



Sample Linkage Agreement For Mental Health Referral, Assessment and Treatment

This sample linkage agreement is created to serve as a resource for CACs. Please note this is intended as a SAMPLE and should be carefully reviewed by the CAC Board of Directors or other governing entity so that it accurately reflects YOUR partnership with community agencies.

_____ Children's Advocacy Center (CAC) and _____ (mental health provider) agree to collaboratively provide mental health services to child victims of sexual and serious physical abuse to ensure trauma focused mental health services for all children and their non-offending family members. This linkage agreement outlines the following:

1. CAC staff _____, is responsible for making the initial referral to the non-offending parent/guardian for mental health assessment and treatment for the child and non-offending family members.
2. The mental health provider agrees to prioritize CAC referrals by placing these referrals at the top of waiting lists when they exist, and when no waiting list exists efforts will be made to schedule an appointment within a reasonable amount of time.
3. The mental health provider agrees to protect confidentiality of their patients as outlined in their own agency policies and procedures.
4. The mental health provider confirms that the clinicians meet at least one of the following training standards:
 - Master's Degree/Licensed/Certified in a related MH field
 - Master's Degree in a related MH field and working toward licensure; supervised by a licensed MH professional
 - Student intern in an accredited MH related graduate program – supervised by a licensed/certified MH professional. Both people must meet the 40-hour training requirements
5. The mental health provider(s) has completed, and submitted documentation of completion to the CAC, of 40 contact hours in specific evidence-based treatment for trauma training: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Child and Family Traumatic Stress Intervention (CFTSI), Eye Movement Desensitization and Reprocessing (EMDR), Parent Child Interaction Therapy (PCIT), Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT), Child-Parent Psychotherapy (CPP).
6. The mental health provider confirms that the clinicians providing treatment to child victims of sexual and physical abuse and their families complete a minimum of 8 contact hours every two years in the field of child abuse, trauma, clinical practice and/or cultural applications.
7. Mental health services to children must include:
 - Trauma-specific assessments
 - Evidence-based assessments to inform treatment
 - Individualized treatment plan based on assessments that are periodically reassessed
 - Individualized evidence-supported treatment for the child clients and other family members
 - Child and caregiver engagement in treatment
 - Monitoring of trauma symptom reduction



Referral to other community services as needed

8. The mental health provider confirms that mental health services are available and accessible to all CAC clients regardless of ability to pay.
9. The mental health provider will offer or refer caregivers for assessment and treatment.
10. The mental health provider confirms that mental health clinicians participate in ongoing clinical supervision/consultation.
 - Supervision by a senior clinician on staff at the CAC
 - Supervision with a senior clinician in the community who serves children and families and accepts referral from the CAC
 - Participate in supervision call with MH providers from other CACs (individual/group)
 - Participation in State Chapter or one or more CAC contracts with a senior clinician to provide supervision and consultation
11. The CAC will work with the mental health provider to provide information about victim compensation.
12. As mandated reporters, the mental health providers agree to report all suspected cases of child sexual and severe physical abuse to state/local office of child protection.
13. The CAC staff is responsible for notifying the mental health provider or designee of regularly scheduled Case Review meetings. The mental health provider or designee shall attend scheduled Case Review to provide consultation, expertise, and input on mental health issues to the MDT and to discuss specific case information, if release is signed. If specific case information is discussed it should include the child's and caregiver's engagement in and completion of treatment.
14. The CAC values diversity, equity and inclusion (DEI) will provide access to DEI training and information and encourages attendance at trainings; the [MH PROVIDER/MEDICAL PERSONNEL/ETC] will provide services that are culturally informed and submit documentation of attendance at DEI training, as relevant.

The CAC believes in protecting the client's right to confidentiality. To that end the CAC and _____ agree that all mental health records are the property of the mental health provider, records are maintained inside the mental health provider's offices, and records can only be accessed via authorized release of information signed by the child's parent/guardian or by court order.

Children's Advocacy Center

Date

Mental Health Agency/Provider

Date

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SAMPLE

