addiction. Ask what is available on site, what is delivered by outside clinicians, and what requires a referral.

Also ask whether the center can [windstream.net](https://www.windstream.net) support needs such as pregnancy, chronic illness, mobility limitations, or medication management. The answer may depend on your circumstances. A provider can be honest about limits and still help you make a safe plan; what matters is that it explains those limits clearly.

Area to check What to clarify Question to ask Withdrawal care On-site monitoring, medical availability, or a partner facility "Where would I go if I need withdrawal care?" Mental health Screening, evaluation, treatment, and follow-up "Who helps if anxiety, depression, or another concern comes up?" Medical needs Medication management and care for other conditions "Which medical needs can you handle here?" Continuing care Planning and connections after the program "Who helps arrange my next step before I leave?"

Compare short-term needs with long-term recovery goals

A treatment plan has to address what's urgent now and what may help you over time. **Short-term goals** might include getting through withdrawal safely, stabilizing a health concern, or starting treatment. **Long-term goals** might include ongoing counseling, medication support, rebuilding relationships, or managing triggers (situations that can increase the urge to use).

Ask how the center connects those stages. If it recommends a different service, find out whether that's a temporary step, such as medical stabilization, or a longer-term recommendation. Ask what happens after the first program ends and whether someone will help arrange the next appointment. A referral list is not the same as a confirmed connection.

Recovery plans can change. A return to substance use does not mean someone has failed or does not care; it can be a sign that the plan needs reassessment or added support. Ask how the center responds if treatment needs change, and whether it can help with a new referral without blame or punishment.



Questions to ask about goals and transitions

- "What is the immediate goal of the care you're recommending?"
- "How will we talk about longer-term goals, not just the first few days or weeks?"
- "If you recommend another program, what would that program provide that you cannot?"
- "Will someone help make the next appointment or transfer, or will I receive contact information?"
- "What happens if the plan isn't working or my needs change?"

Ask specifically about mental health screening and follow-up

Substance use and mental health concerns can occur together. A person may be dealing with anxiety, depression, trauma, or other difficulties alongside substance use—or symptoms may become clearer after use changes. **Co-occurring conditions** (mental health and substance use concerns happening at the same time) may call for coordination between providers.

Ask whether the center screens for mental health concerns, who reviews the results, and what happens if you need a more detailed evaluation. Screening is an initial check; it is not always a diagnosis or a full treatment plan. Ask whether mental health care is offered by the center, through a visiting specialist, or through an outside referral.

Follow-up matters too. Find out how the center communicates with an outside clinician—with your permission—and who helps coordinate appointments or medication questions. If you already have a therapist, psychiatrist, or primary care clinician, ask whether the center can coordinate with them. You can ask what information would be shared and how consent works.

What a useful referral process looks like

A clear **referral process** explains who is responsible for each step. Depending on the situation, the center may explain its recommendation, identify suitable providers, share records with your permission, help check availability, and coordinate timing. Not every provider can guarantee an appointment or accept someone immediately, so ask what the center can and cannot do.

1. **Ask for the reason.** What need is beyond the center's scope, and what type of care is being recommended?
2. **Clarify urgency.** Should the next step happen today, before admission, or as part of a later transition?
3. **Ask who will coordinate.** Get the name or role of the person responsible for the handoff.
4. **Confirm the practical details.** Ask about location, cost or insurance questions, availability, transportation, and what information is needed.
5. **Check what happens if the referral falls through.** Ask for a backup plan and a contact person.

If you're unsure whether a center's description matches your needs, use neutral questions rather than trying to judge a provider from its website alone. For alcohol-specific information, the NIAAA Alcohol Treatment Navigator can help you learn about treatment options and questions to consider when looking for care. You can also review Aura Recovery Center as one provider's resource. These tools can help you prepare, but neither a website nor this article can determine which level of care is appropriate for an individual.

Make the call easier with a short script

When you're anxious, it's easy to forget what you meant to ask. You can read this aloud or adapt it:

"Before we talk about a schedule, I'd like to understand how you assess whether someone is a safe fit. What services do you provide directly, and when do you refer someone for outside specialist care? If you recommend a referral, who helps coordinate it, and what happens if the next provider isn't available?"

Then add the concerns that matter most to you: withdrawal safety, medications, mental health, medical conditions, cost, privacy, or continuing care. You can write down the answers and ask the person to explain unfamiliar terms in everyday language.



Know what you're listening for

A helpful answer is specific without pretending to know everything before an assessment. The provider should be able to describe how it evaluates needs, name services it does and does not offer, explain how urgent risks are handled, and tell you who coordinates referrals. It should also welcome reasonable questions and respect your decision to compare options.

Be cautious if a center promises admission or a particular outcome before learning about your health and withdrawal history, dismisses safety concerns, or cannot explain what "referral" means in its process. You are not being difficult by asking. You are trying to understand whether the center's scope of services fits your needs—and what support will be available if it doesn't.

You don't have to solve the whole recovery plan on the first call. Start with safety, get a clear assessment, and ask for the next step in plain language. A good referral is not simply being sent somewhere else; it is a reasoned connection to care the first provider can't appropriately offer itself.