

MEMORANDUM OF UNDERSTANDING

The purpose of this agreement is to define the collaborative relationship between the Children's Advocacy Center of Eastern Arkansas (CACEA) and Mid-South Sexual Assault Resource Center (MSARC), for the purpose of working together as part of a community effort to address child abuse and maltreatment by providing competent care and assistance to sexually abused children and their non-offending family members.

Children's Advocacy Center of Eastern Arkansas agrees to:

1. CACEA will assist child victims of maltreatment and their non-offending family members referred by MSARC by providing competent and sensitive care, appropriate referrals for additional assistance, victim advocacy, crime victims reparations information and safety planning.
2. CACEA will maintain strict confidentiality of all client information provided by MSARC regarding the care of alleged child victims of maltreatment.
3. CACEA staff will recommend a sexual assault examination for any child who provides a history indicating the need for an examination in accordance with University of Arkansas Medical Sciences-Center for Children at Risk's "Guidelines for Need of a Child Sexual Assault Medical Evaluation" authored by Dr. Karen Farst.
4. CACEA staff will provide transportation for victims and non-offending caregivers to MSARC when needed.
5. CACEA will provide brochures outlining services offered by CACEA to the staff of Mid-South Sexual Assault Resource Center for distribution to child victims and their non-offending family members. CACEA will routinely provide relevant training opportunities for MSARC staff and other multidisciplinary team members.
6. CACEA staff will participate in Crittenden County Multidisciplinary Team meetings.

Mid-South Sexual Assault Resource Center (MSARC) agrees to:

1. MSARC will employ sexual assault nurse examiners who are properly trained medical professionals to conduct medical evaluations of alleged child victims of sexual assault. MSARC will require that their nurse examiners have satisfactorily completed a competency-based training in the performance of child abuse examinations or have sixteen hours of documented formal medical training in child abuse sexual abuse evaluation. Nurses will practice within the scope of applicable Tennessee Nurse Practice Acts.
2. MSARC Sexual Assault Nurse Examiners will perform evaluations in a safe, neutral environment. All findings will be documented in accordance with professional standards. MSARC will continue to document examinations via Filemaker, an all-encompassing nursing software package. Each record will include a narrative history, photographs of all abnormal examination findings and diagrams. MSARC's Nursing Coordinator will review all narrative records and photographs of abnormal findings. An additional paper chart will also be maintained. MSARC will collect evidence for a sexual assault kit and provide kits to the referring law enforcement official who will submit it to the Arkansas Crime Laboratory. MSARC will follow their established protocol for documenting and preserving evidence in all cases.
3. MSARC will provide 24 hour service including on-call nurses for after-hours, acute referrals. After normal business hours, MSARC services will be accessible via their hotline. If an allegation indicates sexual abuse occurred within the past 72 hours, MSARC will promptly examine the child victim and collect evidence.

4. If an allegation indicates sexual abuse is not acute (occurred more than 72 hours in the past) and the child does not have symptoms necessitating immediate medical evaluation (e.g. ano-genital pain, bleeding or discharge) MSARC will schedule the child for the next available appointment. In non-acute cases evidence will be collected at the nurse's discretion.


5. MSARC staff may obtain a medical history from the child including non-leading questions regarding abuse, but should not duplicate the forensic interview conducted with the child. During the course of the examination if a nurse examiner determines there is a need for treatment for acute physical injuries and/or the management of emergency or life-threatening conditions, the victim will immediately be referred to LeBonheur Hospital. MSARC will also refer victims to their primary care doctor for follow-up for other non-acute physical injuries or unmet medical needs. MSARC will refer those victims to CACEA for follow-up advocacy services to ensure medical treatment is sought.

6. MSARC staff will regularly participate in ongoing training and peer review. MSARC's Nursing Coordinator will review all charts. During weekly staff meetings all exams will be reviewed by MSARC's Medical Director (currently Dr. Claudette Shephard).

7. MSARC staff will promptly share results of examinations with investigative personnel in a timely manner. MSARC staff will regularly participate in Crittenden County Multidisciplinary Team meetings. MSARC staff will answer questions and share information with multidisciplinary team members about the nature and purpose of sexual assault examinations, sexually transmitted diseases and other relevant topics. MSARC will provide written records to investigative personnel after they have been reviewed by the Medical Director.

8. MSARC will not charge victims referred by CACEA for services provided. MSARC will request reimbursement for services from the Arkansas Attorney General's Office via the Crime Victim's Reparations Program. CACEA will assist with that process as needed. MSARC will not refuse to provide services based on a victim's inability to pay.


The Memorandum of Understanding may be amended or changed only by the written agreement of CACEA and MSARC.



Mary Beth Luibel, Program Director
Children's Advocacy Center of Eastern Arkansas

5/23/11

Date



Judy Pinson, Coordinator of Nursing Services
Memphis Sexual Assault Resource Center

05-23-11

Date