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DEPARTMENT OF
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May 12, 2000

Dear Honorable Members of the General Assembly:

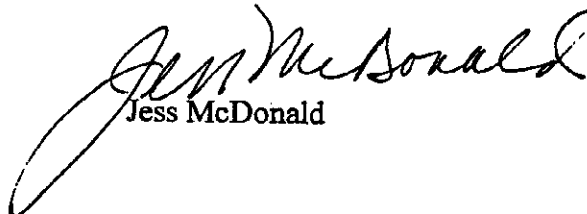
It is with pride that I present the fifth annual report on the Child Endangerment Risk Assessment Protocol (CERAP), in compliance with PA 88-614. This year's report is based upon two studies completed by the Child and Family Research Center at the University of Illinois, Urbana-Champaign. The Center's research validates that Illinois children have become increasingly safer since the implementation of the CERAP in December, 1995. Child protective staff from DCFS have demonstrated a high quality of work in documenting safety issues and using that information to protect children. Child welfare staff from DCFS and private child welfare agencies were rated "Excellent" or "Good" in the majority of CERAPs they completed.

The data from this year's report documents a continued decline in the number of children who are re-abused or neglected after their first contact with DCFS. Re-abuse/neglect rates were studied both at 60-day and 120-day milestones. When comparing the pre-CERAP implementation to the four years since then, the percentage of children re-abused in the first 60 days after DCFS contact has decreased by 33.3%; when considering the first 120 days after initial contact, the decrease has been 37.5%. National researchers consider recurrence to be the primary indicator of the effectiveness of a risk assessment protocol, so these results are very impressive.

I would like to acknowledge the work of several people who worked to create CERAP and to provide the research for this report. Richard Calica of the Juvenile Protective Association chaired the multi-disciplinary task force which worked with DCFS staff to develop, test, and fine-tune the protocol. The Child and Family Research Center, School of Social Work, UIUC, did both the data collection and the analysis for the studies used in this report. Most importantly, I want to note that this protocol is only successful because of the hard work by DCFS and private agency field staff who have used the CERAP to enhance their decision making and, thereby, have made Illinois the national leader in keeping children safe from abuse/neglect.

Finally, I would like to thank Governor Ryan and the members of the General Assembly for their support of our efforts to protect Illinois children. I will continue to inform you of our progress in this most crucial task.

Sincerely,


Jess McDonald



JUVENILE PROTECTIVE ASSOCIATION

May 5, 2000

Dear Honorable Members of the General Assembly:

The attached is our fifth annual evaluation report on the Implementation of the Illinois Child Endangerment Risk Assessment Protocol (CERAP) in compliance with PA 88-614. Once again, I am pleased to have the opportunity to report continuing success in keeping children safe from harm. **This year the rate of children being re-abused or neglected dropped another 12.5%. This is a cumulative decrease of 33.3% in the four years since the implementation of this protocol.**

These results are impressive. Under the best of circumstances, our ability to predict which particular caretakers will abuse or neglect their children in the future is far from perfect. The fact that we have seen a consistent reduction in the re-injury of children who come to the attention of the Illinois Department of Children and Family Services (DCFS) is a testimony to the administration of the department in implementing this act; and, the skill of the line staff of DCFS in applying this protocol to help insure the safety of children.

In addition to decreasing the rate of re-injury of children, DCFS has used the Child Endangerment Risk Assessment Protocol and the implementation of PA88-614 as an opportunity to consistently monitor its effectiveness and to engage in continuous quality improvement. You will note in this report that the research has indicated that the quality of assessments done later with families decreases as the length of involvement with the child welfare system increases. DCFS has already begun to implement changes designed to improve the quality of assessments done later in the "life" of a family with the system. The effectiveness of these interventions will be reported next year.

The advisory committee looks forward to further evaluating what factors would help us to better predict future harm and to continue to monitor the implementation of this protocol.

I would like to particularly recognize Jess McDonald and Ed Cotton from the Illinois Department of Children and Family Services, for their ongoing support of the advisory committee's work and the Child Protection Investigators of the Department for their good results in decreasing the re-injury of children. It requires the commitment of top-level administrators in an organization to provide the leadership required for improvement and change and staff cooperation to achieve results. Mr. McDonald and Mr. Cotton have been consistent in their efforts to implement improvement and CPS staff have done an outstanding job.

The "social contract" that citizens have with their government in the area of child welfare is that government will act on their behalf to protect children from harm and provide the potential for every child to grow up free and strong. Illinois should be proud of the results it has achieved through its Department of Children and Family Services.

Sincerely,


Richard H. Calica, LCSW, BCD
Chair, DCFS Risk Assessment Protocol Advisory Committee

Richard H. Calica
Executive Director

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**Illinois Child Endangerment
Risk Assessment Protocol:
A Report to the General Assembly Concerning the
Implementation and
Validation of the Protocol**

Prepared by

The Illinois Department of Children and Family Services

May 8, 2000

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EXECUTIVE SUMMARY

This is the fifth annual report to the Illinois General Assembly detailing the implementation and use of the Child Endangerment Risk Assessment Protocol (CERAP) by child protection and child welfare staff statewide. This year's evaluation identified a continued reduction in the recurrence of child abuse/neglect during the fourth year following the implementation of CERAP. The Child and Family Research Center (CFRC) at the University of Illinois, Urbana-Champaign, conducted a study that documented children in Illinois have become increasingly safer during the past five years. In addition the CFRC conducted a study of the quality of the CERAPs throughout the time a child is involved with DCFS. They found very high performance rates of compliance at the investigative level, but the quality of the assessments decreased at the later mandated milestones in the case. Major points in the finding include:

Since the implementation of CERAP, there has been a steady reduction in the recurrence of child abuse and neglect in the 60 days following the child's first report. This year the rate of recurrence dropped another 12.5%. This is a cumulative decrease of 33.3% in the four years since CERAP implementation. Investigations that resulted in protective custody were not included in this analysis, as these children are thought to be at substantially lower risk of re-abuse/re-neglect because they had been removed from the home being investigated. Additional analyses reviewed the data for cases affected by policy or statutory changes to determine whether these changes contributed to the decline in recurrence. The decrease was found not to be the result of

these changes. These statistically significant outcomes clearly demonstrate the predictive validity of the CERAP.

When the children's records were reviewed 120 days after their initial involvement in a child abuse report, the decrease in recurrence of abuse or neglect was also significant through the past four years. This is the second year the 120 day study was completed. The CFRC assessed records for the past five years. The rate of recurrence this year declined an additional 16.7%. This is a cumulative decrease of 37.5%. This rate of decline is significant and indicates that CERAP is effective and keeps children safe.

The CERAP safety determination form is completed thoroughly and accurately during the investigation; the quality of CERAPs declines at later milestones in the case. CERAPs completed during the investigation were rated as Excellent or Good in more than 91% of the cases studied. CERAPs at other milestones average about 60% in the Excellent or Good categories.

The CERAP Committee is pleased with the results of the CERAP recurrence evaluation. It is clear that this protocol has had an enormous impact in making Illinois children safer. The Committee also finds the quality of CERAPs at the investigation level to be impressive. However, the Committee recommends that the Department provide additional training and guidance so that the quality improves at the time frames CERAP is required later in the life of the case.

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I. Introduction

This report is the fifth annual evaluation report to the General Assembly regarding the Child Endangerment Risk Assessment Protocol, as required by PA88-614.

This year's evaluation was based upon two studies completed by the Children and Family Research Center at the University of Illinois. The first study examines the recurrences rates of child abuse/neglect reports on children both during the first 60 days after DCFS involvement with a family and within the first 120 days. This study has identified continued significant reductions in recurrences of child abuse and neglect at both of these junctures. The data for the 60 days milestone indicates a decrease in recurrence of 33.3% when comparing current rates with those in the years prior to CERAP implementation. When the 120 day milestone was analyzed, a 37.5% reduction was identified. Thousands of Illinois children are safer now than prior to CERAP.

The second study was an implementation evaluation completed by the Children and Family Research Center at the University of Illinois School of Social Work. Since last year's study found that competent completion of a CERAP was a major factor in children not being re-abuse, this year's study focused on the quality of CERAPs completed at various mandated milestones. This study found that CERAPS completed during the investigation were of very high quality, with over 91% rated as being Excellent or Good. However, CERAPS completed at other intervals after the investigation averaged about 60% in the Excellent and Good categories.

GENESIS AND MANDATE OF THE LAW

Increased attention to incidents of severe maltreatment of children in Illinois during 1993 and 1994 led to the passage of Senate Bill 1357, which became effective as PA 88-614 on September 7, 1994. This bill required that the Illinois Department of Children and Family Services develop a child endangerment risk assessment protocol, and to implement its use by training staff and certifying their proficiency. Additionally, the Department was directed to form a multi-disciplinary task force and contract with an outside expert to assist in this project. The Task Force was created in 1994, and included experts in many disciplines, including: law enforcement, substance abuse, mental illness, domestic violence, developmental disabilities, medical, and others. The American Humane Association from Denver was contracted as the outside expert.

The intent of this legislation in mandating the development and ongoing testing of a child endangerment risk assessment protocol was threefold:

- 1) The establishment of a standardized protocol combined with mandated training for all personnel responsible for safety decisions was seen as a way to improve child safety. This standardized protocol was meant to provide diligent workers with protection under the law (they would be held harmless if they did what was reasonably expected to protect a child yet still experienced an undesirable outcome).

- 2) The establishment of a standardized child endangerment risk assessment protocol held the promise of being able to apply existing empirical research to our decision making process. The mandate also directed the Department to evaluate these efforts annually and to attempt to improve our results through further research and training.

- 3) By requiring ongoing reports to the state legislature about the validity and reliability of the protocol, the intent was to clarify for the public the difficulties encountered when attempting to predict the future. It is not good public policy nor good child welfare practice to remove all children with indicated cases of abuse/neglect from their families. A safety protocol that is based on research findings allows the Department to make more thoughtful decisions concerning the safety of children.

SUMMARY OF ONGOING IMPLEMENTATION

As noted in the last year's report, more than 7000 DCFS and private agency staff had been certified in applying CERAP. The Department has incorporated a CERAP training curriculum into the CORE Training, which is required for all new staff. Private agencies have arranged for selected staff to be trained as CERAP trainers and have been given the curriculum. In FY99 a total of 1066 private agency staff and 127 new DCFS staff were trained and passed the certification test. Because the failure rate was substantially higher

among private agencies, the decision was made to require all private agency staff to attend DCFS CERAP training in the coming year. The DCFS Training Institute continues to assess and fine-tune the curriculum to assure that it accurately reflects best practice.

DIRECTIONS IDENTIFIED IN THE 1999 REPORT

1. The use of the Child Endangerment Risk Assessment Protocol has proven to be strongly associated with a decrease in the re-injury of children. However, the Department must continue to closely monitor the recurrence rate and assure that no backsliding occurs.
2. Compliance with the CERAP completion timelines, while high, was not 100%. Additionally, the quality of the CERAPs being completed lessens as time passes from the initial investigation. Because correctly using the protocol at the mandated milestones throughout the life of the case is deemed to be critical to making accurate safety assessments, the Department will focus on improving the quality of safety assessments during the time the family is receiving services after the investigation.
3. Training is essential to assuring that workers certified in assessing risk are making competent safety decisions concerning alleged abused/neglected children. Therefore, the Committee recommended that the Department continue to track certification and to strive to improve the training curriculum as needed.

II. Illinois Child Endangerment Risk Assessment Protocol Evaluation: Impact on Short-term Recurrence Rates

Since 1996 the American Humane Association (AHA) has assessed the impact of the implementation of CERAP on the safety of children investigated for child abuse/neglect. This year the Children and Family Research Center at the University of Illinois took over that responsibility, using the same methodology that was developed by the AHA. CERAP was implemented in late 1995 as a response to concerns about the immediate safety of children after the Department of Children and Family Services became involved with the family. It is a protocol that structures decision-making so that workers identify and assess empirically-based factors that correlate with the risk of abuse/neglect. Once these factors are identified as being present, a safety plan is constructed for each child determined to be at risk. Both investigative staff and child welfare workers have been provided with extensive training and have passed a certification test that documents mastery of the protocol. This year's study again examines recurrence within the first 60 days after DCFS involvement, and analyzes recurrence within 120 days after the Department became involved with the family.

Safety is assessed using data from the statewide Child Abuse and Neglect Tracking System (CANTS) database, and is defined in terms of the recurrence of an indicated maltreatment within 60 days of an initial report. The current analyses build upon the results of last year's report, which found a significant reduction in short-term recurrence following the implementation of the CERAP. Several alternative explanations for the reduction were assessed. One way to promote safety for children is to take them into protective custody and place them outside the home. However, the reduction found in the previous reports was not attributable to an increase in the use of protective custody. Previous CERAP reports tested the possibility that the reduction could have been due to

policy changes, also implemented in the time period since CERAP began. One involved substance-affected infants; the other involved risk of harm/inadequate supervision while in the care of a relative. Neither policy change was found to be related to the reduction in recurrence. Each of these alternative explanations for the reduction seen in recurrence was tested again with the new data available this year, and was again found not to have been a factor.

This section of the report is divided into two parts. The first part presents frequency counts of children who were the subjects of child abuse/neglect reports, while the second part presents a statistical analysis of changes in short-term maltreatment recurrence rates during the four years after implementation of CERAP.

COMPARISON OF SERVICE VOLUMES

Four measures of service provision were compared for the year prior to implementation of CERAP and for each of the four years since implementation: total children reported, children with an allegation, children indicated, and children taken into protective custody. Table I shows the following four counts for the year before implementation of CERAP and the four years post-implementation. The counts are based on the latest extract of data from the CANTS database, which has a total of 829,412 records for the four years. Since implementation of CERAP occurred December 1, 1995, the years being compared differ slightly from a calendar year.

1. **Total Children Reported:** This is the number of children who are identified in investigated reports of alleged abuse. There are some reports of alleged abuse of children, such as calls to the hot line, which do not meet the criteria of suspected maltreatment and are not included in the CANTS data. Each time a child appears in an investigated report, he or

she is included in the count, so individual children may be counted more than once if they are identified in more than one report. Therefore, the "Total Children Reported" represents the number of children identified on a report in the CANTS database last year.

2. Children with an Allegation: The second count is the number of children reported for whom there was an alleged maltreatment. Each time a child appears in a report and is alleged to have suffered maltreatment, he or she is included in the count. This count excludes children who may have been named in a report (such as siblings or relatives) but were not alleged victims of maltreatment.

3. Children Indicated: The third count is the number of children reported for whom at least one alleged maltreatment event was found to be "indicated" (substantiated). These children are considered to be the victims of maltreatment. A child may be reported, investigated and substantiated more than once. Initial indicated maltreatments for a child and recurrent indicated maltreatment for a child are considered as separate events and thus a child with recurring, substantiated maltreatments will be counted more than once. Each event is considered as an indicated maltreatment for a reported child and thus is included in the count.

4. Protective Custody Taken: The fourth count is the number of children taken into protective custody. Once a report of maltreatment is substantiated, some children are removed from their homes and taken into protective custody by the Division of Child Protection (DCP), police, or a physician. Since a child may have been included in more than

one report, he or she may have been taken into protective custody more than one time, and each instance of protective custody is included in the count.

TABLE I. FIVE YEAR TRENDS IN CHILDREN REPORTED

	1995 <u>(12/94-11/95)</u>	1996 <u>(12/95-11/96)</u>	1997 <u>(12/96-11/97)</u>	1998 <u>(12/97-11/98)</u>	1999 <u>(12/98-11/99)</u>
1. Total Children Reported	185,445	173,498	162,537	158,252	149,680
2. Children with an Allegation	133,861	124,207	115,541	111,163	104,876
3. Children Indicated	49,786	42,297	38,303	35,918	32,584
4. Protective Custody Taken	8,173	7,062	6,087	7,050	5,663

Most counts show an overall reduction in service volume from the prior year (except the count of children with protective custody in 1998):

- a 6% decrease in the number of children reported in 1996 and 1997; and a 2.6% decrease in both 1998 and 1999
- a 7% decrease in the number of child reports with allegations in 1996 and 1997; a 3.8% decrease in 1998 and a 5.6% decrease in 1999
- a 14% decrease in the number of children with an indicated allegation in 1996, a 9% decrease in 1997, a 6% decrease in 1998, and a 9% decrease in 1999
- a 14% decrease in the number of children taken into protective custody in 1996 and 1997, a 16% increase in 1998, and a 20% decrease in 1999

However, when the numbers of children with indicated allegations are considered as a *proportion* of the children with allegations, the changes over time are smaller. These percentages are shown in Table II.

TABLE II. PERCENTAGE CHANGE -- ALL REPORTS

	1995	1996	1997	1998	1999
% Children Indicated of Children Reported	26.8%	24.4%	23.6%	22.7%	21.8%
% Children Indicated of Children with Allegations	37.2%	34.1%	33.2%	32.3%	31.1%
% Children with Prot. Custody of Children Indicated	16.4%	16.7%	15.9%	19.6%	17.4%

As Table II shows, the proportion of child reports with indicated allegations to both total child reports and child reports with allegations consistently decreased from 1995 through 1999. Some specific changes over the four years were:

- An 8% decrease in the proportion of child reports with indicated allegations to child reports with allegations in the period from 1995 to 1996, a 3% decrease from 1996 to 1997, a 3% decrease from 1997 to 1998, and a 3.7% decrease from 1998 to 1999.
- A 2% increase in the proportion of children taken into protective custody of indicated child reports from 1995 to 1996, a 5% decrease from 1996 to 1997, a 23% increase from 1997 to 1998, and an 11% decrease from 1998 to 1999.

Tables III and IV present the same basic counts and percentages noted in Tables I and II, but only for the first report received on each child in the time period 12/1/94 through 11/30/99. These tables thus represent not a count of all reports for all children, but only the first report per child in this time period. These first reports include all initial investigations of a household (which are defined as a Sequence A report in the CANTS database), as well as subsequent investigations, as long as they are the first for a child within this time period. The total number of children represented in reports during this five year time period was 535,812.

TABLE III. FIVE-YEAR TRENDS IN FIRST REPORTS IN TIME PERIOD

	1995	1996	1997	1998	1999
1. Total Children Reported	141,347	112,932	100,237	93,543	87,753
2. Children with an Allegation	100,476	79,589	69,967	64,753	60,486
3. Children Indicated	35,623	25,542	21,622	19,309	17,984
4. Protective Custody Taken	5,277	3,845	3,160	3,477	2,823

As with the overall reporting rates, counts of first reports received in the time period have consistently decreased over the five years observed, showing:

- a 20% decrease in the number of children reported in 1996, an 11% decrease in 1997, a 7% decrease in 1998, and a 6% decrease in 1999
- a 21% decrease in the number of children with an allegation of maltreatment in 1996, a 12% decrease in 1997, a 7% decrease in 1998, and a 7% decrease in 1999
- a 28% decrease in the number of children with an indicated allegation in 1996, a 15% decrease in 1997, an 11% decrease in 1998, and a 7% decrease in 1999
- a 27% decrease in the number of children taken into protective custody in 1996, an 18% decrease in 1997, a 10% increase in 1998, and a 19% decrease in 1999

TABLE IV. PERCENTAGE CHANGE IN FIRST REPORTS

	1995	1996	1997	1998	1999
% Children Indicated of Children Reported	25.2%	22.6%	21.6%	20.6%	20.5%
% Children Indicated of Children with Allegations	35.4%	32.1%	30.9%	29.8%	29.7%
% Children with Protective Custody of Children Indicated	14.8%	15.1%	14.6%	18.0%	15.7%

RECURRENCE ANALYSIS

Short-term recurrence rates continue to decrease over the four years following implementation of the Safety Protocol. Table V presents the recurrence rates based on the 535,812 cases which are first reports in the time period.

TABLE V. 60 DAY RECURRENCE – FIRST REPORTS in TIME PERIOD

	Total	Number Recurrent*	Crude Rate	% Reduction From Prior Year
1995	141,347	3,851	2.7%	
1996	112,932	2,290	2.0%	25.9%
1997	100,237	1,790	1.8%	10.0%
1998	93,543	1,652	1.8%	00.0%
1999	87,753	1,323	1.5%	16.7%

*The number recurrent is of children with an indicated report occurring within 60 days of their first report in the time period.

Table V shows a consistent decline in the actual number of children being re-abused within the 60 day time frame. After a decrease of 40.5% from 1995 to 1996 (from 3851 children to 2290), this item dropped an additional 21.8% in 1997 and 7.7% in 1998. In 1999 this decline continued, with 1323 children re-abused – a decrease of 19.9%. This means that more than 2500 children were made safer during that time.

she is included in the count, so individual children may be counted more than once if they are identified in more than one report. Therefore, the "Total Children Reported" represents the number of children identified on a report in the CANTS database last year.

2. Children with an Allegation: The second count is the number of children reported for whom there was an alleged maltreatment. Each time a child appears in a report and is alleged to have suffered maltreatment, he or she is included in the count. This count excludes children who may have been named in a report (such as siblings or relatives) but were not alleged victims of maltreatment.

3. Children Indicated: The third count is the number of children reported for whom at least one alleged maltreatment event was found to be "indicated" (substantiated). These children are considered to be the victims of maltreatment. A child may be reported, investigated and substantiated more than once. Initial indicated maltreatments for a child and recurrent indicated maltreatment for a child are considered as separate events and thus a child with recurring, substantiated maltreatments will be counted more than once. Each event is considered as an indicated maltreatment for a reported child and thus is included in the count.

4. Protective Custody Taken: The fourth count is the number of children taken into protective custody. Once a report of maltreatment is substantiated, some children are removed from their homes and taken into protective custody by the Division of Child Protection (DCP), police, or a physician. Since a child may have been included in more than

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The data set of first reports was further refined by selecting only the Sequence A reports and only the cases where protective custody was not taken. Since the CERAP is targeted at the prevention of future maltreatment and children with multiple investigations have higher rates of recurrence, controlling for the number of investigations by selecting only "A" sequence reports provides the clearest picture of the impact of CERAP implementation. Eliminating children with protective custody taken excludes from analysis those children who spent a portion of time out of the investigated household. This file, called Sequence A Non-Protective Custody Reports, contains 436,657 child reports for the five years studied. It is the basis of the recurrence analysis. Table VI presents the 60 day recurrence rates for these Sequence A, non-Protective Custody Reports file.

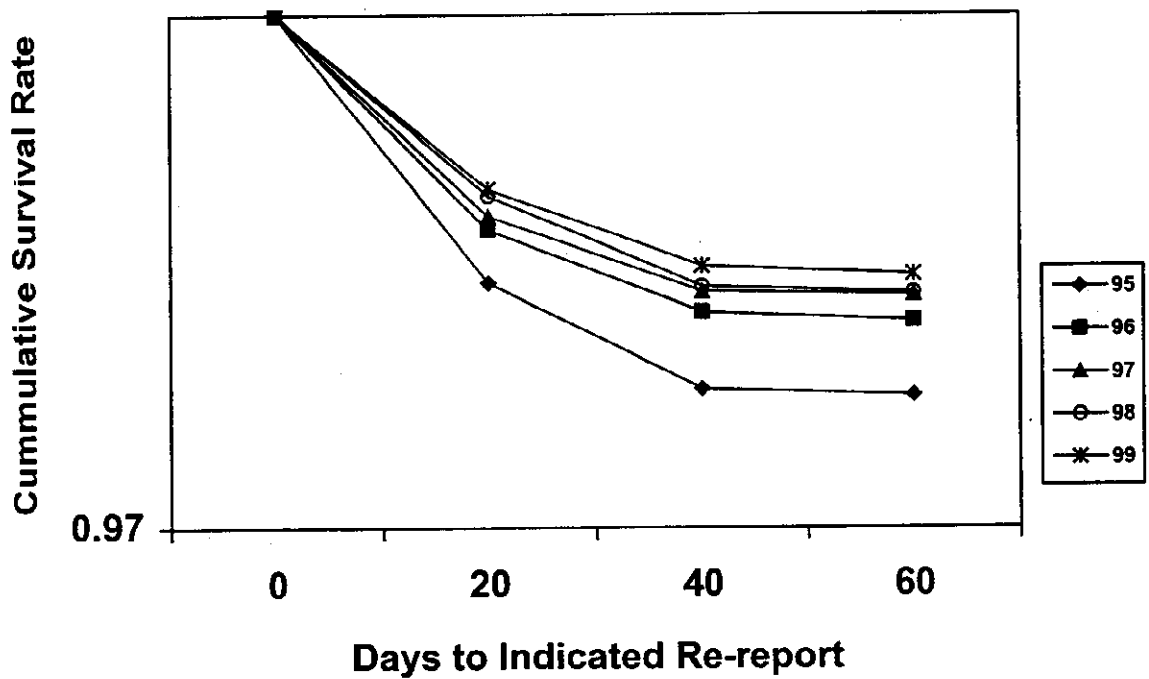
TABLE VI. 60 DAY RECURRENCE – SEQUENCE A, NON-PROTECTIVE CUSTODY

	Total	Number Recurrent	Crude Rate	% Reduction From prior year
1995	104,231	2,240	2.1%	
1996	90,870	1,561	1.7%	19.0%
1997	84,587	1,348	1.6%	5.9%
1998	80,058	1,255	1.6%	0.0%
1999	76,916	1,040	1.4%	12.5%

As Table VI shows, the overall reduction from pre-implementation in 1995 through the fourth year post-implementation in 1999, is 33.3%

The data from these five years are also compared using survival analysis, a time-series procedure that provides a continuous view of the likelihood of recurrence of a defined problem within a specified period of observation. In this case the defined problem is an indicated maltreatment and the period of observation is 60 days. The following graph plots the survival curves (proportion of children not recurring) and provides a visual representation of the way recurrence rates have dropped and the survival rate has improved over the past five years.

Figure 1. Survival Function - Sequence A Reports Excluding Cases Associated with Protective Custody Taken



In order to validate that the 1998 short-term recurrence findings were not due to policy changes involving substance-abuse affected infants or cases which had only allegations of risk of harm/inadequate supervision with a relative as caregiver, a separate analysis which controlled for these variables, was done. That analysis revealed very little change in recurrence rates from the primary analysis on Sequence A, Non-Protective Custody cases. These results are shown in Table VII, which excludes substance-affected infants, and in Table VIII, which excludes allegations of risk of harm/inadequate supervision only with relative caregivers. While the absolute numbers in Table VII change, the percentage reductions each year are not significantly different. Figure 2 displays the survival rates for this category of cases.

TABLE VII. 60 DAY RECURRENCE – EXCLUDING ALLEGATIONS INVOLVING SUBSTANCE AFFECTED INFANTS

	Total	Number Recurrent	Crude Rate	% Reduction From prior year
1995	102,906	2,200	2.1%	
1996	89,831	1,528	1.7%	19.0%
1997	83,711	1,322	1.6%	5.9%
1998	79,308	1,231	1.6%	0.0%
1999	76,286	1,023	1.3%	18.8%

Figure 2. Survival Function, Sequence A Reports Excluding Cases Associated with Protective Custody Taken and Excluding Allegations Involving Substance Affected Infants

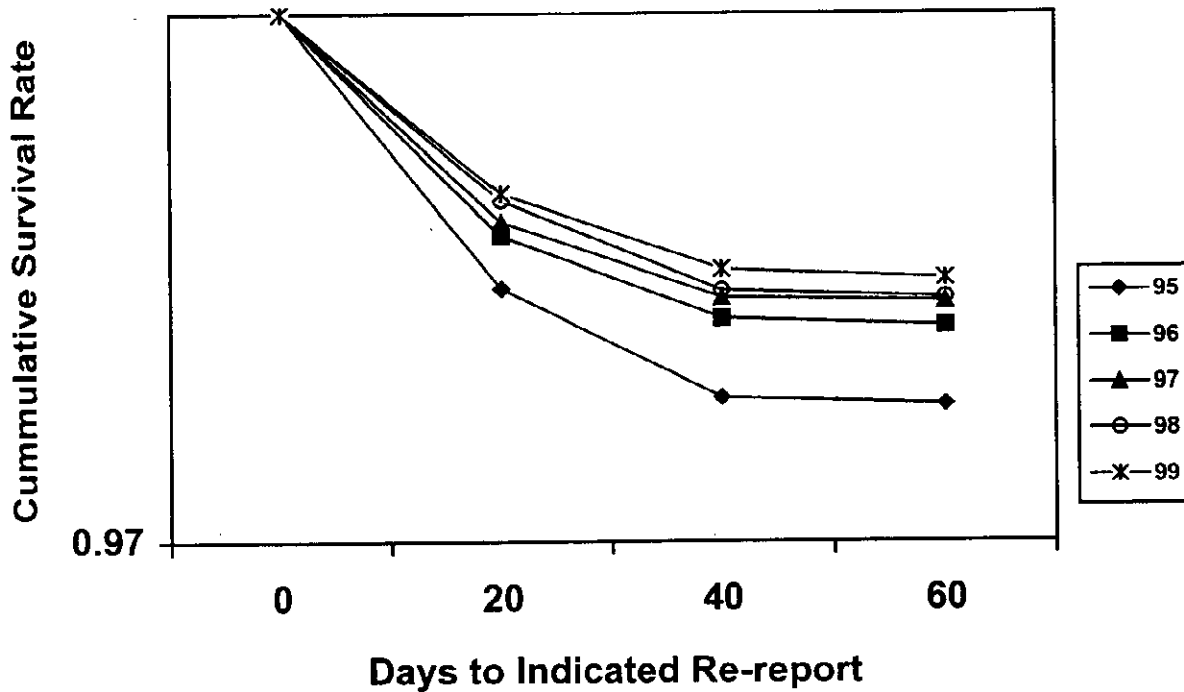
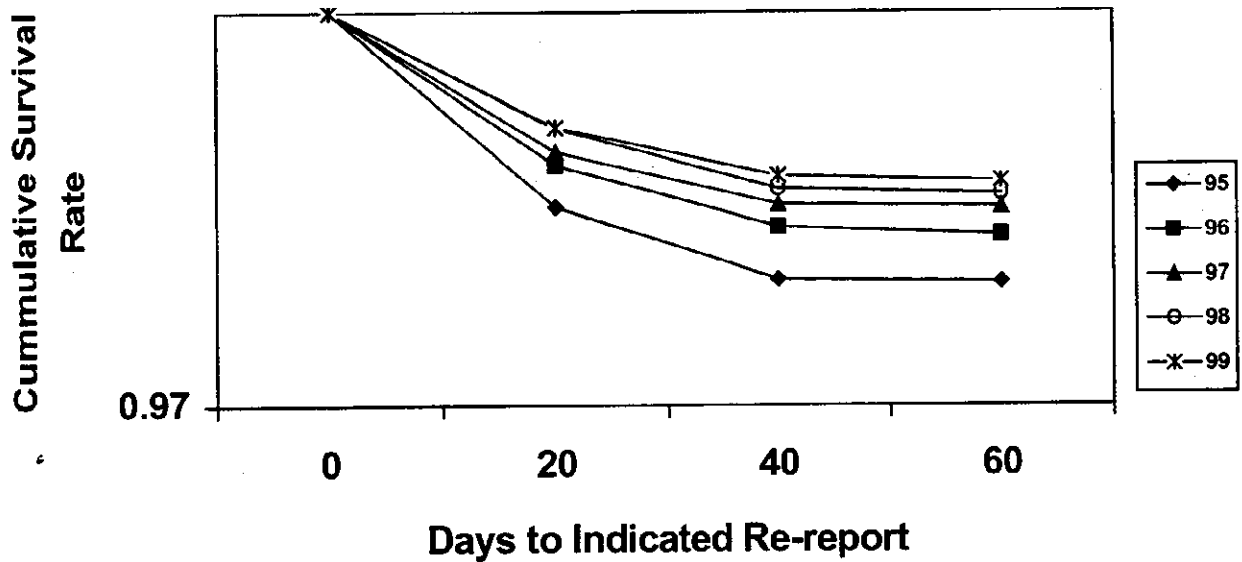


Table VIII and the following figures presents the recurrence rates for the five years when cases whose only allegations were inadequate supervision or risk of harm and whose caretaker was defined as a relative were excluded. Recurrence rates are slightly lower each year when these cases are excluded than those shown in Table VI for all Sequence A Non Protective Custody cases. The same pattern of differences, particularly the significantly lower recurrence after CERAP implementation, is observed, however. Thus, policy changes around these allegations and the allegations involving substance-affected infants were not responsible for the reduction in short-term safety found. Figure 3 displays this data as a survival function.

TABLE VIII. 60 DAY RECURRENCE – EXCLUDING ALLEGATIONS OF RISK OF HARM/INADEQUATE SUPERVISION WITH RELATIVE CARETAKERS

	Total	Number Recurrent	Crude Rate	% Reduction From prior year
1995	73,596	1,467	2.0%	
1996	65,007	1,055	1.6%	20.0%
1997	60,081	868	1.4%	12.5%
1998	56,943	761	1.3%	7.1%
1999	54,786	631	1.2%	7.7%

**Figure 3. Survival Function
Sequence A Reports, Excluding Allegations of Risk of Harm or Inadequate Supervision with Relative Caregiver**

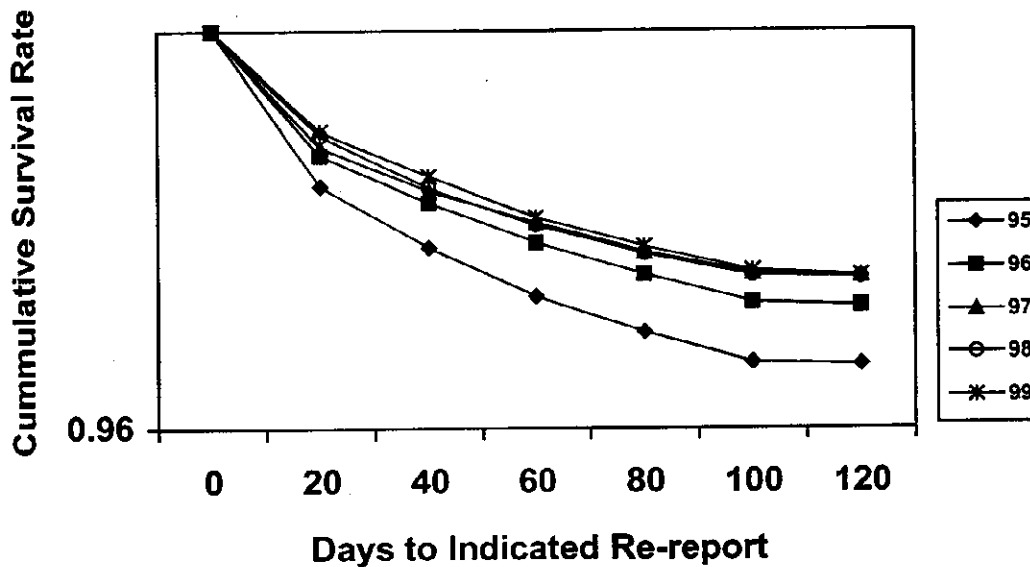


To assess whether reductions in short-term recurrence rates remain significant at 120 days after the initial report, a 120-day survival analysis was done. Results are shown in Table IX and the following figures. As with 60-day rates, recurrence rates remain significantly lower in the four-year period following CERAP implementation.

TABLE IX. 120 DAY RECURRENCE – SEQUENCE A, NON-PROTECTIVE CUSTODY

	Total	Number Recurrent	Crude Rate	% Reduction From prior year
1995	104,231	3,343	3.2%	
1996	90,870	2,402	2.6%	18.8%
1997	84,587	1,996	2.4%	7.7%
1998	80,053	1,908	2.4%	0.0%
1999	76,916	1568	2.0%	16.7%

**Figure 4. Survival Function to 120 Days
Sequence A Reports**



SUMMARY

Results of the fourth year follow-up of the impact of the CERAP Safety Protocol were consistent with the results of the earlier years. The recurrence of moderate to severe maltreatment for at-risk children continued to show significant reduction four years post-implementation, both at 60 days and at 120 days. The overall reduction from pre-implementation to the end of the fourth year post-implementation is 33.3% at the 60 day milestone, and 37.5% after 120 days. Assessment of possible alternative explanations showed that they were not likely to have produced the results found. Illinois children are clearly much safer from recurrence of child/abuse neglect than they were prior to the implementation of CERAP five years ago.

III. CERAP Implementation Study

Critical to any assessment of the effectiveness of the CERAP is an analysis of whether the protocol is being used to aid decision-making, and if it is being used as it was designed to be. The CERAP safety determination form was designed to assess the likelihood of immediate harm of a moderate to severe nature at several specific milestones throughout the life of a case. It consists of four sections: 1) safety assessment – workers must evaluate the presence or absence of 13 safety factors, describe them, and note any family strengths or mitigating circumstances; 2) safety decision – based on the safety assessment and other information known about the case, the worker judges the environment to be safe or unsafe; 3) safety protection plan – if the child is unsafe, the worker must develop a safety plan that describes the specific actions to be taken to protect each child, including the persons responsible for implementing and monitoring the plan; 4) signatures – both the worker and supervisor must sign the safety determination form.

As part of their ongoing evaluation of the CERAP, DCFS has conducted a series of studies examining issues related to the protocol's implementation by workers. Early in 1997, the Office of Quality Assurance (OQA) examined CERAP implementation among 100 child protection cases. Results of this review revealed that 83% of the CERAP safety determination forms required within 24 hours after the investigator first sees the alleged victim were completed in their entirety (DCFS, 1997) .

The following year, evaluation efforts examined CERAP implementation at each milestone in the life of a case (DCFS, 1998). Managers and supervisors reviewed 561 cases, both intact

family and substitute care, and determined if the CERAP was completed a) at the appropriate milestones and b) according to directions. For all cases, completion rates were highest during the investigation (88%) and prior to closing a case (88%). Rates were moderately high following case assignment (65%) and at every six months (67% - for intact families only). Rates appeared to be relatively lower for milestones associated with substitute care cases, such as prior to unsupervised visits (48%) and prior to returning a child home (50%), although the findings regarding these two milestones may not be representative due to small sample sizes¹.

¹ The sample sizes for these two milestones were smaller than others in this study for a number of reasons. These milestones typically occur only in substitute care cases, and many of the substitute care cases reviewed for the study had not yet reached these milestones. Thus, the results for these two milestones were based on a small number of cases, 25 and 8, respectively.

When a CERAP was present, reviewers checked each section for completeness. Completion rates for different sections ranged from approximately 95% for the safety decision, approximately 90% for the safety factor identification checklist, and approximately 90% for the safety plans (78% for substitute care cases).

Last year, the Children and Family Research Center conducted an evaluation focused on CERAP completion at three milestones: 1) within 24 hours after the investigator first sees the alleged victim, 2) within 5 days of case assignment, and 3) immediately prior to closing a service case. Results were consistent with those found in previous years, and revealed high CERAP completion rates during investigation (97.5%), and relatively lower rates following case assignment (76.4%) and prior to closing a service case (74%).

This year, the implementation evaluation used data collected by DCFS as part of their peer review process, in which workers review and evaluate the quality of each other's case file notes and documentation. Both investigation and follow-up (intact family and substitute care) cases were reviewed, and CERAP completion at each milestone was noted.

Method

Sample. The sample consisted of cases that were peer reviewed during the first two quarters of FY2000 (July-September, October-December). The peer review process, required by the DCFS Office of Quality Assurance, consists of caseworkers reviewing and evaluating their peer's case records. To enhance objectivity, caseworkers do not review case records from other members of their workplace "teams." Each team is required to review a minimum of 10% of their caseload per year, or 2½ % per quarter. For this evaluation,

supervisors in each DCFS region collected all available peer reviews from the first two quarters of FY2000 and made them available to the Children and Family Research Center.

Evaluation instrument. For most DCFS regions, two separate case reading protocols exist – one for child protection cases and one for intact family/substitute care cases. The child protection protocol asks several questions about the CERAP required for the milestone “within 24 hours after the investigator first sees the alleged victim,” including:

- Was it completed with 24 hours of contact with the alleged victim?
- Were the safety factors fully identified?
- Was the safety factor description and any mitigating circumstances and/or family strengths fully and adequately addressed?
- Was the safety decision congruent with the safety factors?
- Was the safety plan sufficient to address the safety factors?

The intact family and substitute care protocol in most regions requires reviewers to note if the CERAP was completed at each milestone the case had reached (compliance), and to provide an overall rating of how well the CERAPs were completed (quality). Both protocols used a rating scale of: 1 = excellent, 2 = good, 3 = fair, 4 = poor, X = NA.

Results

Sample characteristics. A total of 550 child protection case reading protocols and 745 intact/substitute care case reading protocols were made available for review by the Children and Family Research Center. The regional distribution of the child protection and intact/substitute care protocols are presented in Tables 1 and 2, respectively.

Region	N	% of total sample
Northern	147	26.7
Central	198	36
Southern	0	0
Cook North	69	12.5
Cook Central	38	7
Cook South	98	17.8
Total	550	100

Region	N	% of total sample
Northern	34	4.6
Central	243	32.6
Southern	166	22.3
Cook North	140	18.8
Cook Central	42	5.6
Cook South	120	16.1
Total	745	100

CERAP completion in child protection cases. Table 3 displays the overall ratings for each CERAP question in the child protection case reading protocol.

	Excellent	Good	Fair	Poor	NA	N
CERAP completed correctly	77.8	14.1	1.5	4.8	1.8	333
CERAP completed within 24 hours	88.0	5.6	.5	3.8	2.0	550
Safety factors identified	79.2	9.3	2.6	3.1	5.9	547
Mitigating circumstances and/or family strengths noted	74.0	11.5	4.8	3.5	6.2	546
Safety decision congruent with safety factors	81.0	8.7	1.8	4.0	4.6	549
Safety plan sufficient to address safety factors ^a	82.4	10.8	2.6	4.2	-	465

^acalculated only for those cases that *required* a safety plan

CERAP completion in intact family and substitute care cases. Table 4 displays completion rates for each milestone required for intact family and substitute care cases. Completion rates were calculated only for those cases that required a CERAP at each particular milestone.

	Excellent	Good	Fair	Poor	N
Within 5 days of case assignment	53.7	9.7	6.6	30.0	709
When a child's safety is in jeopardy	58.7	9.6	5.2	26.5	344
Every six months for intact cases	60.0	9.1	4.4	30.5	272
Prior to an administrative case review	46.5	12.6	3.0	37.9	198
At commencement of unsupervised visits	40.3	7.8	2.3	49.6	129
Prior to returning a child home	37.4	9.8	2.4	50.4	123
Prior to closing a service case	42.3	6.5	.8	50.4	123

In addition to rating compliance with CERAP completion at each milestone, the peer reviewers also rated the overall quality of the CERAP safety determination forms contained in the file. Of 508 cases in which this overall quality rating was completed, 48% received an "excellent" rating, 25.8% received a "good" rating, 9.6% received a "fair" rating, and 16.5% received a "poor" rating.

Summary

Although direct comparisons to previous evaluation are not possible due to the different response formats used in this evaluation, the overall results of this evaluation are similar to those of previous years. CERAP compliance and quality remain very high during investigation. Less than 5% of the case records reviewed received a rating of "poor" on the criteria included in the evaluation, indicating that the vast majority of CERAPs completed during investigation continue to be completed in the proper time frame and according to directions.

CERAP compliance was lower at later milestones. The percent of cases rated "poor" at each milestone ranged from 26.5% for the milestone "when a child's safety is in jeopardy" to

50.4% at the “prior to returning a child home” and “prior to closing a service case” milestones.

IV. Future Directions

During the next year, the Department will continue to focus on maintaining and improving upon the results attained thus far in decreasing subsequent reports of child abuse/neglect of children. Changes will be made in how training is offered to assure that private agencies are afforded the same comprehensive training regarding CERAP that is available to DCFS staff. We will also work to improve the quality of CERAP implementation and completion following the investigation. Specifically, the following tasks will be done:

1. Despite the impressive results in the recurrence rate, we will continue to closely monitor this data and analyze the results to determine how additional improvements can occur.
2. Private agency staff will be required to complete the DCFS training curriculum for CERAP prior to taking the CERAP test.
3. Regional quality improvement staff will conduct quarterly reviews to assure that CERAP is being completed in an accurate and timely manner by staff on permanency teams.
4. A study will be conducted to determine the safety of children for which the CERAPS were identified as not being of high quality.