

A Statement of Multi-System Shared Values and Guiding Principles

A Joint Project by the Iowa Department of Human Services, Iowa Department of Public Health and the Iowa Judicial Department



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Table of Contents

I.	Introduction and Purpose	3
II.	Shared Vision	5
III.	Target Population.....	6
IV.	Goals of Collaborative Efforts	6
V.	Initial Priorities and On-Going Planning Efforts.....	7
VI.	Roles and Responsibilities for Implementing Collaborative Practice.....	7
VII.	General Terms and Conditions of Agreement	8
VIII.	Signatures.....	10

I. Introduction and Purpose

Introduction

In November of 2007, the Iowa Judicial Branch, the Iowa Department of Public Health and the Department of Human Services established a partnership to address the needs of families and children who are at the intersection of the chemical dependency, court and child welfare systems. With the support of the National Center for Substance Abuse and Child Welfare (NCSACW) through its In-Depth Technical Assistance (IDTA) initiative and a wide array of statewide stakeholders, the partnership is working to enhance the capacity of the three systems so that services, cross-systems partnerships and practices can be improved; ultimately leading to better outcomes for children and families. The Iowa IDTA initiative seeks to provide guidelines and best practices to assist counties, services providers and court officials working with adults and children at the intersection of the three systems. It is intended that the guidelines which result from the IDTA initiative are customized and adopted by local jurisdictions and will be recommended for use in all future initiatives and funding proposals to achieve better outcomes for children and families.

The vision for the IDTA partnership is *“Safety and permanency are the birthright of every child in our state. Our vision is that children in the state of Iowa grow up in safe, nurturing, and permanent families, and where possible, within their birth family and where not possible with another permanent family.”*

The IDTA partnership’s primary challenge was to create a working plan that managed the competing timeframes of multiple systems, maximized the utilization of resources, synergized current efforts, identified successful intervention models, and would ultimately result in the statewide expansion of evidence-based and promising practices to be utilized with children and families. Within the context of NCSACW’s Ten-element Framework for System Linkages, Iowa’s priority areas for focus during the period of technical assistance were to:

- Develop shared values and principles to govern the work of the collaborative;
- Improve policy and practice for assessment, client engagement and retention by utilizing best practice in each respective fields; and
- Develop a process for effective coordination of services across systems.

Five products have emerged from Iowa’s IDTA which respond to the challenges of serving children and families across multiple systems. They are:

1. A Statement of Multi-System Shared Values and Guiding Principles
2. Developing Family Support Services: A Guide for Communities
3. Drug Testing Guidelines for Practitioners

4. House File 2310: Report to the Legislature
5. Statewide Plan for Training and Sustainability

Purpose

This document, A Statement of Multi-System Shared Values and Guiding Principles, was developed by the IDTA Core Team. The document outlines the commitment of each of the three systems to the care and coordination of efforts and resources for Iowa's children and families.

The Departments (Iowa Judicial Branch, the Iowa Department of Public Health and the Department of Human Services) recognize that child maltreatment is frequently associated with parental/caregiver substance use disorders and that no single agency has the resources or expertise to comprehensively respond to the needs of the parent/caregiver, the child or the family as a whole. A significant number of individuals and families in Iowa who are involved in the child welfare system and juvenile court and who have substance use disorder are being mutually, and often simultaneously, served by the departments. The Departments acknowledge that procedures to provide integrated court oversight, substance abuse treatment and child welfare services must be developed in order to address the complex needs of families who are involved in all three systems. The Departments also recognize that professionals and caregivers at both the state and community level need to develop a common knowledge base and shared values about child welfare, the juvenile court system and substance use disorders.

The mission of the IDTA collaborative is to improve policy and practices that lead to improved outcomes for children and families. Together, the Departments are committed to developing and implementing a statewide coordinated plan to work with families with substance use disorder in the child welfare and juvenile court systems. To that end, we will reduce the incidence of child maltreatment and the number of children in out of home care, shorten time in out-of-home care, and increase the number of children successfully reunited with families or placed with an alternative permanent family by building and sustaining integrated and coordinated substance abuse and mental health services, policies, protocols and tools for children and families who are involved with the Juvenile Court and child welfare systems due to a substance use disorder. The purpose of this agreement is to set forth the expectations and responsibilities of the departments in accomplishing this mission and to serve as a model agreement for local entities that will participate in the initiatives developed under this agreement.

II. Shared Vision

Safety and permanency are the birthright of every child in our state. Our vision is that children in the state of Iowa grow up in safe, nurturing, and permanent families, and where possible, within their birth family and where not possible with another permanent family.

Guiding Principles

- Services will be child centered, family-focused, and community based.
- Services will be individualized based on each family's unique strengths and needs.
- Each individual or family will be engaged in planning and directing his/her/their services to the extent possible. Service planning and management will be conducted in consultation with caregivers, and other persons critical to the child and family's life and well-being.
- Services will be delivered in a culturally responsive and respectful manner in the most appropriate, least restrictive mode (appropriate to their legal status), including home and community-based settings wherever possible.
- Services will be coordinated, accessible, accountable, and of high quality.
- Services and supports for families affected by substance abuse disorders in the child welfare and the court systems will be provided by knowledgeable, skilled service providers who understand the cultural diversity of the families and communities they serve.
- Services will be evidence-based.
- Services will include prevention, early intervention, treatment, community support, and aftercare activities.
- Care must focus on increasing children's and families' abilities to successfully manage life challenges, on facilitating recovery and building resilience, and on connecting families to informal community supports that will continue to be available to the family after formal services and intervention are no longer involved with the family.
- Mechanisms will be in place to ensure continuous quality improvement.
- While abstinence is an appropriate goal for individuals who are chemically dependent, other measures of client success must be acknowledged and valued. Similarly, abstinence by itself does not automatically result in child safety.
- The child welfare agency has accepted a shared role in facilitating recovery outcomes for persons with a substance use disorder and their families, the AOD treatment agency has accepted a shared role for facilitating child safety for persons with a substance use disorder and their families, and the court has accepted responsibility for monitoring the outcomes for children and families in the court system.
- A cross-systems multi-disciplinary team approach will be used to treat children and families in need of services.

- Professionals and caregivers at both the state and community level need to develop common knowledge and shared values about child protection and AOD issues in order to assist children and families with AOD problems to achieve positive outcomes.
- As appropriate, a family's substance use disorder will be addressed when working with related agencies, such as health care providers, housing, employment, education, domestic violence advocacy, and mental health services; and when working with the family involved in other courts such as domestic violence, criminal, and delinquency.
- The family will be part of the process at each level of planning, service delivery, and evaluation.

III. Target Population

The target population for this in-depth technical assistance is families that are involved in the Juvenile Court for child welfare issues, in which parental substance abuse is an issue. The pilot sites for the IDTA are five Dependency Drug Courts that are involved in the Regional Partnership Grants from the Children's Bureau. The sites are located in Wapello, Polk, Linn, Scott, Woodbury, Cherokee and Ida Counties. Each pilot site consists of partners from the Court, substance abuse provider(s), child welfare, and other community-based organizations.

The target population was selected with the proviso that there needs to be a longer term strategic focus on all dependency drug courts as well as with non-court involved families in order to maximize the utilization of Iowa's resources and to realize the desired outcome of achieving child safety and wellbeing by supporting family recovery and helping families to prevent the need for involvement with the courts.

IV. Goals of Collaborative Efforts

The goals of our collaboration are to:

- A. Develop a comprehensive plan for cross-systems linkage and service integration across legal, judicial, mental health, substance abuse and child welfare utilizing the Ten Elements of Systems Linkage as articulated by the National Center for Substance Abuse and Child Welfare – to address existing fragmentation; reduce or eliminate duplication of services; maximize resources; increase the availability of high-quality services; increase the flexibility of resources used at the state and local levels; expand the array of services and supports; and other transformative activities designed to increase the effectiveness of the systems.
- B. Participate in collaborative planning activities to develop policy and practice (including cross-agency protocols), and training that supports the identification, engagement, treatment, and recovery of families with substance use disorders whose children may be at risk of child maltreatment due to parental or care taker substance abuse.

C. Promote the dissemination of our mission and practice throughout the state of Iowa.

V. Initial Priorities and On-Going Planning Efforts

The initial priorities established in the approved Scope of Work for technical assistance include the development of five products, all of which will be pilot tested at the six PACT sites and will be shared via a statewide comprehensive dissemination and training plan. The five products are:

1. A Statement of Multi-System Shared Values and Guiding Principles
2. Developing Family Support Services: A Guide for Communities
3. Drug Testing Guidelines for Practitioners
4. House File 2310: Report to the Legislature
5. Statewide Training and Sustainability Plan

The parties to this agreement will develop a coordinated, interagency collaborative plan that focuses on the Ten Elements of Systems Linkage developed by NCSACW for inter-system planning among substance abuse, child welfare, and the juvenile court systems. All elements of the framework will be included in a collaborative plan that is integrated across systems and extends beyond the term of the technical assistance provided by NCSACW. The fifth product, a Comprehensive Dissemination and Training Plan will serve as the roadmap for on-going efforts.

VI. Roles and Responsibilities for Implementing Collaborative Practice

Lead Agency Designation and Committees-The parties agree to participate and be mutually responsible for the implementation of the provisions of this agreement. In addition, there are specific roles and responsibilities as delineated below:

Lead Agencies – The Iowa Judicial Branch, the Iowa Department of Public Health and the Department of Human Services will serve as the lead agencies for the IDTA.

Oversight- Oversight accountability for the project rests with the Director of the Department of Public Health, the Director of the Department of Human Services and the Chief Justice of the Iowa Supreme Court as signators to this agreement.

Executive Team- The Executive Team consists of each Director's designee, usually a high level administrator. The role of the Executive Team is to provide leadership to the collaboration and to ensure that the collaborative work is consistent with the vision and guiding principles. The Executive Team serves as the liaison to the Oversight Committee.

Core Team- These individuals perform or direct the day-to-day work for this collaboration and coordinate the work of the State Advisory Team and the work groups.

State Advisory Team- The Advisory Team is the main planning body of this collaboration. It is comprised of state and local system representatives, and includes providers, consumers, community agencies, tribal representatives, and advocacy groups. Its primary role is to provide on-going stakeholder input and feedback into this collaboration.

Work Groups and Sub-Committees- The Core Team shall establish work groups or sub-committees that are composed of State Advisory Team members and other individuals as required to develop and implement specific products outlined in the work plan or as may otherwise be identified.

Support for this collaboration will be provided through in-kind and direct resources as determined by the Executive Team.

Mutual Roles and Responsibilities Between the Parties for Resource Allocation- Although nothing in this agreement shall be construed as obligating agencies to expend funds or be involved in any obligation for future payment of money or provision of resources, the parties do agree to commit resources that enhance priority access to services by families engaged in the child welfare system, maximize cross system funding opportunities and fund leveraging between the parties, and ensure a commitment to resource sustainability.

VII. General Terms and Conditions of Agreement

A. Term of Agreement

The term of this agreement shall commence in November, 2007 and remain in full force and effect unless terminated as provided herein.

B. Termination of Agreement

Either party may terminate this agreement by giving forty-five (45) days written notice to the other parties. The terms of this agreement may be renewed or renegotiated upon written mutual consent of the parties.

C. Amendments

This agreement may be amended by mutual consent of the parties. Amendment within the scope of this collaborative agreement shall be made by formal consent of all parties, by the issuance of a written amendment, signed and dated by the parties.

D. Exhibits

The following exhibits are attached to this agreement and incorporated by reference:

- 1) Exhibit A – Initial Work plan
- 2) Exhibit B –The Ten Element Framework by the National Center for Substance Abuse and Child Welfare

- 3) Exhibit C – Roster of the Executive Team, Core Team, Advisory Team members, and Work Group members

E. Meetings and Communication

Meetings and communications among the parties of this agreement shall be conducted in the following manner:

- 1) The Advisory Team shall meet, at a minimum, on a quarterly/semi-annual basis or more frequently as required. The purpose for these meetings is to facilitate on-going inter-agency planning and collaboration, and will be used to identify needs, seek input, and develop strategies for improved policy and practice. The agenda and format for Advisory Team meetings shall be developed by the Executive Team or their designees and will be sent to the Advisory Team in advance of the meeting. Resources for logistical support at these meetings will be a shared responsibility of the three lead agencies.
- 2) The Executive Team shall meet at least quarterly or more frequently as required to review the provisions and operations set forth in this agreement. These meetings shall be held either in person or through teleconference, and minutes will be distributed and kept on file by the Iowa Judicial Branch.
- 3) Work Groups or Sub-committees shall meet as-needed. Agendas for the work groups shall be developed by the work group co-chairs and sent to work group members in advance of the meeting.
- 4) The Directors of the Department of Health and Human Services and the Chief Justice of the Supreme Court shall convene at least once annually to receive a report from the Departments and to determine what future actions, if any, may need to be taken.

VIII. Signatures

IN WITNESS WHEREOF, the parties hereto have executed this agreement as evidenced by their signatures below, this _____ day of August, 2006.

IOWA SUPREME COURT, JUDICIAL BRANCH

Chief Justice Marsha Ternus

Signature

Date

IOWA DEPARTMENT OF HUMAN SERVICES

Kevin Concannon, Director

Signature

Date

IOWA DEPARTMENT OF PUBLIC HEALTH

Tom Newton, Director

Signature

Date

