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Illinois Child Endangerment Risk Assessment Protocol: Impact on Short-term Recurrence Rates (FY03)

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Executive Summary

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)**.

The CERAP is a safety assessment instrument and was designed to evaluate the likelihood of immediate harm (to a child) of a moderate to severe nature. This report analyzes the impact of CERAP implementation on the *safety of children* investigated by the Illinois Department of Children and Family Services (DCFS) for abuse and neglect. For this study, safety is assessed using data from the DCFS Child Abuse and Neglect Tracking System (CANTS) and defined in terms of the occurrence/non-occurrence of an indicated allegation of maltreatment within 60 days of an initial investigation (also referred to in the report as maltreatment *recurrence*). The current analysis builds upon the results of previous years' reports that found declining recurrence rates over the six years since the CERAP was first implemented. To accomplish this task, the evaluation utilizes a research design called a *secular trend analysis* that examines the child safety outcome (e.g., recurrence rates) before and after the time when CERAP was implemented. Three sets of trend analyses were completed to examine CERAP effectiveness: 1) an update of the analyses reported in the last CERAP evaluation, 2) new analyses that examine recurrence rates through November 2002, and 3) several new sub-group analyses that rule out alternative explanations for the findings and clarify the impact of CERAP on recurrence rates.

Summary of Major Findings

- An update of the analyses reported in last year's report using more recent data revealed that 60-day recurrence rates for all children reported declined from 2.71% in 1995 to 1.29% in 2001. This represents an overall reduction in recurrence of 52.4%.
- 60-day recurrence rates continued to decline during 2002, falling from 1.29% in 2001 to .63% in 2002 (a 51% decrease). This represents an overall reduction in recurrence from 1995 to 2002 of 76.8%. However, the database used for this analysis differed from that used in previous years and reliability of this result should be questioned until the analysis has been replicated.
- When the secular trend analysis is extended several years before CERAP implementation, it looks as if the decline in recurrence rates begins the year prior to implementation (1995). However, this appears to be the result of an unexpected spike in recurrence rates in 1994. If this anomalous year is overlooked, recurrence rates begin their significant decrease the year following CERAP implementation.
- The pattern of findings holds true if children taken out of the household and into DCFS protective custody are excluded from the analysis.
- Analyses confirmed that the reductions in recurrence rates seen following CERAP implementation were *not* caused by contemporaneous changes in DCFS policies related to allegations involving lack of supervision and substance-exposed infants.
- Analysis of the recurrence rates for physically abused children shows a significant decline, from 2.0% to 1.32%, in the year following CERAP implementation.
- 60-day recurrence rates for children with multiple maltreatment reports follow the same extended secular trend as those following first reports. Recurrence rates increase as the number of maltreatment reports increase; for example, children with four previous

maltreatment reports are much more likely to experience an additional indicated report of maltreatment within 60 days than those with one, two, or three previous reports.

Conclusions and Recommendations

The results of the current evaluation of the impact of the Child Endangerment Risk Assessment Protocol confirm that short-term recurrence rates continue to decline in the seventh year following CERAP implementation. Analyses that examined the pattern of recurrence rates prior to CERAP implementation support the hypothesis that CERAP implementation had a positive impact on child safety. Additional tests ruled out alternative policy changes as the cause of the observed changes in recurrence, further strengthening the evidence for the impact of the CERAP. Thus, the totality of the empirical evidence that has been collected since the CERAP was implemented in 1995 suggests that this policy intervention has had a positive and enduring effect on the safety of children known to the Department.

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

Increased attention to incidents of severe child maltreatment 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. In part, this bill required that the Illinois Department of Children and Family Services (DCFS/ the Department):

- develop a standardized child endangerment risk assessment protocol, training procedures, and a method of demonstrating proficiency in the application of the protocol by July 1, 1996;
- train and certify all DCFS and private agency workers and supervisors in protocol use by July 1, 1996; and
- submit an annual evaluation report to the Illinois General Assembly, which includes an examination of the reliability and validity of the protocol.

In addition, the legislation specified the establishment of a multidisciplinary advisory committee, appointed by the Director of DCFS, that included representation from experts in child development, domestic violence, family systems, juvenile justice, law enforcement, health care, mental health, substance abuse, and social services. DCFS was also required to contract with an outside expert to provide services related to the development, implementation, and evaluation of the protocol.

In response to these mandates, a multidisciplinary Child Endangerment Risk Assessment Protocol (CERAP) Advisory Committee began meeting one week after the legislative mandate became law, and the American Humane Association (AHA) was hired to provide services related to the development, implementation, and evaluation of the protocol. Over the following 15 months, the CERAP was developed and piloted, a training curriculum and certification criteria were developed, and over 6000 workers and supervisors were trained and tested for proficiency.

CERAP implementation "officially" occurred on December 1, 1995, which is the date that all DCFS workers and private providers had been trained in the use of the protocol and over 99 percent had been successfully certified.

Evaluation Strategy

Although service and policy interventions are most reliably evaluated using an experimental research design with random assignment of subjects to treatment versus control groups, such designs are rarely feasible in natural settings. In such instances, observational research methods, which rely on naturally occurring groups of people who were and were not exposed to the intervention, are often used. The two most common sources of comparison are historical groups (groups that temporally preceded the introduction of an intervention) and geographical groups (groups that are at a spatial distance from the intervention, e.g. other counties or states). Because naturally occurring groups by history or geography will seldom be statistically equivalent to the group exposed to the intervention, relevant characteristics that might influence the outcome will be distributed non-randomly between the two groups. Therefore, the researcher must be careful to attempt to control and assess the influence of these factors through research design and statistical analysis in order to draw valid inferences.

The evaluation of the factual consequences of the introduction of the CERAP is an example of a program of research that must rely on observational research methods rather than on experimental ones. Since it is unethical to purposefully withhold safety assessment and planning from a random "control" sample of children, researchers from the American Humane Association (AHA) and the Children and Family Research Center (CFRC) at the University of Illinois have sought to assess the consequences of CERAP for child safety through a program of studies that compare outcome measures for groups of children before and after the introduction of CERAP (historical group comparisons).

The CERAP assesses child **safety**, defined as the likelihood of immediate harm of a moderate to severe nature. For the purpose of evaluation, safety has been defined using data from the DCFS Child Abuse and Neglect Tracking System (CANTS) database as "the occurrence (i.e., recurrence) of an indicated report of maltreatment within 60 days of an initial report." To evaluate the effectiveness of the CERAP "intervention," researchers employed a design called a *secular trend study* that examines the child safety outcome (e.g., recurrence rates) before and after the point in time when the implementation of CERAP occurred (December 1, 1995).

Recurrence Analysis - 2001

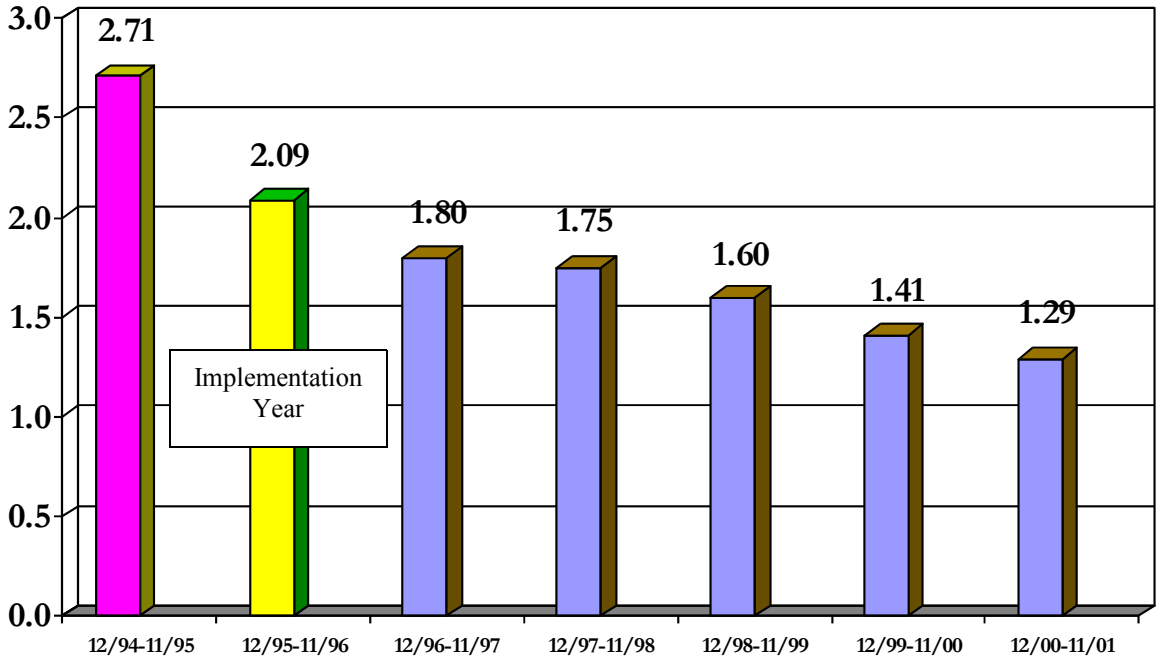
The FY2002 CERAP evaluation report examined short-term recurrence rates from the year prior to CERAP implementation (December 1, 1994 – November 30, 1995) through the sixth year post-implementation (December 1, 2000 – November 30, 2001), and found a consistent decrease in recurrence rates over the seven-year period (see Garnier & Nieto, 2002). However, at the time this report was published, recurrence rates for 2001 were incomplete because safety data for January 1 – 29, 2002 were not available. This data is necessary to compute the 60-day recurrence rates for those first reports occurring between November 1 – 30, 2001. Table 1 presents the updated and more accurate recurrence rates for this time period (1995 – 2001) and Figure 1 presents this data graphically. Overall, the percentage reduction in recurrence from 1995 to 2001 was 52.4%.

Table 1. 60-Day Recurrence for First Reports in Time Period (1995 – 2001)

	Total	Number Recurrent[a]	Crude Rate (%)	% Reduction From Prior Year[b]
1995	141,240	3,825	2.71	
1996	112,948	2,364	2.09	22.88
1997	99,925	1,799	1.80	13.88
1998	93,198	1,629	1.75	2.78
1999	87,538	1,399	1.60	8.57
2000	88,163	1,239	1.41	11.88
2001	85,907	1,107	1.29	8.51

[a]The number of children with an indicated report occurring within 60 days of their first report in the time period observed.
[b]Percentage changes represent the percentage change in percentages, not the raw difference from one percentage to another.

Figure 1. 60-Day Recurrence for First Reports in Time Period (1995 – 2001)



Recurrence Analysis - 2002

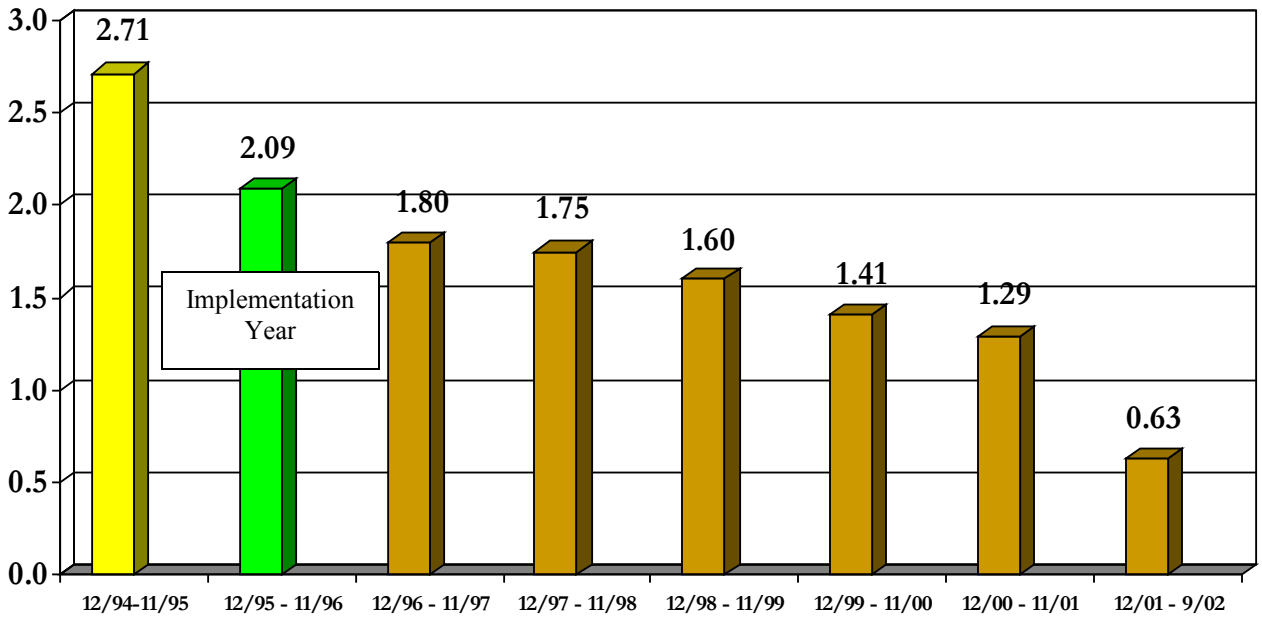
In the past, each annual evaluation added a new year of data to examine the continuing trend in recurrence rates following CERAP implementation. This year, access to the necessary DCFS child safety data was delayed by the implementation of the Illinois Statewide Automated Child Welfare Information System (SACWIS). An abbreviated data set was created by DCFS staff that contained information on child maltreatment reports that occurred between December 1, 1996 and November 30, 2002. To provide a comparable analysis to past reports, yet ensure that all cases had a full 60-day recurrence period, first reports during the time period of December 1, 2001 through September 30, 2002 were examined. Because the observation period for first reports during 2002 is abbreviated (10 months versus the 12 months used in prior reports), the number of total reports and number of recurrent reports in 2002 are much smaller than previous years. However, the shortened observation period for 2002 should not affect the crude recurrence rate, which declined over 50% from the previous year. This large reduction in recurrence rates is a noticeable departure from the previous trend, and should be viewed with some skepticism until it can be replicated using a data set similar to those used in previous reports.

Table 2. 60-Day Recurrence for First Reports in Time Period (1995 – 2002)

	Total	Number Recurrent[a]	Crude Rate (%)	% Reduction From Prior Year[b]
1995	141,240	3,825	2.71	
1996	112,948	2,364	2.09	22.88
1997	99,925	1,799	1.80	13.88
1998	93,198	1,629	1.75	2.78
1999	87,538	1,399	1.60	8.57
2000	88,163	1,239	1.41	11.88
2001	85,907	1,107	1.29	8.51
2002[c]	72,411	454	.63	51.16

[a]The number of children with an indicated report occurring within 60 days of their first report in the time period observed.
[b]Percentage changes represent the percentage change in percentages, not the raw difference from one percentage to another.
[c]Observation period for first reports during 2002 is abbreviated (December 1, 2001 – September 30, 2002) and therefore raw numbers are not comparable to earlier years

Figure 2. 60-Day Recurrence for First Reports in Time Period (1995 – 2002)



Extended Secular Trend Analysis

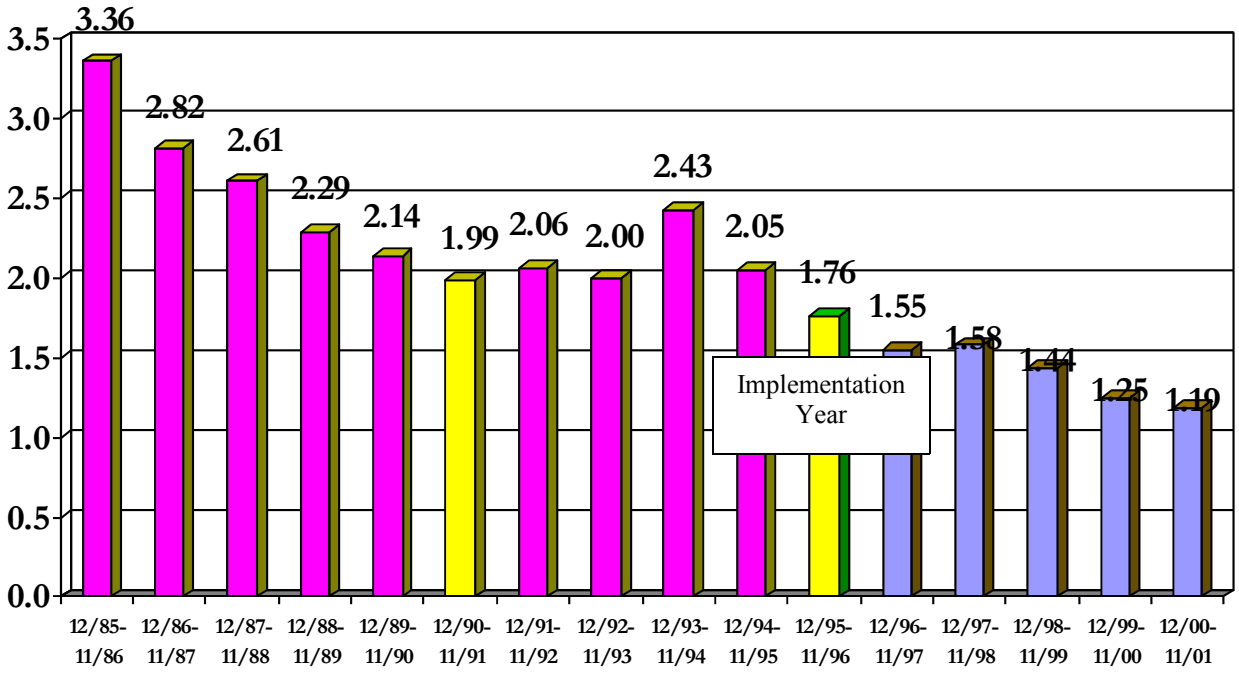
To strengthen the validity of the inference about CERAP effectiveness, the trend analysis was extended several years *before* CERAP implementation to assess whether the decline in recurrence rates was a reversal of an earlier pattern or a continuation of past trends. An examination of the recurrence rates in Table and Figure 3 reveals that they begin the trend analysis (in 1986) at their highest level and decline fairly consistently until 1991, where they remain reasonably level until 1996 (the CERAP implementation year), at which point they begin to consistently decline again through 2001, the last year in which consistent data is available. The notable exception to this trend is 1994, where recurrence rates unexpectedly *increase* 21%.

Table 3. 60-Day Recurrence for First Reports in Time Period (1986 – 2001)

	Total	Number Recurrent[a]	Crude Rate (%)	% Change From Prior Year[b]
1986	89,656	3,009	3.36	
1987	87,954	2,476	2.82	-16.1
1988	89,267	2,333	2.61	-7.5
1989	91,148	2,089	2.29	-12.26
1990	90,058	1,926	2.14	-6.6
1991	99,468	1,981	1.99	-7.0
1992	107,328	2,213	2.06	3.5
1993	105,009	2,101	2.00	-2.9
1994	112,415	2,731	2.43	21.5
1995	108,733	2,229	2.05	-15.6
1996[c]	**98,152**	**1,723**	**1.76**	**-14.1**
1997	92,134	1,430	1.55	-11.9
1998	88,923	1,401	1.58	1.9
1999	85,485	1,231	1.44	-8.9
2000	86,929	1,086	1.25	-13.2
2001	85,131	1,010	1.19	-4.8

[a]The number of children with an indicated report occurring within 60 days of their first report in the time period observed.
[b]Percentage changes represent the percentage change in percentages, not the raw difference from one percentage to another.
[c]CERAP implementation year

Figure 3. 60-Day Recurrence for First Reports in Time Period (1986 – 2001)



The data representing first reports were further refined by selecting only the Sequence A reports and only cases in which protective custody (PC) was not taken. Since the CERAP is targeted at the prevention of future maltreatment and children with multiple investigations have higher rates of indication than those in their first investigation, controlling for previous investigations by selecting only Sequence A reports provides a clearer picture of the impact of CERAP implementation[1]. Eliminating children taken into protective custody theoretically excludes from analysis those children who spent a portion of time out of the investigated (and CERAP evaluated) household. The 60-day recurrence rates for children with Sequence A reports (PCs excluded) for the extended trend analysis are presented in Table and Figure 4. Although the raw number of reports is smaller, the results presented in this trend analysis show a pattern nearly identical to the one shown in the analysis that included PC cases. Recurrence rates drop

[1] Sequence A is the designation given to the first report on a given *household*, as opposed to the "first reports" on a particular *child*. To select this group, the first report for each child in a given time period is obtained, and then all Sequence A reports are selected. Thus, "Sequence A reports" are a subset of all first reports during a given time period.

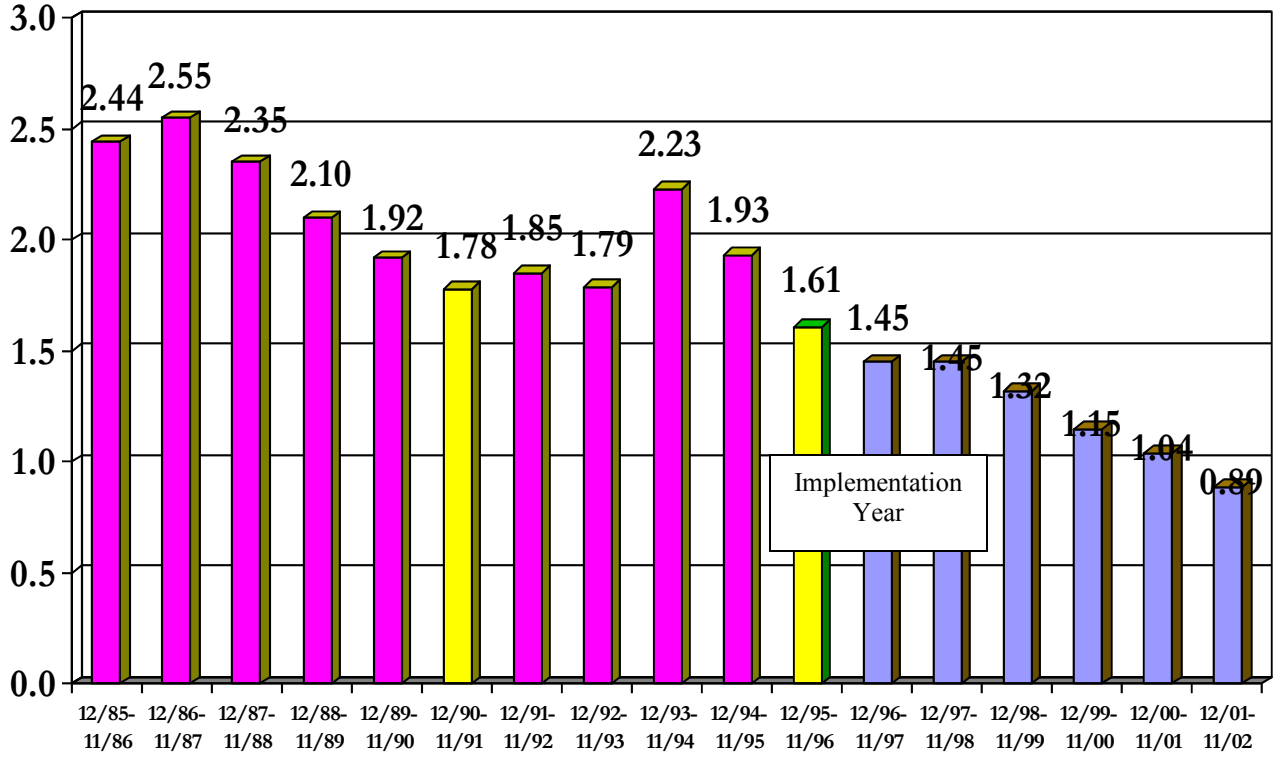
from 1986 to 1990, remain fairly level from 1990 to 1995 (with the exceptional increase in 1994), and then decline from 1995 to 2001. Thus, the decline in recurrence rates noted in previous CERAP evaluations actually begins the year prior to CERAP implementation. However, if the anomalous increase in 1994 is omitted, the recurrence rates would begin their significant decline the year following CERAP implementation.

Table 4. 60-Day Recurrence for Sequence A Reports, PCs Excluded (1986 – 2001)

	Total	Number Recurrent[a]	Crude Rate (%)	% Change From Prior Year[b]
1986	66,778	1,630	2.44	
1987	73,957	1,888	2.55	4.9
1988	78,290	1,836	2.35	-8.6
1989	82,062	1,727	2.10	-10.3
1990	81,975	1,570	1.92	-9.0
1991	87,954	1,568	1.78	-6.8
1992	94,721	1,752	1.85	3.9
1993	91,901	1,641	1.79	-3.9
1994	98,180	2,194	2.23	25.8
1995	95,388	1,841	1.93	-14.3
1996[c]	86,024	1,382	1.61	-16.1
1997	81,346	1,180	1.45	-9.9
1998	78,047	1,128	1.45	-.7
1999	75,783	1,002	1.32	-8.3
2000	77,701	895	1.15	-12.9
2001	76,064	789	1.04	-9.6
2002	77,220	689	.89	

[a]The number of children with an indicated report occurring within 60 days of their first report in the time period observed.
[b]Percentage changes represent the percentage change in percentages, not the raw difference from one percentage to another.
[c]CERAP implementation year

Figure 4. 60-Day Recurrence for Sequence A Reports, PCs Excluded (1986 – 2001)



Sub-Group Secular Trend Analyses

Secular trend studies are a satisfactory method for provisionally assessing the factual consequences of an intervention for an outcome of interest. But as Campbell and Stanley (1963) note, the greatest threat to drawing valid inferences from such studies is the inability to control for simultaneous historical events. The experimental assumption of statistical equivalence is inapplicable to historical groups for the simple reason that history itself is different for both the before and after groups. That is, the rival hypothesis exists that not CERAP but some more or less simultaneous event produced the reduction in recurrence rates. To deal with possible historical threats to valid inference, additional comparative secular trend analyses were conducted to examine the effects of two policy changes that occurred around the same time as CERAP and also might account for the reduction in recurrence rates.

The first competing historical explanation is the Home of Relative (HMR) Reform that DCFS implemented in July of 1995. HMR Reform ended the practice of taking into state custody children who were living with extended kin. Prior to the change, children who were living apart from their parents with kin were frequently indicated as neglected for "lack of (parental) supervision." After the change, the rate of indicated child neglect for lack of supervision dropped dramatically. Since relatives would phone the hotline repeatedly to obtain services, the decline in recurrence rates after 1995 could simply be a by-product of DCFS no longer indicating children who were living safely with relatives for lack of (parental) supervision. To "control" for the potentially confounding influence of HMR Reform, the secular trend analysis was repeated on a subset of sequence A allegations that excluded children with allegations of lack of supervision (Table and Figure 5).

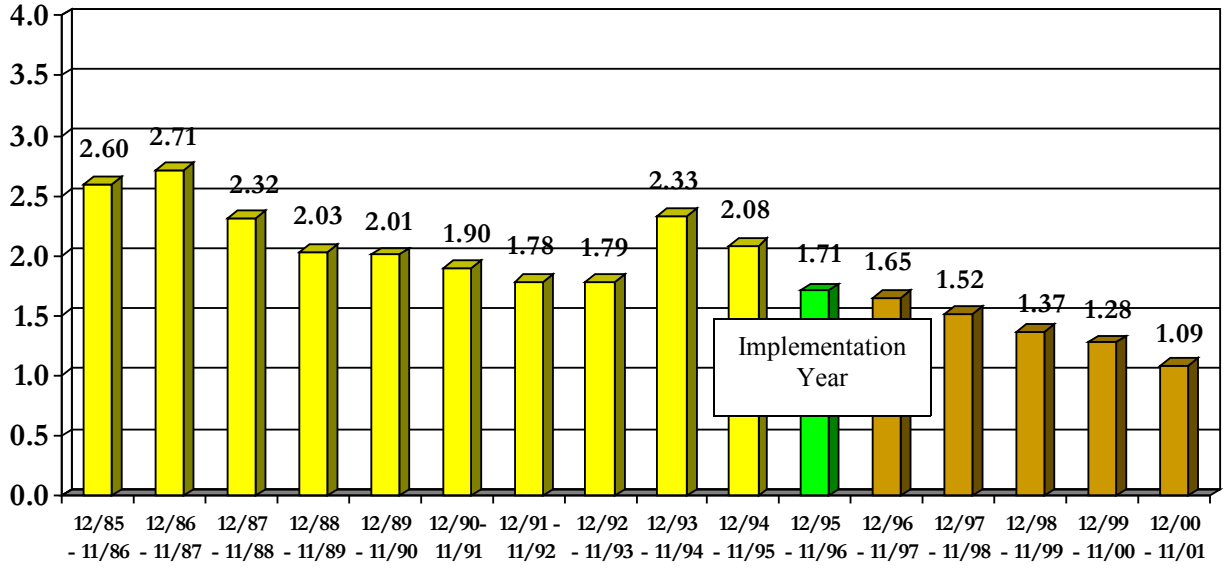
A comparison of the 60-day recurrence rates for all Sequence A reports (Figure 4) and those with lack of supervisor allegations excluded (Figure 5) reveals almost identical patterns of change from 1986 to 2001. Thus, the hypothesis that the decline in recurrence rates subsequent to 1995 was due to HMR Reform and changes in lack of supervision allegations can be abandoned.

Table 5. 60-Day Recurrence for Sequence A Reports, Excluding Lack of Supervision Allegations, PCs Excluded (1986 – 2001)

	Total	Number Recurrent[a]	Crude Rate (%)	% Change From Prior Year[b]
1986	30,340	788	2.60	
1987	33,167	900	2.71	4.2
1988	35,492	822	2.32	-14.4
1989	37,212	754	2.03	-12.5
1990	37,048	743	2.01	-1.0
1991	40,349	766	1.90	-5.5
1992	44,764	797	1.78	-6.3
1993	42,957	768	1.79	.6
1994	46,436	1,080	2.33	30.2
1995	45,870	953	2.08	-10.7
1996[c]	41,967	716	1.71	-17.8
1997	39,028	643	1.65	-3.5
1998	36,454	553	1.52	-7.9
1999	35,219	483	1.37	-9.9
2000	36,022	461	1.28	-6.6
2001	35,714	388	1.09	-14.8

[a]The number of children with an indicated report occurring within 60 days of their first report in the time period observed.
[b]Percentage changes represent the percentage change in percentages, not the raw difference from one percentage to another.
[c]CERAP implementation year

Figure 5. 60-Day Recurrence for Sequence A Reports, Excluding Lack of Supervision Allegations, PCs Excluded (1986 – 2001)



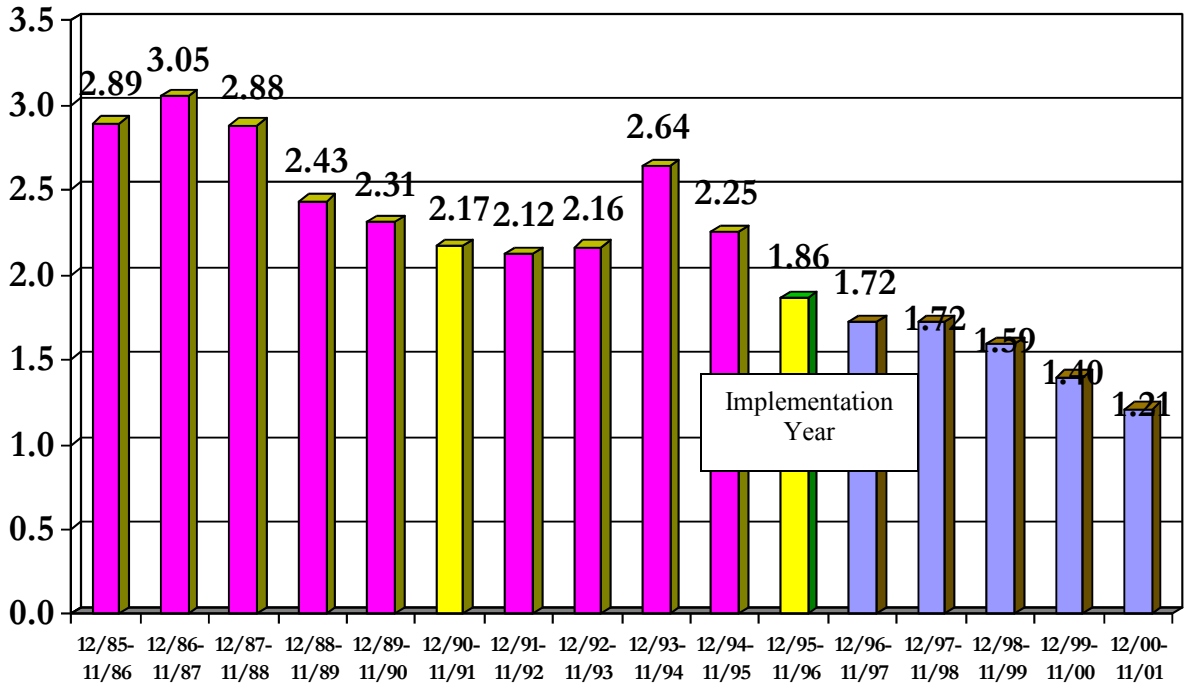
A second competing historical explanation is the increased rate of removal of substance-exposed infants (SEI) from parental custody after 1995. Because the risk of recurrence is diminished for children taken from parental custody, the observed decline in recurrence after 1995 may have been an artifact of this change in removal practices. By excluding SEI allegations from the secular trend analysis, the effects of this policy change can be statistically "controlled" (see Table and Figure 6).

Table 6. 60-Day Recurrence for Sequence A Reports, Excluding SEI Allegations, PCs Excluded, (1986 – 2001)

	Total	Number Recurrent[a]	Crude Rate (%)	% Change From Prior Year[b]
1986	46,309	1,340	2.89	
1987	51,339	1,565	3.05	5.5
1988	52,871	1,525	2.88	-5.6
1989	55,215	1,340	2.43	-15.6
1990	54,866	1,268	2.31	-4.9
1991	58,532	1,269	2.17	-6.1
1992	64,839	1,375	2.12	-2.3
1993	61,629	1,329	2.16	1.9
1994	66,832	1,762	2.64	22.2
1995	64,926	1,458	2.25	-14.8
1996[c]	57,978	1,079	1.86	-17.3
1997	54,443	939	1.72	-7.5
1998	51,938	895	1.72	0
1999	50,489	803	1.59	-7.6
2000	51,314	717	1.40	-11.9
2001	50,178	609	1.21	-13.6

[a]The number of children with an indicated report occurring within 60 days of their first report in the time period observed.
[b]Percentage changes represent the percentage change in percentages, not the raw difference from one percentage to another.
[c]CERAP implementation year

Figure 6. 60-Day Recurrence for Sequence A Reports, Excluding SEI Allegations, PCs Excluded, (1986 – 2001)



A comparison of the trend analysis with SEI allegations excluded (Figure 6) to that with all Sequence A reports (Figure 4) reveals a nearly identicle pattern of recurrence rates in both cases. This bolsters the hypothesis that the changes in recurrence rates that occurred following 1995 were influences by CERAP implementation rather than changes in policy or practice regarding substance-exposed infants.

When examining the effect of a statewide DCFS intervention such as CERAP, it is sometimes useful to examine the effects in Cook County and the rest of the state separately. During CERAP implementation, there were several other DCFS interventions or policy changes that occurred in Cook County that could provide competing explanations for changes seen in recurrence rates. Since the majority of these changes were limited to Cook County, the effects of

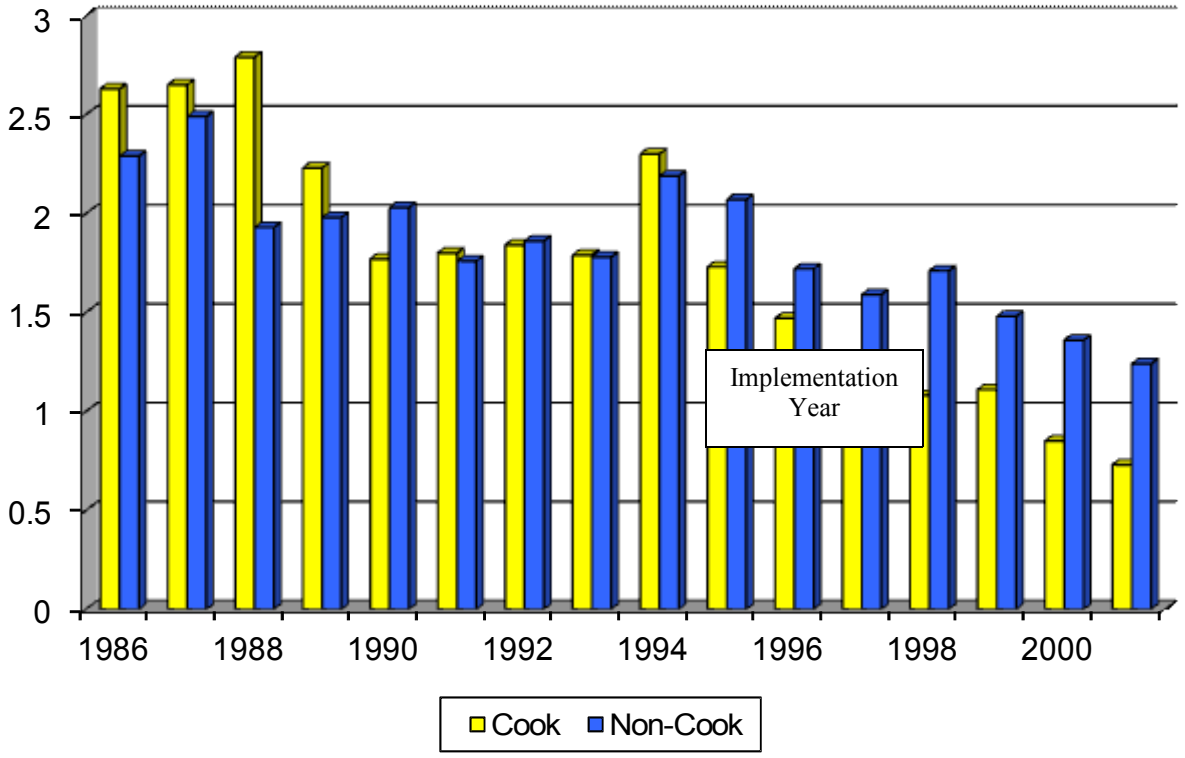
CERAP implementation in non-Cook counties may be more pronounced. Table and Figure 7 present the results of a comparison of Sequence A reports in Cook County versus all other counties in Illinois (PCs excluded) from 1986 – 2001.

Table 7. 60-Day Recurrence for Sequence A Reports, Cook versus Non-Cook Counties, PCs Excluded (1986 – 2001)

	Total		Number Recurrent[a]		Crude Rate (%)		% Change From Prior Year[b]	
	Cook	Non-Cook	Cook	Non-Cook	Cook	Non-Cook	Cook	Non-Cook
1986	28,797	37,880	758	869	2.63	2.29		
1987	32,377	41,494	859	1,032	2.65	2.49	.8	8.7
1988	36,649	41,521	1,024	803	2.79	1.93	5.3	-22.5
1989	38,173	43,768	851	867	2.23	1.98	-20.1	2.6
1990	36,725	45,125	650	915	1.77	2.03	-20.6	2.5
1991	39,609	48,194	714	847	1.80	1.76	1.7	-13.3
1992	43,442	51,103	799	953	1.84	1.86	2.2	5.7
1993	42,663	49,093	762	873	1.79	1.78	-2.7	-4.3
1994	45,728	52,314	1,051	1,144	2.30	2.19	28.5	23.0
1995	42,619	52,644	739	1,090	1.73	2.07	-24.8	-5.5
1996[c]	38,060	47,832	558	821	1.47	1.72	-15.0	-16.9
1997	34,865	46,389	438	736	1.26	1.59	-14.3	-7.6
1998	33,612	44,338	364	759	1.08	1.71	-14.3	7.6
1999	32,260	43,433	359	644	1.11	1.48	2.8	-13.5
2000	32,506	45,113	277	613	.85	1.36	-23.4	-8.1
2001	30,574	45,447	224	565	.73	1.24	-14.1	-8.8

[a]The number of children with an indicated report occurring within 60 days of their first report in the time period observed.
[b]Percentage changes represent the percentage change in percentages, not the raw difference from one percentage to another.
[c]CERAP implementation year

Figure 7. 60-Day Recurrence for Sequence A Reports, Cook versus Non-Cook Counties, PCs Excluded (1986 – 2001)



The biggest differences in the two trends in during the earliest years (1986 to 1990), prior to CERAP implementation. The trends subsequent to CERAP implementation are roughly equivalent. If the anomolous increase in 1994 is ignored, both Cook and non-Cook counties show relatively large decreases in recurrence rates beginning in 1996, the first year post-CERAP implementation.

In addition to ruling out alternative explanations for the observed changes in recurrence rates, further trend anayses were completing on specific subgroups of reports that may have been especially affected by the introduction of the CERAP safety assessement. Although safety assessment was implemented to keep all investigated children safe from immediate harm, its

impact may be especially large among reports involving physical abuse. To examine this hypothesis, a secular trend analysis was completed for Sequence A reports involving allegations of "cuts, bruises, and welts" among children ages 4 – 12[2]. The results are presented in Table and Figure 8.

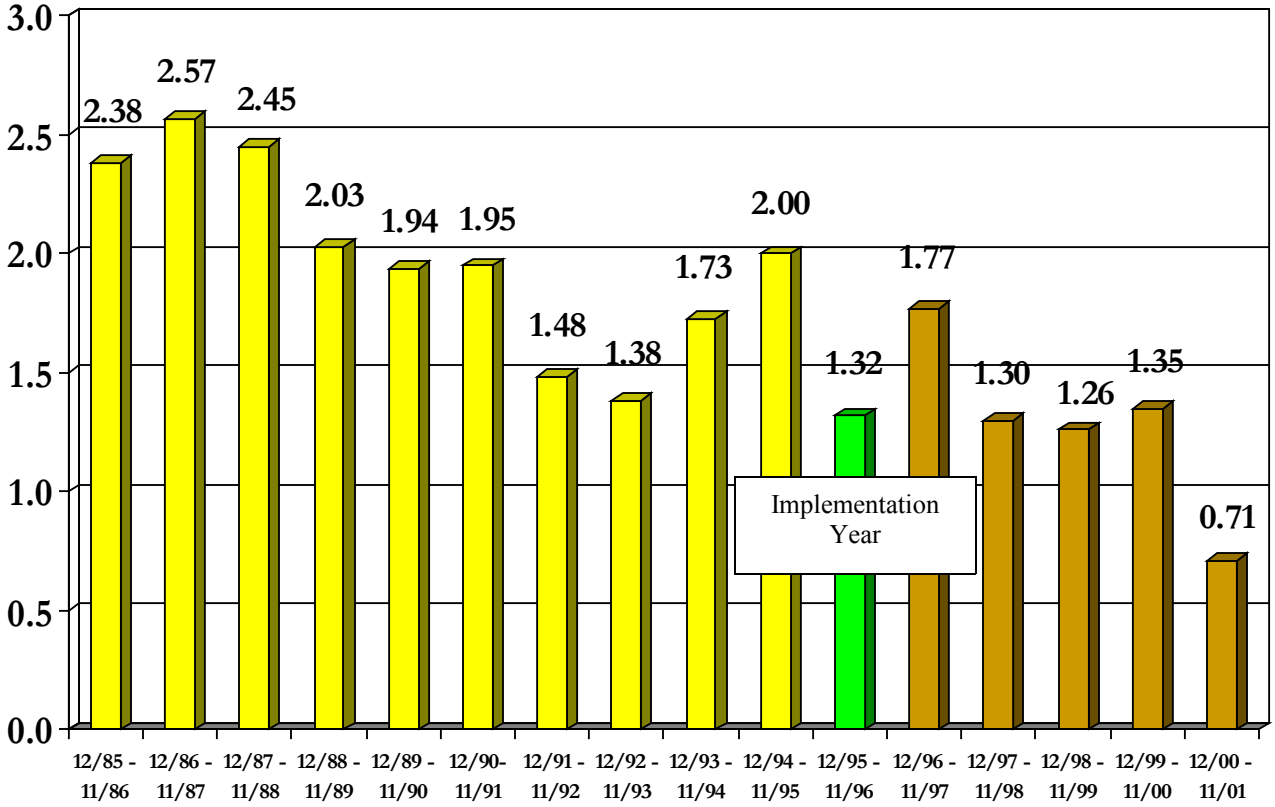
Table 8. 60-Day Recurrence for Cuts, Bruises & Welts, Sequence A Reports, Children Ages 4 – 12 Years, PCs Excluded, (1986 – 2001)

	Total	Number Recurrent[a]	Crude Rate (%)	% Change From Prior Year[b]
1986	3,156	75	2.38	
1987	3,457	89	2.57	8.0
1988	3,672	90	2.45	-4.7
1989	3,588	73	2.03	-17.1
1990	3,667	71	1.94	-4.4
1991	3,854	75	1.95	.5
1992	3,982	59	1.48	-24.1
1993	3,991	55	1.38	-6.8
1994	4,056	70	1.73	25.3
1995	4,144	83	2.00	15.6
1996[c]	4,002	53	1.32	-34.0
1997	4,013	71	1.77	34.1
1998	3,767	49	1.30	-26.6
1999	3,657	46	1.26	-3.1
2000	4,067	55	1.35	7.1
2001	3,815	27	.71	-47.4

[a]The number of children with an indicated report occurring within 60 days of their first report in the time period observed.
[b]Percentage changes represent the percentage change in percentages, not the raw difference from one percentage to another.
[c]CERAP implementation year

[2] "Cuts, welts, and bruises" is the allegation that is most closely corresponds to physical abuse in the CANTS database. Children ages 4 – 12 with this allegation were selected based on expert recommendation.

Figure 8. 60-Day Recurrence for Cuts, Bruises & Welts, Sequence A Reports, Children Ages 4 – 12 Years, PCs Excluded, (1986 – 2001)

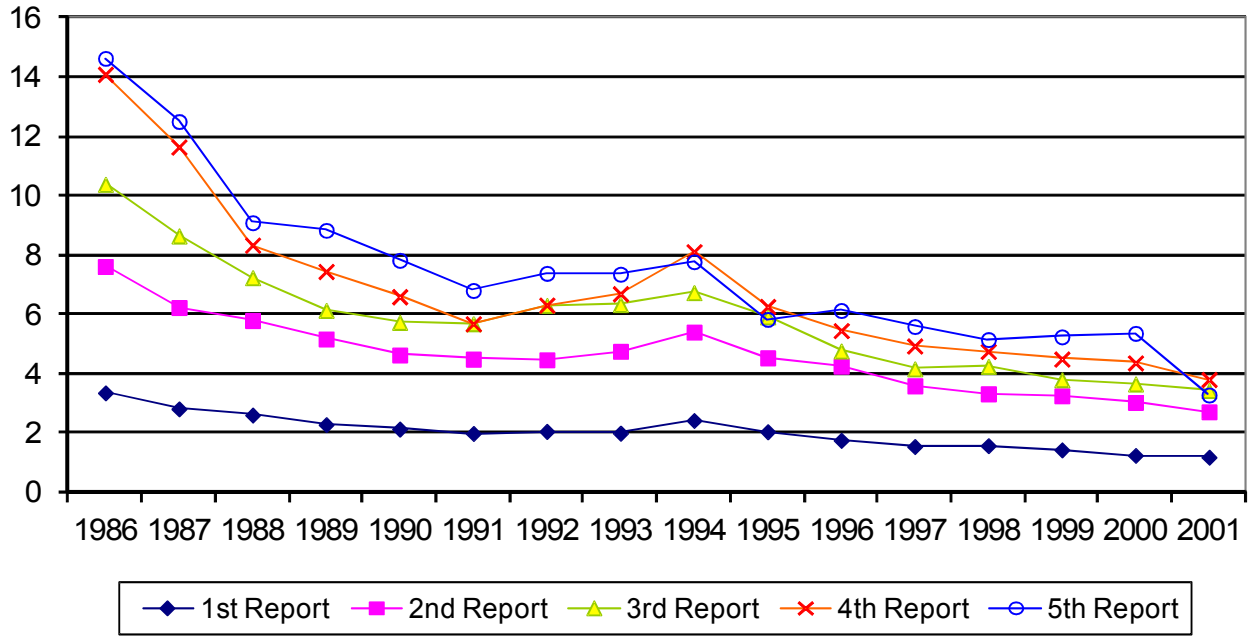


This analysis, perhaps more than any other, reveals a clear picture of the impact of CERAP implementation. Unlike previous trends, recurrence rates for physical abuse allegations were increasing from 1993 until 1995, the year prior to CERAP implementation. Recurrence rates fell 34% during the year following implementation, although they rebound somewhat the year after that before leveling off once again.

Secular Trend Analysis in Cases with Multiple Recurrences

To provide a clearer picture of CERAP efficacy, past evaluations have limited the trend analyses to either first reports or Sequence A cases. Children with more than one report have higher rates of indication than those in their first report, which influences the overall recurrence rate during any given time period. To "control" for this influence, cases with previous reports were left out of past analyses. However, the effect of CERAP on child safety (i.e., recurrence) should be equivalent no matter how many times a family has been previously investigated. To examine this issue, trend analyses were conducted for 60-day recurrence rates following a child's second, third, fourth, and fifth maltreatment reports (PCs were excluded).

Figure 9. 60-Day Recurrence Rates Following a Second, Third, Fourth, or Fifth Maltreatment Report, PCs Excluded, 1986-2001



Examination of Figure 9 confirms that the trends for short-term recurrence rates following multiple reports are very similar to that following a first report, which is included in the figure

for comparison. The analysis also corroborates the assumption that recurrence rates increase as the number of maltreatment reports increase.

Conclusions and Recommendations

The results of the current evaluation of the impact of the Child Endangerment Risk Assessment Protocol confirm that short-term recurrence rates continue to decline in the seventh year following CERAP implementation. Analyses that examined the pattern of recurrence rates prior to CERAP implementation support the hypothesis that CERAP implementation had a positive impact on child safety. Additional tests ruled out alternative policy changes as the cause of the observed changes in recurrence, further strengthening the evidence for the impact of the CERAP. Thus, the totality of the empirical evidence that has been collected since the CERAP was implemented in 1995 suggests that this policy intervention has had a positive and enduring effect on the safety of children known to the Department.

Future evaluation should continue to examine the effectiveness of the CERAP by employing more advanced statistical techniques (such as logistical regression or survival analysis) to examine the impact of multiple factors (including CERAP implementation) on recurrence rates. In addition to analyses using the DCFS administrative database, smaller studies using case record reviews can further illuminate the reliability and validity of the CERAP.