Multidisciplinary Team (MDT) Agreement

☐ Child Abuse MDT ☐ Dependent Adult Abuse MDT ☐ Both

WHEREAS, the Department has statutory responsibility to respond to abuse reports 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 and dependent adult abuse, neglect or protection and have demonstrated concern for children and dependent adults in the community, and

WHEREAS, the formation of a joint body to review incidents of suspected child or dependent adult abuse or neglect and to assist the Department in protecting children and dependent adults 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 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 and dependent adults from abuse and who are authorized by law to serve on the team as defined in Iowa Code sections 235A.13 and 235B.1. 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 solely to assist the Department in the assessment, diagnosis, and disposition of child and/or dependent adult abuse cases.
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 the assessment or evaluation of alleged abuse, the team will review and provide recommendations.
5. The Department may consider the recommendation of the team in a specific abuse 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 assessment file for the case and shall be subject to all confidentiality provisions of Iowa Code sections 217.30, 235A, and 235B 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 redisseminate child or dependent adult abuse information obtained solely through the multidisciplinary team. This shall not preclude redissemination 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) Core Members

Medical Member		**Public Health and/or Nursing Member**	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
Mental Health Member		**Social Work Member (non-DHS)**	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
County Attorney		**Law Enforcement Member**	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
DHS Protective Services 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) Core Members (Cont.)

This sheet can be used for any additional members of the core 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:	

☐ Child Multidisciplinary Team (MDT) Members

Victim Services Member		**Substance Abuse Member**	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
Child Development and/or Education Member		**Juvenile Court Services Member**	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
Other (i.e., Service Provider)		**Other (i.e., Service Provider)**	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	

☐ Dependent Adult Multidisciplinary Team (MDT) Members

Area Agency on Aging		**Other (i.e., Adult Service Provider)**	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
Other (i.e., Adult Service Provider)		**Other (i.e., Adult Service Provider))**	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	

Department of Human Services Approval

Agency, Iowa Department of 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:
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Discipline:		**Discipline:**	
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