ILLINOIS CHILD ENDANGERMENT RISK ASSESSMENT PROTOCOL:
FY08 ANNUAL EVALUATION

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CHILDREN AND FAMILY RESEARCH CENTER

PREPARED FOR:
ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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Executive Summary

Recent concerns related to Illinois' failure to meet the national standard for maltreatment recurrence in the federal Child and Family Service Review (CFSR) have prompted some to question the utility of the safety assessment protocol (the CERAP) that has been in use in Illinois since 1995. By changing the safety outcome examined in the current CERAP evaluation to match that used in the federal CFSR (i.e., 6-month maltreatment recurrence rather than the 60-day recurrence used in previous reports), we can begin to examine the relationship between CERAP use in the field, other child protective services practices, and maltreatment recurrence. The current evaluation attempted to provide useful information for the Department's efforts of reform in this area by answering the following questions:

1. Does maltreatment recurrence as defined in the CFSR vary by region in Illinois?
2. If so, can regional differences in investigation practices be identified as possible points of policy reform?
3. Are these regional differences in practice related in a reliable way to maltreatment recurrence?

Regional Differences in Maltreatment Recurrence

- There are large regional differences in maltreatment recurrence, with rates in the Cook regions consistently meeting the national standard for maltreatment recurrence of 6.1%. Recurrence rates in the Central and Southern regions are well above (i.e., fail to meet) the national standard. Rates in the Northern regions were slightly above the standard until 2007, when they met the standard for the first time.

Regional Differences in Investigation Practice

- *Use of protective custody (PC):* Across the state, investigators take approximately 13-14% of indicated children into protective custody (PC). Until recently, investigators in Cook region took a bigger portion of children into PC (between 18-20%) although these numbers have dropped in recent years. Rates in PC in the Northern region are the lowest in the state (8-9%).
- *Timeliness of investigation completion:* Most investigations should be completed in a timely manner (i.e., within 60 days). The portion of investigations completed after 60 days has dropped from 14% in 2003 to 11% in 2007 for the state. Much larger portions

of investigations are completed after 60 days in both the Southern region and Cook Central region..

- When using the CERAP safety assessment, the investigator must make the determination that the children in the family are "safe" or "unsafe." Among indicated investigation cases in Illinois, the portion of cases determined to be unsafe has dropped from 27% in 2003 to 21% in 2007. When regional differences are examined, a much larger portion of indicated investigations in Cook Central and Cook South receive a safety determination of "unsafe" during the initial safety assessment.
- Although investigated cases with a CERAP safety determination of "unsafe" should received additional safety assessment at the conclusion of the investigation, less than 18% of investigations statewide did in 2007. Compliance with this policy was highest in Cook South region (37% in 2007) and above average in Cook Central as well (21%).

Regional Differences in Practice and 6-Month Maltreatment Recurrence

- Recurrence rates differed significantly between cases taken into protective custody (3%) and those not taken into protective custody (10-12%) in the Central and Southern regions. The high rate of recurrence among those cases *not* taken into protective custody suggests that better safety planning or other intervention is needed for these cases.
- Central and Southern region cases given a CERAP safety determination of "safe" were significantly *more* likely to experience recurrence than those determined to be "unsafe" (10-11% versus 6%, respectively). The fact that these "safe" cases experienced recurrence at rates much higher than unsafe cases suggests that investigators in these two regions may be less accurate at identifying "safe" versus "unsafe" investigation cases.
- A clear relationship exists in all regions between unsafe cases that received an additional CERAP safety assessment at the conclusion of the investigation and lower maltreatment recurrence.

Conclusions

Maltreatment recurrence rates, in general, are lower in the Cook regions than in either the Central and Southern regions (rates in the Northern region fall in the middle). Since the safety assessment protocol (the CERAP) used to assess child safety is the same throughout the state, these regional differences in child safety must be due to other factors. Although the results of the current study are merely descriptive rather than explanatory, they *suggest* that investigators in Cook may be more adept at correctly identifying those households that are "unsafe," and taking effective action – either through the development of a safety plan or the use of PC – to prevent additional maltreatment. They are also more consistent at completing additional safety assessment at the conclusion of the investigation, which has been consistently linked to lower maltreatment recurrence rates.

Illinois Child Endangerment Risk Assessment Protocol:

FY08 Annual Evaluation

Background and Introduction

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, which 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.

Over the following 15 months, 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% had been successfully certified.

Evaluating Child Safety in Illinois

Previous 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 protocol." 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.

These evaluations tracked child safety as it was defined in CERAP policy, 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 defined child safety in terms of the occurrence (i.e., recurrence) of an indicated report of moderate to severe maltreatment[1] 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)

1 DCFS 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.

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 these decreases in recurrence were not attributed directly to the CERAP, children were safer in the years following CERAP implementation than they were in the years immediately preceding it.

Recent Developments in Child Safety in Illinois

On January 25, 2000, the U.S. Department of Health and Human Services (HHS) published a final rule in the *Federal Register* establishing a new approach to monitoring state child welfare programs, known as the Child and Family Service Reviews (CFSRs). Under the rule, which became effective March 25, 2000, states are assessed for substantial conformity with federal requirements for child safety, permanence, and well-being. National outcome measures were established so that each state was assessed in a standardized manner, and national standards were set to determine a state's substantial conformity. States found to be not in substantial conformity on any of the national standards are required to develop and implement Program Improvement Plans (PIPs) addressing each area of nonconformity. States that do not achieve the required improvements outlined in the PIP sustain financial penalties as prescribed in the federal regulations.

Two indicators of child safety were established in the federal rule: recurrence of maltreatment and incidence of child maltreatment in foster care.[2] To measure maltreatment recurrence, states were required to answer the following question: Of all children who were victims of substantiated or indicated abuse or neglect during the first six months of the reporting year, what percent did not experience another incident of substantiated or indicated abuse or neglect within a 6-month period? For the first round of CFSRs, the national standard for this measure was set at 6.1%.

With a maltreatment recurrence rate of 10.1% in 2001, Illinois failed to meet the national standard for this indicator in its first CFSR. Later resubmissions using more current NCANDS data placed Illinois' recurrence rate at 7.5% in 2002 and 2003, which still failed to meet the

[2] Since maltreatment recurrence is the outcome measure most closely related to the CERAP, only this CFSR safety outcome is discussed in the current report.

national standard of 6.1%.[3] In the Illinois Program Improvement Plan (PIP), submitted to DHHS in November 2004, the Department outlined several action steps that would be taken to improve the maltreatment recurrence rate, including:

- implement mechanisms to capture and analyze accurate data/information on repeat maltreatment cases in order to better inform practices within the Division of Child Protection,
- implement mechanisms to strengthen the hotline to support timely response to calls, and
- strengthen Family-Centered Services (FCS) in an effort to support intact families and reduce the risk of repeat maltreatment.[4]

The Department also set a PIP goal for recurrence of maltreatment of 6.6%, to be met at the end of two years following the PIP submission. If this goal was met, Illinois would avoid receiving financial penalties for failing to substantially conform to the national standard. No official ruling on financial penalties related to the safety indicators has been made to date, but recent data suggests that Illinois has not met its PIP goal of 6.6% (or less) 6-month maltreatment recurrence. If true, financial penalties will be accrued from the date of the last CFSR assessment in September 2003, and will remain in effect until Illinois meets the new national standards for the upcoming second round of CFSRs.[5]

Later modifications of the Illinois PIP removed the action step involving Family-Centered Services and added steps related to the formation of a safety workgroup. In 2005, this safety workgroup began to review the current CERAP assessment process and make suggestions for improvement and revisions. Technical assistance from the National Resource Center on Child Maltreatment (Action for Child Protection) was requested, and included a policy and training review, focus groups with approximately 85 participants, and case reviews of approximately 235 files.[6] Based on this information, the technical advisors identified several areas of concern related to safety assessment:

- conceptual confusion regarding risk versus safety
- conceptual confusion regarding intervention versus management

[3] U.S. Department of Health and Human Services. *Child Welfare Outcomes 2003: Safety, Permanency, and Well-Being.*
[4] See Illinois Child and Family Service Review Program Improvement Plan Matrix
[5] New national standards were calculated for the second round of CFSRs based on states' performance during round one. These new standards were published in the *Federal Register* on June 7, 2006. The new standard for maltreatment recurrence was set at 5.4% or lower.
[6] From Safety Assessment Workgroup presentation to the CERAP statewide advisory committee (January 16, 2008)

- poor assessment of caregiver protective capacities
- unclear rationale between collected information and decision-making
- no integrated process with progressive toward intervention objectives
- lack of understanding of relationship between safety intervention to intervention mainstream
- instruments were completed but impact on decision-making unclear
- safety data collection unfocused and imprecise
- safety plans were limited in scope and not tailored to specific threats

Based on these concerns, the safety workgroup recommended several points of system change related to safety assessment:

- strengthen conceptual framework
- structure decision-making process
- expand intervention system
- define information standards
- link safety plans with safety outcomes

The workgroup, with the assistance of the technical advisors, built on the strengths of current CERAP process to develop a new, enhanced model of safety assessment. This enhanced CERAP model was tested by four investigation teams in the field, although the results of the field test were not made available to the CERAP advisory committee. The current implementation status of the revised CERAP assessment model is unknown.

On January 16, 2008, Gailyn Thomas (former Deputy Director of Child Protection) and members of her staff made a 1 ½ hour presentation to the CERAP Advisory Committee that outlined the revised CERAP model. After an admittedly cursory review, the CERAP Advisory committee agreed on the following:[7]

- The workgroup had done a wonderful job of explicating the complexity of making safety assessments.
- There was no empirical basis for their proposed revisions to the current system.
- While their thinking was comprehensive, the proposed changes were likely well beyond the capabilities of the workforce to implement.

[7] These opinions are those of the CERAP Advisory Committee and do not necessarily reflect those of the DCFS Division of Child Protection.

- If the outcome of improved safety (decrease in reoccurrence of abuse) was the desired outcome, there may be some short-term actions which would result in much speedier results. Here the committee referred to the findings of the likelihood of re-injury being very low in those cases which had follow-up CERAP assessment compliance. Identifying workers / units / regions that had poor compliance with follow-up assessment of those children determined to be unsafe but left at home should improve safety without the necessity of revising the entire process and retraining the entire workforce in the public and private sectors.
- Much of the work of the safety group might be seen as a refinement of the operational definitions of factors which should be considered under the current protocol. The committee has emphasized in its reports to the legislature that research into which safety plans work under what conditions needs to be done. This might constitute the "low hanging fruit" of the workgroup's labors which could be tested in the coming year.

To summarize these recent developments, Illinois failed to meet the national standard (6.1%) for repeat maltreatment in the first CFSR and was therefore required to develop a Program Improvement Plan that listed specific action steps designed to meet a state-specific PIP goal of 6.3%. Recent statewide data suggests that Illinois has not met this PIP goal, and will therefore receive both retroactive and prospective financial penalties. As part of the PIP, a safety workgroup was formed, and an enhanced CERAP safety assessment model was developed and piloted in 4 DCFS investigation teams. However, the CERAP Advisory Committee has expressed concerns with the revised CERAP model, chief among them that it seems unnecessarily complex and is not related to any of the past research related to the CERAP.

FY08 CERAP Evaluation Plan and Research Questions

In the past, the annual CERAP evaluation and the CFSR monitoring have occurred independently. Although both processes monitor safety outcomes, the intended *purpose* of these monitoring activities is quite different. The annual CERAP evaluations have the stated purpose of "examining the reliability or validity of the protocol" – and have therefore been designed to answer questions related specifically to *CERAP implementation* and its relationship to child

safety. The evaluation strategies, definitions of child safety, and study samples have all been chosen to provide the clearest possible answer to the research question being asked: Is CERAP use related to child safety? The CFSR process, on the other hand, is related to quality improvement. It seeks to determine if the Illinois child welfare system meets or exceeds certain pre-determined performance standards. Sample definitions and definitions of child safety were determined by the type of data states submit to DHHS (i.e., NCANDS submissions).

There has been some recent concern that while the annual CERAP evaluations have "consistently shown that it has significantly lowered risk to children, federal evaluations have consistently found that Illinois has failed to reach an acceptable rate for recurrence of abuse of children….The failure to comply with the Federal standard and the problems found in OIG death reports are at odds with the Department's internal CERAP evaluations which suggest that the Department was doing a superlative job of reducing maltreatment recurrence."[8] Since the purpose of the CERAP evaluations has never been to examine the federal maltreatment recurrence outcome, it is entirely possible that recurrence rates in Illinois have *both* fallen dramatically in the past decade (according to the CERAP definition) and still not meet the federal standard. These two outcomes are not mutually exclusive.

However, by *changing* the safety outcome examined in the CERAP evaluation to match that used in the federal CFSR (i.e., 6-month recurrence), we can begin to examine the relationship between CERAP use in the field, other investigation practices, and maltreatment recurrence as defined by the CFSR. The results of these analyses may provide valuable information as the state strives to meet the new national standards. Recent work by the Children and Family Research Center suggests large regional differences in many of the outcomes measured by the CFSR, including maltreatment recurrence.[9] Since the same safety assessment protocol (i.e., the CERAP) is used in each region of the state, it seems unlikely that the CERAP protocol *in and of itself* is responsible for the state's failure to meet the national standard for maltreatment recurrence. However, it is possible that regional differences in CERAP use, or other regional differences in investigation practice, are related to the regional differences in maltreatment recurrence. Of course, there are numerous other differences between DCFS regions, such as child and family socio-demographics (e.g., poverty), rural-urban

[8] DCFS Office of the Inspector General, Interim CERAP report, June 29, 2007.
[9] See *Condition of Children in or at Risk of Foster Care in Illinois: An Assessment of Their Safety, Stability, Continuity, Permanence, and Well-Being* (2006). Available at: http://cfrcwww.social.uiuc.edu

differences, and service availability, which are likely to be related to maltreatment recurrence. Examining the combined contributions of these types of variables, along with differences in investigation practice, would provide the most comprehensive picture of maltreatment recurrence in Illinois. Although the current analyses are limited to variables included in DCFS administrative data, they may begin to illuminate why some regions of the state are meeting the national standard for maltreatment recurrence while others are not.

This report will use available data to answer the following questions:

1. Are there regional differences in 6-month maltreatment recurrence, **as defined in the CFSR?**
2. Are there regional differences in investigation practice in the:
   a. proportion of protective custodies that are taken during the investigations?
   b. timeliness of investigation completions?
   c. proportion of cases determined to be unsafe during CERAP assessment?
   d. percentage of "unsafe" households that receive additional CERAP assessment?
3. If regional differences in investigation practice exist, are they related to differences in 6-month maltreatment recurrence rates?

Sample and Definitions Used in the Current Analyses

The definition of maltreatment recurrence used in the CFSR, i.e., of all children who were victims of substantiated or indicated abuse or neglect during the first six months of the reporting year, the percent that experience another incident of substantiated or indicated abuse or neglect within a 6-month period, differs in a number of important ways from the definition that has been used in each of the previous CERAP evaluations, *so the results of the current evaluation will not be comparable to those of previous evaluations*:

- Previous reports have examined recurrence within 60 days, while the CFSR definition tracks recurrence through 6 months.
- The CFSR definition examines recurrence among the population of *substantiated or indicated* children, while previous evaluations looked at recurrence among all investigated children, regardless of the investigation findings.

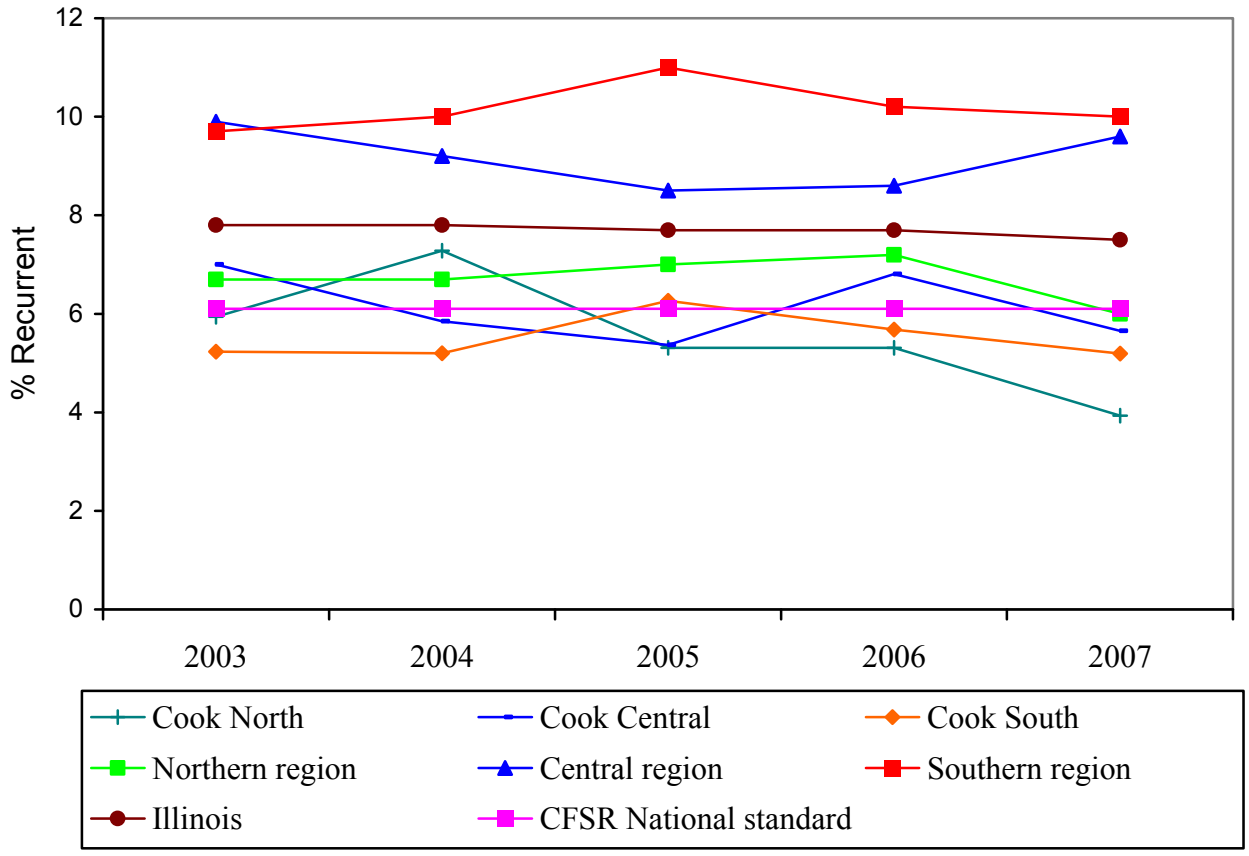
- Previous reports excluded children taken into protective custody from the sample, while the current definition of maltreatment recurrence does not.
- Previous reports focused on maltreatment recurrence among households reported for the first time (called Sequence A reports); the current analyses include all children with an indicated report in a given year regardless of prior report history.

Although the current evaluation duplicates the maltreatment recurrence measure used in the CFSR as closely as possible, differences exist that will lead to slight differences in the recurrence rates reported here when compared to those reported in federal monitoring reports. Federal outcomes are computed on the NCANDS and AFCARS submissions that states send to the US DHHS. These data submissions consist of yearly cross-sectional "snapshots" of the children investigated and in foster care. The cross-sectional nature of these submissions makes it difficult to track children across years, which is why the CFSR recurrence measure is based on a 6 month sample of children tracked for the subsequent 6 months. The DCFS integrated database contains longitudinal data – which allows us to track outcomes across multiple years and is a much better alternative than a series of cross-sectional cuts. Thus, instead of breaking each year into two 6-month sections, the current analyses examine all children with indicated maltreatment for a full year and tracks maltreatment recurrence in the subsequent 6 months following the initial indicated report.

Six-Month Maltreatment Recurrence – Regional Analysis

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 also included in Appendix Table 1. Recurrence rates for Illinois as a whole remained constant at about 7.7% from 2003 to 2006, then dropping slightly to 7.4% in 2007, which is well above the national standard of 6.1%. However**, very large regional differences in recurrence rates exist**: with rates in the Cook regions much lower than those in the Central and Southern regions. For example in fiscal year 2007, the rate of recurrence in the three Cook regions was under 6%, followed fairly closely by the Northern region (6%), with rates in Central and Southern regions closer to 10%. As shown in Figure 1, in FY2007 the three Cook regions and the Northern region met the national standard for repeated maltreatment of 6.1% or lower, while the Central and Southern regions were much higher than the standard.

Figure 1. 6-Month Maltreatment Recurrence by Region



Regional Differences in Investigation Practice

Use of Protective Custody

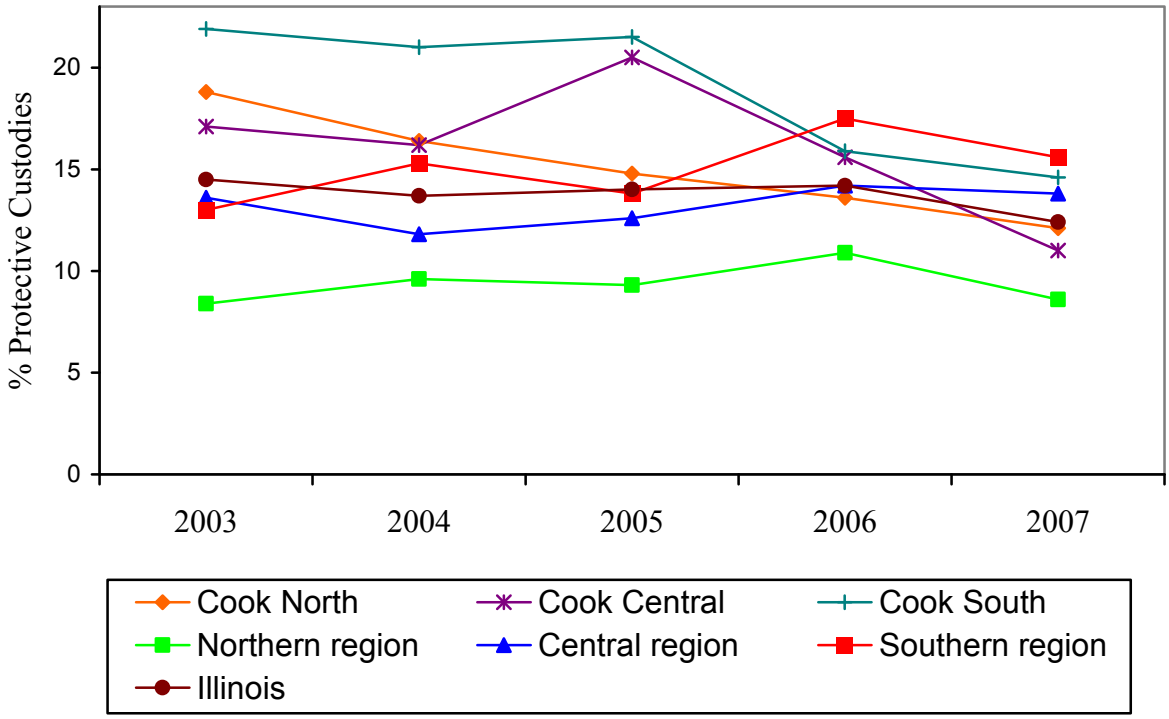
Child Protective Services (CPS) workers, along with law enforcement officers and physicians, are the only persons authorized to take protective custody (PC) of a child under the authority of the Abused and Neglected Child Reporting Act (ANCRA). Furthermore, only a child who has been alleged to have been abused or neglected, and about whom the Department has received a report, may be taken into PC under the authority of ANCRA. According to DCFS Procedures Section 300.80 (p. 1), the investigation worker who contemplates taking a child into PC must have evaluated the services available to the family and must have reason to believe that:

- Leaving the child in the home or in the care and custody of the child's caretaker presents an imminent danger to the child's life or health even if services are provided to the family;
- There is insufficient time to obtain a juvenile court order authorizing PC; and
- The alleged perpetrator cannot be removed and/or the non-offending caretaker is not cooperative, unable/unwilling to protect the child, and/or has limited parenting knowledge.

The investigative worker shall have decided that in-home services would not sufficiently protect the child from life-threatening or severe physical injury before considering PC for the child.

Figure 2 shows the proportion of indicated children taken into protective custody in response to the first indicated report for the fiscal year (also see Appendix Table 2 for more information). For Illinois as a whole, the percentage has remained fairly constant at 14% for the past five years. The Central and Southern regions mirror this trend pretty closely – with slight fluctuations from year to year averaging around 14%. Rates of protective custody in the Northern region are the lowest in the State, fluctuating around 9-10%. For FY2003 to 2005 rates of PC in the Cook regions were higher than those in the rest of the state, but have dropped fairly dramatically in FY2006 and 2007, and are now similar to those in other regions.

Figure 2. % Children Taken into Protective Custodies from Indicated Investigations by Region



Timeliness of Investigation Completion

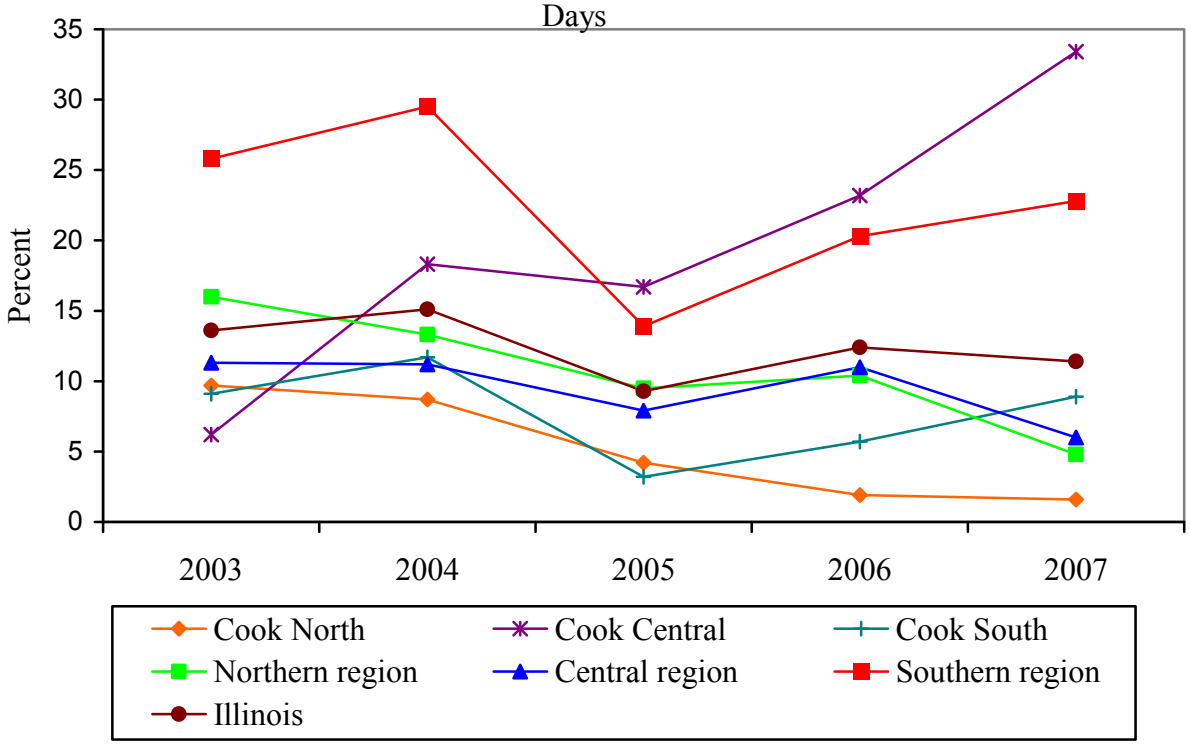
According to DCFS Procedures 300 (Section 300.60, p.1), a final determination for a formal investigation must be made within 60 days of the date the report was received at the State Central Register. However, if the investigative worker is unable to make a finding (indicated or unfounded) within 60 calendar days of the receipt of the report, they may submit a request to the Child Protection Manager for a 30-day extension of the investigation. Good cause for extending the investigation past 60 days may include, but is not limited to the following reasons:

- State's attorneys or law enforcement officials have requested that the Department delay making a determination due to a pending criminal investigation
- Medical or autopsy reports needed to make a determination are still pending after the initial 60-day period

- Report involves an out-of-state investigation and the delay is beyond the Department's control
- Multiple alleged perpetrators or victims are involved necessitating more time in gathering evidence and conducting interviews.

Appendix Table 3 displays the proportion of indicated investigations completed within 30 days, between 31 and 60 days, and 60 days or more, both for the state as a whole and by region. For simplicity, Figure 3 displays only the percentage of indicated investigations completed after 60 days. For the state as a whole, this percentage has gone done from 14% in 2003 to 11% in 2007. The portion of investigation completed after 60 days are much higher in the Southern region and Cook Central region than in other regions.

Figure 3. Percentage of Indicated Child Investigations Completed After 60 Days



CERAP Safety Determinations

The first step in a CERAP assessment is the "safety factor identification." The safety factors are a list of behaviors or conditions that may be associated with a child being in immediate danger of moderate to severe harm:

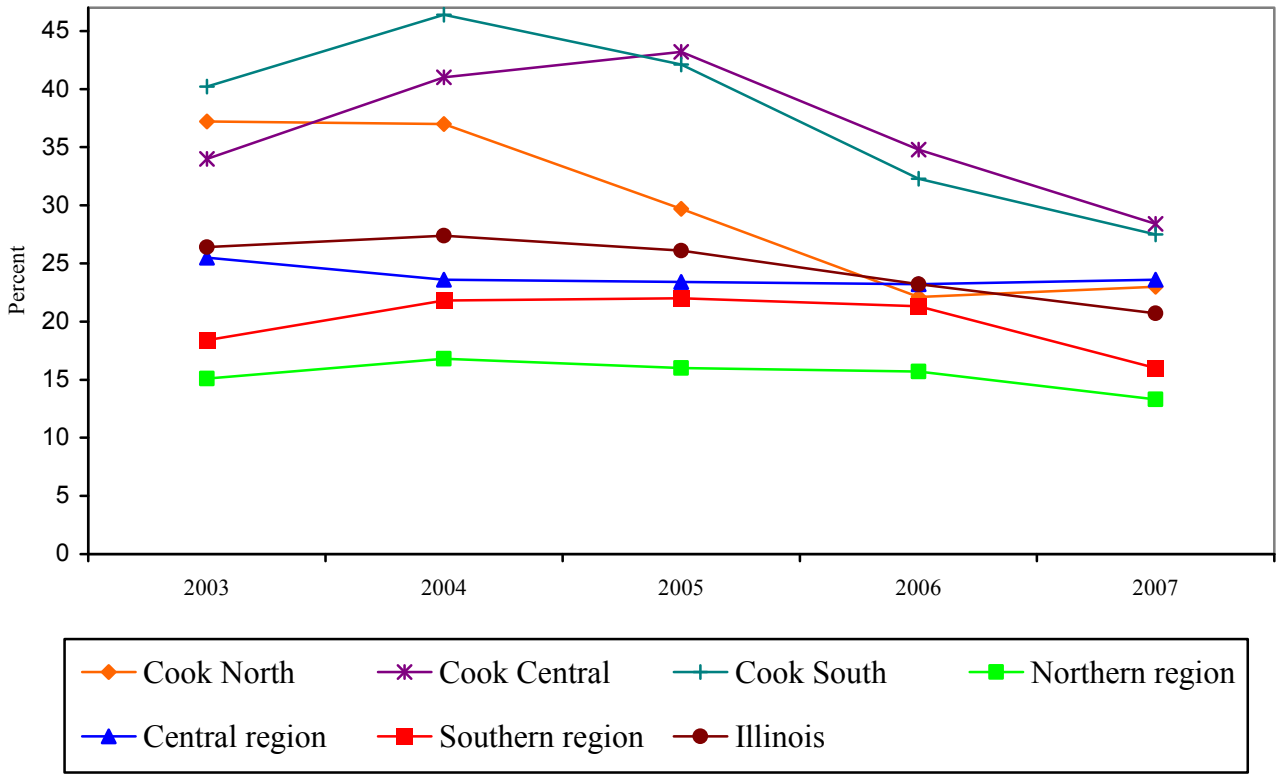
- Any member of the household's behavior is violent and out of control.
- Any member of the household describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations.
- There is reasonable cause to suspect that a member of the household caused moderate to severe harm or has made a plausible threat of moderate to severe harm to the child.
- There is reason to believe that the family is about to flee or refuse access to the child, and/or the child's whereabouts cannot be ascertained.
- Caretaker has not, or is unable to provide sufficient supervision to protect child from potentially moderate to severe harm.
- Caretaker has not, or is unable to meet the child's medical care need that may results in moderate to severe health problems if left untreated.
- Any member of the household has previously or may have previously abuse or neglected a child, and the severity of the maltreatment, or the caretaker's or other adult's response to the prior incident, suggests that child safety may be an urgent and immediate concern.
- Child is fearful of people living in or frequenting the home.
- Caretaker has not, or is unable to meet the child's immediate needs for food, clothing, and/or shelter; the child's physical living conditions are hazardous and may cause moderate to severe harm.
- Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.
- Any member of the household's alleged or observed drug or alcohol, use may seriously affect his/her ability to supervise, protect or care for the child.
- Any member of the household's alleged or observed mental illness or developmental disability use may seriously affect his/her ability to supervise, protect or care for the child.

- The presence of domestic violence affects caretaker's ability to care for and/or protect child from immediate moderate to severe harm.
- A paramour is the alleged or indicated perpetrator of physical abuse.

For each safety factor checked "yes," the investigation worker must then describe any family strengths or mitigating circumstances which may serve to control or manage the safety factors. Based on the assessment of all safety factors and any other information that is known about the case, the investigator categorizes the household as either "safe" or "unsafe."

The percentage of initially indicated children rated as "unsafe" on the CERAP safety determination form has decreased for the state as a whole – from 27% in 2004 to around 21% in 2007 (see Appendix Table 4 and Figure 4). Large regional differences exist – the percentage of indicated children rated unsafe in the Cook Central and Cook South regions have been consistently higher than in other regions – over twice as high at the percentage in the Northern region. In general, rates of unsafe CERAP determinations have been declining over the past 5 years for all regions except the Central region.

Figure 4. Percentage of Indicated Children Assessed as "Unsafe"



Additional Safety Assessment in Unsafe Investigation Cases

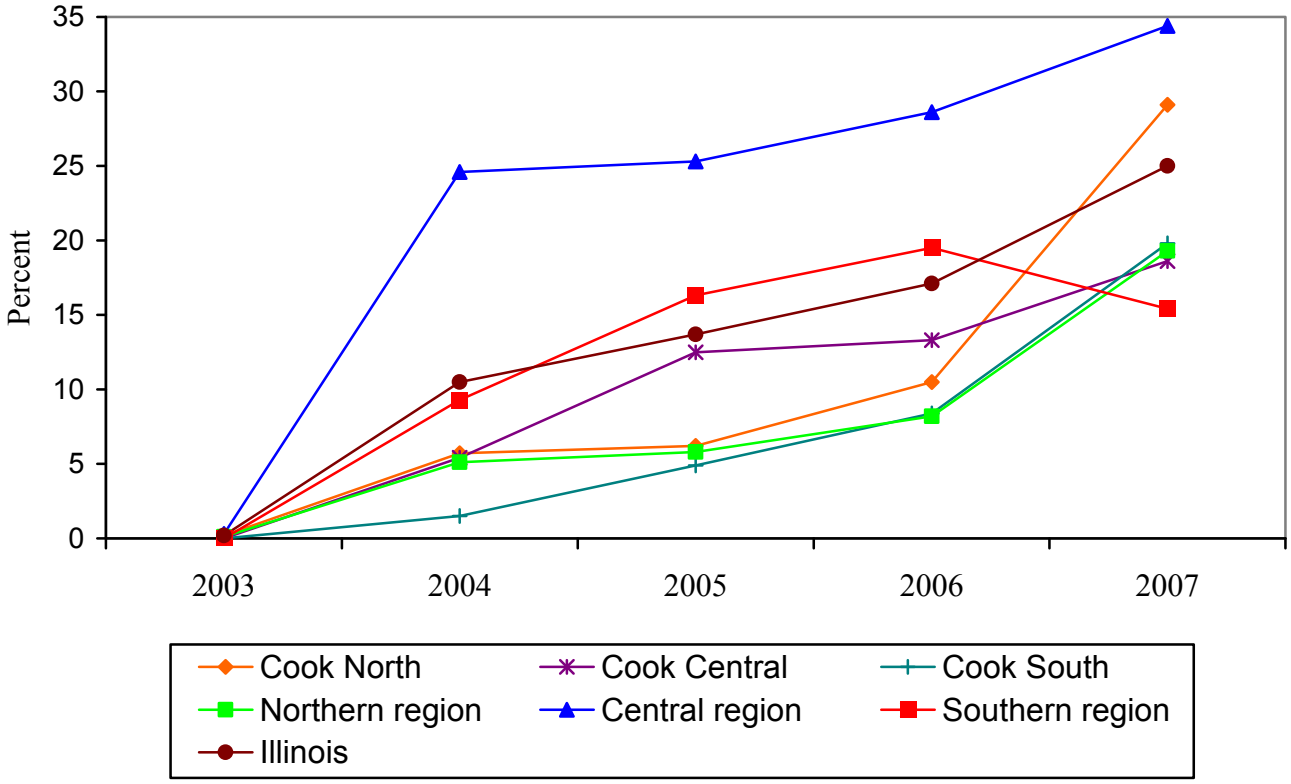
According to DCFS policy, during an investigation the first CERAP assessment should first be completed "within 24 hours after the investigator first sees the alleged child victims" (see Procedures 300, Appendix G, page 3). Additional CERAP assessments should be completed during the investigation if and when any of the following milestones occur: 1) whenever evidence or circumstance suggest that a child's safety may be in jeopardy, 2) every 5 working days following the determination that any child in the family is unsafe and a safety plan is implemented,[10] 3) at the conclusion of the formal investigation, unless a service case is opened (this provision may be waived by the supervisor if the initial safety assessment was marked safe and no more than 30 days have elapsed since it was completed), and 4) at CWS intake within 24 hours of seeing the children. Therefore, each investigation case can have anywhere from one to several CERAP assessments that are completed over the life of the investigation case, and the number will vary depending on whether the case was determined to be safe or unsafe, whether more than one investigator assesses the household, whether circumstances in the household change, the length of time needed to complete the investigation, and whether a child welfare service case is opened.

Several actions must occur when an investigator determines that a household is "unsafe." 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. Since 2003, all investigation cases marked as "unsafe" have had a safety plan included in their CERAP assessment. In addition to a safety plan, DCFS policy states that 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. These additional assessments must continue every 5 days 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).

[10] If the new safety assessment determination is that the child or children remain unsafe and the safety plan will continue, the worker must make a notation in Part B1 of the CFS 1441 (CERAP Safety Determination form) documenting the reason or reasons why the safety plan should remain in effect (DCFS Procedures 300, Appendix G, p. 15).

Figure 5 displays the regional differences over time for the percentage of unsafe cases with an additional CERAP assessment for the milestone "every 5 working days following the determination that any child in the family is unsafe and a safety plan is implemented" (also see Appendix Table 5). Compliance with this requirement has been increasing for the state as a whole, climbing from 0% in 2003 to 25% in 2007. Large regional differences in compliance exist, with the highest rates of compliance occurring in the Central region.

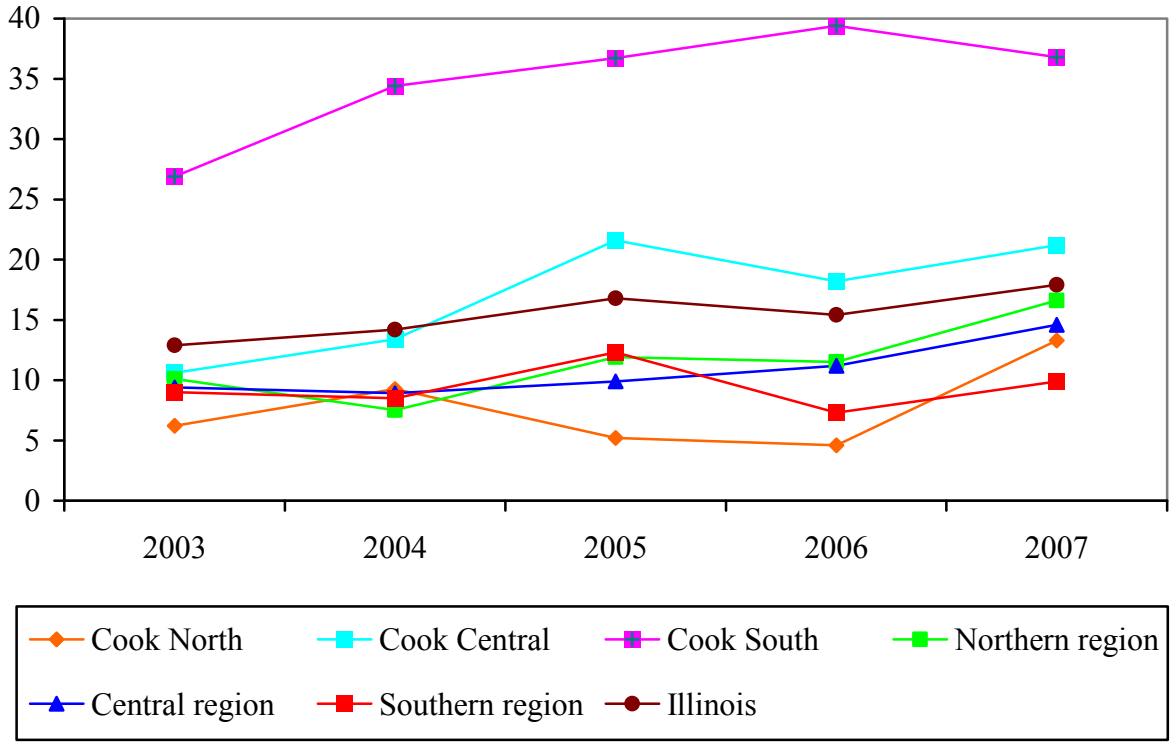
Figure 5. Percentage of Unsafe Indicated Children with additional CERAP assessment every 5 days following the determination that any child is unsafe



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" (unlike cases in which the initial safety assessment was marked "safe," which can waive the assessment for this milestone if no more than 30 days have elapsed since the initial assessment and supervisor approves). Figure 6 displays the regional differences over time for the percentage of unsafe cases with an additional CERAP assessment at this milestone (see Appendix Table 5). Compliance with this requirement has been increasing for the state as a whole, climbing from

13% in 2003 to 18% in 2007. Large regional differences in compliance exist, with the Cook Central and Cook South regions showing the showing the highest compliance and Southern region showing the lowest.

Figure 6. Percentage of Unsafe Indicated Children with Additional CERAP assessment at the conclusion of the investigation



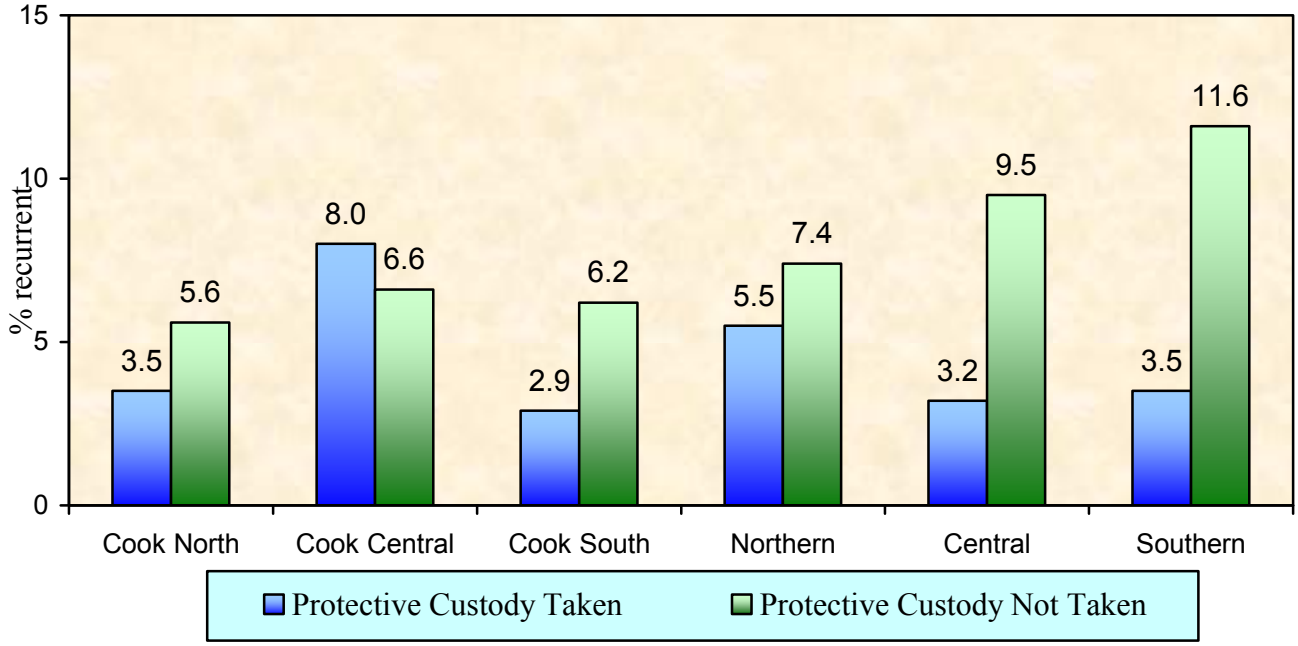
Regional Investigation Differences and 6-Month Maltreatment Recurrence

The previous sections have shown that large regional differences exist for both maltreatment recurrence as well as investigation practices such as the use of protective custody, timeliness of investigation completion, percentage of indicated investigations assessed as "unsafe," and additional CERAP assessment in unsafe cases. This section examines whether these regional practice differences are associated with differences in maltreatment recurrence. To simplify the presentation, analyses were completed for one fiscal year of data only (2006), rather than trend analyses using multiple years of data. Figures are presented in this section; the associated data tables with significance testing are located in the Appendix.

Use of Protective Custody

Figure 7 shows the differences in recurrence rates for indicated children in which PC was and was not taken for each region (see Appendix Table 6 for additional data). Rates are statistically different in the Cook South, Central and Southern regions. In these regions, cases taken into PC were significantly less likely to experience maltreatment recurrence than those not taken into PC. The pattern of differences is similar in Cook North and Northern regions, but these differences did not reached statistical significance. The pattern is reverse in Cook Central with children taken into protective custody having slightly higher rates of maltreatment recurrence without reaching statistical significance.

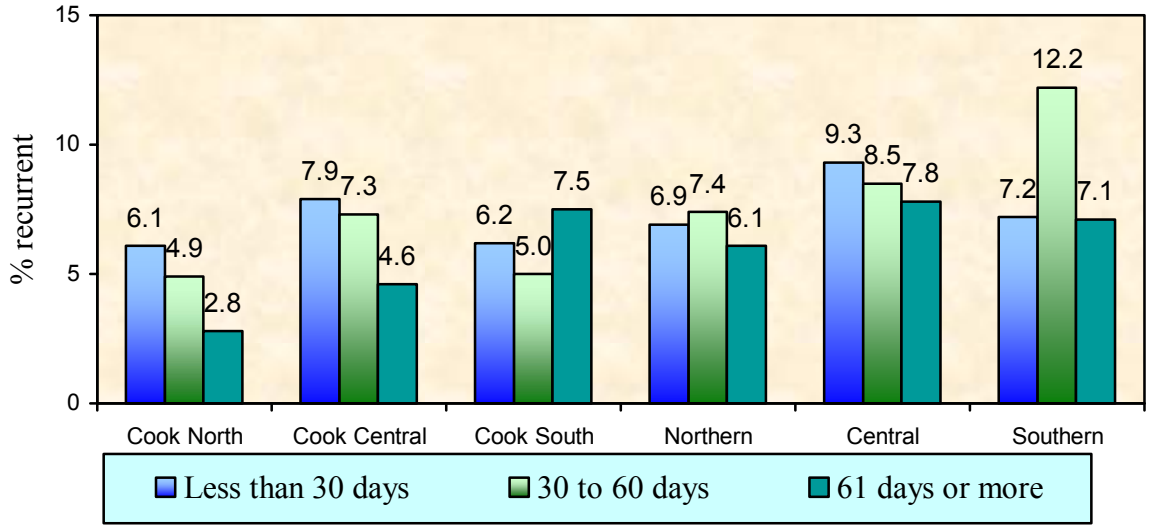
Figure 7. Protective custody and 6-month maltreatment recurrence



Timeliness of Investigation Completion

Figure 8 and Appendix Table 7 show that time to investigation completion, in general, is not related to maltreatment recurrence in a significant or consistent way.

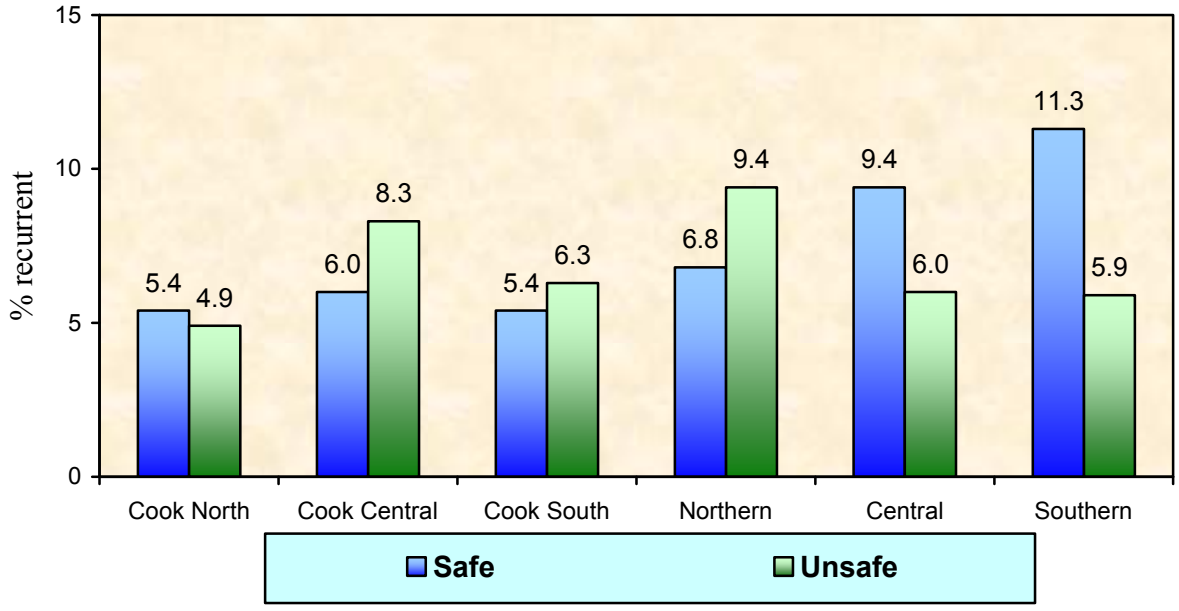
Figure 8. Time to investigation completion and 6-month maltreatment recurrence - by region



CERAP Safety Determination

The initial safety determination made during the CERAP assessment (safe versus unsafe) was significantly related to maltreatment recurrence, although the relationship varied by region. Ideally, if safety planning and monitoring is having its intended effect, there would be no differences in recurrence between cases with safe versus unsafe determinations, because safety plans would control the threats to child safety. This is true for cases in the Cook North and Cook South regions – in these two regions there was no significant difference in the recurrence rates for safe and unsafe cases (see Figure 9). Cases rated as unsafe in the Cook Central and Northern regions were significantly more likely to recur than those rated as safe. In the Central and Southern regions, cases rated as *safe* were significantly more likely to recur than those rated as unsafe, which is an interesting and counter-intuitive finding (see Appendix Table 8 for more information).

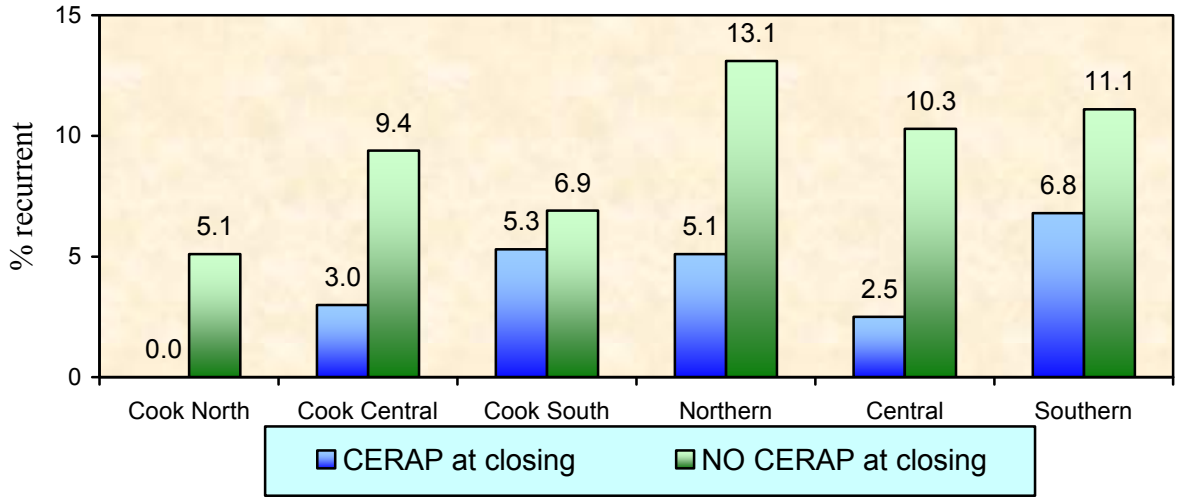
Figure 9. Safety decision and 6-month maltreatment recurrence (2006)



Additional Safety Assessment in Unsafe Cases

Although all unsafe cases should have an additional CERAP assessment at the conclusion of the investigation, earlier analyses (see Table 5 and Figure 6) indicated that less than 20% of such cases statewide do. This is unfortunate, because analyses indicate a clear and significant relationship between CERAP assessment at this milestone and lower maltreatment recurrence within 6 months (see Figure 10 and Appendix Table 9).

Figure 10. Unsafe cases with CERAP assessment at investigation closing and 6-month maltreatment recurrence (2006)



Summary and Conclusions

The regional differences in maltreatment recurrence rates shown in the current study could be the result of any number of factors – such as differences in the child welfare populations, differences in investigative practices, differences in post-investigative service availability, or a complex combination of all of these factors. Ideally, statistical tests that can account for complex relationships between numerous variables could determine the unique contribution of each of these factors so that effective system interventions could be developed and implemented. Unfortunately, information on some of these variables, such as service availability and use, is difficult and costly to obtain. Rather than give up the endeavor altogether, the current evaluation attempted to explore those variables on which data is readily available in DCFS administrative databases. Interesting or significant results can then be explored further in more sophisticated ways using additional data.

The relationships between these regional differences in practice and maltreatment recurrence are complex, but do suggest that investigators in Cook may be more adept at correctly identifying those households that are "unsafe," and taking effective action – either through the development of a safety plan or the use of PC – to prevent additional maltreatment. They are also more consistent at completing additional safety assessment at the conclusion of the investigation, which has been consistently linked to lower maltreatment recurrence rates. These results should be considered merely descriptive rather than explanatory, but do suggest that additional evaluation of these specific investigation practices could yield helpful information to guide the Department's reform efforts during the next round of CFSRs. One critical step is additional examination of the content of the safety plans developed for unsafe cases in Cook, compared to those in the rest of the state.

Appendix Tables

Table 1. 6-Month Maltreatment Recurrence

FY	Region	Children with an Indicated Report		
		Total Children	# Recurrent	% Recurrent
2003	Cook North	3,317	197	5.94
	Cook Central	1,528	107	7.00
	Cook South	3,630	190	5.23
	Northern	5,476	367	6.70
	Central	7,067	700	9.91
	Southern	3,690	359	9.73
	Illinois	24,708	1,920	7.77
2004	Cook North	2,047	149	7.28
	Cook Central	2,737	160	5.85
	Cook South	2,749	143	5.20
	Northern	5,476	369	6.74
	Central	8,002	732	9.15
	Southern	3,756	374	9.96
	Illinois	24,767	1,927	7.78
2005	Cook North	1,997	106	5.31
	Cook Central	2,549	137	5.37
	Cook South	2,701	169	6.26
	Northern	5,715	399	6.98
	Central	7,742	657	8.49
	Southern	3,923	430	10.96
	Illinois	24,627	1,898	7.71
2006	Cook North	1,863	99	5.31
	Cook Central	2,645	180	6.81
	Cook South	2,359	134	5.68
	Northern	5,668	407	7.18
	Central	7,131	615	8.62
	Southern	3,485	355	10.19
	Illinois	23,151	1,790	7.73
2007	Cook North	1,707	67	3.93
	Cook Central	2,691	152	5.65
	Cook South	2,005	104	5.19
	Northern	5,784	346	5.98
	Central	7,083	681	9.61
	Southern	3,415	340	9.96
	Illinois	22,685	1,690	7.45

Table 2. Children Taken into Protective Custody from Indicated Investigations

FY	DCFS Region	Children with an Indicated Report		
		Total Children	Number PCs Taken	% PCs Taken
2003	Cook North	3,317	624	18.81
	Cook Central	1,528	261	17.08
	Cook South	3,630	794	21.87
	Northern	5,476	457	8.35
	Central	7,067	959	13.57
	Southern	3,690	480	13.01
	Illinois	24,708	3,575	14.47
2004	Cook North	2,047	336	16.41
	Cook Central	2,737	444	16.22
	Cook South	2,749	576	20.95
	Northern	5,476	525	9.59
	Central	8,002	945	11.81
	Southern	3,756	575	15.31
	Illinois	24,767	3,401	13.73
2005	Cook North	1,997	295	14.77
	Cook Central	2,549	522	20.48
	Cook South	2,701	581	21.51
	Northern	5,715	534	9.34
	Central	7,742	974	12.58
	Southern	3,923	540	13.76
	Illinois	24,627	3,446	13.99
2006	Cook North	1,863	254	13.63
	Cook Central	2,645	413	15.61
	Cook South	2,359	375	15.90
	Northern	5,668	620	10.94
	Central	7,131	1,009	14.15
	Southern	3,485	608	17.45
	Illinois	23,151	3,279	14.16
2007	Cook North	1,707	206	12.07
	Cook Central	2,691	297	11.04
	Cook South	2,005	293	14.61
	Northern	5,784	499	8.63
	Central	7,083	974	13.75
	Southern	3,415	533	15.61
	Illinois	22,685	2,802	12.35

Table 3. Days to Investigation Completion Among Indicated Reports

FY	Region	Total Indicated Children	30 Days or Less		31-60 Days		61 Days or More	
			N	%	N	%	N	%
2003	Cook North	3,317	1,591	47.97	1,404	42.33	322	9.71
	Cook Central	1,528	893	58.44	541	35.41	94	6.15
	Cook South	3,630	1,817	50.06	1,483	40.85	330	9.09
	Northern	5,476	1,872	34.2	2,729	49.9	875	16.0
	Central	7,067	3,478	49.2	2,791	39.5	798	11.3
	Southern	3,690	1,239	33.6	1,499	40.6	952	25.8
	Illinois	24,708	10,890	44.1	10,447	42.3	3,371	13.6
2004	Cook North	2,047	932	45.53	936	45.73	179	8.74
	Cook Central	2,737	1,059	38.69	1,178	43.04	500	18.27
	Cook South	2,749	1,224	44.53	1,203	43.76	322	11.71
	Northern	5,476	1,823	33.3	2,925	53.4	728	13.3
	Central	8,002	3,642	45.5	3,468	43.3	892	11.2
	Southern	3,756	950	25.3	1,698	45.2	1,108	29.5
	Illinois	24,767	9,630	38.9	11,408	46.1	3,729	15.1
2005	Cook North	1,997	885	44.32	1,029	51.53	83	4.16
	Cook Central	2,549	911	35.74	1,212	47.55	426	16.71
	Cook South	2,701	1,484	54.94	1,130	41.84	87	3.22
	Northern	5,715	1,473	25.8	3,700	64.7	596	9.5
	Central	7,742	3,167	40.9	3,961	51.2	614	7.9
	Southern	3,923	1,021	26.0	2,355	60.0	547	13.9
	Illinois	24,627	8,941	36.31	13,387	54.4	2,299	9.4
2006	Cook North	1,863	654	35.10	1,173	62.96	36	1.93
	Cook Central	2,645	711	26.88	1,321	49.94	613	23.18
	Cook South	2,359	1,118	47.39	1,107	46.93	134	5.68
	Northern	5,668	1,002	17.7	4,078	72.0	588	10.4
	Central	7,131	1,897	26.6	4,451	62.4	783	11.0
	Southern	3,485	655	18.8	2,122	60.9	708	20.3
	Illinois	23,151	6,037	26.1	14,252	61.6	2,862	12.4
2007	Cook North	1,707	691	40.48	988	57.88	28	1.64
	Cook Central	2,691	557	20.70	1,235	45.89	899	33.41
	Cook South	2,005	748	37.31	1,079	53.82	178	8.88
	Northern	5,784	951	16.4	4,554	78.7	279	4.8
	Central	7,083	2,112	29.8	4,544	64.2	427	6.0
	Southern	3,415	497	14.6	2,138	62.6	780	22.8
	Illinois	22,685	5,556	24.5	14,538	64.1	2,591	11.4

Table 4. Indicated Investigations with Safety Assessments of "Unsafe"

FY	Region	Children with an Indicated Report		
		Total Children	Number Unsafe	% Unsafe
2003	Cook North	3,317	1,234	37.20
	Cook Central	1,528	520	34.03
	Cook South	3,630	1,460	40.22
	Northern	5,476	824	15.1
	Central	7,067	1,802	25.5
	Southern	3,690	679	18.4
	Illinois	24,708	6,520	26.4
2004	Cook North	2,047	757	36.98
	Cook Central	2,737	1,121	40.96
	Cook South	2,749	1,275	46.38
	Northern	5,476	920	16.8
	Central	8,002	1,887	23.6
	Southern	3,756	816	21.7
	Illinois	24,767	6,784	27.4
2005	Cook North	1,997	593	29.69
	Cook Central	2,549	1,100	43.15
	Cook South	2,701	1,137	42.10
	Northern	5,715	916	16.0
	Central	7,742	1,810	23.4
	Southern	3,923	863	22.0
	Illinois	24,627	6,419	26.1
2006	Cook North	1,863	411	22.06
	Cook Central	2,645	921	34.82
	Cook South	2,359	761	32.26
	Northern	5,668	888	15.7
	Central	7,131	1,654	23.2
	Southern	3,485	742	21.3
	Illinois	23,151	5,381	23.2
2007	Cook North	1,707	392	22.96
	Cook Central	2,691	765	28.43
	Cook South	2,005	551	27.48
	Northern	5,784	767	13.3
	Central	7,083	1,673	23.6
	Southern	3,415	545	16.0
	Illinois	22,685	4,693	20.7

Table 5. Additional CERAP Assessment in Indicated Children Assessed as "Unsafe"

FY	Region	Unsafe indicated cases	% with CERAP assessment "every 5 working days …"	% with CERAP assessment at conclusion of investigation
2003	Cook North	1,234	0.24	6.24
	Cook Central	520	0	10.58
	Cook South	1,460	0	26.92
	Northern	824	.12	10.1
	Central	1,802	.33	9.4
	Southern	679	0	9.0
	Illinois	6,520	.15	12.9
2004	Cook North	757	5.68	9.25
	Cook Central	1,121	5.35	13.38
	Cook South	1,275	1.49	34.43
	Northern	920	5.1	7.5
	Central	1,887	24.6	8.9
	Southern	816	9.3	8.5
	Illinois	6,784	10.5	14.2
2005	Cook North	593	6.24	5.23
	Cook Central	1,100	12.45	21.64
	Cook South	1,137	4.93	36.68
	Northern	916	5.8	11.9
	Central	1,810	25.3	10.0
	Southern	863	16.3	12.3
	Illinois	6,419	13.7	16.8
2006	Cook North	411	10.46	4.62
	Cook Central	921	13.25	18.24
	Cook South	761	8.41	39.42
	Northern	888	8.2	11.5
	Central	1,654	28.6	11.2
	Southern	742	19.5	7.3
	Illinois	5,381	17.1	15.4
2007	Cook North	392	29.08	13.27
	Cook Central	765	18.56	21.18
	Cook South	551	19.78	36.84
	Northern	767	19.3	16.6
	Central	1,673	34.4	14.6
	Southern	545	15.4	9.9
	Illinois	4,693	25.0	17.9

Table 6. Protective Custody and 6-Month Maltreatment Recurrence (2006)

n=Number of Indicated Children	PC Taken			Number Recurrent	% Recurrent
		n	%		
Cook North	No	1,609	86%	90	5.59
	Yes	254	14%	9	3.54
Cook Central	No	2,232	84%	147	6.59
	Yes	413	16%	33	7.99
Cook South	No	1,984	84%	123	6.20
	Yes	375	16%	11	2.93**
Northern	No	5,048	89%	373	7.39
	Yes	620	11%	34	5.48
Central	No	6,122	86%	583	9.52
	Yes	1,009	14%	32	3.17***
Southern	No	2,877	83%	334	11.61
	Yes	608	17%	21	3.45***

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

Table 7. Time to complete investigation and 6-month maltreatment recurrence (2006)

N=Number of Indicated Children	Time to complete Investigation			Number Recurrent	% Recurrent
		N	%		
Cook North	>=30 days	654	35%	40	6.12
	30 to 60 days	1,173	63%	58	4.94
	61+ days	36	2%	1	2.78
Cook Central	>=30 days	711	27%	56	7.88
	30 to 60 days	1,321	50%	96	7.27
	61+ days	613	23%	28	4.57*
Cook South	>=30 days	1,118	47%	69	6.17
	30 to 60 days	1,107	47%	55	4.97
	61+ days	134	6%	10	7.46
Northern	>=30 days	1,002	18%	69	6.89
	30 to 60 days	4,078	72%	302	7.41
	61+ days	588	10%	36	6.12
Central	>=30 days	1,897	27%	176	9.28
	30 to 60 days	4,451	62%	378	8.49
	61+ days	783	11%	61	7.79
Southern	>=30 days	655	19%	47	7.18
	30 to 60 days	2,122	61%	258	12.16**
	61+ days	708	20%	50	7.06

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

Table 8. CERAP safety determination and 6-month maltreatment recurrence (2006)

n=Number of Indicated Children	CERAP Safety Determination			Number Recurrent	% Recurrent
		n	%		
Cook North	Unsafe	411	22%	20	4.87
	Safe	1,452	78%	79	5.44
Cook Central	Unsafe	921	35%	76	8.25
	Safe	1,724	65%	104	6.03*
Cook South	Unsafe	761	32%	48	6.31
	Safe	1.598	68%	86	5.38
Northern	Unsafe	888	16%	83	9.35*
	Safe	4,780	84%	324	6.78
Central	Unsafe	1,654	23%	99	5.99***
	Safe	5,477	77%	516	9.42
Southern	Unsafe	742	21%	44	5.93***
	Safe	2,743	79%	311	11.34

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

Table 9. CERAP assessment in unsafe cases at investigation closing and 6-month maltreatment recurrence – by region (2006)

n=Number of Indicated Children	Assessment at Closing?			Number Recurrent	% Recurrent
		n	%		
Cook North (n=411)	No	392	95%	20	5.10
	Yes	19	5%	0	0
Cook Central (n=921)	No	753	82%	71	9.43
	Yes	168	18%	5	2.98**
Cook South (n=761)	No	461	61%	32	6.94
	Yes	300	39%	16	5.33
Northern (n=536)	No	457	85%	60	13.13
	Yes	79	15%	4	5.06*
Central (n=898)	No	735	82%	76	10.34
	Yes	163	18%	4	2.45**
Southern (n=297)	No	253	85%	28	11.07
	Yes	44	15%	3	6.82

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