

**INTERAGENCY MEMORANDUM OF AGREEMENT**  
*To Improve Outcomes for Children and Youth Who  
Come to the Attention of the Child Welfare and Juvenile Justice System*

**I. Identify partners**

The partners to this agreement are the Iowa Department of Human Services as the lead agency for child welfare services and as the Mental Health Authority for Iowa, Iowa Department of Education, and Iowa Department of Public Health.

**II. Preface**

Through this Memorandum of Agreement, these three Departments commit to improve coordination of resources to reach the following goals for children in the child welfare system: that kids grow up safely in permanent families and that they are healthy and adequately prepared for adulthood.

This Agreement was written to foster state and community level collaboration and is guided by two basic principles: the central role of the community, and the critical role of collaboration between education, health and child welfare at both the state and local community level.

Collaboration among state agencies is emphasized in the Adoption and Safe Families Act and in the federal Child and Family Services Review process, as well as in the No Child Left Behind Act. These Acts set outcomes and performance measures for states, and call upon state agencies to improve coordination of services and benefits in order to achieve improved outcomes for children and their families. Collaboration among the education and child welfare systems occurs at the Federal level through programming and grant supports that will help both systems improve outcomes. No one agency or system can achieve its desired results without collaboration.

**III. Context**

**Health.** The final report of Iowa's 2003 federal Child and Family Services Review (CFSR) noted that Iowa needed to make improvements in ensuring that children in the child welfare system receive adequate services to meet their physical and mental health needs. Specific areas that were noted as needing improvement include:

- Increased health screenings when children enter foster care
- Increased access to dental care
- Increased number of providers willing to accept Medicaid
- Improved assessment of children's mental health needs
- Reduction or elimination of waiting lists for psychiatric services, substance abuse treatment and mental health assessments to avoid delayed access to treatment.
- Increased mental health provider attendance at family team meetings and staffin

A recent Chapin Hall survey of youth aging out of foster care in Wisconsin, Illinois and Iowa found that youth aging out of foster care are 3 times more likely to experience mental health and substance abuse problems than this age group as a whole.

**Education.** The final report of Iowa's 2003 CFSR found Iowa to be in substantial conformity with achieving educational outcomes for children in the child welfare system. The report noted a number of strengths, including efforts to maintain children in the same school, and diligent efforts to meet children's educational needs. However, a recent survey of youth aging out of foster care in Iowa, Illinois and Wisconsin showed that foster care youth are at risk for poorer educational outcomes than children/youth as a whole. Following are some of the specific Iowa findings from the study:

- Over one-third of youth participating in the survey had 5 or more school changes.
- Nearly half reported having spent at least some part of their educational experience in special education.
- 18% had missed at least 1 month of school due to foster care change
- Over half cannot read at a 7<sup>th</sup> grade level. About a third repeated a grade. More than two-thirds have received out-of-school suspensions.

#### **IV. Purpose**

The purpose of the agreement is to align resources in a way that improves educational and health outcomes for the children and youth who are served in Iowa's child welfare and juvenile justice system.

All three (3) Departments are committed to the outcomes for youth in Iowa's Collaboration for Youth Development.

- All families are secure and supportive.
- All communities and schools are safe and supportive.
- All youth are engaged in and contribute to the community.
- All youth are healthy and socially competent.
- All youth are successful in school and are prepared for a productive adulthood.

Improving educational and health outcomes for children and youth who are served in Iowa's child welfare and juvenile justice system is critical to achieving Iowa's Better Results for Kids Redesign, as well achieving substantial conformity on the federal Child and Family Service Review (CFSR), and achieving the outcomes associated with the Iowa Collaboration for Youth Development.

The following chart aligns the outcomes associated with these 3 frameworks:

<b>Better Results for Kids Outcomes</b>	<b>Child and Family Service Review Outcomes</b>	<b>Iowa Collaboration for Youth Development Outcomes</b>
<b>Academic Preparation and Skill Development</b>	Child and Family Well-Being <ul style="list-style-type: none"> <li>• Children receive appropriate services to meet their educational needs.</li> </ul>	All youth are successful in school and are prepared for a productive adulthood.
<b>Well-Being</b>	Child and Family Well-Being <ul style="list-style-type: none"> <li>• Families have enhanced capacity to provide for their children’s needs.</li> <li>• Children receive adequate services to meet their physical and mental health needs.</li> </ul>	All youth are healthy and socially competent. All youth are engaged in and contribute to the community.
<b>Safety</b>	<ul style="list-style-type: none"> <li>• Children are, first and foremost, protected from abuse and neglect.</li> <li>• Children are safely maintained in their homes whenever possible.</li> <li>• Communities will be safe.</li> </ul>	All communities and schools are safe and supportive.
<b>Permanency</b>	<ul style="list-style-type: none"> <li>• Children will have permanency and stability in their living situations</li> <li>• The continuity of family relationships and connections is preserved for children.</li> </ul>	All families are secure and supportive.

**V. Underlying principles and values**

- While the Department of Human Services is the single state agency charged with responsibility for child protection/child welfare, it takes the commitment of multiple agencies and the community to achieve safety, permanency and well-being for children in the child welfare system.
- Children should receive the services they need in their own homes whenever possible and appropriate.
- Services and supports to children should be family centered, community-based, individualized, and designed to strengthen parental capacity.
- Interventions with children and families should be coordinated and information should be shared among those providing services. All those working with the child and family should function as a team and work collaboratively to solve problems in a manner consistent with the principles of family centered practice.
- When a child is placed into foster care, placement selection should take into account the location of the child’s school, or early childhood provider. Efforts should be made to avoid the child having to change schools as the result of foster care placement. However, when a change cannot be avoided the relationships the child and his or her family have with their previous school or early childhood service provider should be honored. The sending school or service provider should be given an opportunity to contribute relevant information about

the child's needs and in other ways to help the child make a smooth transition to his or her new school or childcare provider.

- When a child is placed in foster care, the child's educational needs should be reviewed with the child's family, school staff, and other providers in order to determine the need for additional services or resources.
- When a child is placed in foster care, the child's physical health needs (e.g., preventive health and dental care, immunizations, treatment for identified health and dental care) should be assessed and services provided, as needed.
- When a child is placed in foster care, the child's mental health needs should be assessed and services provided, as needed.

## **VI. Mission statements from each department**

**Iowa Department of Education:** Helping communities meet the learning needs of all of their children and adults.

**Iowa Department of Human Services:** To provide supports and services to help individuals and families achieve safe, stable, self-sufficient and healthy lives.

**Iowa Department of Public Health:** Promoting and protecting the health of Iowans.

## **VII. Duration**

The term of this Memorandum of Agreement shall be for three (3) years, from August 1, 2006 through July 31, 2009, unless terminated earlier in accordance with Section VIII, Withdrawal or Termination upon Notice.

## **VIII. Strategies/Scope of Activities**

### **A. Opportunities for Collaboration at all Levels of Service Delivery**

**DHS and DoE.** Following is an initial list of opportunities for collaboration between education and child welfare.

1. Effective July 1, 2004, the Child Abuse Prevention and Treatment Act requires that public child welfare agencies refer all children age 3 and younger who are the victims of a confirmed report of child maltreatment to Early ACCESS. Effective July 1, 2005, the Individuals with Disabilities Education Improvement Act was enacted to enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of all eligible children, including infants and toddlers who are victims of substantiated cases of abuse/neglect or affected by illegal drug exposure.

DHS and DoE will explore opportunities for:

- a. DHS and DE to facilitate the referral from DHS through the Early ACCESS central point of entry to the local EA office.

- b. DHS to provide basic referral/contact information needed for processing and tracking a referral and for effective teaming and service provision.
  - c. Children to obtain a developmental, vision and hearing screening in order to determine whether a comprehensive evaluation for early intervention services under Part C is warranted. When a child is in need of a comprehensive evaluation, DHS will obtain a signed parental consent for EA evaluation and release for information (health and other).
  - d. DE and DHS to facilitate the assignment of an EA service coordinator.
  - e. DE and DHS to facilitate the collaboration of the DHS Social Worker, DHS contracted agencies, and the EA service coordinator and providers (e.g. family team meetings to develop joint plans, communication for teaming and timely information about changes in the child's placement, parental status, etc.).
  - f. DE and DHS to facilitate collaborative trainings regarding best practices in serving children with these circumstances.
2. Effective July 1, 2005, the Individuals with Disabilities Education Improvement Act was enacted to enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of all eligible children, including infants and toddlers in foster care/wards of the state.

DHS and DoE will explore opportunities for:

- a. DHS to obtain a developmental, health, vision and hearing screening of all children entering foster care as a part of the child's initial assessment package. The results of the screenings are used to determine appropriate referrals (e.g. Early Head Start, health care, etc.).
  - b. DHS to refer to Early ACCESS all infants and toddlers (birth to third birthday) in foster care, providing basic referral/contact information needed for processing and tracking a referral and for effective teaming and service provision. The referral will include a signed parental consent for EA evaluation and appropriate releases of information.
  - c. DHS and DE to facilitate the referral from DHS through the Early ACCESS central point of entry to the local EA office.
  - d. DE and DHS to facilitate the assignment of an EA service coordinator.
  - e. DE and DHS to facilitate the collaboration of the DHS Social Worker, DHS contracted agencies, the EA service coordinator and other providers (e.g. family team meetings to develop joint plans; communication for teaming; timely sharing about changes in the child's placement, parental status, concerns, etc.).
  - f. DE and DHS to facilitate collaborative trainings regarding best practices in serving children in foster care.
3. Under federal regulations governing Head Start Program Performance Standards (45CFR 1305.2(1), "a child in foster care is eligible for Head Start services even if the family income exceeds the income guidelines".

IDE, through its Head Start State Collaboration Office, and the IDHS will explore opportunities for:

- a. DHS to provide basic contact information including the assigned DHS social work and any contracted service providers of age-eligible children entering the foster care system with Head Start or Early Head Start programs serving their geographical area.
  - b. DHS and DE to provide regular training of foster care workers on services available through Head Start, eligibility requirements, and location of Head Start and early Head Start programs, to ensure Head Start placement is an option pursued for age-eligible children;
  - c. DHS to refer all age-eligible foster care children to a local Iowa head Start or Early Head Start program.
  - d. The gathering and sharing of health records, immunization forms and birth certificate documentation as needed.
  - e. Conscientious efforts to keep Head Start programs informed of the status of foster care children served by that program including the child's child care arrangements and any significant changes in the foster care family;
  - f. Other collaborative arrangements that would assist the program in addressing effectively the child's needs and would be consistent with the Head Start Program Performance Standards.
  - g. Appropriate involvement of birth parents of foster care children in Head Start parental involvement opportunities.
4. DHS and DOE will explore how data could be shared, both technically and legally, between the two agencies in order to monitor the aggregate progress towards improving the outcomes of children in the foster care system. The intent is to explore how summary information could be obtained and used to measure the educational performance of children in the foster care system. It is not the intent to exchange or monitor the progress of an individual child but to share data for the purpose of monitoring the educational progress of children in the foster care system. DHS and DOE will also explore the electronic transmission of education records between schools when children in foster care change schools consistent with the goal of exchanging student records electronically for all children.
5. Under state statute, all school fees are waived for children in foster care.

**DHS and DPH.** Following is an initial list of opportunities for collaboration between public health and child welfare.

1. DHS and DPH have an existing intergovernmental contract for DPH to coordinate administration of the Early, Periodic Screening, Diagnosis and Treatment (EPSDT) program to assure the availability of comprehensive, cost-effective and quality medical care for mutual beneficiaries. This contract represents a foundation for developing care coordination services for children in foster care.

2. DHS and DPH currently collaborate on the Access to Baby and Child Dentistry (ABCD) Program to increase access to dental care for Medicaid-enrolled and other low-income children by building community infrastructure and conducting outreach activities. DPH and DHS are committed to continue to collaborate on the ABCD program, and to explore ways to use this to increase access to dental care for children in foster care.
3. DHS contracts with DPH to develop and coordinate *hawk-i* grassroots outreach activities on a state and local level. This contract represents an opportunity for additional collaboration for *hawk-i* outreach directed towards children and families that come to the attention of the child welfare and juvenile justice system.
4. DPH administers the Healthy Opportunities for Parents to Experience Success—Healthy Families Iowa (HOPES) program, which is a research-based home visiting program for families. DPH will encourage HOPES providers to be active in Community Partnership to Protect Children (CPPC) shared decision-making groups and other CPPC activities.
5. DPH receives federal funding for Drug Endangered Children programming specifically for targeted methamphetamine treatment services for women with children in a residential setting. This represents an opportunity to collaborate and leverage resources of the criminal justice system, human services, juvenile court, and public health system to address the safety and well-being of children and hold neglectful parents and care givers accountable.
6. Community-based Title V Maternal and Child Health Services contractors of DPH complete comprehensive needs assessments every five years. DPH and DHS will explore opportunities for collaboration at the local level based on these assessments.
7. DPH contracts with the University of Iowa Child Health Specialty Clinics for statewide services for children with special health care needs. DHS and DPH agree to build on this existing infrastructure to address the needs of children that come to the attention of the child welfare and juvenile justice system.
8. DHS will explore opportunities to facilitate communication with local public health and DPH Maternal and Child Health services contractors related to decategorization and programs for youth transitioning out of foster care in consultation with DPH Bureau of Family Health.

## **B. Addressing Barriers to Collaboration at all Levels of Service Delivery**

1. With this agreement, the Departments of Education, Public Health and Human Services commit to working together to deal with barriers to collaboration for improved outcomes.

2. Initially, the Departments will explore establishing work teams or other processes to address the following issues:
  - Confidentiality and sharing of information between Departments, and local schools, AEA's and health providers
  - Maintaining children in their home school when placed out of home and working collaboratively to successfully transition children between schools when changing schools in necessary.
  - School related transportation
  - Joint planning/staffing/family team meetings in individual cases, with individual children and families, including development of a common plan for families that are served by more than one of the Departments or its local providers
  - Transfer of school records and consistency of graduation requirements when children change schools due to placement in foster care
  - Clarification of the role of foster parents in the IEP
  - Access to and coordination of substance abuse and mental health treatment for both children and their parents
  - Establishing an agreed upon process for accessing a certified copy of birth certificates for children in foster care
  - Access to preventive health care services for children entering foster care and for services to address children's special health care needs

### **C. Supporting Local Collaboration**

The Departments of Human Services, Public Health and Education will explore ways to support local collaboration to improve outcomes for children and youth that come to the attention of the child welfare or juvenile justice system, coordinated with the work of the Iowa Collaboration for Youth Development.

### **D. Monitoring Educational and Physical and Mental Health Outcomes for Children I the Child Welfare and Juvenile Justice System**

During the first year of this agreement, the Departments will work together to identify existing performance measures that can be used to measure progress on improving health and education outcomes for children in the child welfare system. The Departments of Human Services, Public Health and Education Signors will meet at least annually to review data on the outcomes as they relate to children in the child welfare and juvenile justice systems.

## **IX. Sharing Information and Confidentiality**

Information held by each of the Departments that identifies clients and services is confidential. Through this Memorandum of Agreement, the Partners agree to explore the development of a confidentiality agreement that would allow sharing of information between Departments for the purpose of improving educational, and physical and mental

health outcomes for children that come to the attention of the child welfare and juvenile justice systems.

**X. Termination Clause**

Either Department may withdraw from this Agreement, without penalty or incurring of further obligation, upon thirty (30) days written notice to the other Department.

**XI. Definitions**

Early Childhood means individuals who are from birth through 5 years of age.

School-aged youth means individuals who are age 6 through age 18.

Young Adult means individuals who are age 19 through age 24.

“Education of Foster Children in Iowa” is currently on the website at:  
<http://www.state.ia.us/educate/foster/index.html>

This information contains much of the legal information discussed throughout this document and should be used as a reference in any future drafts.