



## Interagency Linkage Agreement for Mental Health Referral, Evaluation, 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. As determined by a trauma informed assessment conducted by the mental health provider, a treatment plan will be developed to meet the needs of the child and non-offending family member(s).
5. The mental health provider confirms that the clinicians meet at least one of the following training standards, and provides documentation to the CAC:
  - Master's degree, licensed, certified, or supervised by a licensed mental health professional
  - Master's degree or license-eligible in a related mental health field
  - Student intern in an accredited mental health related graduate program, when supervised by a licensed/certified mental health professional. (Both the student intern and supervising licensed mental health professional must meet the previously indicated 40-hour training requirements.)
6. The mental health provider(s) has completed 40 contact hours from specific evidence-based treatment for trauma training, and clinical supervision hours by a licensed clinical supervisor, and provides documentation to the CAC
7. The mental health 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. Copies of training certificates must be submitted to the CAC for their record keeping.
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 confirms that mental health clinicians participate in ongoing clinical supervision/consultation by a senior clinician on-site at the CAC or through negotiation with senior clinician working with children and families in the community. Individual and/or group supervision is accepted.
10. The CAC will work with the mental health provider to provide information about victim compensation.
11. 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.
12. 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 in order to provide consultation, expertise and input on mental health issues to the MDT and to discuss *(or not discuss)* specific case information.

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

SAMPLE

