# ILLINOIS CHILD ENDANGERMENT RISK ASSESSMENT PROTOCOL: FY2001 IMPLEMENTATION EVALUATION

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## Illinois Child Endangerment Risk Assessment Protocol: FY2001 Implementation Evaluation

#### Introduction and Background

In 1994, the Illinois Senate passed PA 88-614, which required the Department of Children and Family Services (DCFS) to develop a standardized child endangerment risk assessment protocol and to implement its use by training staff and certifying their proficiency. This act also required DCFS to provide an annual evaluation report to the General Assembly regarding the reliability and validity of the protocol, known as the CERAP (Child Endangerment Risk Assessment Protocol).

Critical to any assessment of the effectiveness of the CERAP is an analysis of whether the instrument is being used to aid decisions, and if it is being used when and how it was designed. The CERAP was designed to evaluate 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 environment is unsafe, the worker must develop a safety plan that describes the specific actions to be taken to protect each child, the persons responsible for implementing and monitoring the plan; and 4) signatures – both the worker and supervisor must sign and date the 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 DCFS Office of Quality Assurance (OQA) examined CERAP implementation among 100 child protection cases. Results of this review revealed that 83% of the CERAPs 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.

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<sup>&</sup>lt;sup>1</sup> 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).

In 1999, the evaluation focused on CERAP completion at several crucial milestones: a) within 24 hours after the investigator first sees the alleged victim, b) within 5 days of case assignment, and c) immediately prior to closing a service case. CERAPs required during the investigation continue to show a very high level of completion (97.5%), while those required at later milestones show moderately high completion rates: 76.4% following case assignment and 74% prior to closing a service case.

For 2000, the implementation evaluation used data collected by the DCFS Office of Quality Assurance "peer review" process, in which workers evaluate the quality of each other's case record documentation. Both investigation and follow-up (intact family and substitute care) cases were reviewed, and the CERAPs at each milestone in the life of the case were rated as "excellent," "good," "fair," or "poor." Results indicated that CERAP quality remained high during the investigation, with only 5% of the CERAPs receiving a "poor" rating. CERAP quality at later milestones was lower. The proportion of CERAPs receiving a "poor" rating ranged from 30% for "within 5 days of case assignment," "when a child's safety is in jeopardy," and "every 6 months for intact family cases," to 50% for "at the commencement of unsupervised visits," "prior to returning a child home," and "prior to closing a service case."

This year, evaluation efforts again focused on the investigation milestone "within 24 hours after the investigator first sees the alleged victim." Information regarding CERAP completion at this milestone, as well as completion of each of the four CERAP sections, was collected.

#### Method

**Sample.** The sample was selected from the Illinois Department of Children and Family Services (DCFS) Child Abuse and Neglect Tracking System (CANTS) database, which contains information on all cases opened for investigation. A random sample of 400 investigation cases (both indicated and unfounded) opened in September 2000 was selected for study.

**Evaluation instrument.** Case information, such as family name, investigator and supervisor names, case location (field office), and DCFS region, was recorded on a cover sheet. The evaluation instrument contained questions regarding the presence or absence of the CERAP form, as well as the completion of each of the four sections (Safety Assessment, Safety Decision, Safety Plan, and Signatures/Dates). Safety plans, when present, were recorded verbatim.

#### Results

**Sample characteristics.** A total of 295 evaluation forms were completed, or 74% of the 400 randomly selected investigation cases. The rest of the case records (n = 105; 26%) had either been expunged from the system or could not be located. When examined by region (see Table 1), the largest proportion of cases that were located for review was in the Northern region and the smallest proportion was in the Cook County region. Table 2 displays the regional distribution of cases in the final sample.

Table 1 – Case located for review by region					
Region	Selected for review	Located for review	% located for review		
Northern	109	88	81%		
Central	106	81	76%		
Southern	71	55	78%		
Cook	114	71	63%		
Total	400	295	74%		

T	able 2 – Sample distribution by reg	gion
Region	N	% of total sample
Northern	88	30%
Central	81	27%
Southern	55	19%
Cook	71	24%
Total	295	100%

In four of the 295 cases located for review, the milestone of interest, "within 24 hours after the investigator first sees the alleged victim," did not occur. Thus, the final number of cases that were reviewed for CERAP completion at this milestone was 291.

**CERAP completion.** Table 3 displays the CERAP completion rates for the milestone "within 24 hours after the investigator first sees the alleged victim." CERAPs required during the investigation continue to show a very high level of completion, with 98% of the case records containing a CERAP safety determination form.

**CERAP section completion.** Table 3 also displays completion rates for each section of the CERAP. Results of this analysis show that when a CERAP is completed, it is almost always completed in its entirety. The safety factor description and safety decision sections were completed in 99% of the cases, and the safety plan (required for CERAPs with "unsafe" safety decisions) and signatures were present in 100% of the cases. However, these safety plans varied in their quality; most described the specific actions to be taken (91%) and who would implement them (80%), but fewer described who would monitor compliance with the plan (44%).

Table 3 – CERAP completion for the milestone "within 24 hours after the					
investigator first sees the alleged victim"					
	%	N			
CERAP completed	98%	286			
Safety Factor Checklist <sup>1</sup>	99%	282			
Safety Factor Description <sup>2</sup>	78%	111			
Family Strengths and Mitigating Circumstances <sup>2</sup>	71%	101			
Summary of information that led investigator to believe					
that no child was in immediate danger <sup>3</sup>	95%	135			
Safety Decision <sup>1</sup>	99%	284			
Safe	81%	229			
Unsafe	19%	55			
Safety Plan <sup>4</sup>	100%	55			
Plan describes specific actions to be taken <sup>5</sup>	91%	50			
Plan described who is responsible for implementing actions <sup>5</sup>	80%	44			
Plan described how and by whom it will be monitored <sup>5</sup>	44%	24			
Signatures/Dates <sup>1</sup>	100%	286			

 $<sup>^{1}</sup>$ Of those case records which contained a CERAP (n = 286)

#### Summary

As part of the ongoing evaluation of the CERAP implementation by workers, CERAP completion at the investigation milestone "within 24 hours after the investigator first sees the alleged victim" was examined. Consistent with the results of previous CERAP implementation evaluations, completion rates at this milestone were quite high (98%). In addition, completion rates for each of the four CERAP sections were extremely high (99-100%).

 $<sup>^{2}</sup>$ Of those CERAPs in which one or more safety factors were checked "yes" (n = 142)

<sup>&</sup>lt;sup>3</sup>Of those CERAPs in which no safety factors were checked "yes" (n = 142)

<sup>&</sup>lt;sup>4</sup>Of those CERAPs with a safety decision of "unsafe" (n = 55)

 $<sup>^5</sup>$ Of those CERAPs with a safety plan (n = 55)