



Iowa Department of Health and Human Services
**Child Welfare Multidisciplinary Team (MDT)
Agreement**

WHEREAS, the Department has statutory responsibility to respond to reports of child abuse and recommend whether court action be taken, and, if so, what action, and

WHEREAS, many professionals and interested persons in the community have expertise in the area of child abuse, neglect or protection and have demonstrated concern for children in the community, and

WHEREAS, the formation of a joint body to review incidents of suspected child abuse or neglect and to assist the Department in protecting children from abuse is desirable, and

WHEREAS, the Department has statutory authority to disseminate abuse information to lawfully constituted multidisciplinary teams,

NOW, THEREFORE, the _____, here called the “team,” and the Iowa Department of Health and Human Services, here called the “Department,” agree on this _____ day of _____, 20____, to the following terms and conditions:

1. The team is composed of Department representatives and persons in the community with experience and skills in the protection of children from abuse and who are authorized by law to serve on the team as defined in Iowa Code section 235A.13. Members serve on a voluntary basis at the request of the Department. The Department has sole responsibility for the selection of its members.
2. The purposes of the activities of the team are to function as an advisory and consultation group to aid in resolving issues related to a case during the assessment process and throughout the Department’s service case.
3. The team will select its time and place for meetings at the convenience of the members.
4. If consultation is deemed necessary by the Department, during the course of an assessment of alleged abuse or anytime throughout the Department’s service case, the team will review and provide recommendations.
5. The Department may consider the recommendation of the team in a specific case but shall not be bound by the recommendation in any way.
6. Any written report or document produced by the team shall be made a part of the Department’s file for the case and shall be subject to all confidentiality provisions of Iowa Code sections 217.30, 235A, and 441 Iowa Administrative Code Chapters 175 and 176. Any written records maintained by the team shall be destroyed when this Agreement lapses.
7. No team member shall disseminate abuse information obtained solely through the multidisciplinary team. This shall not preclude dissemination of information as authorized by Iowa Code.
8. The team members serve without compensation from the Department. Department representatives receive no additional compensation for serving as team members.
9. Office supplies necessary to the operation of the team will be provided by the Department. The team will acquire no other real or personal property.
10. Any professional work, including treatment, research or publication, undertaken by team members using information obtained from team meetings will be initiated only after obtaining Department authorization through regular procedures.
11. Any party to this Agreement may withdraw with or without cause upon 30 days’ notice. This Agreement will expire annually on July 1 unless extended by mutual agreement of the parties. Agreements must be renewed annually on or before July 1 of every year.
12. Individuals may be added to the team on an ad hoc basis for a specific case review with the approval of the Department. Any individual not a part of the regular team makeup, and identified on the current signed Agreement, shall sign and date page five of this Agreement for each meeting attended during the term of the Agreement. This

page may be duplicated as needed, but shall be maintained with the original signed team Agreement. By signing, the ad hoc member agrees to the same terms and conditions of regular team members.

Multidisciplinary Team (MDT) Members

Medical Member		Nurse Member	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
Public Health Member		Substance Abuse Member (non-HHS)	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
Domestic Violence Member		Mental Health Member	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
Social Work Member (non-HDS)		Child Development Member	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
Education Member		County Attorney Member	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
Juvenile Court Services Member		Law Enforcement Member	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
Department Member		Other (i.e., Service Provider)	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	

Multidisciplinary Team (MDT) Members (Cont.)

This sheet can be used for any additional members of the team. Indicate the discipline each additional member represents. This page may be duplicated as needed.

Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	

Department of Health and Human Services Approval

Agency, Iowa Department of Health and Human Services	
Signature of authorized representative:	Date:
Printed name:	
Title: Service Area Manager or Designee	

Ad Hoc Member Attendance

With approval of the Department, ad hoc members may be asked to participate in a specific MDT meeting. Any ad hoc member, not on the original team Agreement, shall sign in to each and every meeting attended. This page may be duplicated as needed, but shall be maintained with the original signed team Agreement. By signing, the ad hoc member agrees to the same terms and conditions of regular team members.

Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
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Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	