

Montana PHC Study

Evaluation of Montana Pre-Hearing Conference Pilot Project

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Introduction

In June of 2015, Montana implemented a pre-hearing conference (PHC) pilot project in Gallatin County. Flathead, Lewis and Clark, and Park counties began shortly thereafter. More recently, one department in Yellowstone County recently began implementing the PHC.

The PHC is a facilitated conversation among the parties that occurs before the initial Show Cause Hearing. The participants comprise the parents, CFSD child protection specialists, attorneys, CASAs, foster parents, family members, treatment providers, and children, if mature enough. The purpose of a PHC is to talk about the three main issues in the case: 1) The child's placement, and options for placement; 2) Visitation between parent and child and plans for improving visitation; and 3) Treatment services for the family. The goal is to establish a mutual understanding of what is in the best interest of the children, and to begin working as a team toward the reunification of the family. A pre-hearing conference provides a better vehicle for parent-child input, so more individualized treatment plans can be created, leading to more effective services, leading to faster time to permanency and increased reunifications.

Montana Court Improvement Program (CIP) wanted to determine where the PHC was implemented as expected (i.e., fidelity to the model) and whether it is related to:

- Increased rates of reunification
- Decreased time to effective resolution
- Improved treatment plans
- Increased buy-in from the parties

This report provides an overview of the data collection and evaluation efforts of the PHC.

Method

The CIP collected two forms of data. The first was data collected by the PHC facilitators at the end of a PHC. PHC facilitators began completing a *PHC Debrief Tool* in early 2017. It was completed by all facilitators immediately following the PHC and collected data on parties' presence, participation, and discussion topics. These data were collected between 2017 and 2018 in all pilot sites (including those that discontinued use of the pilot).

The second form of data was collected from *case file review*. Focusing on the sites that consistently implemented the pilot (i.e., Gallatin, Flathead, and Lewis & Clark), the case file review collected case level data on child abuse and neglect cases from pre-implementation (2014 and early 2015) to two years after implementation (2017). Data elements collected are presented in a table below.

PHC Debrief Tool (2017-2018)	Case File Review (2014-2017)
Case Number	Case Number
Hearing Date	Year
Jurisdiction	Jurisdiction
Facilitator	Facilitator
Parties Present	PHC Pilot (Yes/No)
Participation of Parties	Key Dates (Removal, Filing, PHC, Show Cause, Adjudication, Disposition, Treatment Plan, Permanency Hearing, Effective Resolution)
Discussion of Key Topics (visitation, services, placement)	Case Status (Open/Closed)

Sample

The final sample of cases included data from the *PHC Debrief Tool* from 362 PHCs collected between 2/9/17 and 6/21/18. The case file review data included data from 984 child abuse and neglect cases that opened between 2014 and the end of 2017 in the three counties. Data were merged from these two datasets for a small subsample of cases that opened in 2017 and had both case file review data and completed *PHC Debrief Tool* data. Data were matched for 128 cases.

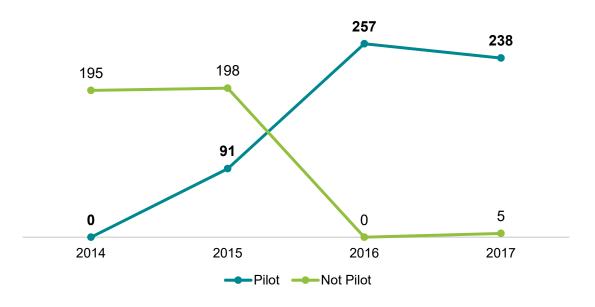
Overview of Report

This report provides an overview of the PHC, based on data collected from the from the *PHC Debrief Tool*, and uses the additional data to address the research questions of interest.

What Does a Pre-Hearing Conference Look Like?

The Pre-Hearing Conference pilot began in June of 2015. Between 2015 and 2017, there have been 586 cases in the pilot. As each case represents one child and many children are part of a sibling group, this does not mean 586 PHCs. The graph below illustrates the number of cases that were part of the pilot compared to those that were not from 2014 to 2017 (certain cases that would not qualify for the pilot were excluded from the sample such as transfer cases). As noted in the graph below, after implementation in 2015, nearly all cases in the three counties were part of the pilot project. The *PHC Debrief Tool* data provide a more indepth look at what PHCs look like.

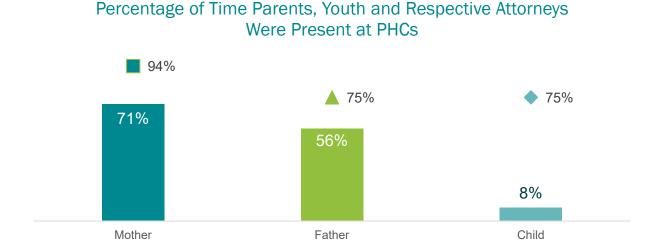
Number of Cases That Were Part of the Pilot



Parties Present

The goal of PHC is to provide an opportunity for parent input and to begin working as a team toward reunification. The graph below illustrates how often parents and youth (bars) are

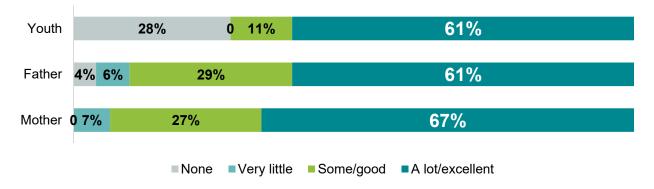
present in PHCs as well as how often their attorneys (the markers at the top) are present. In addition to parents and youth, caseworkers were present in 95% of PHCs, agency attorneys in 89%, CASAs in 88%, additional parents in 9%, treatment providers in 3%, and other parties in 28%. Other parties included relatives, kinship placements, and foster parents.



Participation of Parties

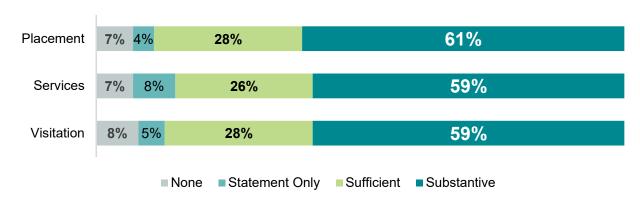
Participation of parties is critical to achievement of PHC goals. Participation was explored for both parents and youth who attended the PHC. Participation was rated on a 4-point scale from none to a lot or excellent participation. As noted in the graph below, the majority of PHCs (when parents were present), included a high level of parent and youth participation. Mothers had good or excellent participation in 94% of PHCs, fathers in 90%.





Discussion of Key Issues

Another key goal of the PHC is discussion of placement, visitation, and services. The graph below illustrates the average level of discussion in PHCs on these three topics. The PHCs included substantive discussion of all three topics in the majority of cases.



Level of Discussion in PHC

There was *significantly more discussion* when mothers, fathers, or youth were present than when they were not present. This was true for all discussion items except services. Youth's presence had no effect on services discussion. The participation of either parent was also related to increased discussion of each of the topic areas. When parents had higher levels of participation in the PHC, there was also more substantive discussion.

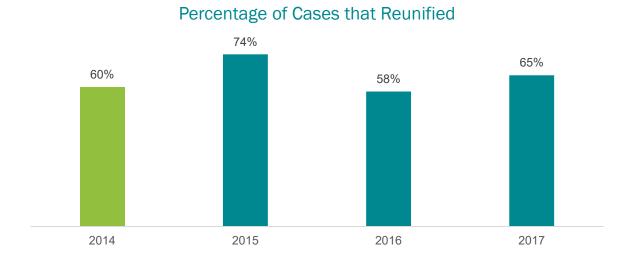
Timing of PHC

PHCs are meant to occur prior to the Show Cause Hearing. The timing of the PHC ranged from 229 days before Show Cause (in cases where there was not an initial removal) to 722 after Show Cause. The average time for PHCs was 6 days before Show Cause Hearing (most common was 1 day before). Fifty-nine percent (59%) of pilot cases had a PHC prior to the Show Cause Hearing date, and an additional 39% had the PHC the same day as the Show Cause Hearing. That means 98% had a PHC prior to or on same day as Show Cause.

PHCs appear to be <u>implemented with fidelity</u>. They are occurring prior to Show Cause, include presence and participation of parents in the majority of cases, and include substantive discussion of key items.

Is PHC Related to Reunification?

The data provided allowed an opportunity to explore whether there was a relationship between PHC and reunification. Reunification for the purpose of this study is any outcome that results in custody being returned to a parent/custodian. In the first year of implementation (2015), there was a *statistically significant difference in reunification* for PHC cases (74%) compared to those that did not have a PHC (60%). However, this trend did not persist over the next two years. In looking at reunification data overall (2015-2017) compared to the pre-sample, there is no difference in reunification rates.

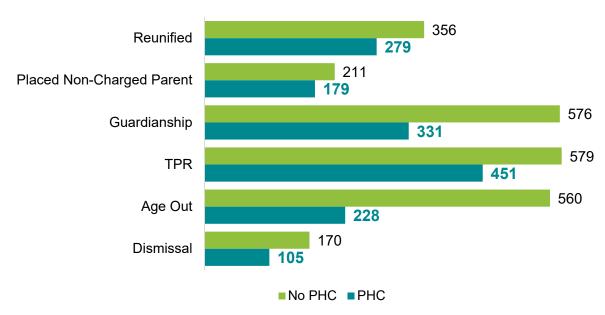


Is PHC Related to a Decrease in Time to Effective Resolution?

There was a *statistically significant difference* between pre and post implementation of the PHC pilot *for time to permanency* for youth. The average time from filing to effective resolution (which is permanency in most cases) prior to the pilot was 409 days. Following the pilot implementation, it was 358 days (median days were 439 compared to 345). That is **51** days faster post PHC. The graph below illustrates the time to effective resolution for multiple outcome types. As noted, across all outcomes, time to effective resolution was quicker following implementation of the PHC pilot. Guardianship showed the biggest change in time (245 days quicker) followed by TPR (129 days), and reunification (77). Dismissal in *Average Days to Specific Outcome* graph indicates dismissal of the petition filing. All other cases are dismissals of court jurisdiction. *It is important to note that only 55% of 2017 cases*

were closed at the time of the analysis. We would expect the 2017 cases with a resolution to be shorter because they have had less time to reach closure than 2014 or 2015 cases.





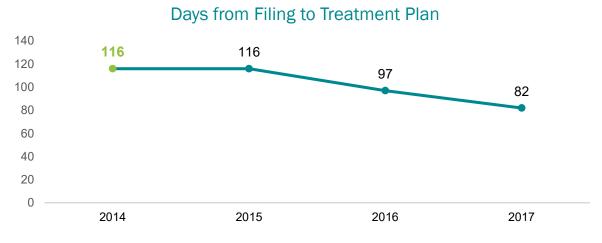
As an additional analysis, we explored the percentage of cases that achieved permanency within 12 months of entry into foster care (whether or not they were removed). There was a statically significant difference between PHC and non-PHC cases. Forty-one percent (41%) of cases with no PHC achieved permanency within 12 months compared to 66% of cases where a PHC was held.

Percentage of Cases That Achieved Permanency Within 12 Months	
PHC Cases	No PHC Cases
66%	41%

Does PHC Improve the Quality of Treatment Plans?

The *PHC Debrief Tool* data and case file review data did not collect information about the quality of treatment plans. CIP staff collected data from a small subsample of cases on treatment plans of cases. These treatment plans showed little to no difference from the treatment plans prior to implementation of the PHC. Efforts are underway within the state to modify the treatment plans.

Data were available to examine the time from filing of a dependency and neglect petition to the development of a treatment plan. Data indicate a reduction in time to development of a treatment plan post implementation of PHC. As noted in the *Days from Filing to Treatment Plan* graph, time to treatment plan dropped from an average of 116 days (in 2014, pre-PHC) to an average of 82 days (in 2017, post-PHC). Parents' presence at the PHC was not related to time to treatment plan development; however, the participation of the father at the PHC was related to treatment. *When fathers had higher levels of participation in the PHC, the time to treatment plan was shorter*.



Does PHC Increase Buy-in from the Parties?

Specific data were not collected from parents about their buy-in of the process. However, as a proxy, we explore how the parents' presence and participation affected case outcomes. In theory, if parents have better buy-in to the process, they will be more likely to be engaged in the process, participate in their treatment plan and thereby reunify with their children. The linked dataset allowed for an examination of how parents' presence and participation levels at the PHC predicted reunification. Both the presence of the mother and the presence of the father predicted reunification. That is, *if parents attended the PHC, they were more likely to reunify*. Further, there was a relationship between parents' participation at the PHC and reunification. *Parents who had higher levels of participation in the PHC were more likely to reunify*.

Summary of Key Findings

Fidelity of Implementation

 PHCs appear to be implemented with fidelity. The majority are held prior to Show Cause. Parents are present and participate in the majority of PHCs. There is frequent substantive discussion of key topics

Relationship between PHC and Outcomes of Interest

- In the first year of the pilot, reunification rates were higher for PHC than non-PHC cases
- After PHC, time to effective resolution decreased for ALL outcomes
- Presence and participation of parties at PHC predict reunification