

October  
2017



# Nebraska Supreme Court Office of Dispute Resolution

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## Prehearing Conference (PHC) Report

**REPORT OF PHCS CONDUCTED BY NEBRASKA'S SIX  
ODR-APPROVED MEDIATION CENTERS**

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## BACKGROUND OF ODR AND MEDIATION CENTERS

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The Nebraska Legislature created the Office of Dispute Resolution (ODR) as a part of the Nebraska Dispute Resolution Act of 1991<sup>1</sup>. ODR was established under the State Court Administrator’s Office and has been charged with administering the Dispute Resolution Act.

Legislative findings in the Act recognize that the cost and time spent through formal judicial hearings can be reduced by using mediation. Findings also state that alternative dispute resolution (ADR) can reduce animosity and benefit the community as a whole by improving relationships. Resolutions developed through ADR are meant to be “comprehensive, lasting and realistic resolutions to conflicts.”

In Nebraska, there are six ODR-approved Mediation Centers:

- **Central Mediation Center, Kearney**      *Counties Covered:* Adams, Blaine, Buffalo, Chase, Clay, Custer, Dawson, Dundy, Franklin, Frontier, Furnas, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Howard, Kearney, Lincoln, Logan, Loup, McPherson, Merrick, Nuckolls, Perkins, Phelps, Red Willow, Sherman, Thomas, Valley, Webster, Wheeler
- **Concord Mediation Center, Omaha**      *Counties Covered:* Douglas and Sarpy
- **The Mediation Center, Lincoln**      *Counties Covered:* Lancaster
- **Mediation West, Scottsbluff**      *Counties Covered:* Arthur, Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Grant, Hooker, Keith, Kimball, Morrill, Scotts Bluff, Sheridan, Sioux
- **Nebraska Mediation Center, Fremont**      *Counties Covered:* Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Colfax, Cuming, Dakota, Dixon, Dodge, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Rock, Stanton, Thurston, Washington, Wayne
- **The Resolution Center, Beatrice**      *Counties Covered:* Butler, Cass, Fillmore, Gage, Jefferson, Johnson, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, York

### History of Pre-Hearing Conferences (PHCs)

Prehearing conferences (PHCs) were introduced to the Nebraska child welfare justice system in 2003 following Nebraska’s first statewide Children’s Summit. At the Summit, these conferences which “front-load” the juvenile court process, were set forth by the National Council of Juvenile and Family Court Judges’ *Resource Guidelines* in child abuse and neglect cases. The *Resource Guidelines* describes them as follows:

Pre-hearing case conferencing . . . refers to meetings of parties prior to a hearing in a child abuse and neglect case convened with a non-judicial officer serving as a

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<sup>1</sup> *Nebraska Dispute Resolution Act 1991(NE) LB 90 25-2901 – 25-2921.*

facilitator. . . . [t]he conference is used as an opportunity to discuss issues of placement, visitation, and services for the child and family; identify relatives; familiarize the parties with the allegations; determine whether ICWA applies in the case; and determine any outstanding issues or concerns.<sup>2</sup>

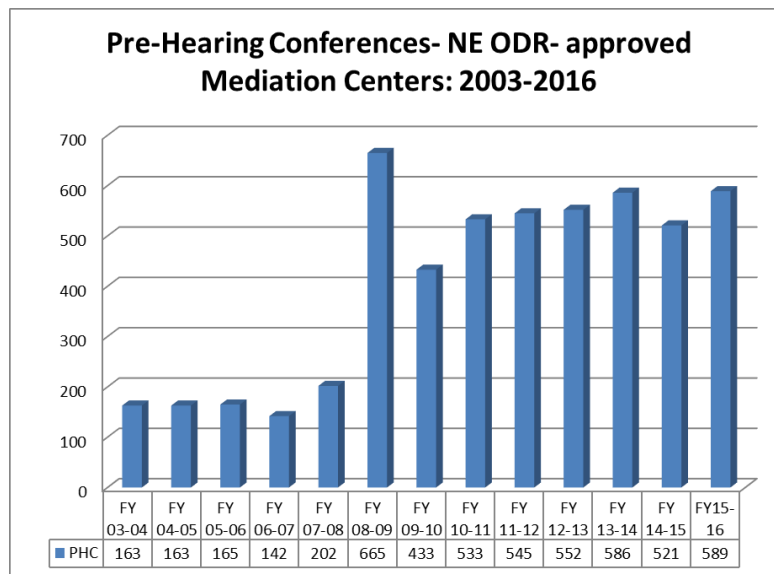
Further, the Resource Guidelines state some of the key benefits of PHCs:

Studies of the use of pre-hearing conferences have found that they serve to both expedite and humanize the court process. (See, Giovannucci, M (2009). *Innovation in dispute resolution: Case status conferences for child protection . . . . Family Court Review*, 29(3), 270-290).

Jurisdictions using pre-hearing conferences before the preliminary protective hearing, for example, have seen improvements in the quality and timeliness of the information presented to the court . . . .<sup>3</sup>

PHCs were piloted in Douglas County Juvenile District Court by Hon. Doug Johnson in 2004 in concert with the local Through the Eyes’ Team and the Court Improvement Program. Concord Mediation Center, Omaha, provided trained facilitators to implement the PHC protocols for children in the child welfare system. The pilot was deemed successful in meeting the program goals of expediting the preliminary hearing process, providing essential information about the children and families to the court and child welfare providers at an earlier stage, and reducing the time to adjudication. Over the succeeding years, PHCs were launched in many jurisdictions across the state. Preliminary evaluation determined that PHCs did reduce time between detention and adjudication.

The Chart below shows the number of prehearing conferences facilitated by the six ODR-approved mediation centers between 2003 and 2016. Note: the rise in PHC cases in the 2008-2009 fiscal year was as a result of a focused pilot project across the state.



<sup>2</sup> National Council of Juvenile and Family Court Judges Enhanced Resource Guidelines, May 2016. Pages 64-65.

<sup>3</sup> Ibid.

In recent years the number of PHCs has remained steady between 500-600 cases each year with a general upward trend.

**Nebraska Prehearing Conference Protocols.** The ODR-approved mediation centers follow the PHC protocols, based upon NCJFC Resource Guidelines and developed in partnership with ODR and the Through the Eyes of the Child initiative (Appendix A).

Key stakeholders essential to participate in the prehearing conference include:

- Parents/ custodial stepparent/ guardian/ other custodians
- Parents' attorneys
- Guardian ad litem for the child
- County attorney
- DHHS or NFC's protection and safety initial assessment worker and/or on-going case worker

Other individuals who may attend include extended family, friends, DHHS/NFC supervisor, foster parents, or children, if age appropriate.

**Prehearing Conference Case Study.** As an example of who attends prehearing conferences and the outcomes, here is a case study from The Mediation Center, Lincoln:

*A petition alleging child abuse and neglect was filed by the county attorney and a prehearing conference was scheduled prior to the preliminary hearing. The Mediation Center assigned facilitators who convened the parents, other family members, guardian ad litem, the parents' attorneys, county attorneys, case workers, supervisors, and other support persons for the PHC.*

*In this case, three young children had been exposed to a severely traumatic event – a complicated, sensitive, and tragic situation involving an ongoing criminal investigation. After a collaborative discussion by all present it was agreed that the three children should be placed together with the mother's brother and mom would have supervised parenting time 5 days a week. To avoid the crime scene and additional trauma mom's parenting time would take place at the brother's home. The case manager agreed to work with mom and the supervision service provider to plan parenting time around nap time. The father is deceased.*

*Service options for the children were discussed and agreed on. They included a trauma assessment and therapy with specific doctor, referral to the Early Development Network, and necessary doctor appointments including an eye doctor. Mom agreed to random UA drug testing, and Individual Diagnostic Interview and any recommendations that followed, and to working closely with a parent partner and to take parenting classes. Everyone was thanked for their efforts in contributing to a productive pre-hearing facilitation. The Guardian ad litem was tasked with presenting the agreements to the court and the pre-hearing facilitation was concluded.*

## DEFINITION AND GOALS OF PREHEARING CONFERENCES

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Definition of Prehearing Conference (PHC) as defined in the Pre-Hearing Conference Protocol (Appendix A):

*The PHC is an informal, facilitated meeting prior to appearing in court and held to gain the cooperation of the parties, to offer services and/or treatment, and to develop a problem-solving atmosphere in the best interest of the child(ren) involved in the juvenile court system.*

The goals of PHCs as stated in the standardized protocol are:

- A. To move the parties from an adversarial to cooperative role.
- B. Focus on the future, safety and best interest of the child(ren) in a climate of mutual respect.
- C. To clarify placement and visitation options, including possible relative and kinship placements.
- D. To determine if ICWA applies.
- E. Identify family needs and resources early in the case.<sup>4</sup>

In order to adequately meet these goals, there are several topics the facilitator discusses during the PHC including placement, visitation, services and/or treatment, allegations, and a safety plan. The facilitator remains neutral in the case and is trained to maintain orderly communication between participants, encourage participation by all parties, keep the group focused on relevant issues, and deflect personal conflict.

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<sup>4</sup> Through the Eyes of the Child Initiative (2016) Pre-hearing conference protocol. Lincoln, NE: Through the Eyes of the Child Initiative. See Appendix A.

## STATUTORY AUTHORITY

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Nebraska Revised Statutes § 43-247.03(2)(a) (2014) defines a Prehearing Conference as:

Prehearing conference means a facilitated meeting prior to appearing in court and held to gain the cooperation of the parties, to offer services and treatment, and to develop a problem-solving atmosphere in the best interests of children involved in the juvenile court system.

Prehearing Conferences have been defined by the National Council of Juvenile and Family Court Judges in its publication “Enhanced Resource Guidelines: Improving Court Practice in Child Abuse and Neglect Cases,” as

Meetings of parties prior to a hearing in a child abuse and neglect case convened with a non-judicial officer serving as a facilitator... Pre-hearing conferences take place prior to formal court hearing, but their scope and purpose varies depending upon the stage of the case process they are used.<sup>5</sup>

The Office of Dispute Resolution acquired various duties related to prehearing conferences and other mediation services for children and families throughout the State of Nebraska from the Legislature’s enactment of Nebraska Revised Statute § 43.247.04 (2014). The statute reads below:

(1) It is the intent of the Legislature to transfer four hundred fifty thousand dollars in General Funds from the Department of Health and Human Services' 2014-15 budget to the office of the State Court Administrator's budget for the purpose of making the State Court Administrator directly responsible for contracting and paying for court-connected prehearing conferences, family group conferences, expedited family group conferences, child welfare mediation, permanency prehearing conferences, termination of parental rights prehearing conferences, juvenile victim-offender dialogue, and other related services.

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<sup>5</sup> Gatowski, S., Miller, N., Rubin, S., Escher, P., & Maze, C. (2016) Enhanced resource guidelines: Improving court practice in child abuse and neglect cases. Reno, NV: National Council of Juvenile and Family Court Judges.

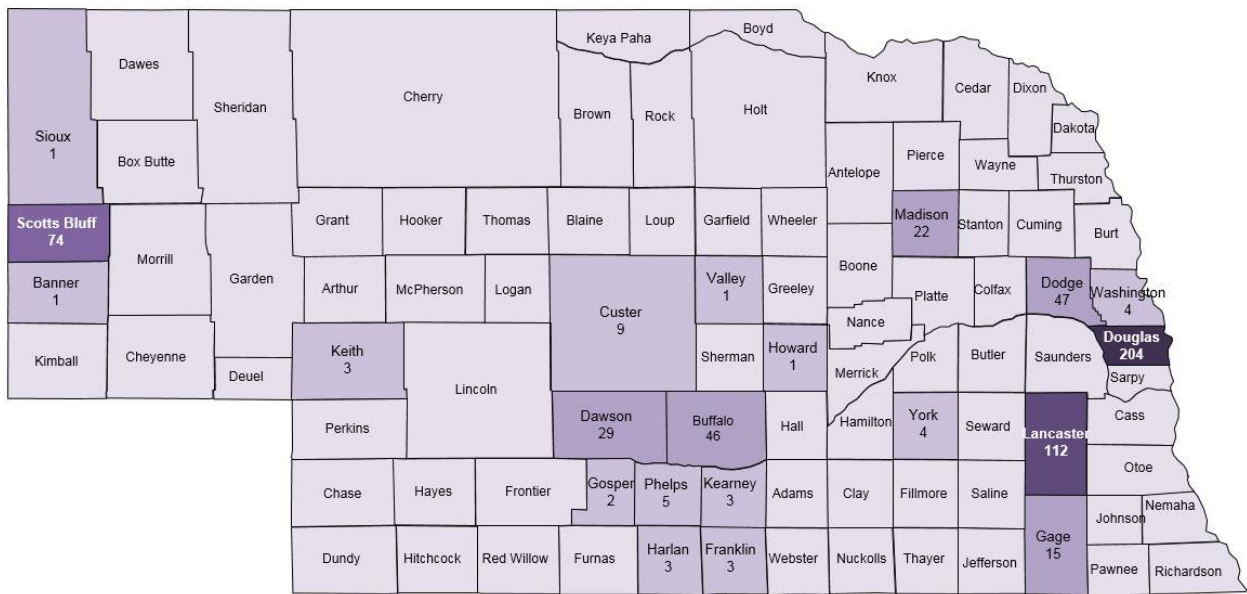
## OFFICE OF DISPUTE RESOLUTION AND PREHEARING CONFERENCES

The Office of Dispute Resolution (ODR) was created by the 1991 Dispute Resolution Act<sup>6</sup>. Since the creation of the Office of Dispute Resolution over 80,000 people have received mediation services by six ODR-approved mediation centers.

Mediation is available in all 93 counties of Nebraska. The Office of Dispute Resolution partners with Nebraska's nonprofit mediation centers to provide mediation and dispute resolution to Nebraska's courts and citizens.

During the 2015-2016 program year, the six mediation centers performed 589 Prehearing Conferences throughout the state. The number of conferences per each county is displayed on the map below (Figure 1):

Number of Pre-Hearing Conference Cases closed by  
 Nebraska ODR-approved Mediation Centers by County:  
 July 1, 2015 - June 30, 2016



O:/Program Analyst/ Data and Stats/Case Type by County/ Pre-Hearing Conference County Map.jpg  
 1/12/2017

<sup>6</sup> Nebraska Dispute Resolution Act 1991(NE) Neb. Rev. Stat. 25-2901 – 25-2921.

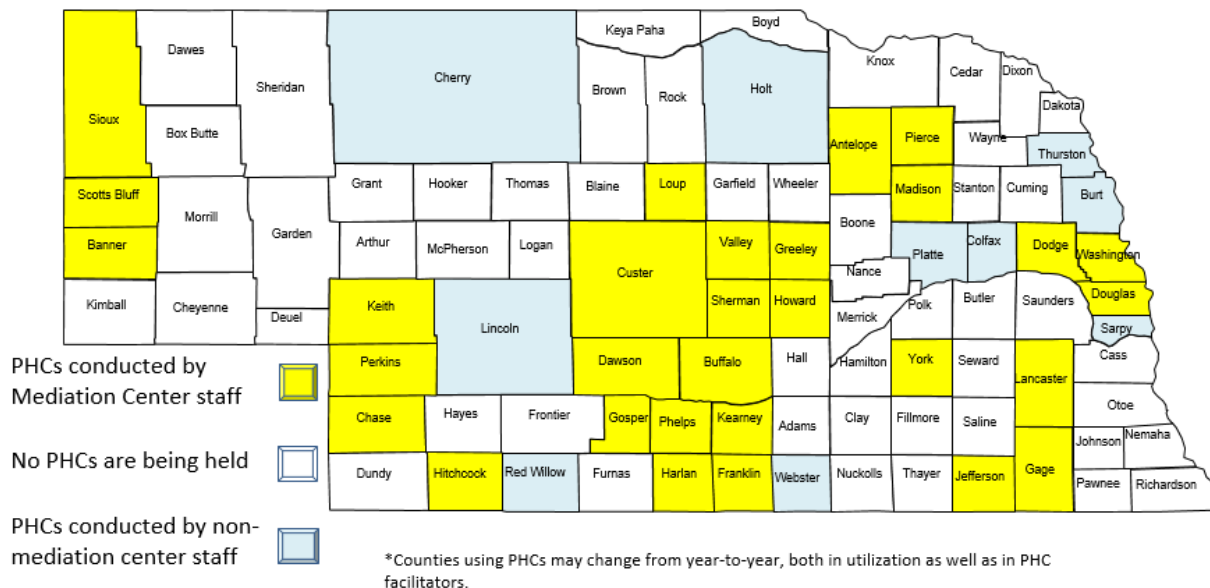


## COUNTY AND JUVENILE COURTS USING PHCs; MEDIATION CENTER SURVEY RESULTS

The six ODR-approved mediations centers<sup>7</sup> were surveyed in October 2016 regarding their center’s county specific Prehearing Conferences. Center directors were asked to respond to how each county and/or multiple juvenile judges in each county are or are not utilizing Prehearing Conferences.

The map below (Figure 2) represents how many counties/juvenile judges are using Prehearing Conferences. Notice that in 30 counties PHCs are conducted by mediation center staff and in 9 counties PHCs are conducted by other child welfare stakeholders.

Location of County/Juvenile Courts Using Prehearing Conferences\* FY17



### Survey Questions:

The chart on page 9 lists the survey questions asked to each center and the multiple choice options provided to them. The center directors were asked to answer every question specifically for each county and judge that they work with. Included are the total number of tallies marked by all six centers for a given multiple choice option including all of the judges and counties they cover. If an answer was unknown it was simply left blank and not included in this data.

<sup>7</sup> Central Mediation Center, Concord Mediation Center, The Mediation Center, Mediation West, Nebraska Mediation Center, and The Resolution Center

| <b>SURVEY QUESTION</b>   | Yes                            | No                        |   |              |                  |                  |       |
|--|--------------------------------|---------------------------|---|--------------|------------------|------------------|-------|
| A. Does this Court/Judge Use PHCs?   | 42                             | 69                        |   |              |                  |                  |       |
| B. Is the Court/Judge discussing items from the PHC in the Hearing?                      | 34                             | 12                        |   |              |                  |                  |       |
| C. Is DHHS/NFC sending both the initial worker and assigned worker?                      | 35                             | 11                        |   |              |                  |                  |       |
| D. Are clients coming and reporting that their attorney advised them not to participate? | 1                              | 49                        |   |              |                  |                  |       |
| F. Do stakeholders have input on selected date, time and locations?                      | 21                             | 18                        |   |              |                  |                  |       |
|  | Judge                          | Judge's Bailiff           | County Attorney                           | DHHS/NFC     | Mediation Center | Other            |       |
| E. Who decides the scheduling, date and time?  | 23                             | 16                        | 0   | 0            | 0                | 0                |       |
|  | Phone                          | Mail                      | Email                                     | Text         | Fax              | DHHS/NFC         | Other |
| G. How is notice of the PHC being transmitted?   | 4                              | 5                         | 21  | 0            | 4                | 0                | 0     |
|  | Court House                    | Mediation Center          | Other                                     |              |                  |                  |       |
| H. Where are PHCs held?  | 41                             | 0                         | 0   |              |                  |                  |       |
|  | Mediation Center Mediator      | County Attorney           | DHHS/NFC                                  | Other        |                  |                  |       |
| I. Who is facilitating the PHC?  | 38                             | 2                         | 0   | 10           |                  |                  |       |
|  | Judge                          | County Attorney           | Mediator                                  | DHHS/NFC     | Other            |                  |       |
| J. Who records what takes place during the PHC?  | 0                              | 2                         | 35  | 2            | 0                |                  |       |
|  | Provided to Judge              | Provided to Parties       | Becomes part of the case file             | Other        | All of the above |                  |       |
| K. What happens to the notes or forms after the PHC?                                     | 2                              | 1                         | 4   | 7            | 24               |                  |       |
|  | With removal/detention hearing | Same day/prior to hearing | In conj. w/ another child welfare hearing | Separate day | Other            | All of the above |       |
| L. When are PHCs scheduled?  | 6                              | 31                        | 0   | 1            | 0                | 0                |       |
|  | 0-25%                          | 25-50%                    | 50-75%                                    | 75-100%      |                  |                  |       |

In addition to the multiple choice questions, several open ended questions were asked to obtain a better idea of the current status of PHCs in Nebraska and what can be done to improve PHCs in the future. Those questions are:

- If you selected "Other" for any question, please specify what County/Judge and write out your specific answer that is not provided in the menu.
- What is your case management process?
- What protocol is being used?
- Which forms are being used?
- If there are language barriers or special services needed – are those services being provided?
- If there are safety concerns, how are they being addressed?
- What sort of training and mentoring do you use?
- What training would you like to have?
- What is working well for your PHCs?
- What could improve your PHCs? Enhance?

On the next few pages you will find observations from the survey results for each center individually.

## CENTRAL MEDIATION CENTER

KEARNEY, NE 35 COUNTIES

Central Mediation Center facilitated 103 Prehearing Conferences in 15 of 35 counties during the 2015-2016 fiscal year:

|         |        |           |          |         |
|---------|--------|-----------|----------|---------|
| Buffalo | Custer | Dawson    | Franklin | Loup    |
| Gosper  | Harlan | Hitchcock | Howard   | Perkins |
| Kearney | Phelps | Sherman   | Valley   | Greeley |

Judges who use PHCs in these counties are:

|           |            |           |          |       |
|-----------|------------|-----------|----------|-------|
| Jorgenson | Rademacher | Schendt   | Wightman | Burns |
| Hoeft     | Mead       | Steenburg | Brodbeck |       |

Of the Prehearing Conferences being held it is reported that:

- Judges are doing the scheduling of the conference
- Notice of the PHCs is provided by email to the stakeholders
- PHCs are held at the courthouse
- In Webster County, the Guardian Ad Litem are facilitating, but this service seems to be done on some cases but not others
- An ODR-approved mediator is facilitating the PHCs
- In Perkins County, the PHCs are known as “Pre-adjudication Hearings” and are held after the first appearance
- In Webster County, County Attorney is the only individual taking notes and they do not become part of the case file unless later admitted into evidence
- The mediators or county attorneys are taking notes in the PHCs, that are then made part of the case file and given to the judge
- The PHCs are being held the day of removal and prior to the formal hearing
- It is estimated that PHCs are cancelled or rescheduled approximately 0-25% of the time and most notably by the county attorney
- Utilizing the ODR/ Through the Eyes of the Child protocol (see Appendix A)
- If there are language barriers, interpreters are used
- If there are domestic violence concerns, two different PHCs are typically held

When asked what could be improved:

“I think the courts where the judges are actively seeking a relationship with the facilitators run their PHCs best, I would love it if all judges were that way.”

When asked what is working well:

“Discussion that we are here to help in the reunification process and let the parties know that they can ask questions.”

## CONCORD MEDIATION CENTER

OMAHA, NE 2 COUNTIES

Concord Mediation Center facilitated 204 Prehearing Conferences in Douglas County during the 2015-2016 fiscal year. Judges who use PHCs in these counties are:

Johnson      Thomas      Kelly      Crnkovich      Daniels

Douglas County:

- Bailiff schedules the PHCs, stakeholders do not have a say in scheduling
- PHCs are held at the courthouse
- An ODR-approved mediator is facilitating
- PHCs are scheduled in conjunction with the hearing
- A mediator records what takes place during the PHCs in Judge Thomas, Kelly and Crnkovich's courts
- In Judge Johnson and Daniels' courts DHHS/NFC takes notes
- In Judge Daniels' court, PHC notes are given directly to the judge
- In Judge Johnson's court, notes are given to all parties
- In Judge Thomas, Kelly and Crnkovich's courts notes are taken but they are not distributed to anyone at the conclusion of the PHC
- Utilizing a different protocol form for PHCs (see Appendix B)
- If there are language barriers, interpreters are used
- If there are domestic violence concerns, two different PHCs can be held; however, many times the attorneys agree to hold one PHC
- Occasionally PHCs are cancelled because a parent was not properly served

Sarpy County: the area CASA office facilitates all Prehearing Conferences.

When asked if DHHS/NFC are sending both the investigative and assigned worker:

“DHHS and NFC keep changing their processes so it is hard to answer who is present at any given time.”

When asked what is working well:

“Bailiffs are very helpful, support from other facilitators, county attorneys and judges have bought into the process more and more, letting the parties know we are neutral third parties helps parents feel more at ease.”

When asked about difficulties, it is noted that buy in from the Public Defender's office may help.

## THE MEDIATION CENTER

LINCOLN, NE 1 COUNTY

The Mediation Center facilitated 112 Prehearing Conferences in Lancaster County during the 2015-2016 fiscal year. The four judges who use PHCs are:

Heideman

Porter

Ryder

Thorson

Of the Prehearing Conferences being held it is reported that:

- What is happening at the PHCs is not being discussed in the actual hearing
- DHHS is sending both the investigating worker and the newly assigned worker
- Clients are not being told to withhold participation in the PHCs by their attorneys
- Judges are setting the date/time/location of PHCs
- Notice is done through phone calls
- PHCs are held at the courthouse, juvenile court
- They are typically held the same day/prior to the hearing
- An ODR-approved mediator is facilitating
- The mediator is taking notes
- The notes become part of the social file
- Cancellations are estimated to happen between 0-25% of the time and it is typically because of parents not appearing
- Utilizing the ODR/Through the Eyes of the Child protocol (see Appendix D)
- If there are language barriers, interpreters are used
- mediation.com is utilized for case management

When asked what additional training/CME would the center like to have:

“A specific PHC training, better understanding of the service network and a training made available to parents.”

When asked what is working well, the center noted a focus on the parents, general collaboration and training about PHCs with judges, attorneys and DHHS

When asked what could improve PHCs:

“Better preparation by case manager and everyone knowing a specific room, time, and place to start.”

## MEDIATION WEST

SCOTTSBLUFF, NE 15 COUNTIES

Mediation West facilitated 78 Prehearing Conferences in the 2015-2016 fiscal year in four counties:

Scotts Bluff                  Keith                  Banner                  Sioux

Judges who use PHCs in these counties are:

Steenburg                  Mickey                  Worden

Of the Prehearing Conferences being held it is reported that:

- Judges who are doing PHCs are referencing them in the related hearings
- DHHS is sending both the investigating worker and the assigned worker
- The juvenile records clerk for Scotts Bluff and Banner Counties sends the PHC notice to the center and DHHS; however, about half the time DHHS reports they did not receive the notice and would not have a representative there or would have to send someone last minute that was not familiar with the case. However, after a meeting in March a new system was created where we notify two supervisors at DHHS of the PHC when our notice comes through from the Court. This notice to the DHHS supervisors serves as a backup notification. Since this started, there has been a prepared caseworker at every PHC in Scotts Bluff County.
- The Bailiff is setting up the time/date/location of the in the other counties
- There are no attorneys telling any parties to not participate in the PHCs
- Parties receive the notice by email
- The PHCs are being held at the courthouse
- The PHCs are all being facilitated by a ODR-approved mediator
- The Mediators are taking notes during the PHCs
- Notes are provided to Judge, GAL, all attorneys, DHHS and CASA
- In Keith County the PHCs are being held a few weeks after the first appearance. The center has noted that attendance by professionals is better at these meetings. Parties are more prepared. There is often extended family that attends. Families have often begun making progress on their case plan. However, some disadvantages are that parties do not get the benefit of an impartial person helping explain the process. Families do not have a part in setting a plan for / gaining buy-in for services offered or requested by the state. They plan to work with Judge Steenburg to explore the best timing for PHCs in his cases.
- All of the other PHCs are held the same day/prior to the hearing in all counties besides Keith
- PHCs are cancelled an estimated 0-25% of the time
- There are occasionally cancellations in Keith County due to “non-perfection of service” issues
- There are also rare cancellations in Keith because there is not a mediator available.
- If PHCs are being held they are using the ODR/Through the Eyes of the Child protocol.

- If there are potential safety issues, there sometimes two PHCs held – this happens perhaps two times per year.
- In Scottsbluff, interpreters can be arranged at the last moment, but ultimately all services are being provided
- Do not use the ODR/Through the Eyes of the Child protocol – use a computer form developed with the input of the area judges (see Appendix C)

When asked about the differences in Keith County and the lack of mediators:

“Keith County has been a challenge because they set the PHC date and time without consulting the center. My guess is that the time is set in Court while all of the other parties being asked to attend are in the room. This has been an issue in the past because I was the only traveling PHC facilitator. I have since trained two other facilitators, one of which is already conducting her own PHCs. Problems with scheduling conflicts should be greatly reduced because of this and I do not anticipate having to reschedule many, if any, Keith County PHCs in the future.”

When asked what kind of future trainings they would want:

“Trauma informed care training”

When asked what is working well for PHCs:

“Buy-in from stakeholders.”

When asked what could improve PHCs:

“We are working with the professionals to ensure PHCs are family/service-focused. Professionals can be condescending and rude to families, especially when it is a difficult case or involved repeat participants.



## NEBRASKA MEDIATION CENTER

FREMONT, NE 24 COUNTIES

Nebraska Mediation Center facilitated 73 Prehearing Conferences in four counties during the 2015-2016 fiscal year:

Dodge            Madison            Pierce            Antelope

Judges who use PHCs in these counties are:

Stoffer            Vampola            Taylor            Long

Of the Prehearing Conferences being held it is reported that:

- What is happening during the PHCs is being discussed during court in Dodge and Madison Counties
- Only Dodge county is sending both the investigating and assigned DHHS workers
- No clients indicate their attorneys are telling them not to participate in PHCs
- Bailiffs are setting the date/time/location, but stakeholders do have a say in Dodge County. Notice is being sent out by email.
- The PHCs are being held at the courthouse
- An ODR-approved mediator is facilitating the PHC
- The mediator is taking notes.
- In Dodge County, the notes from the PHC are given to all parties; the other counties specifically make sure the judge gets a copy
- All four counties hold PHC prior to removal/determination
- PHCs are held prior to the hearing
- PHCs are cancelled approximately 0-25% of the time
- Utilizing the ODR/Through the Eyes of the Child protocol (see Appendix A)
- If there are language barriers, interpreters are used
- If there are domestic violence issues, they make a referral to The Bridge and create a safety plan. They do not hold separate PHCs but they are sensitive to seating.

When asked what is working well for PHCs:

“Relationships with judges in Dodge and Madison Counties.”

What could improve PHCs:

“More judges and attorneys using Nebraska Mediation Center.”

## THE RESOLUTION CENTER

BEATRICE, NE 16 COUNTIES

The Resolution Center facilitated 19 Prehearing Conferences in three counties during the 2015-2016 fiscal year:

Gage                  York                  Jefferson

Judges who use PHCs in these counties are:

Timm                  Senff

Of the Prehearing Conferences being held it is reported that:

- No attorneys are telling their clients not to participate in the PHC
- Stakeholders do not have a say in scheduling
- Notification of the PHC is done by fax
- Judge Timm in Gage County is discussing PHC matters in the hearing and the bailiff is scheduling
- Judge Senff in York County is discussing PHC matters in the hearing and the bailiff is scheduling
- In Judge Stecker's court in York County is not discussing PHC matters in the hearing, occasionally the county attorney is cancelling the PHCs
- PHCs are held at the courthouse
- An ODR-approved mediator is facilitating or the county attorney
- The mediator is taking notes
- Notes then becomes part of the case file, given to all parties, and to the judge
- PHCs are held the same day/prior to the hearing
- PHCs are cancelled or rescheduled approximately 0-25% of the time
- Utilizing the ODR/Through the Eyes of the Child protocol (see Appendix A)
- If there are language barriers, interpreters are used

When asked what could improve PHCs:

“In talking with judges, it was reported their attorneys say the process is too slow.”

When asked what additional training/CME is desired:

“Would like the initial PHC training offered and well as a discussion with facilitators to learn from each other.”

## OTHER UNIQUE FINDINGS

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- In Perkins County, the PHCs are known as “Pre-adjudication Hearings” and are held after the first appearance
- In Keith County, the PHCs are being held a few weeks after the first appearance as well but are still referred to as PHCs
- Sarpy County utilizes CASA to facilitate PHCs
- Judge Brodbeck in Holt County has a Guardian Ad Litem or the County Attorney facilitate PHCs
- Judge Orr in Cherry County, uses a Guardian Ad Litem to facilitate PHCs
- Judge Skorupa in Platte County uses a Guardian Ad Litem facilitate PHCs
- Judge McDermott is temporarily using the Clerk of the District Court to facilitate PHCs in Colfax County as a pilot
- Judge Rager in Dakota County and Judge Luebe in Cedar County do not see a need for PHCs
- Judge Samuelson will follow the lead of the local County Attorney on whether or not to hold a PHC in Washington, Burt or Thurston counties, if deemed necessary
- Nebraska Mediation Center has held a few PHCs in Pierce and Washington Counties, but nothing on a regular basis

## APPENDIX

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# NEBRASKA'S THROUGH THE EYES OF THE CHILD/PHC PROTOCOL

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## PRE-HEARING CONFERENCE PROTOCOL

The following protocol is a flexible outline based on a determination of “best practices” and the best interests of children involved in the juvenile court system. This recommended protocol is drafted and approved by the *Through the Eyes of the Child Initiative* Protocol Development Committee.

**I. DEFINITION OF A PRE-HEARING CONFERENCE (“PHC”):** The PHC is an informal, facilitated meeting prior to appearing in court and held to gain the cooperation of the parties, to offer services and/or treatment, and to develop a problem-solving atmosphere in the best interest of the child(ren) involved in the juvenile court system.

### II. INITIAL PROCEDURES

- Clerk receives the juvenile petition and notifies parents, attorneys, DHHS, and facilitator of date and time of the PHC. Optional parties may be notified if deemed to be in the best interests of the child(ren).
- If there are safety issues, arrange for security to be present.
- Determine whether language interpretation or other special services are needed, and make arrangements as necessary
- A determination should be made whether the parents need separate attorneys and whether parents can be properly notified before attorneys are appointed. If a valid address or phone number for an absentee parent cannot be found, court appointment of counsel should be postponed to avoid requiring the attorney to advocate for his/her client from an unknown position.

### III. GOALS OF CONFERENCE

- A. To move the parties from an adversarial to cooperative role.
- B. Focus on the future, safety and best interest of the child(ren) in a climate of mutual respect.
- C. To clarify placement and visitation options, including possible relative and kinship placements.
- D. To determine if ICWA applies.
- E. Identify family needs and resources early in the case.

#### ITEMS TO BE DISCUSSED IN CONFERENCE:

- Placement
- Visitation
- Upfront services and/or treatment
- Allegations as they relate to services
- Safety plan

**IV. FACILITATOR:** The facilitator is a trained<sup>1</sup>, neutral party who does not serve in any capacity for any party connected with the case. The facilitator should have a basic understanding of juvenile court procedures.

**ROLE AND RESPONSIBILITY OF FACILITATOR:**

- Maintain orderly communication
- Encourage participation of all parties
- Focus discussion on relevant issues (facilitation not mediation)
- Deflect personal conflict

**TASKS OF THE FACILITATOR**

- Explanation of purpose, process and goals of conference
- Complete Attendance Sheet
- Introductions
- Clarify areas of agreement/disagreement.
- Monitor time frame
- Record, or confirm recording of, any agreements regarding placement, visitation, services, or other matters in the best interests of the child(ren)

**V. AGENDA**

1. IDENTIFY LEGAL PARENTS
  - Current address/phone
  - Paternity issues?
2. PRIOR ORDERS IN EFFECT
  - Are there prior dissolution/custody orders?
  - Are there domestic abuse or harassment protection orders?
  - Possible agreement to modify for visitation, communications, placement.
3. INDIAN CHILD WELFARE ACT (ICWA)
  - Does ICWA apply?
  - Identify the tribe
4. PLACEMENT OF CHILD
  - Current placement (Return home with safety plan)
  - Relative placement
5. VISITATION
  - Current unsupervised schedule
  - Supervised
  - Semi-Supervised
  - Possible additional visits?
  - Relative visitation
6. SERVICES FOR FAMILY
  - Any service the parents think would be helpful for their children or themselves (therapy, transportation, housing etc)
  - Relation to allegations in the petition
  - Identify possible evaluations that the parents/children would be willing to participate in

---

<sup>1</sup> Best practices include a minimum of mediation training as required by N.R.S. 25-2913 and training in facilitative processes.

- Services that have already been identified that would be beneficial for the family
  - Safety plan
7. INFORMATION ABOUT THE CHILD(REN)
- Appointments Dr./ Dental
  - School needs or events
  - Medication
  - Behaviors or special needs
  - Child's favorite toy, blanket, etc

**VI. PARTICIPANTS  
REQUIRED**

- Parents/ custodial stepparent/ guardian/ other custodian
- Attorneys
- GAL
- County Attorney
- DHHS protection and safety initial assessment worker and/or On-going case worker

**OPTIONAL**

- Children, if age appropriate
- Extended Family
- Family Friends
- DHHS Supervisor
- CASA
- Service providers or other advocates
- Law enforcement (if necessary for security)
- Foster Parents

DOUGLAS COUNTY JUVENILE COURT/CONCORD PHC FORM

**The Separate Juvenile Court of Douglas County Nebraska  
Facilitated Protective Custody Pre-Hearing Conference**

Family Name: \_\_\_\_\_ Doc. \_\_\_\_\_ No. \_\_\_\_\_

**I. Identify Parents**

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Is the father identified on the birth certificate? Yes No

If no, then the mother needs to complete a paternity affidavit.

**II. Indian Child Welfare Act**

Is the child(ren) enrolled or eligible for enrollment in a Native American Tribe under the Indian Child Welfare Act? Yes No

If yes what tribe(s): \_\_\_\_\_ Who will send notice? \_\_\_\_\_

When? \_\_\_\_\_

**III. Placement of Children**

Can the child(ren) safely be returned home after this hearing? Yes No

Why or why not?

If yes, please attach a safety plan.

Relative placement of the child(ren)?

Are there relatives available?

List name, relationship, phone number, address:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**IV. Family Time - type, frequency, age-appropriate**

Visitation for the Mother \_\_\_\_\_

Visitation for the Father \_\_\_\_\_

Visitation for siblings \_\_\_\_\_

Visitation for Grandparents \_\_\_\_\_

Visitation for relatives/friends \_\_\_\_\_



**V. Provision of Reasonable Efforts Services:**

**What?** \_\_\_\_\_

**When?** \_\_\_\_\_

**Payment source?** \_\_\_\_\_

Parent(s) willing to participate in services immediately? YES NO

If yes, use additional form.

What? When?

Children in need of immediate services? YES NO

If yes, use additional form.

What? When?

**VI. Next Steps / Action Steps**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**VII. Closure**

*Statement that participation in the identified services will not impact the adjudication*

**Signature of Participants**

Mother \_\_\_\_\_ Mother's Attorney \_\_\_\_\_

Father \_\_\_\_\_ Father's Attorney \_\_\_\_\_

County Attorney \_\_\_\_\_ GAL \_\_\_\_\_

HHSS \_\_\_\_\_

Other Participants \_\_\_\_\_

## Services for the Family

### **Parents:**

| <b>Service Needed</b>          | <b>Potential Provider</b> | <b>Who will arrange</b> |
|--------------------------------|---------------------------|-------------------------|
| Psychological Evaluation       |                           |                         |
| Chemical Dependency Evaluation |                           |                         |
| Psychiatric Evaluation         |                           |                         |
| Urine Drug Tests               |                           |                         |
| Medical Evaluation             |                           |                         |
| Anger Management               |                           |                         |
| Individual Therapy             |                           |                         |
|                                |                           |                         |

### **Child(ren):**

| <b>Services Needed</b>         | <b>Potential Provider</b> | <b>Who will arrange</b> |
|--------------------------------|---------------------------|-------------------------|
| Psychological Evaluation       |                           |                         |
| Chemical Dependency Evaluation |                           |                         |
| Psychiatric Evaluation         |                           |                         |
| Medication re-evaluation       |                           |                         |
| Urine Drug Tests               |                           |                         |
| Medical Evaluation             |                           |                         |
| Dental Evaluation              |                           |                         |
| Individual Therapy             |                           |                         |
| School / Academic testing      |                           |                         |
|                                |                           |                         |

### **Family:**

| <b>Services Needed</b>        | <b>Potential Provider</b> | <b>Who will arrange</b> |
|-------------------------------|---------------------------|-------------------------|
| Intensive Family Preservation |                           |                         |
| Family Therapy                |                           |                         |
| Family Group Conferencing     |                           |                         |
|                               |                           |                         |

Appendix C  
MEDIATION WEST PHC FORM



**SIGN-IN  
CONFIDENTIALITY CONSENT**

**County:**  
**Judge:**  
**Date/Time:**

|                                |        |        |        |
|--------------------------------|--------|--------|--------|
| <b>Child(ren)<br/>Name(s):</b> |        |        |        |
| <b>Case<br/>No(s):</b>         | JV 16- | JV 16- | JV 16- |

Information shared during the Pre-Hearing Conference is to be used in the best interests of the child(ren) and for NDHHS Protection and Safety case planning. **The Pre-Hearing Conference is confidential and privileged as per N.R.S. 43-247.01** when not otherwise discoverable, will be considered confidential and will not be used in future court proceedings. **Your signature signifies commitment to confidentiality and records your appearance at and participation in the conference.**

| Print Name | Signature | Relationship to Child |
|------------|-----------|-----------------------|
| _____      | _____     | _____                 |
| _____      | _____     | _____                 |
| _____      | _____     | _____                 |
| _____      | _____     | _____                 |
| _____      | _____     | _____                 |
| _____      | _____     | _____                 |
| _____      | _____     | _____                 |
| _____      | _____     | _____                 |
| _____      | _____     | _____                 |
| _____      | _____     | _____                 |
| _____      | _____     | _____                 |
| _____      | _____     | _____                 |
| _____      | _____     | _____                 |
| _____      | _____     | _____                 |

## LEGALITIES

### INTERPRETER

Indicate if an interpreter is necessary for any party(ies)

- 

### ICWA

If the *Indian Child Welfare Act* applies to any party(ies) in the case, identify:

- 1) The Party(ies)
- 2) The Native American Tribe (such as Oglala Lakota, Oglala Sioux, Rosebud Sioux)
- 3) Whether enrolled or believed to be eligible for enrollment

- 

### CASEWORKER(S)/INVESTIGATOR(S)

Identify

- 1) NDHHS Caseworkers/investigators
- 2) GAL

- 

### GAL

Indicate if the GAL has visited the child(ren) (N.R.S. 43-272.01) and what his/her initial assessment is.

- 

### PRIOR ORDERS IN EFFECT

Prior orders that affect the child(ren): dissolution/custody; child support; domestic abuse; harassment/protection

- 

## PARENTS

### PARENTAL PARTICIPATION IN PREHEARING CONFERENCE

Indicate if any parent(s)/guardian(s) were not present at the conference

- 

### IDENTIFY PARENTS OF EACH CHILD

- 1) Each child/child's age
- 2) Mother
- 3) Father
- 4) if married at time of birth
- 5) if father signed birth certificate
- 6) how paternity was or will be established

- 

### PARENTAL EDUCATION/EMPLOYMENT

For each parent:

- 1) Identify education level
- 2) Employment Status (place(s)/FT, PT, length)

- 

## CHILDREN

### CHILD(REN)'S NEEDS

- 1) Identify child(ren), physical/behavioral needs and important information (appointments, medications, likes/dislikes)
- 2) Indicate if the child(ren) are attending/enrolled in the following and note any changes since removal:
  - a. School
  - b. Daycare
  - c. Activities (extracurricular/non-school/religious)
  - d. Support services (EDN, Head Start, Mentoring)

•

### REASONABLE EFFORTS

#### SERVICES OFFERED/REQUESTED

Identify Services that can be offered to the child(ren), parent(s) and/or family(ies) to address the safety concerns. These could include:

- 1) Assistance with **evaluations** (indicate if a priority population)
  - a. Mental health
  - b. Full psychological
  - c. Substance abuse (*\*male/female injecting; female using while pregnant or with dependent child*)
  - d. Parenting
- 2) **Participation in**
  - a. Counseling (individual/parent-child/family)
  - b. Random drug/alcohol testing
  - c. AA/NA
  - d. Anger management
  - e. Circle of Security
  - f. Parenting class
- 3) Assistance with **support services**
  - a. Medicaid
  - b. Housing (safe/secure/affordable)
  - c. Communication (telephone/minutes for phone)
  - d. Transportation/gas vouchers
  - e. Education needs of parents (GED/job training)
  - f. Child welfare conferencing

•

#### REQUIREMENTS TO PROVIDE SERVICES

Including medication lists, signed releases, budgets or other agency or caseworker needs

•

#### PARENT(S) WILLINGNESS TO PARTICIPATE IN SERVICES

- 1) Indicate willingness of each parent to participate in services noted above
- 2) Note any obstacles to parent(s) participating in services noted above
- 3) Indicate deadlines for completion of evaluations or registration for services

•

### PLACEMENT

#### CHILD(REN) REMAIN IN-HOME OR WILL BE RETURNING HOME TODAY

Attach a safety plan or detail the plan below

•

#### CHILD(REN) PLACED OUT-OF-HOME; REQUIREMENTS FOR REUNIFICATION

Detail what is preventing reunification/what is required to make family home safe

- 

### IDENTIFIED/ASSESSED PLACEMENT OPTIONS

- 1) Detail identified and/or assessed non-custodial parent(s) and relative(s) for placement
- 2) Detail whether home studies are required and home study status

- 

### CURRENT PLACEMENT(S)

- 1) Detail location information

If out-of-home placement: Indicate placement type(s) – agency, relative or kinship

When applicable:

- a. Detail why siblings are not placed together
- b. Indicate if placement(s) meet ICWA preference

- 

### CONTINUING OUT-OF-HOME PLACEMENT

- 1) If in-home placement is not an option, indicate if the parent(s) agree with the current placement(s), and
- 2) List any other family members and/or responding adults that should be explored as a possible placement
  - a. Include name/relationship and address/phone for each potential placement
  - b. indicate if a home study will be required and timeline expectations

- 

### PARENTING SCHEDULE/VISITS

Detail mother(s) and father(s) parenting time, and sibling(s), grandparent(s) or other relative(s)/friend(s) visitation. Include:

- 1) Frequency of visits
- 2) Length of visits
- 3) Location of visits
- 4) Details about supervision/monitoring or other criteria (such as drug/alcohol testing before visit)
- 5) Indicate if parents are agree with schedule

- 

### FUTURE CONSIDERATIONS

### PERMANACY GOAL(S) AND TARGET DATE(S)

- 

### QUESTIONS, CONCERNS, SPECIAL REQUESTS

- 

**Pre-Hearing Conference Report Prepared by:** \_\_\_\_\_

*Mediation West Facilitator*

**List Any Attachments to This Report:**

- 

**ACCEPTED:**

Court: \_\_\_\_\_ Date: \_\_\_\_\_

County Judge

THE MEDIATION CENTER/LANCASTER PHC FORM

LANCASTER COUNTY JUVENILE COURT
Initial Protective Custody Hearing
Pre-Hearing Facilitation Checklist

Case No. \_\_\_\_\_ Judge: \_\_\_\_\_

Case Name: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Assessment Case Manager: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Ongoing Case Manager: \_\_\_\_\_

Attorney for Mother/Parent 1: \_\_\_\_\_

Attorney for Father/Parent 2: \_\_\_\_\_

Name of Guardian Ad Litem: \_\_\_\_\_

Other Family/Friends Present \_\_\_\_\_ Relationship to Case \_\_\_\_\_

\_\_\_\_\_ Relationship to Case \_\_\_\_\_

\_\_\_\_\_ Relationship to Case \_\_\_\_\_

CHILD(REN) INVOLVED:

Table with 4 columns: Name, Age, Mother/P1, Identified Father/P2. Rows 1-4 for child information.

IDENTIFY PARENTS (FOR EACH CHILD):

Child's Name: \_\_\_\_\_

1. Were parents married to each other at the time of the child's birth? Yes \_\_\_ No \_\_\_

a. If No, were parents married to someone else at the time of the child's birth? Yes \_\_\_ No \_\_\_

Please list the name(s) \_\_\_\_\_

2. Are parents currently married to each other? Yes \_\_\_ No \_\_\_

a. If No, are parents currently married to someone else? Yes \_\_\_\_ No \_\_\_\_

Please list the name(s) \_\_\_\_\_

3. Are there any court orders regarding child support? Yes \_\_\_\_ No \_\_\_\_

4. Is there an Acknowledgement of Paternity? Yes \_\_\_\_ No \_\_\_\_

a. Has the alleged/biological/legal (circle one) father been identified? Yes \_\_\_\_ No \_\_\_\_

Please list the name \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

1. Were parents married to each other at the time of the child's birth? Yes \_\_\_\_ No \_\_\_\_

a. If No, were parents married to someone else at the time of the child's birth? Yes \_\_\_\_ No \_\_\_\_

Please list the name(s) \_\_\_\_\_

2. Are parents currently married to each other? Yes \_\_\_\_ No \_\_\_\_

b. If No, are parents currently married to someone else? Yes \_\_\_\_ No \_\_\_\_

Please list the name(s) \_\_\_\_\_

3. Are there any court orders regarding child support? Yes \_\_\_\_ No \_\_\_\_

4. Is there an Acknowledgement of Paternity? Yes \_\_\_\_ No \_\_\_\_

b. Has the alleged/biological/legal (circle one) father been identified? Yes \_\_\_\_ No \_\_\_\_

Please list the name \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

1. Were parents married to each other at the time of the child's birth? Yes \_\_\_\_ No \_\_\_\_

a. If No, were parents married to someone else at the time of the child's birth? Yes \_\_\_\_ No \_\_\_\_

Please list the name(s) \_\_\_\_\_

2. Are parents currently married to each other? Yes \_\_\_\_ No \_\_\_\_

c. If No, are parents currently married to someone else? Yes \_\_\_\_ No \_\_\_\_

Please list the name(s) \_\_\_\_\_

3. Are there any court orders regarding child support? Yes \_\_\_\_ No \_\_\_\_

4. Is there an Acknowledgement of Paternity? Yes \_\_\_\_ No \_\_\_\_

c. Has the alleged/biological/legal (circle one) father been identified? Yes \_\_\_\_ No \_\_\_\_



Please list the name \_\_\_\_\_

Child's Name: \_\_\_\_\_

1. Were parents married to each other at the time of the child's birth? Yes \_\_\_ No \_\_\_

a. If No, were parents married to someone else at the time of the child's birth? Yes \_\_\_ No \_\_\_

Please list the name(s) \_\_\_\_\_

2. Are parents currently married to each other? Yes \_\_\_ No \_\_\_

d. If No, are parents currently married to someone else? Yes \_\_\_ No \_\_\_

Please list the name(s) \_\_\_\_\_

3. Are there any court orders regarding child support? Yes \_\_\_ No \_\_\_

4. Is there an Acknowledgement of Paternity? Yes \_\_\_ No \_\_\_

d. Has the alleged/biological/legal (circle one) father been identified? Yes \_\_\_ No \_\_\_

Please list the name \_\_\_\_\_

**PRIOR COURT ORDERS IN EFFECT:**

Are there prior dissolution, custody orders, or no contact orders that affect the children? Yes \_\_\_ No \_\_\_

Details (incl. location in effect): \_\_\_\_\_

Are there domestic abuse, harassment, protection, or other orders or sentences? Yes \_\_\_ No \_\_\_

**INDIAN CHILD WELFARE ACT:**

Is there any American Indian heritage?

Is either parent enrolled or possibly eligible for enrollment in an American Indian tribe of the United States?

In which tribe(s) is the child possibly eligible for enrollment?

Mother/P1: Yes \_\_\_ No \_\_\_

Father/P2: Yes \_\_\_ No \_\_\_

If yes, which tribe? \_\_\_\_\_

If yes, which tribe? \_\_\_\_\_

Child's Name: \_\_\_\_\_

Is the child enrolled? Yes \_\_\_ No \_\_\_

If yes, which tribe? \_\_\_\_\_

Could the child possibly be eligible for enrollment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which tribe? \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Is the child enrolled? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which tribe? \_\_\_\_\_

Could the child possibly be eligible for enrollment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which tribe? \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Is the child enrolled? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which tribe? \_\_\_\_\_

Could the child possibly be eligible for enrollment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which tribe? \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Is the child enrolled? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which tribe? \_\_\_\_\_

Could the child possibly be eligible for enrollment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which tribe? \_\_\_\_\_

**What is the Plan for Obtaining the Required ICWA Notice by the County Attorney?**

\_\_\_\_\_  
\_\_\_\_\_

**PLACEMENT OF THE CHILD(REN)**

Has NDHHS provided the court in writing the name(s) and address(es) of the person(s) with whom the child/ren is/are placed no later than the hearing?

Is the current placement information and location confidential? Yes \_\_\_\_\_ No \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Current placement: Family \_\_\_\_\_ Kinship \_\_\_\_\_ Agency \_\_\_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Current placement: Family \_\_\_\_ Kinship \_\_\_\_ Agency \_\_\_\_ Other \_\_\_\_

Name: \_\_\_\_\_ Relationship | \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Current placement: Family \_\_\_\_ Kinship \_\_\_\_ Agency \_\_\_\_ Other \_\_\_\_

Name: \_\_\_\_\_ Relationship | \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Current placement: Family \_\_\_\_ Kinship \_\_\_\_ Agency \_\_\_\_ Other \_\_\_\_

Name: \_\_\_\_\_ Relationship | \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Are children placed together with siblings (if applicable)? Yes \_\_\_\_\_ No \_\_\_\_\_

If ICWA applies, is present placement considered in compliance with ICWA preferences? Yes \_\_\_\_ No \_\_\_\_

Are there alternative family or kinship placements to be considered?

Who will be contacting this person for possible placement?

What are the next steps to explore these placement options? (For example – Parent will provide information, etc.)

M= Maternal P = Paternal

Name: \_\_\_\_\_ Relationship | \_\_\_\_ M P \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ M P  
 \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ M P  
 \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ M P  
 \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**PARENTING TIME**

|                               |                                       | Current Arrangements                       |  | Proposed Arrangements |  |  |
|-------------------------------|---------------------------------------|--|--|-----------------------|--|--|
| <b>Mother's Schedule (P1)</b> | Mon:                                  | Location (& Provider, if applicable) _____ |  | Mon:                  | Location (& Provider, if applicable) _____ |  |
|                               | Tue:                                  | _____                                      |  | Tue:                  | _____                                      |  |
|                               | Wed:                                  | No Visits ____                             |  | Wed:                  | No Visits ____                             |  |
|                               | Thurs:                                | Therapeutic ____                           |  | Thurs:                | Therapeutic ____                           |  |
|                               | Fri:                                  | Supervised ____                            |  | Fri:                  | Supervised ____                            |  |
|                               | Sat:                                  | Monitored ____                             |  | Sat:                  | Monitored ____                             |  |
|                               | Sun:                                  | Unsupervised ____                          |  | Sun:                  | Unsupervised ____                          |  |
|                               | Total Hrs/Days of the Week Authorized |  |  |                       |  |  |
| <b>Father's Schedule (P2)</b> | Mon:                                  | Location (& Provider, if applicable) _____ |  | Mon:                  | Location (& Provider, if applicable) _____ |  |
|                               | Tue:                                  | _____                                      |  | Tue:                  | _____                                      |  |
|                               | Wed:                                  | No Visits ____                             |  | Wed:                  | No Visits ____                             |  |
|                               | Thurs:                                | Therapeutic ____                           |  | Thurs:                | Therapeutic ____                           |  |
|                               | Fri:                                  | Supervised ____                            |  | Fri:                  | Supervised ____                            |  |
|                               | Sat:                                  | Monitored ____                             |  | Sat:                  | Monitored ____                             |  |
|                               | Sun:                                  | Unsupervised ____                          |  | Sun:                  | Unsupervised ____                          |  |
|                               | Total Hrs/Days of the Week Authorized |  |  |                       |  |  |

Are there other significant contacts for the children on a regular basis with siblings or family members?

When will provider and parents work out the schedule?

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Location \_\_\_\_\_ Supervision \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Location \_\_\_\_\_ Supervision \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Location \_\_\_\_\_ Supervision \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Location \_\_\_\_\_ Supervision \_\_\_\_\_

Do parents have valid driver's licenses? Mother/P1: Yes / No Father/P2: Yes / No

Do parents have access to a car that is licensed and insured? Mother/P1: Yes / No Father/P2: Yes / No  
What are transportation needs for parenting time and services?  
\_\_\_\_\_ How will transportation needs be met and who will provide?  
\_\_\_\_\_

Are there other considerations or needs (e.g., safety)? \_\_\_\_\_  
\_\_\_\_\_

**CHILD(REN)'S NEEDS:**

Name: \_\_\_\_\_

Is the child working with TeamMates or other mentoring program? When? \_\_\_\_\_ Where? \_\_\_\_\_  
Is the child working with or eligible to work with the Early Development Network? Yes \_\_\_\_\_ No \_\_\_\_\_ Has  
an early development referral been made? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child attend:

School/daycare? Y N Where \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_ Mandatory

Extracurricular Activities? (i.e. Social, religious, sports, work, volunteer activities, etc.) Y N

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

Name: \_\_\_\_\_

Is the child working with TeamMates or other mentoring program? When? \_\_\_\_\_ Where? \_\_\_\_\_  
Is the child working with or eligible to work with the Early Development Network? Yes \_\_\_\_\_ No \_\_\_\_\_ Has  
an early development referral been made? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child attend:

School/daycare? Y N Where \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

Extracurricular Activities? (i.e. Social, religious, sports, work, volunteer activities, etc.) Y N

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_  
What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_ Name: \_\_\_\_\_  
\_\_\_\_\_

Is the child working with TeamMates or other mentoring program? When? \_\_\_\_\_ Where? \_\_\_\_\_  
Is the child working with or eligible to work with the Early Development Network? Yes \_\_\_\_\_ No \_\_\_\_\_ Has  
an early development referral been made? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child attend:

School/daycare? Y N Where \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

Extracurricular Activities? (i.e. Social, religious, sports, work, volunteer activities, etc.) Y N

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

Name: \_\_\_\_\_

Is the child working with TeamMates or other mentoring program? When? \_\_\_\_\_ Where? \_\_\_\_\_  
Is the child working with or eligible to work with the Early Development Network? Yes \_\_\_\_\_ No \_\_\_\_\_  
Has an early development referral been made? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child attend:

School/daycare? Y N Where \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

Extracurricular Activities? (i.e. Social, religious, sports, work, volunteer activities, etc.) Y N

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

What: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_

**INFORMATION ABOUT THE CHILD(REN)**

NAME: \_\_\_\_\_

|   |  |
|---|--|
| <p><u>Medication:</u></p><br><br><p><u>Dentist, Doctor, Therapist, Other Existing Providers:</u></p><br><br><p><u>Appointments (e.g., Dr., Dental, Vision, Therapy):</u></p><br><br><p>Can parent(s) attend? Yes ____ No ____</p> | <p><u>School Needs (i.e. I.E.P. or 504 plan):</u></p><br><p>Can the parent(s) attend? Yes ____ No ____</p> <p><u>Child's favorite toy, blanket, etc.:</u></p><br><p>Is there anything the child needs from home? Y N</p> <p><u>Behaviors, Special Needs or Other Routines?</u></p><br><p><u>Other?</u></p> |
|---|--|

NAME: \_\_\_\_\_

|   |  |
|---|--|
| <p><u>Medication:</u></p><br><br><p><u>Dentist, Doctor, Therapist, Other Existing Providers:</u></p><br><br><p><u>Appointments (e.g., Dr., Dental, Vision, Therapy):</u></p><br><br><p>Can parent(s) attend? Yes ___ No ___</p> | <p><u>School Needs (i.e. I.E.P. or 504 plan):</u></p><br><p>Can the parent(s) attend? Yes ___ No ___</p> <p><u>Child's favorite toy, blanket, etc.:</u></p><br><p>Is there anything the child needs from home? Y N</p> <p><u>Behaviors, Special Needs or Other Routines?</u></p><br><p><u>Other?</u></p> |
|---|--|

NAME: \_\_\_\_\_

|   |  |
|---|--|
| <p><u>Medication:</u></p><br><br><p><u>Dentist, Doctor, Therapist, Other Existing Providers:</u></p><br><br><p><u>Appointments (e.g., Dr., Dental, Vision, Therapy):</u></p><br><br><p>Can parent(s) attend? Yes ___ No ___</p> | <p><u>School Needs (i.e. I.E.P. or 504 plan):</u></p><br><p>Can the parent(s) attend? Yes ___ No ___</p> <p><u>Child's favorite toy, blanket, etc.:</u></p><br><p>Is there anything the child needs from home? Y N</p> <p><u>Behaviors, Special Needs or Other Routines?</u></p><br><p><u>Other?</u></p> |
|---|--|



NAME: \_\_\_\_\_

|   |  |
|---|--|
| <p><u>Medication:</u></p><br><br><p><u>Dentist, Doctor, Therapist, Other Existing Providers:</u></p><br><br><p><u>Appointments (e.g., Dr., Dental, Vision, Therapy):</u></p><br><br><p>Can parent(s) attend? Yes ____ No ____</p> | <p><u>School Needs (i.e. I.E.P. or 504 plan):</u></p><br><br><p>Can the parent(s) attend? Yes ____ No ____</p> <p><u>Child's favorite toy, blanket, etc.:</u></p><br><p>Is there anything the child needs from home? Y N</p> <p><u>Behaviors, Special Needs or Other Routines?</u></p><br><br><p><u>Other?</u></p> |
|---|--|

What service(s) might be discussed to work towards children returning home?

**SERVICES - Child(ren):**

Are children in need of immediate or urgent services? Yes \_\_\_\_ No \_\_\_\_ If yes, complete Services Form

| SERVICE                      | PROVIDER | HOW & WHEN | PAYMENT RESPONSIBILITY |
|------------------------------|----------|------------|------------------------|
| Alcohol/Substance Evaluation |          |            |                        |
| Dental Examination           |          |            |                        |
| Early Development Network    |          |            |                        |
| Early Intervention           |          |            |                        |
| Education                    |          |            |                        |
| Educational Evaluation       |          |            |                        |
| Independent Living           |          |            |                        |
| Individual Therapy           |          |            |                        |
| Initial Diagnostic Interview |          |            |                        |
| Medical Examination          |          |            |                        |
| Medication Evaluation        |          |            |                        |

|                          |  |  |  |
|--------------------------|--|--|--|
| Mental Health Evaluation |  |  |  |
| Trauma Assessment        |  |  |  |
|                          |  |  |  |

**SERVICES - Parents:** Is/are parent(s) willing to participate in services immediately? Yes \_\_\_\_ No \_\_\_\_

| SERVICE                      | POTENTIAL PROVIDER | HOW & WHEN | PAYMENT RESPONSIBILITY |
|------------------------------|--------------------|------------|------------------------|
| Alcohol/Substance Evaluation |                    |            |                        |
| Alcohol/Narcotics Anonymous  |                    |            |                        |
| Domestic Violence Education  |                    |            |                        |
| Education/Academic Testing   |                    |            |                        |
| Family Support Services      |                    |            |                        |
| Individual Therapy           |                    |            |                        |
| Medical Examination          |                    |            |                        |
| Medication Evaluation        |                    |            |                        |
| Mental Health Evaluation     |                    |            |                        |
| Parenting Classes            |                    |            |                        |
| Parent Partner               |                    |            |                        |
| Transportation               |                    |            |                        |
| Alcohol/ Drug Tests          |                    |            |                        |
|                              |                    |            |                        |
|                              |                    |            |                        |

**SERVICES - Family:**

| SERVICE                       | POTENTIAL PROVIDER | HOW & WHEN | PAYMENT RESPONSIBILITY |
|-------------------------------|--------------------|------------|------------------------|
| Comprehensive Family          |                    |            |                        |
| Family Support Services       |                    |            |                        |
| Family Therapy                |                    |            |                        |
| Intensive Family Preservation |                    |            |                        |
|                               |                    |            |                        |
|                               |                    |            |                        |

**REUNIFICATION** *Working through the Process of Returning Children Home*

What needs to occur to start the process of parental reunification with the child(ren)?

What is the action plan for next steps?

What services is DHHS is requesting for the parents or children? \_\_\_\_\_  
\_\_\_\_\_

Are parents willing to participate in services that would aid in the process? Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_

Are there concerns that need to be addressed before reunification is possible? Yes \_\_\_\_\_ No \_\_\_\_\_ If  
yes, what are the concerns and how can they be addressed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information about any of the child(ren)'s needs, interests, activities, etc.?

**NEXT STEPS/ ACTION PLAN**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_