

Illinois Child Endangerment Risk Assessment Protocol FY10 Annual Evaluation

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Executive Summary

Previous evaluations of the CERAP have found a consistent and significant relationship between CERAP re-assessment, particularly at the conclusion of the investigation, and lower rates of maltreatment recurrence among children initially assessed as “unsafe” at the initial stages of their investigation. The main purpose of the FY10 CERAP evaluation is to re-examine the relationship between safety re-assessment and maltreatment recurrence using the correct population of cases. By ruling out possible alternative explanations for the results, we can bolster our confidence that this relationship is valid and may have important implications for Department policy and practice.

The current study re-confirms that 6-month maltreatment recurrence rates are significantly lower in “unsafe” households that receive a safety re-assessment at the conclusion of an investigation (4.8% in 2009) compared to those that do not receive a re-assessment (11.4% in 2009). These results further strengthen the conclusion that CERAP re-assessment at the conclusion of the investigation provides a protective effect against additional maltreatment for those cases in which a service case is *not* opened. Although the exact mechanism through which this protective effect occurs is not known, increasing investigator compliance with CERAP re-assessment policy above its current level of 40% may decrease maltreatment recurrence rates. In addition, since the protective effect of CERAP re-assessment extends to those cases initially assessed as “safe,” and these cases comprise around 85-90% of indicated investigations each year, increasing compliance with CERAP reassessment in these cases as well could make an *even bigger* impact on overall recurrence rates. A renewed emphasis on CERAP re-assessment could be coupled with the changes in practice that will occur when the enhanced CERAP model is implemented.

Illinois Child Endangerment Risk Assessment Protocol: FY10 Annual Evaluation

Evaluating Child Safety in Illinois

Early Research Questions and Results

Public Act 88-614 mandates that the Department “submit an annual evaluation report to the Illinois General Assembly, which includes an examination of the reliability and validity” of the Child Endangerment Risk Assessment Protocol (CERAP). Beginning in 1997, researchers at the Children and Family Research Center (CFRC) at the University of Illinois at Urbana-Champaign have conducted a program of research that examines the impact of the CERAP implementation on child safety in Illinois. Since a true experimental design (with treatment and control groups) was not feasible to test the hypothesis that the implementation of the CERAP safety assessment protocol had a significant impact on child safety, CFRC researchers relied on an historical cohort comparison in a design called a *secular trend analysis* that examines the child safety outcome before and after the point in time when the implementation of CERAP occurred (December 1, 1995). The hypothesis of CERAP effectiveness or validity would be supported, but not proven, by significant differences on the safety outcome between those exposed to the intervention (investigations that occurred after December 1995) and those that were not exposed (investigations that occurred prior to December 1995). As with all quasi-experimental designs, however, alternative explanations for observed differences between the two historical groups are possible.

CERAP policy defines child safety as “the likelihood of immediate harm of a moderate to severe nature.” This definition distinguished safety/safety assessment from the broader concepts of risk/risk assessment in two ways: 1) the threat of harm to the child must be “immediate” and 2) the potential harm to the child must be of a “moderate to severe nature.” Consistent with this definition, CERAP evaluations from 1997 to 2007 defined child safety in terms of the occurrence

(i.e., recurrence) of an indicated report of moderate to severe maltreatment¹ within 60 days of the initial report. Recurrence rates were defined as the number of children who experienced indicated maltreatment within 60 days of their initial investigation divided by the total number of children with a Sequence A maltreatment report (PCs excluded). Recurrence rates were computed for four different groups: 1) all maltreatment allegations, 2) moderate physical abuse, 3) severe physical abuse, and 4) sexual abuse. Results of these annual evaluations found that short-term (i.e., 60-day) maltreatment recurrence rates decreased 53% since 1995, the year prior to CERAP implementation. This was also true for rates of moderate physical abuse (58% decrease), severe physical abuse (60% decrease), and sexual abuse (61% decrease). Although the decreases in recurrence could not be directly attributed to the CERAP, children were safer in the years following CERAP implementation than they were in the years preceding it.

Federal Safety Monitoring – Child and Family Service Reviews (CFSRs)

Illinois was found to be in non-compliance with the CFSR Safety Outcome 1 (children are, first and foremost, protected from abuse and neglect) during its first CFSR in 2003. Illinois recently underwent its second CFSR in August 2009 and results indicate that IDCFS is still not in substantial conformity with Safety Outcome 1.² Specifically, the Illinois rate of maltreatment non-recurrence (the proportion of children who did NOT experience a substantiated report of maltreatment within 6 months of an initial indicated report) was 92.9%, which failed to meet the national standard of 94.6%.

Also of interest for the current report are the results for Item 4: risk assessment and safety management. A case review of 65 cases in three sites indicated that risk assessment and safety management was an area of strength in 47 cases (72%) and in need of improvement in 18 cases

¹DCFS allegation codes were used to create three mutually-exclusive groups in a definition of moderate to severe harm. Moderate physical abuse included allegations of cuts, welts, and bruises, human bites, and sprains/dislocations. Severe physical abuse included allegations of brain damage/skull fracture, subdural hematoma, internal injuries, burns/scalding, poisoning, wounds, bone fractures, and torture. Sexual abuse included allegations of sexually transmitted diseases, sexual penetration, sexual exploitation, and sexual molestation.

² U.S. Department of Health and Human Services, Administration for Children, Youth, and Families, Children's Bureau. (January 4, 2010). Final Report: Illinois Child and Family Services Review.

(28%). This item was rated as an area needing improvement when reviewers determined one or more of the following:

- There was no initial safety or risk assessment (1 case).
- There was no ongoing safety and risk assessment in the child's home during the period under review (9 cases).
- There were continued risk concerns in the home that were not addressed and/or monitored by the agency (12 cases).
- Although safety and risk were assessed for some children in the family, safety and risk were not assessed for all children in the family (four cases).
- There was no ongoing safety and risk assessment in the foster home during the period under review (one case).
- The case was closed without any safety and risk assessment (two cases).

Evaluating Safety Assessment Best Practice

Although the annual CERAP evaluations indicated that maltreatment recurrence rates in Illinois were much better than they were prior to CERAP implementation, the Child and Family Service Reviews indicated that repeat maltreatment was an area of concern. In FY08, the safety outcome examined in the CERAP evaluation was changed to more closely match that used in the CFSR (i.e., 6-month maltreatment recurrence). This allowed for a closer examination of the relationship between safety assessment practice and policy and maltreatment recurrence as defined by the CFSR. A strong and consistent association between specific investigation practices and larger (or smaller) recurrence rates could indicate a possible point of practice change. Such evidence-informed practice change could potentially lower recurrence rates enough to meet the national standard for the CFSR.

One of the most consistent findings over recent years is the relationship between safety re-assessment at the conclusion of the investigation among unsafe households and lowered

maltreatment recurrence. According to CERAP policy, several actions must occur when an investigator determines that a household is “unsafe” (as indicated on the CERAP safety decision). First, a *safety plan* must be developed and implemented to protect the child(ren) from immediate harm of a moderate to severe nature OR one or more children must be removed from the home. In addition to a safety plan, cases which are determined “unsafe” require close monitoring of the child(ren)’s safety, which should occur through additional CERAP assessments completed every 5 working days after a child is determined to be unsafe and the safety plan is implemented and continue until either all children are assessed as being safe or all unsafe children are moved from the legal custody of their parents/caretakers (DCFS Procedures 300, Appendix G, p. 15). Finally, cases with an unsafe safety decision must have a CERAP assessment completed “at the conclusion of the formal investigation, unless a service case is opened.” Results of recent CERAP evaluations suggest that this required practice is effective – unsafe cases that received an additional CERAP safety assessment at the conclusion of the investigation have much lower recurrence in the six month period following the initial investigation than those that are not assessed. However, *less than half* of the cases that require such re-assessment receive it (38% in 2008). Thus, merely increasing the number of unsafe cases that receive additional safety assessment may bring Illinois maltreatment recurrence rates closer to the national standard.

Current CERAP policy says that not all households with an unsafe determination require a safety assessment at the conclusion of the investigation. If a service case is opened (i.e., intact family or placement services), the follow-up worker must complete a new safety assessment within 5 days of case assignment in lieu of additional assessment by the investigator. In addition, if the investigation is completed quickly – in less than 30 days – safety re-assessment at the conclusion of the investigation is not required, even if one or more of the children were considered unsafe during the initial safety assessment. However, since safety re-assessment has a demonstrated relationship with decreased maltreatment recurrence among investigations closed

after 30 days, the same may be true for investigations that close within 30 days. If such a relationship exists, then best practice may suggest extending the requirement for assessment at the conclusion of an investigation to *all* cases in which the initial safety decision is unsafe, regardless of the length of the investigation. This question will be explored in the current analyses, along with several others:

1. Do 6-month maltreatment recurrence rates decline or increase in 2009? Do recurrence rates vary by region?
2. What percentage of investigation cases receives a safety re-assessment at the conclusion of the investigation (of those that require re-assessment)?
3. Does the relationship between CERAP re-assessment at the conclusion of an investigation and maltreatment recurrence remain significant in 2009?
4. Is there a meaningful relationship between CERAP re-assessment at the conclusion of an investigation and maltreatment recurrence among investigations closed within 30 days?

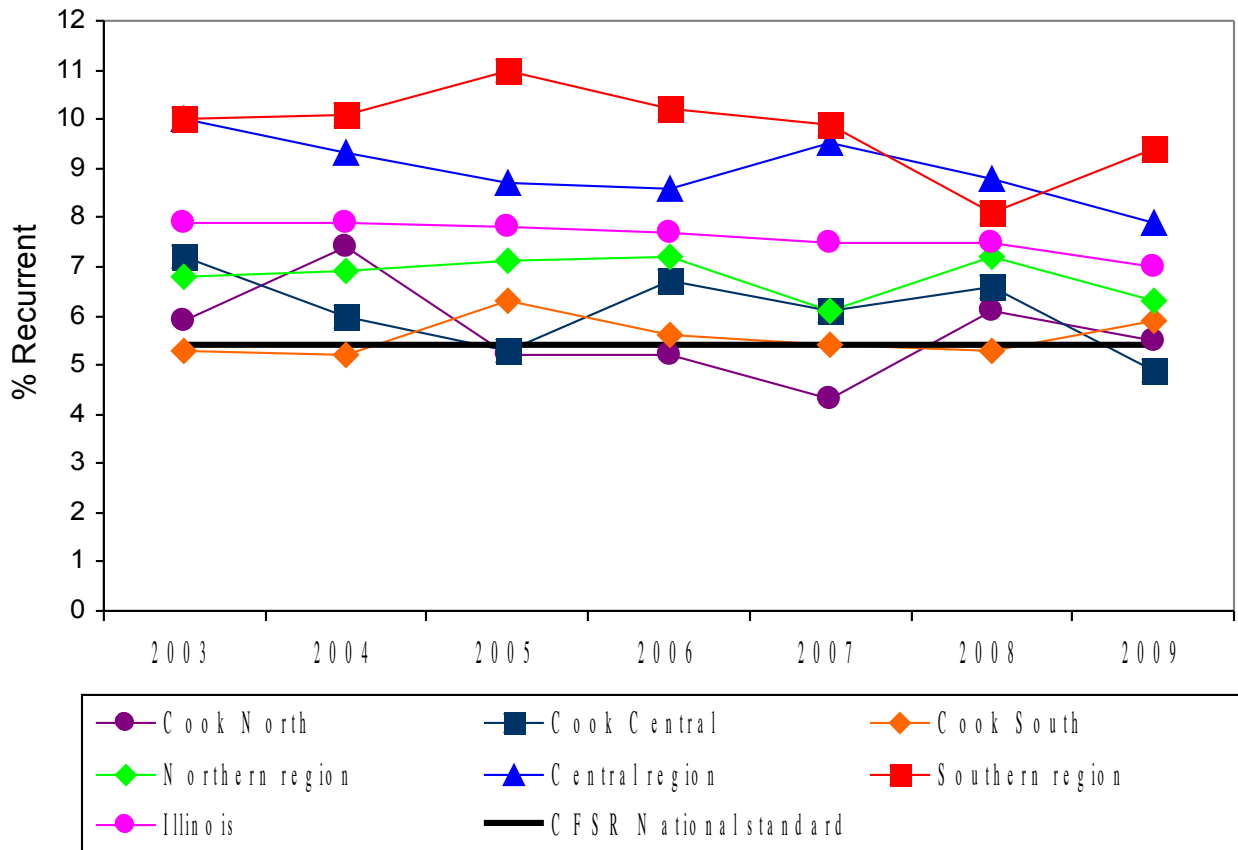
Results

Six-Month Maltreatment Recurrence

Figure 1 present the 6-month maltreatment recurrence rates for the state as a whole (labeled as “Illinois” in the figure) and six DCFS regions. Raw numbers and recurrence rates are included in Appendix Table 1. Recurrence rates for Illinois as a whole began to decline slightly – from 7.8% to 7.5% – in 2007 and have declined again in 2009 to around 7.0%.³ However, large regional differences in recurrence rates exist. In 2009, 6-month maltreatment recurrence rates were under 6% in Cook North, Cook Central, and Cook South, slightly above 6% in Northern region, near 8% in the Central region and above 9% in the Southern region. Recurrence rate in the Central region have steadily declined by 1.5% from 2007 to 2009. Rates in the Southern region have been more unstable in recent years, decreasing by 2 percentage points from 2007 to 2008 and then increasing back again in 2009.

³ The recurrence rate for 2009 may change slightly when data for the full 6-month follow-up period become available.

Figure 1. 6-Month Maltreatment Recurrence by Region



Additional Safety Assessment in Investigation Cases

When examining the percentage of investigations that receive a CERAP re-assessment at the conclusion of an investigation, it is important to exclude those investigations in which re-assessments are not required. There are several circumstances that exist in which this requirement can be waived: 1) if the investigation is completed within less than 30 days, 2) if the investigation involves an already opened service case, or 3) if a service case is opened during or immediately following the investigation.⁴ Table 1 presents the percentage of indicated investigations that fall into each of these categories. The last column of Table 1 represents the number of indicated children each year that are required to have a CERAP re-assessment at the conclusion of the investigation, according to current policy.

⁴ Kathryn Roman and Gail Jackson, DCFS, personal communication.

Table 1: Indicated children per year and percentage investigations excluded from CERAP re-assessment

FY	Total # of indicated children	Investigations closed within 30 days of report date		Child or family service case at report date		Child or family service case opened within 60 days of initial report		No service case open + investigation completed after 30 days of report date	
		N	%	N	%	N	%	N	%
2003	24,896	4,688	18.83	2,510	10.08	8,813	35.40	8,885	35.69
2004	24,945	4,238	16.99	2,486	9.97	9,098	36.47	9,123	36.57
2005	25,109	3,983	15.86	2,378	9.47	9,460	37.68	9,288	36.99
2006	24,143	2,639	10.93	2,156	8.93	8,379	34.70	10,969	45.43
2007	25,463	3,235	12.70	2,206	8.67	7,989	31.38	12,033	47.26
2008	26,697	3,797	14.22	2,051	7.68	8,759	32.81	12,090	45.29
2009	26,750	3,229	12.07	2,185	8.17	8,478	31.70	12,858	48.07

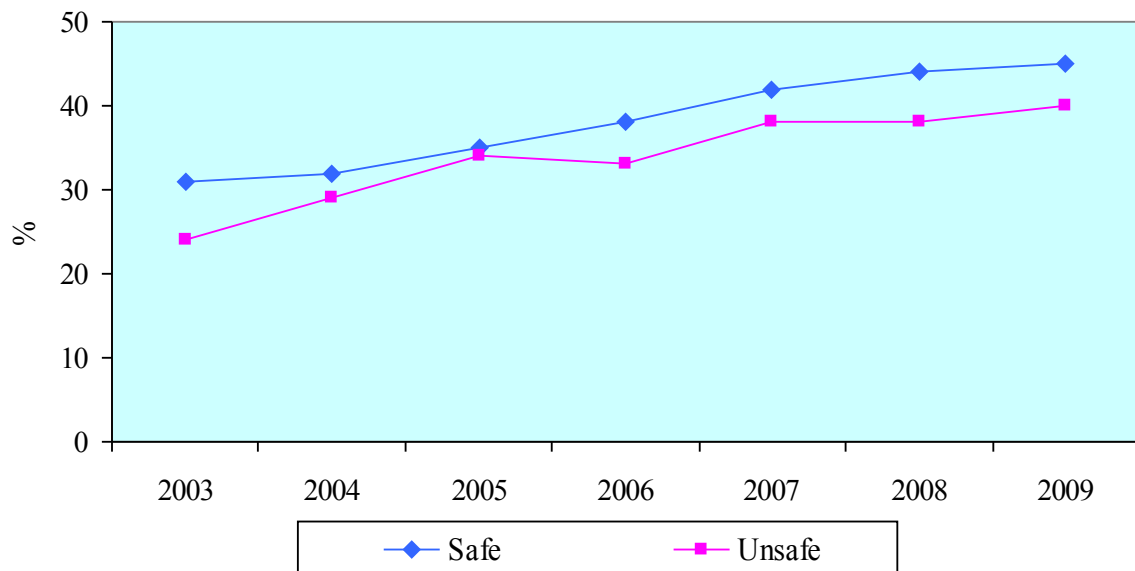
Table 2 presents the percentage of indicated children with CERAP assessments completed at the conclusion of the investigation (of those that required one per policy). It should be noted that only those households with an initial safety determination of “unsafe” require additional safety assessment; those with a safety determination of “safe” do not require additional safety assessment. The percentage of households with a re-assessment has increased steadily from 2003 to 2009 for both safe and unsafe households, although **the majority of indicated households are not re-assessed at the conclusion of the investigation (see Figure 2).**

Table 2: Indicated children* with CERAP re-assessment at investigation close

Fiscal Year	Total number indicated children*	Initial CERAP Safety Determination			CERAP re-assessment at investigation close	
			n	%	n	%
2003	8,885	Unsafe	1,304	14.7	313	24.00
		Safe	7,581	85.3	2,363	31.17
2004	9,123	Unsafe	1,424	15.6	416	29.21
		Safe	7,699	84.4	2,461	31.97
2005	9,288	Unsafe	1,121	12.1	384	34.26
		Safe	8,167	87.9	2,819	34.52
2006	10,959	Unsafe	1,120	10.2	373	33.30
		Safe	9,849	89.8	3,789	38.47
2007	12,033	Unsafe	1,075	8.9	406	37.77
		Safe	10,958	91.1	4,586	41.85
2008	12,090	Unsafe	1,171	9.7	449	38.34
		Safe	10,919	90.3	4,758	43.58
2009	12,858	Unsafe	1,438	11.2	568	39.50
		Safe	11,420	88.8	5,163	45.21

*This is the number of initial indicated children during the year, after excluding investigations completed in less than 30 days, investigations involving already open service cases, and investigations in which services were open within 60 days of report date.

Figure 2: Indicated children with CERAP re-assessment at investigation close



CERAP Re-assessment and 6-Month Maltreatment Recurrence

The current analysis re-examined the relationship between CERAP assessment at the conclusion of the investigation and 6-month maltreatment recurrence after excluding cases that do not require a CERAP re-assessment at this milestone (Table 3). Even after excluding these cases, the significant relationship between CERAP re-assessment and reduced risk for maltreatment recurrence exists. Interestingly, there is a significant relationship between CERAP re-assessment at investigation close and lower maltreatment recurrence among children thought to be “safe” following the initial CERAP assessment (see Figure 4).

Figure 3: 6-Month recurrence rates among initially unsafe cases with and without CERAP assessment at investigation closing

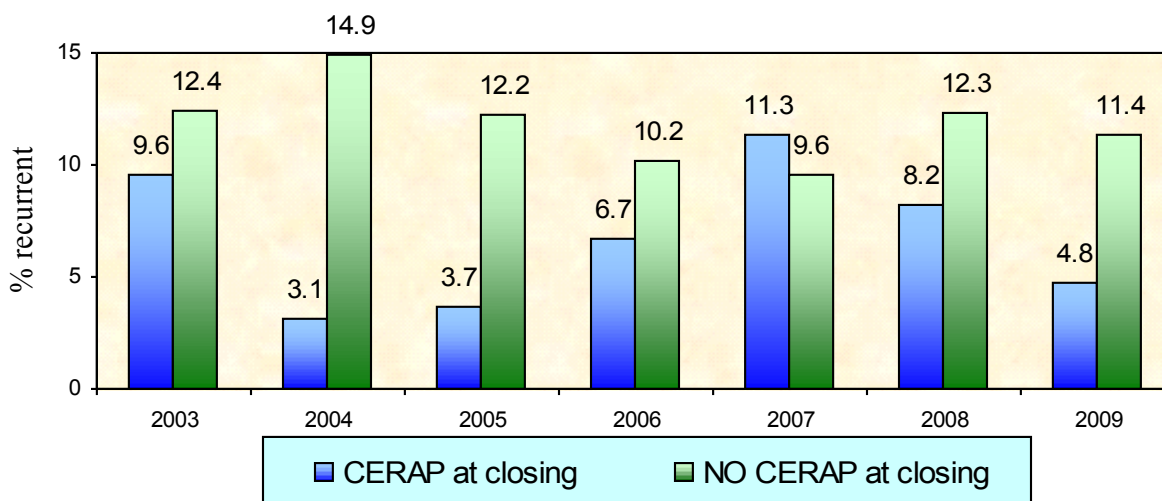


Figure 4: 6-Month recurrence rates among initially safe cases with and without CERAP assessment at investigation closing

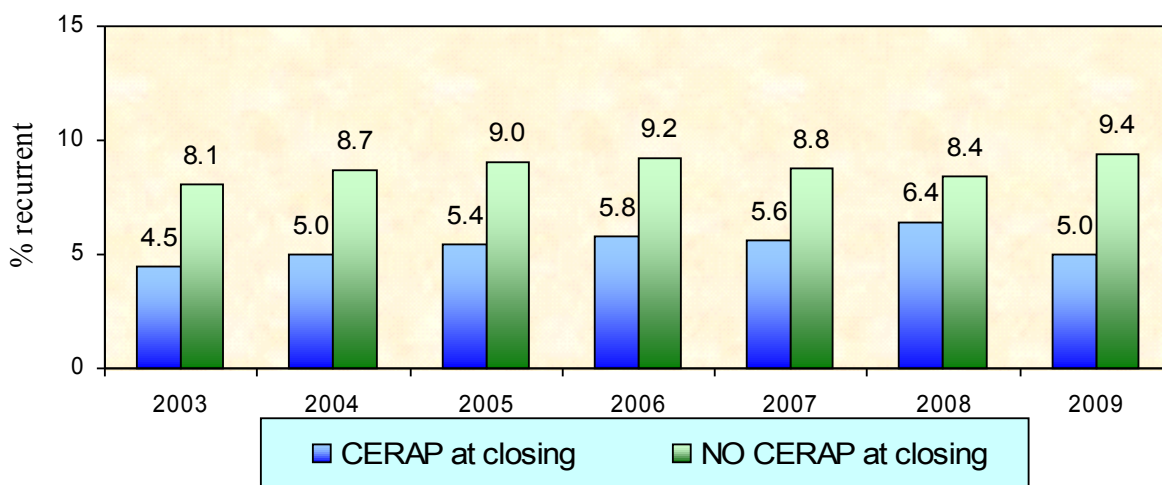


Table 3: CERAP re-assessment at the investigation conclusion and 6-month maltreatment recurrence

	Initial Safety Decision	Additional CERAP completed		Number Recurrent	% Recurrent	
			n			%
2003	Unsafe (n=1,304)	No	991	76	123	12.41
		Yes	313	24	30	9.58
	Safe (n=7,581)	No	5,218	68.8	425	8.14***
		Yes	2,363	31.2	107	4.53
2004	Unsafe (n=1,424)	No	1,008	70.8	150	14.88***
		Yes	416	29.2	13	3.13
	Safe (n=7,699)	No	5,238	68.0	456	8.71***
		Yes	2,461	32.0	124	5.04
2005	Unsafe (n=1,121)	No	737	65.7	90	12.21***
		Yes	384	34.3	14	3.65
	Safe (n=8,167)	No	5,348	65.5	480	8.98***
		Yes	2,819	34.5	152	5.39
2006	Unsafe (n=1,120)	No	747	66.7	76	10.17*
		Yes	373	33.3	25	6.70
	Safe (n=9,849)	No	6,060	61.5	558	9.21***
		Yes	3,789	38.5	220	5.81
2007	Unsafe (n=1,075)	No	669	62.2	64	9.57
		Yes	406	37.8	46	11.33
	Safe (n=10,958)	No	6,372	58.2	558	8.76***
		Yes	4,586	41.8	257	5.60
2008	Unsafe (n=1,171)	No	722	61.7	89	12.33*
		Yes	449	38.3	37	8.24
	Safe (n=10,919)	No	6,161	56.4	520	8.44***
		Yes	4,758	43.6	302	6.35
2009	Unsafe (n=1,438)	No	870	60.5	99	11.38***
		Yes	568	39.5	27	4.75
	Safe (n=11,420)	No	6,257	57.4	588	9.40***
		Yes	5,163	42.6	259	5.02

*p < .10 **p < .01 ***p < .0001

Maltreatment Recurrence in Investigations Closed Within 30 Days

The analysis in the previous section excluded investigations that were completed within 30 days of report date, because these investigations do not require safety re-assessment at the conclusion of the investigation, even if the child(ren) was considered unsafe during the initial CERAP and no service case is opened. Since CERAP re-assessment at investigation closing has been shown to have a consistent and significant relationship with decreased recurrence in investigations completed over 30 days, it is possible that this relationship holds true for investigations closed within 30 days or less. Additional analyses examined this question.

Although additional CERAP assessment is not required in these cases, a small portion (10-20%) of the children in unsafe households are re-assessed at the conclusion of the investigation. Recurrence rates for children in investigations closed within 30 days are presented in Table 4 – examined by initial safety determination and CERAP re-assessment at investigation conclusion. Although the actual number of children experiencing recurrence is small, the recurrence rates among those in unsafe households without additional safety assessment are usually higher than those with additional safety assessment (see Figure 5).

Figure 5: 6-Month recurrence rates among initially unsafe cases with and without CERAP assessment at investigation closing

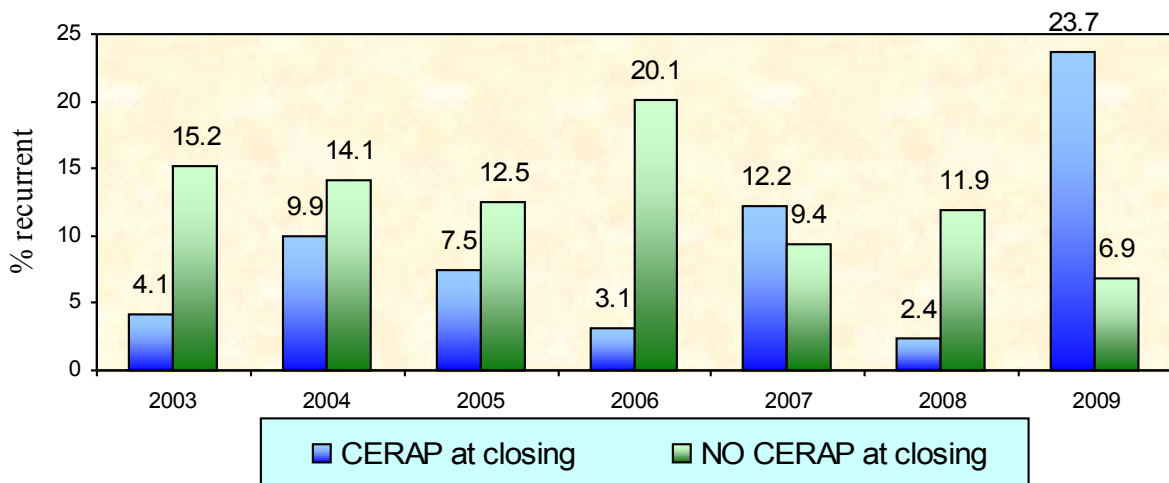


Table 4: CERAP re-assessment at the investigation conclusion and 6-month maltreatment recurrence among investigations closed within 30 days

	Initial Safety Decision	Additional CERAP completed		Number Recurrent	% Recurrent
			n		
2003	Unsafe (n=703)	No	580	88	15.17***
		Yes	123	5	4.07
	Safe (n=3,985)	No	3,721	331	8.90*
		Yes	264	12	4.55
2004	Unsafe (n=583)	No	483	68	14.08
		Yes	101	10	9.90
	Safe (n=3,653)	No	3,393	253	7.46
		Yes	261	13	4.98
2005	Unsafe (n=467)	No	359	45	12.53
		Yes	107	8	7.48
	Safe (n=3,509)	No	3,360	280	8.33*
		Yes	157	6	3.82
2006	Unsafe (n=318)	No	286	59	20.63*
		Yes	32	1	3.13
	Safe (n=2322)	No	2,219	163	7.35
		Yes	102	7	6.86
2007	Unsafe (n=271)	No	234	22	9.40
		Yes	41	5	12.20
	Safe (n=2,966)	No	2,856	204	7.14
		Yes	104	3	2.88
2008	Unsafe (n=339)	No	336	40	11.90
		Yes	41	1	2.44
	Safe (n=2,982)	No	3,328	239	7.18
		Yes	92	9	9.78
2009	Unsafe (n=326)	No	288	20	6.94
		Yes	38	9	23.68***
	Safe (n=2,903)	No	2,803	212	7.56
		Yes	100	5	5.00

*p < .05 **p < .01 ***p < .001

Discussion and Conclusions

Maltreatment recurrence in Illinois has decreased substantially since the mid-1990s, when the Child Endangerment Risk Assessment Protocol was introduced to guide worker decision-making regarding potential harm to children. Despite the decrease, Illinois did not meet the national standard for maltreatment recurrence set forth in either the first or second federal Child and Family Services Review. In an effort to better understand how the effective use of the CERAP might serve as a means for lowering the maltreatment recurrence rate in Illinois, the outcome measure examined in the CERAP evaluation was changed to mimic that used in the CFSR.

Previous CERAP evaluations have found that safety re-assessment in general, and at the conclusion of the investigation in particular, decreases the risk of maltreatment recurrence following a Child Protective Services (CPS) investigation. This relationship is robust – it remains significant whether the recurrence time-frame is short-term (60 days) or 6 months, and whether the families were investigated for the first time or had previous maltreatment reports. Furthermore, the relationship between rate of recurrence and CERAP re-assessment at the conclusion of the investigation is particularly strong among children of families not receiving services after the initial indicated report before a recurrence event. The consistency of the relationship across conditions strengthened the conclusion that it captures a true phenomenon, and not just a random coincidence or statistical anomaly.

The current study re-confirms that 6-month maltreatment recurrence rates are significantly lower in “unsafe” households that receive a safety re-assessment at the conclusion of an investigation (4.8% in 2009) compared to those that do not receive a re-assessment (11.4% in 2009). These results further strengthen the conclusion that CERAP re-assessment at the conclusion of the investigation provides a protective effect against additional maltreatment for those cases in which a service case is *not* opened. Although the exact mechanism through which this protective effect occurs is not known, increasing investigator compliance with CERAP re-

assessment policy above its current level of 40% may decrease maltreatment recurrence rates. In addition, since the protective effect of CERAP re-assessment extends to those cases initially assessed as “safe,” and these cases comprise around 85-90% of indicated investigations each year, increasing compliance with CERAP reassessment in these cases as well could make an *even bigger* impact on overall recurrence rates. A renewed emphasis on CERAP re-assessment could be coupled with the changes in practice that will occur when the enhanced CERAP model is implemented.

Thus, one strategy to decrease maltreatment recurrence rates in Illinois is to encourage compliance with the CERAP policy requiring re-assessment in unsafe cases. Another might be to change current policy by extending the re-assessment requirement to additional types of investigations. Current policy states that the requirement for safety re-assessment at the conclusion of the investigation for “unsafe” households can be waived for investigations closed in less than 30 days. Results from this year’s study found that even among these “short” investigations, 6-month maltreatment recurrence rates were significantly reduced when CERAP re-assessment was completed at the conclusion of the investigation.

Although the relationship between safety re-assessment and maltreatment recurrence is very consistent, additional study is needed to better understand *why* this relationship exists, that is, what is the underlying reason why cases that receive a safety re-assessment are less likely to experience additional maltreatment? Is there something different about the families themselves? Or is it something different that the investigator is doing? How does service availability factor into the relationship? Exploring this relationship in more depth will require additional data collection that goes beyond what is currently available in SACWIS. However, the additional knowledge gained about reducing maltreatment recurrence would be very valuable to the Department.

Appendix Table 1. 6-Month Maltreatment Recurrence

FY	Region	Children with an Indicated Report		
		Total Children	# Recurrent	% Recurrent
2003	Cook North	3,325	197	5.92
	Cook Central	1,540	111	7.21
	Cook South	3,651	192	5.26
	Northern	5,510	374	6.79
	Central	7,150	717	10.03
	Southern	3,720	371	9.97
	Illinois	24,896	1,962	7.88
2004	Cook North	2,053	152	7.40
	Cook Central	2,771	167	6.03
	Cook South	2,783	145	5.21
	Northern	5,508	379	6.88
	Central	8,061	753	9.34
	Southern	3,769	381	10.11
	Illinois	24,945	1,977	7.93
2005	Cook North	2,035	106	5.21
	Cook Central	2,580	137	5.31
	Cook South	2,750	173	6.29
	Northern	5,806	411	7.08
	Central	7,925	686	8.66
	Southern	4,013	443	11.04
	Illinois	25,109	1,956	7.79
2006	Cook North	1,941	100	5.15
	Cook Central	2,751	185	6.72
	Cook South	2,464	138	5.60
	Northern	5,943	428	7.20
	Central	7,433	641	8.62
	Southern	3,611	367	10.16
	Illinois	24,143	1,859	7.70
2007	Cook North	1,903	82	4.31
	Cook Central	2,959	181	6.12
	Cook South	2,284	123	5.39
	Northern	6,585	404	6.14
	Central	7,962	759	9.53
	Southern	3,770	372	9.87
	Illinois	25,463	1,921	7.54
2008	Cook North	2,023	124	6.13

	Cook Central	2,697	177	6.56
	Cook South	2,726	145	5.32
	Northern	7,510	541	7.20
	Central	8,011	705	8.80
	Southern	3,730	301	8.07
	Illinois	26,697	1,993	7.47
2009	Cook North	2,124	117	5.51
	Cook Central	2,533	123	4.86
	Cook South	2,568	151	5.88
	Northern	7,716	486	6.30
	Central	8,168	644	7.88
	Southern	3,641	343	9.42
	Illinois	26,750	1,864	6.97