

You left residential treatment expecting the next step to be arranged. Then you called the outpatient provider—or waited for them to call—and learned that the referral was missing, incomplete, or never received. That can feel frightening and discouraging, especially when you are trying to protect the progress you made in treatment.

An unsuccessful referral does not mean you have failed or that you cannot get care. It does mean there is a gap to address. The goal is to find out where the process stopped, arrange a specific next contact, and keep some support in place while you wait. You do not have to solve every part of your recovery plan today.

Start with a three-step plan

1. **Contact the person or team that sent the referral.** Ask whether it was sent, when, to whom, and what information was included.
2. **Call the outpatient provider directly.** Ask whether they received it, what they still need, and the earliest appointment or intake option.
3. **Make a short-term plan while the referral is fixed.** Confirm who you can contact, where you can go, and what you will do if symptoms or cravings intensify.

If you feel at immediate risk of harming yourself or someone else, or you cannot stay safe, call emergency services or go to an emergency department. In the United States, you can call or text 988 for the Suicide & Crisis Lifeline. For a medical emergency, call 911. If you are outside the United States, use your local emergency or crisis service.

Find out exactly what went wrong

“The referral never went [israelnationalnews.com](https://www.israelnationalnews.com) through” can describe several different problems. The residential program may not have sent it; the outpatient provider may not have received it; a form or release may be missing; or the provider may have received it but not contacted you. Sometimes the referral arrived but the provider is not accepting new clients, does not take your insurance, or cannot offer the level of care you need.

Try to get a concrete answer rather than repeating “I’m waiting.” Write down the date, the name of the person you speak with, and what they say will happen next. If you can, ask for the answer by secure message or email so you have a record. Do not send sensitive health information through an unsecured channel unless the provider says it is appropriate.

Questions for the residential program

- Was the referral sent? On what date and to which office or person?
- What contact information or records were included?
- Was my release of information completed, and does it cover communication with this provider?
- Can you resend the referral while I am on the phone?
- Who is responsible for checking that the provider received it?
- What should I do if I do not hear back by a specific date?

Ask for the name and direct phone number of the staff member who will follow up. A discharge plan is more useful when it includes a next appointment—or, if that appointment is not confirmed, a named person, a date to check back, and a backup option.

Questions for the outpatient provider

- Can you confirm whether my referral and records arrived?
- Is anything missing, such as insurance details, a release, or a medication list?
- Are you accepting new clients, and do you offer the type of care I need?
- What is the soonest intake appointment? Can I be added to a cancellation list?
- Can I have a brief phone screening while I wait for a full appointment?
- If you cannot see me, which other providers or services should I contact?

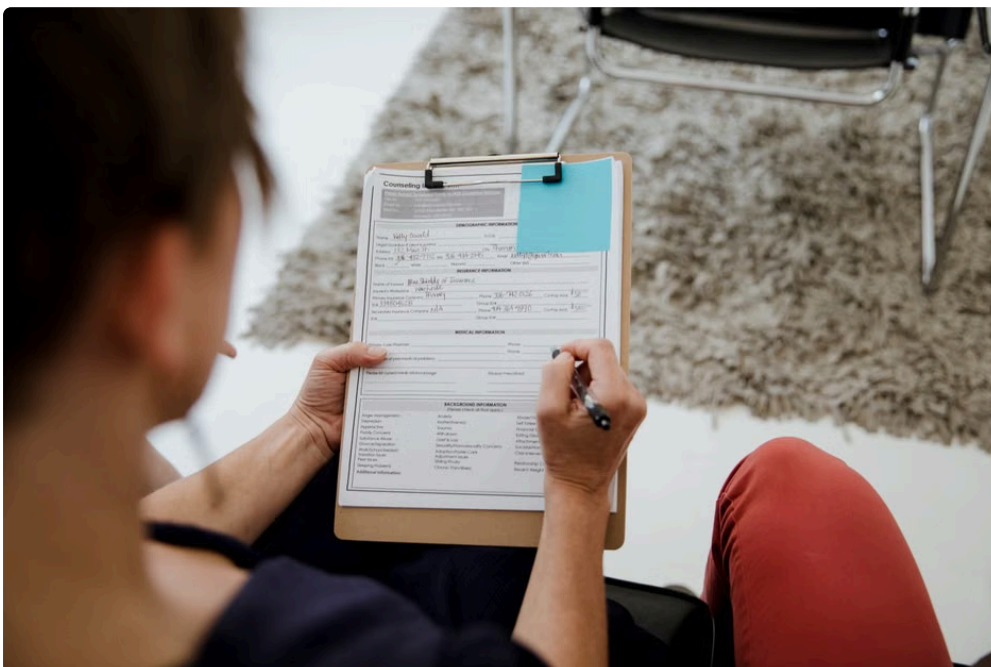
When you call, you can say: “I recently left residential treatment. My discharge plan says your office should have a referral, but I have not been able to schedule. Could you check whether it arrived and tell me what the next step is?” You do not need to share more personal history than is needed to arrange care.

Ask for care coordination, not just another phone number

Care coordination means someone helps connect the the pieces: the residential program, the outpatient provider, your primary care clinician, pharmacy, insurer, and any community supports you are using. It should be clear who is making each call and by when. If you are asked to repeat the same information to several offices, tell them that and ask whether they can coordinate directly—with your permission.

Contact the discharge coordinator, case manager, or aftercare contact listed in your paperwork. If you do not know who that is, call the program’s main number and ask for the person responsible for post-discharge referrals. Be direct: “I need help closing this gap. Please tell me who will follow up, what they will do, and when I should expect an update.”. Pretty simple.

If the original outpatient provider cannot offer an appointment soon, ask about alternatives rather than waiting without a plan. Options may include another outpatient provider, a community mental health clinic, a primary care appointment, a peer support service, or a higher level of care if your symptoms warrant it. The right option depends on your needs, location, insurance, and clinical situation. A provider or discharge coordinator can help you decide what fits.



Keep continuity of care going while you wait

Continuity of care is not only the first therapy appointment. It may include medication follow-up, recovery support, help managing symptoms, and a plan for what to do if your condition changes. If you take prescribed medication, contact the prescribing clinician or pharmacy before you run low. Do not stop, change, or share medication without guidance from a qualified clinician.

If you need a new prescriber, ask the residential program to send a current medication list and discharge summary to the clinician you choose, using the proper authorization. Ask who can address questions before your first appointment. If you have urgent medication concerns or significant new symptoms, contact a clinician promptly rather than waiting for a routine intake.

For veterans, the U.S. Department of Veterans Affairs has information about residential mental health services on its VA Mental Health Residential Rehabilitation page. The page can help you learn about VA residential care, but it is not a substitute for contacting a VA clinician or local VA facility about your individual next step. If you are enrolled in VA care, contact your VA care team or facility and explain that your post-discharge referral has not resulted in an appointment.

Aura Recovery Center's website, aurarecoverycenter.com, is another place to review information about its services and contact options. If you are considering any program, ask directly about availability, cost or insurance, the level of care offered, and how the program coordinates with your current providers. A website cannot confirm that a referral was sent or that a specific appointment is available.

Make the transition home more manageable

The first days home can bring a sudden change in structure. Residential treatment may have provided set wake-up times, meals, groups, staff check-ins, and fewer decisions to make. At home, daily tasks and open hours return all at once. A simple routine can reduce the number of decisions you have to make when you are tired or unsettled.



Set up the next few days

- Choose a realistic wake-up time, meal times, and bedtime.
- Put appointments and follow-up calls on a calendar, including the name and phone number for each contact.
- Plan transportation: confirm a ride, public transit route, parking, or a telehealth connection before the appointment day.

- Keep discharge papers, medication information, insurance details, and provider numbers together.
- Decide who you will contact if you need help with a practical task, such as getting to an appointment or picking up a prescription.

Be specific when asking someone for help. Instead of “be supportive,” you might ask: “Can you drive me to the clinic Tuesday at 10?” or “Could you sit with me while I make the referral call?” Family or friends may be able to help, but they may not be available or equipped to manage clinical needs. Keep a professional contact and a backup option in your plan.

Identify triggers and plan for hard evenings

Triggers can include people, places, conflict, loneliness, pain, money stress, unstructured time, or reminders of past experiences. You may not know all of yours yet. For a few days, note when distress or cravings rise: what was happening, where you were, who was present, and what helped even a little. I've seen this play out countless times: wished they had known this beforehand.. This is information to discuss with a clinician—not a test you need to pass.

Evenings can be especially difficult when daytime structure ends. Make a short plan for the hours when you are most vulnerable. Keep it practical: eat something, take prescribed medication as directed, move to a safer or less triggering setting, contact a trusted person, or attend a recovery meeting or other support you have chosen. If a certain person, place, or activity increases risk, consider avoiding it while you connect with your care team.

It can help to write down two contacts: one person you can call for company or practical help, and one professional or crisis resource. Be clear about what you are asking for. For example: “I’m having a hard evening. Can you stay on the phone with me for 15 minutes while I get through the next step?” Do not rely on one person as the entire safety plan.

What to do if the appointment falls through

Keep this list where you can find it. If a provider cancels, does not call, or says the referral is incomplete, take the next available step rather than assuming you have no options.

What happened What to do next The provider did not receive the referral Ask the referring program to resend it. Confirm the receiving office’s fax, secure email, or referral process, then call the provider to verify receipt. The provider needs more information Ask exactly what is missing, who will send it, and the deadline. Confirm that any needed release is in place. The provider has no openings Ask about a cancellation list, a brief screening, other locations, or referrals to providers with earlier availability. Contact your discharge coordinator for help comparing options. You cannot reach anyone Leave a short message with your name, callback number, and reason for calling. Try the main office or discharge contact, and set a date and time for your next attempt. Transportation or technology is a barrier Ask whether telehealth is available and what equipment or private space is required. Check transit, rides, or other local transportation options before the appointment. Your symptoms worsen while you wait Tell a clinician or crisis service what has changed. Use emergency services if you cannot stay safe or have an urgent medical emergency.

News stories can raise awareness about health and recovery, but they are not a substitute for individualized care. If you see coverage related to treatment in outlets such as *Israel National News*, use it as general reporting—not as confirmation that a particular referral pathway, provider, or treatment is right for you. For decisions about your care, rely on qualified clinicians and direct information from the services you contact.

Make the next step visible

Ask yourself this: before ending a call, repeat the plan back: “the referral will be resent today by jordan, and i will call your intake desk thursday at 9 a.m. if I have not heard from you. Is that correct?” Write down the names, dates, phone numbers, and agreed actions. If the person cannot give you a date or a contact, ask who can.

You deserve a clear handoff after residential treatment. If the referral failed, it is reasonable to ask the program and outpatient provider to help repair it. Focus on the next reachable step—not a perfect plan—and keep a backup in place for care, transportation, and difficult moments. A missed connection is a problem to solve, not proof that recovery is out of reach.