

TECHNICAL COMPETENCIES

for Canada's Substance
Use Workforce v. 3

REFERRAL



Canadian Centre
on Substance Use
and Addiction

Evidence. Engagement. Impact.



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on Substance Use
and Addiction

All behavioural indicators across proficiency levels are examples only and can be adapted or tailored to meet individual organizational needs and mandates.

For CCSA's competencies, substance use is inclusive of situations where professionals are working with individuals who use or have used substances, are diagnosed with a medically recognized substance use disorder or are experiencing harms as a result of using substances. For more information, please refer to the criteria for substance use disorders in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5).

For more information on sex- and gender-based analysis (SGBA+), please visit www.ccsa.ca/sex-and-gender-based-analysis

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Collaborating with people who use substances to identify and access available referral services, supports and resources that are gender- and culturally appropriate to best meet their needs.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> 1. Develops knowledge of and maintains relationships with referral resources 2. Becomes familiar with various community resources available for meeting people's needs 3. Collaborates with people to identify potential referral options and the appropriateness of available resources; transparently discusses priorities, expectations and required actions 4. Helps complete documents required for the referral process 5. Adheres to all legislation, guidelines, procedures and protocols about confidentiality and professional ethics 6. Builds awareness of role and organizational mandate with referral sources 7. Recognizes barriers to services, such as gender, caregiving, age, rural location, being racialized, etc. 8. Recognizes what is within their scope of practice and when it is appropriate to make a referral to another healthcare professional or service provider 9. Considers individualized needs and maintains a person-directed approach when making referrals (see Person-directed Care competency) 	<ol style="list-style-type: none"> 1. Is familiar with potential referral resources through such activities as visiting sites, networking and studying websites and publications 2. Maintains a collaborative, holistic approach to service delivery 3. Builds and maintains a network of resources available for meeting individual needs and wrap-around services 4. In consultation with people, assesses their ability to participate in referral services and works with them to identify barriers to participation (e.g., inadequate housing, trauma and violence history, etc.), as well as opportunities; collaborates with people to find solutions and address barriers 5. Initiates collaboration with referral sources, as appropriate 6. Coordinates referral services and supports to provide seamless care for people 7. Advocates for people using services when necessary 8. Demonstrates an understanding and awareness of re-traumatization and minimizes the frequency with which a person has to re-tell their story when making referrals 	<ol style="list-style-type: none"> 1. Maintains a network of gender- and culturally sensitive referral sources appropriate to the needs of people with complex histories 2. Collaborates with people to enhance their ability to engage in and follow up on the referral process 3. Maintains contact and follows up with people and referral sources to facilitate successful treatment and evaluate the outcome of the referral 4. Advocates with referral agencies on behalf of people 5. Engages with people during wait times and transition to other services, considering gender, culture and other individual factors and vulnerabilities during various stages of service 	<ol style="list-style-type: none"> 1. Builds and enhances referral capacity by networking with external senior-level colleagues 2. Establishes protocol and method for collecting satisfaction data from people using services 3. Oversees the referral process to ensure that mutually beneficial relationships are established 4. Reviews referral records for accuracy, completeness, timeliness and compliance with legal and clinical requirements 5. Follows up on situations in which people or referral sources report inappropriate, unsatisfactory or incomplete referrals and takes appropriate action