The Development and Implementation of a Case Review Conference Model for Hamilton County Juvenile Court in Cincinnati, Ohio

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June 2011

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ACKNOWLEDGEMENTS

This report is the product of the efforts and collaboration of many individuals. The authors would like to thank everyone involved in the pilot project for their time and cooperation. Specifically, we would like to express our sincere gratitude to Edward Ryan (Chief Probation Officer) for serving as the Case Review Conference Coordinator throughout this pilot project as well as the other team members from Hamilton County Juvenile Court who participated in meetings over the past six months: Mark Reed (Court Administrator), Frank Yux (Executive Director of Court Services), Jack McManus (Chief Magistrate), Dwayne Bowman (Superintendent of the Youth Center), Maria Laib (Director of Special Services and Placement), Brent Laman (Deputy Chief Probation Officer), Perrie Poland (Probation Supervisor), Beverly Stille (Probation Supervisor), Felicia Rosemond (Probation Supervisor), and Cari Blanton (Placement Probation Supervisor). We also wish to thank Edward Latessa, Lori Lovins, Jennifer Luther, Myrinda Schweitzer and Carrie Sullivan from the University of Cincinnati Corrections Institute for their support and assistance.

Please note that the opinions, findings, conclusions, and recommendations expressed in this report are those of the authors and do not necessarily reflect the views of Hamilton County Juvenile Court. Please address all correspondence regarding this report to Paula Smith, Ph.D., Director, Corrections Institute and Assistant Professor, School of Criminal Justice, University of Cincinnati, P.O. Box 210389, Cincinnati, OH 45221-0389; Email: paula.smith@uc.edu.

INTRODUCTION

The Hamilton County Juvenile Court (HCJC) in Cincinnati, Ohio has jurisdiction over a variety of juvenile-related matters, including under-age defendants charged with crimes, allegations of abuse and neglect, as well as certain custody, visitation and child support matters. The HCJC is comprised of four components: (1) the Judges' Office hosts the Clerk's Office, probation and administrative offices, and the majority of Court hearings; (2) the Youth Center is a secure placement facility for youth awaiting adjudication or transfer to other facilities; (3) Hillcrest Training School is a residential treatment facility for adjudicated youth; and (4) Work Detail supervises youth performing Court-ordered community service. In 2010, the HCJC processed a total of 37,958 complaints and other motions that were filed. Of these, a total of 440 cases resulted in probation and 55 cases (49 new commitments and 6 parole violations) resulted in confinement to the Ohio Department of Youth Services (ODYS). Forty-five youth also had their cases transferred to the adult division of the Court of Common Pleas.

This report extends the ongoing collaboration between the HCJC and the University of Cincinnati (UCCI), and reflects the commitment of both agencies to improving the quality of services for youth and their families. Specifically, this report summarizes the results of a pilot project to develop a routine, structured forum for the open review of cases that have resulted in an adverse outcome. The HCJC has made considerable advances over the past several years in terms of implementing evidence-based practices, and expressed the desire to continue to improve services through the systematic, critical examination of unsuccessful terminations in this manner. As such, the primary purpose of the Case Review Conference (CRC) was to provide the HCJC with an opportunity to collectively learn from case studies in order to identify problems with the overrepresentation of minority referrals and to determine if the types of services offered were

appropriate. The CRC's also provide the opportunity to identify problems with individual case management practices as well as other system-based issues. The first CRC was held at the Youth Center on January 24, 2011. Since this time, a total of 10 cases have been reviewed in this manner. This report describes the CRC process in detail, summarizes the results from the pilot project, and provides recommendations for the future. It should be noted that the conference participants continue to meet bi-monthly in order to discuss cases.

DESCRIPTION OF THE CASE REVIEW CONFERENCE

In the field of medicine, mortality and morbidity reviews (MMRs) are routinely used to enhance medical education and improve patient care through the critical examination of case studies (Aboutamar et al., 2007; Travaglia & Debono, 2009). The MMR as a form of peer review has existed in the literature for more than fifty years, and is now widespread among internal medicine, psychiatric, surgical, and pediatric training programs (Deis et al., 2008; Nolan et al., 2010). In fact, the Accreditation Council for Graduate Medical Education currently mandates MMRs (Deis et al., 2008).

In essence, the MMR conference is a traditional forum that provides clinicians with an opportunity to discuss medical error and adverse events (Deis et al., 2008). Furthermore, previous research on the effectiveness of these reviews has documented benefits related to the identification and engagement of clinicians in system improvements, reductions in patient deaths, increases in accountability and communication, decreases in the costs of patient care and medication, and the creation of a safe forum for the discussion errors by removing fear of recrimination (Antonacci et al., 2009; Bechtold, 2008; Guevart et al., 2006; Nolan et al., 2010; King & Roberts, 2001; Liu, 2008; Kim, Fetters & Gorenflo, 2006). Furthermore, Denneboom et al. (2008) found evidence that participants of MMRs experienced an "educational spillover effect," where lessons learned

from discussing clients in MMRs were applied to other clients in different settings. Interestingly, this practice has not been used extensively in the field of corrections despite its obvious application to case management with offender populations.

Nolan et al. (2010) underscored the importance of a structured, organized approach in order to maximize the utility of MMRs. It is perhaps also important to note that Travaglia and Debono (2009) recently reviewed the literature on MMRs, and concluded that the format of case reviews varies considerably and the goals of the process are often not clearly defined. Taking these lessons learned from the field of medicine, the HCJC pilot project was initially conceptualized as an attempt to articulate a theoretical framework for the CRC process in corrections, identify goals, and create a standard format to structure reviews.

Theoretical Framework

It is evident from the medical literature that case review conferences tend to be the most useful when implemented in a manner consistent with the theoretical framework described in what follows (see Travaglia & Debono, 2009; Deis et al., 2008; Fussell et al., 2009). First, the primary focus of the meetings should be on improving services for youth and their families. To this end, case reviews should take place in a safe and supportive environment in order to minimize the fear of recrimination, and to facilitate an open and honest discussion of relevant issues. The CRC process is separate from an investigation in response to a critical incident; in contrast, it represents an effort by the agency to become a learning organization through the systematic examination of its failures on an ongoing basis. The focus is more on the broader, system-level processes and deficiencies, rather than individual-level mistakes. Second, senior staff members should ensure peer input and engagement through support and leadership. The involvement of senior staff members is critical as it affords the opportunity for the process to be viewed in a collaborative

manner within the organization. Third, a structured format should be established for reviewing cases. This ensures that the process is more systematic, interactive, and comprehensive. Furthermore, a detailed protocol should be established for feedback and follow-up. Finally, plans should be made to investigate the identified system-wide issues that contribute to adverse outcomes. These plans are opportunities for improvement, which should be linked to the evidence-based literature whenever possible. The CRC process with HCJC was specifically designed in a manner to ensure adherence to this theoretical framework.

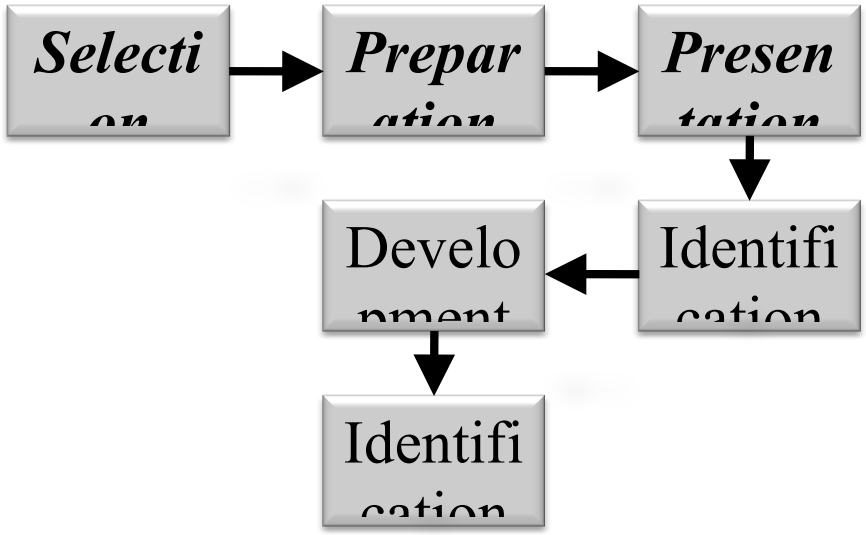
Goals and Objectives

In general, the CRC process can be described as a "decision support system" to promote critical thinking and better decision-making (Nolan et al., 2010). Specifically, the CRC process was intended to accomplish four main objectives (see Orlander et al., 2002 for a detailed discussion as it related to the field of medicine): (1) to facilitate the identification the key factors that resulted in the adverse outcome for the youth; (2) to create an opportunity for the attendees to engage in an open discussion of the case to acknowledge and address reasons for possible errors; (3) to allow conference participants to use their individual and collective experiences to identify and disseminate information and insights about case management; and (4) to reinforce individual and system level accountability for providing high quality interventions to youth and their families.

Overview of the Conference Process

Given the theoretical framework and objectives established in the previous two sections of this report, the CRC process was designed to include six basic steps (see Figure 1).

Figure 1. Overview of the Case Review Conference



The first step involves the *selection of cases*. Any member of the team can submit a case to the CRC Coordinator for consideration. The most appropriate nominations are cases that have educational value, have experienced a preventable outcome, and can provide insight into individual practice changes and/or system-based issues to improve the quality of supervision and service. After reviewing all of the referred cases, the CRC Coordinator consults with the appropriate probation officers and/or supervisors if further information is needed. The CRC Coordinator is then responsible for approving and scheduling the case for review.

The second step of the CRC process involves the *preparation of cases*. Ideally, the probation officer and/or supervisor should be responsible for case preparation given their extensive and intimate knowledge of the youth and his/her family. At a minimum, this should include a review of the client file and solicitation of input from other providers if applicable. The CRC Coordinator then alerts the team of the case to be reviewed and distributes a synopsis of the available background information.

The third step involves the *presentation of cases*. Ideally, the probation officer and/or supervisor present the case in a timeline format. Attendees can ask questions to clarify points of interest. The fourth step involves the *identification of factors related to outcome*. During this phase of the process, conference participants engage in an open discussion under the guidance of the UCCI representative in order to identify contributing factors. The fifth step involves the *development of an action plan*. This should include the consideration of practical solutions to individual level or system-based issues. The final step involves the *assignment of work groups* in order to implement and provide oversight of the action plan. The workgroups should then report back to the group on progress at subsequent meetings.

METHOD

This section of the report describes the HCJC conference participants and their respective roles in reviewing cases. The specific process and methodology used during the pilot project is also detailed. Finally, a discussion of the data collected on cases is presented.

Conference Participants

The conference participants in this pilot study routinely included the Court Administrator, Executive Director of Court Services, Chief Magistrate, Superintendent of the Youth Center, Chief Probation Officer, Director of Special Services and Placement, Deputy Chief Probation Officer, as well as Probation Supervisors. All participants were invited to attend the bi-monthly case review conference meetings. The HCJC Chief Probation Officer, Edward Ryan, agreed to serve as the CRC Coordinator for this pilot project. In this role, he provided oversight and coordinated the logistics for the team. He also selected and scheduled all of the cases for review, and disseminated relevant client information prior to each meeting.

At least one representative from the UCCI also participated in each of the CRC meetings. The UCCI representative was responsible for engaging attendees in a discussion of the case as well as summarizing the main points at the end of the meeting. Although this was not a concern in the pilot project, the UCCI representative was also responsible for ensuring that the discussion related only of facts of the case and not personal issues.

Case Selection

Eligible cases included juvenile offenders who had been under the jurisdiction of the HCJC probation department and had experienced an adverse outcome. The operational definition of *adverse outcome* included commitment to the Ohio Department of Youth Services (ODYS) or transfer to Adult Court. Although any member of the team could recommend specific cases for the CRC, the youth included in the pilot project were all selected by the CRC Coordinator.

Case Preparation

Prior to each scheduled meeting, background information was distributed to other team members, including the HCJC Youth Information Sheet (which contained demographic information as well as details regarding criminal history), any available risk/need assessments (such as HRAM and/or OYAS assessments), case plans (including both the probation supervision plan and facility treatment plan), as well as any other relevant documents (such as psychological evaluations and discharge summaries). The CRC Coordinator also completed the Case Review Form developed for this project (see Appendix A). In essence, this form served to create a timeline for the case and highlighted important points from the client's history and case plan.

Case Presentation

All CRC meetings were held at the Youth Center. The CRC Coordinator presented the Case Review Form and briefly elaborated on pertinent details. Conference participants then posed questions relevant to the case for clarification purposes.

Identification of Factors Related to Adverse Outcome

Attendees considered several possible factors related to adverse outcomes. The identification of the specific factors relevant for a particular case can serve as a process improvement tool for facilitating the identification of future failing points for other offenders. The Case Review Form developed for HCJC organizes these factors into six broad categories: (1) the development of the case plan (e.g., incomplete or inaccurate assessments, missing clinical information, disconnection between assessment results and target behaviors); (2) communication (e.g., problems with sharing information between professionals or when transferring cases); (3) coordination of care (e.g., gaps in sending or receiving information from other service providers); (4) volume of activity/workload (e.g., perceptions of workload problems, increased demands on time); (5) escalation of care; and (6) recognition of change in risk or need factors. During the CRC all participants have the opportunity to identify system-based issues and recommend alternative solutions. When issues are identified as potentially problematic, the CRC Coordinator can select the key contributing factors to be addressed.

Development of Action Plans and the Assignment of Work Groups

The fifth and sixth steps of the CRC process, the development of an action plan and identification of work groups, were not addressed as part of this pilot project.

RESULTS

Attendance

In all, a total of nineteen participants attended ten conferences during the six month period. The average number of participants per session was twelve and included both HCJC and UCCI representatives.

Sample Demographics

A total of ten cases experiencing adverse outcomes were presented in the CRC series between January 24, 2011 and June 6, 2011. The specific adverse events triggering case selection are listed in Table 1.

Table 1.Adverse Events Triggering Case Selection

Adverse Event	**N**
ODYS Commitment	5
Transfer to Adult Court	5

Basic demographic information for cases included in the CRC series is summarized in Table 2. It is important to note that while all of the cases reviewed were African American, this is not inconsistent with the general trends for HCJC youth committed to ODYS in that there tends to be a disproportionate representation over time. In an effort to assess the high level of minority commitments to ODYS, the HCJC reviewed only African American cases.

Table 2. Sample Demographics

		N
Sex		
	Male	9
	Female	1
Race		
	White	0

	Black		10
Age			
	Min/Max	14	18
	Mean (SD)	16.6 (1.17)	
Education			
	Min/Max	8	10
	Mean (SD)	9 (0.82)	

Table 3 summarizes the criminal history information for cases included in the CRC series. Approximately eight of the ten youth had a history of assaultive behavior, and four of the ten offenders had a criminal history involving the use of a weapon.

An offense cluster is defined as any number of offenses that occur on the same date. For example, if an offender is charged with three separate offenses (e.g., assault, criminal trespass, and a violation of a court order) and all the charges involve a single incident, the offender would be considered to have one offense cluster. However, if the offenses occurred separately and on different dates then each offense is considered to be a separate cluster.

Table 3. Criminal History

			N
Weapons History			4
History of Assaultive Behavior			8
Offense Clusters*			
	Min/Max	6	15
	Mean (SD)	10.2 (3.1)	
Felony Complaints			
	Min/Max	3	12
	Mean (SD)	5.4 (2.59)	
Misdemeanor Complaints			

	Min/Max	2	13
	Mean (SD)	7.6 (3.81)	
Other Complaints			
	Min/Max	4	19
	Mean (SD)	8.4 (4.58)	
DYS Intakes			
	Min/Max	1	21
	Mean (SD)	5.6 (5.91)	
Days Incarcerated			
	Min/Max	38	540
	Mean (SD)	156.4 (105)	
Institutional Misconduct*			
	Min/Max	1	13
	Mean (SD)	5.78 (4.21)	

*Calculated with 9 cases due to missing data.

Service history information for cases included in the CRC series is summarized in Table 4. The most prevalent form of supervision used with offenders was electronic monitoring (nine out of ten cases). While the majority of offenders received at least some programmatic services, these interventions varied widely in type and intensity – ranging from a theft prevention educational workshop to an intensive mental health treatment court program. Youth in this sample participated in fifteen different programs, with the largest group participating in two or three of them.

Table 4. Service History

	N
Previous Probation	8
Hillcrest Training School	3
Mental Health Court	1
	8

Electronic Monitoring		
Drug Testing		4
Number of Programs Attended		
	0 – 1	2
	2 – 3	5
	4 – 5	2
	6 – 7	1

Risk level information for cases included in the CRC series is summarized in Table 5. The moderate risk level in the OYAS is equivalent to standard risk level in the HRAM. When multiple assessments were conducted over time, the most recent assessment determined the offenders overall categorization of risk for this report. Table 6 summarizes the moderate and high risk criminogenic need areas identified on the actuarial assessments summarized in the previous table. The OYAS and HRAM categories of criminogenic need are merged together where applicable because both types of risk instruments were used in assessing offenders.

Table 5. Summary of Risk Levels

	N
Low	1
Moderate	4
High	5

Table 6. Summary of Criminogenic Need Areas Identified on Actuarial Assessment

	Risk Level	**N**
Family and Living Arrangements		
	High	3

	Moderate or High	3
Peers and Social Support Networks		
	High	0
	Moderate or High	3
Education and Employment		
	High	3
	Moderate or High	4
Pro-social Skills		
	High	2
	Moderate or High	4
Substance Abuse, Mental Health, and Personality		
	High	2
	Moderate or High	3
Values, Beliefs, and Attitudes/Orientation		
	High	1
	Moderate or High	2
Leisure/Recreation		
	High	1
	Moderate or High	2

Factors Related to Adverse Outcomes

In each of the CRC meetings, attendees identified the leading contributors to adverse outcomes. These factors were categorized and tabulated by the UCCI representatives following each review, and the results are summarized in Table 7. Problems associated with the development of case plans were the most common contributing factor, cited in seven out of ten of the cases reviewed.

Table 7. Factors Contributing to Adverse Outcome

Factor	**N**

Development of Case Plan	7
Communication	4
Coordination of Care	5
Volume of Activity/Workload	0
Escalation of Care	2
Recognition of Change in Risk and/or Need Factors	3

Development of Case Plan

Several shortcomings were noted in the development of case plans. In approximately four of the cases, the narrative of the client file did not appear to match the scoring of specific items on the HRAM and/or OYAS assessments. This raised some concerns about the accuracy of the results and the possible need for additional quality assurance measures. Second, the attendees noted a disconnection between the assessment results and the domains as identified on the case plan in at least three of the cases reviewed. Third, many of the case plans did not appear to be individualized and/or did not contain appropriate, specific target behaviors. Finally, the available treatment options for certain criminogenic need areas appeared to be very limited and resulted in some questionable (or at least not ideal) referrals for services. For example, a drug dealer with no documented substance use problem was referred to a traditional substance abuse treatment program. It is conceivable that this type of intervention may not address the underlying causes related to drug dealing specifically (i.e., antisocial attitudes and values).

Communication

In at least four cases, communication problems were noted when cases were transferred to another facility or service provider. A disconnect in communication between the probation department

and the judiciary was also noted. In some diversion cases, magistrates simply closed cases with special orders and authorized no mechanism of oversight. This created a time period when no one was in control of the youth and subsequently many youth never followed through with the courts orders.

Coordination of Care

Although it is clear that the youth included in the CRC series received a considerable number of services, progress on treatment targets was not systematically shared with the probation officer and integrated into the case plan.

Volume of Activity and/or Caseload

It did not appear that the volume of activity and/or caseload presented a significant problem for the cases reviewed in this pilot project. It should be noted, however, that probation officers were not included in this initial CRC series, and as a result their viewpoint is not represented in this report.

Escalation of Care

In two cases, it appeared that clients were not referred to more intense services when their current situation warranted because the probation officer did not have the authority to mandate youth and/or their families to participate in treatment.

Recognition of Change in Risk and/or Need Factors

In three cases, youth were successfully terminated from probation when it appeared that some criminogenic need areas were not sufficiently addressed (despite the fact that the youth had passed drug tests). In two of these cases, the adverse outcome occurred shortly after the case had been closed. This underscores the need for more individualized case plans with meaningful target behaviors and measures to assess client progress.

Impact of the Conference

As previously noted, this pilot project represents an ongoing commitment of the HCJC to improving services for juveniles and their families. The increased communication throughout the CRC process was useful in developing ways to motivate youth to modify their behavior without always involving probation. The HCJC magistrates have begun to regularly continue the disposition of diversion cases for short periods of time (I.e. 30 days), which has helped to increase compliance. If a youth's progress is not satisfactory, the court can explore alternative options, such as continue the case longer, assign to probation, or incarcerate. This process motivates youth and the youth's parents to comply with court orders more effectively than the traditional methods.

The CRC process was also useful in that it identified at least two important system-based issues that should be addressed in the near future. First, the HCJC does not currently have an intervention for high risk youth to target antisocial attitudes and values. Second, it was consistently reported that the HCJC experiences difficulties with client motivation. Since the Court does not necessarily mandate certain services, the probation officers have limited ability to engage families who are unwilling to participate in services with youth. Unfortunately, this creates some difficulties in establishing and enforcing eligibility criteria for certain services.

LIMITATIONS

While the CRC process has identified several areas for improvement within the HCJC, these changes have not yet been implemented. The results of the pilot project summarized in this report are largely qualitative and involve a small number of cases. Future research is needed to provide additional quantitative data on the impact of the CRC process.

RECOMMENDATIONS

In the final section of this report, some recommendations are offered for future CRC meetings at HCJC.

- This pilot project did not include the final two steps of the CRC process (i.e., development of an action plan and assignment of work groups). These are arguably the most important two components of the process. While it was prudent to use the pilot in order to establish the roles and responsibilities of participants, it will be important for HCJC to move beyond the identification of issues and work to develop and implement solutions to individual service and system-based problems.
- In an effort to expand the services available to youth in this jurisdiction, HCJC should consider methods to secure resources for a treatment program to address antisocial attitudes and values. Currently, most youth are referred to the theft prevention educational workshop for this purpose. This intervention is not based on a cognitive-behavioral model and does not offer sufficient dosage to be effective with a high risk population.
- The HCJC should continue its efforts to improve case plans for youth. It should be noted that the agency is currently engaged in a study with the University of Cincinnati that involves training probation officers on core correctional practices. This will likely assist with the development of individualized case plans and the measurement of client progress over time.
- The probation supervisors have been increasingly responsible for the presentation of cases in the CRC meetings. It is important for probation officers to also be included in the process in the future in order to encourage the "educational spillover effect" described by (Denneboom et al., 2008).

- It is recommended that an evaluation form be implemented in order to solicit feedback from conference participants for subsequent consideration by the team.

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APPENDIX A

CASE REVIEW FORM

Date of Case Review:____/____/____ Presented By: _____

Name of Youth: _____ DOB: ____/____/____ ID: _____

Probation Officer: _____ Supervisor: _____

Type of Adverse Event: Date of Adverse Event: ____/____/____

☐ DYS commitment
☐ Transfer to adult court
☐ Recidivism (re-arrest, technical violation, etc.)
☐ Placement out of home
☐ Other critical incident (please describe)

Instructions:

In order to prepare your case for presentation, please answer the following questions:

1. Please provide a brief description of the current offense. Consider official documents (e.g., police reports, pre-sentence reports, other court documents), victim statements, and self-report information.

2. Please provide a brief description of past criminal history (e.g., official complaints, institutional intakes/incidents, etc.).

3. Please provide a brief summary of strengths and/or concerns in each of the following criminogenic need areas. In addition, please append a copy of the most recent OYAS assessment (and/or other measures of risk and need factors, if applicable) that includes the quantitative scores for each item, domain and overall.

   Family

   Education/Employment

   Peers/Social Support

   Prosocial Skills

   Substance Abuse/Personality/Mental Health

Attitudes, Values and Beliefs

Total Score: _____ Date: ____/____/____

4. Please provide a summary of the case management plan (including referrals, participation in other services, etc.).

5. Please provide a brief description of the events leading to the adverse outcome.

Note: Please prepare a timeline for your presentation that includes the significant events described in the previous five questions.

6. Please describe the factors contributing to the adverse outcome in each of the following areas:

   Development of Case Plan

   Communication

   Coordination of Care

   Volume of Activity and/or Caseload

   Escalation of Care

   Recognition of Change in Risk and/or Need Factors

7. In your opinion, was the adverse event preventable? If yes, please explain what might have been done to change the outcome.

8. Is there clinical evidence to support individual practice change that might have altered the outcome of this case? If yes, please explain.

9. Are there any system-based changes that might prevent future similar outcomes? If yes, please describe.

10. List three learning points from this case.