



Sample Linkage Agreement Medical 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 _____ (medical) agree to collaboratively provide medical services to child victims of sexual and severe physical abuse to ensure specialized services for all children and their non-offending families. This linkage agreement outlines the following:

1. CAC staff, _____, is responsible for making the initial referral to the non-offending parent/guardian for medical care for the child. Medical evaluations will be offered to all CAC clients.
2. The medical provider agrees to prioritize CAC referrals by placing them at the top of the waiting list. In all cases where the alleged sexual abuse has occurred within the past 72 hours, all efforts will be made to schedule an appointment as soon as possible. If this is not possible a referral will be made to the _____ Emergency Department to preserve possible forensic evidence. In all cases where the alleged child abuse has occurred past 120 hours, a medical evaluation will be scheduled for the well-being of the child.
3. The medical provider confirms that medical evaluation services are available and accessible to all CAC clients regardless of ability to pay.
4. The CAC and the medical provider shall each obtain written authorizations providing for the exchange of information and to facilitate communication to ensure that children and families in treatment receive all necessary CAC-related services.
5. The medical provider confirms that the clinicians meet at least one of the following training standards, and provides documentation to the CAC:
 - Child Abuse Pediatrics Sub board eligibility or certification
 - Physicians without board certification or eligibility in the field of child abuse pediatrics, advanced practice nurses, and physician assistants should have a minimum of 16 hours of formal didactic training in the medical evaluation of child sexual abuse
 - Sexual assault nurse examiners (SANEs) without advanced practitioner training should have a minimum of 40 hours of coursework specific to the medical evaluation of child sexual abuse followed by a competency- based clinical preceptorship with an experienced provider in a clinical setting, where the SANE can demonstrate competency in performing exams The medical provider confirms that the clinicians providing treatment to child victims of sexual and physical abuse and their families complete continuing education in the field of child abuse consisting of a minimum of 8 contact hours every two years, and provides documentation to the CAC.



6. The medical provider will maintain documentation that advanced medical reviews are occurring on all exams deemed abnormal or “diagnostic” of trauma from sexual abuse.
7. The medical provider will confirm that medical exams are documented through written record and photo-documentation. Medical records storage must be HIPAA compliant
8. As mandated reporters, the medical providers agree to report all suspected cases of child sexual and physical abuse to state/local office of child protection.
9. The CAC staff is responsible for notifying the medical provider or designee of regularly scheduled Case Review meetings. The medical provider or designee shall attend scheduled Case Review to provide consultation, expertise, and input on medical issues to the MDT and to discuss specific case information with signed release.
10. Findings from the medical exam will be shared with the MDT in a routinely and timely manner to facilitate discussion of concerns and allow for ongoing relevant communication between members of the MDT.
11. 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 medical records are the property of the medical provider, records are maintained inside the medical 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 Agency/Provider

Date

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ADDITIONAL NOTE:

If seeking to include the Optional Physical Abuse Standard for Accreditation, the medical linkage agreement must include:

1. The medical provider confirms that the providers (1) conduct medical assessments; (2) meet at least one of the following training standards; and (3) provides documentation to the CAC:
 - Pediatricians with Child Abuse Pediatrics (CAP) subspecialty board certification or eligibility
 - Physicians without CAP board certification or eligibility, but who have advanced training in the field of CAP, who have practiced in the field for a minimum of 5 years and/or at least 50% of their cases are child physical abuse cases.
 - Physicians without CAP board certification or eligibility (excluding those above with advanced training and expertise), Advanced Practice Nurses, and Physician Assistants, all of whom are required to collaborate with a Child Abuse Pediatrician or someone acting as a CAP.
 - Forensic Nurses without advanced practitioner training should have a minimum of 40 hours of training specific to the medical evaluation of child physical abuse and must work in conjunction with an advanced medical team that includes an advanced practitioner.
2. The medical professionals must demonstrate participation in an expert peer review process a minimum of 6 times per year.