
The Los Angeles County Risk Stratification Pilot: An Overview and One Year Update

August 29, 2022

PILOT OVERVIEW

Los Angeles County Risk Stratification Pilot

- After an 18-month planning period, the “[Los Angeles County Risk Stratification Pilot](#)” launched in three regional offices in August 2021: (1) Belvedere, (2) Lancaster, and (3) Santa Fe Springs.
- The pilot was oriented around a data model (i.e., “Risk Stratification Tool”) that draws upon information from the Child Welfare Services Case Management System (CWS/CMS) hosted in LA County’s Data Mart.
- Importantly, the model was not implemented as a stand-alone analytics tool. Rather, it was part of a data-informed effort designed to ensure enhanced supports for investigations where the stakes are high, while also facilitating earlier and more consistent engagement with community partners for these investigations.
- The pilot had three primary objectives:
 1. To better align and deploy supervision and management resources to ensure children are safe and families receive the services needed during a maltreatment investigation.
 2. To increase the use of information and data by supervisors to support quality casework to reduce practice errors during investigations.
 3. To improve the use of data to identify screening practices, and community reporting patterns, that may result in unnecessary investigations disproportionately burdening Black and African American families.

PILOT MONITORING

Los Angeles County Risk Stratification Pilot

During the pilot period, four monitoring activities were pursued in parallel:

1. A team at Mathematica was engaged to gather data from staff in each of the three pilot offices. Involved in the pilot since its inception, Mathematica worked with DCFS and the research team to collect and organize information about how supervisors were using the new data reports during investigations, suggestions for changes to those reports, practices they were finding useful, etc.
2. Weekly meetings were held with Regional Administrators from each office, along with members of the research team, BIS, the Office of Equity, and DCFS executive sponsors so that any technology challenges and practice questions could be documented and resolved.
3. A set of weekly management reports were developed to monitor the distribution of investigations across the pilot three offices.
4. Model features and risk scores were extracted for quality assurance checks – and outcomes for children in investigations designated as complex-risk were examined. *(The current slide deck provides an 11-month overview of data from the pilot offices – from August 2021 - June 2022.)*



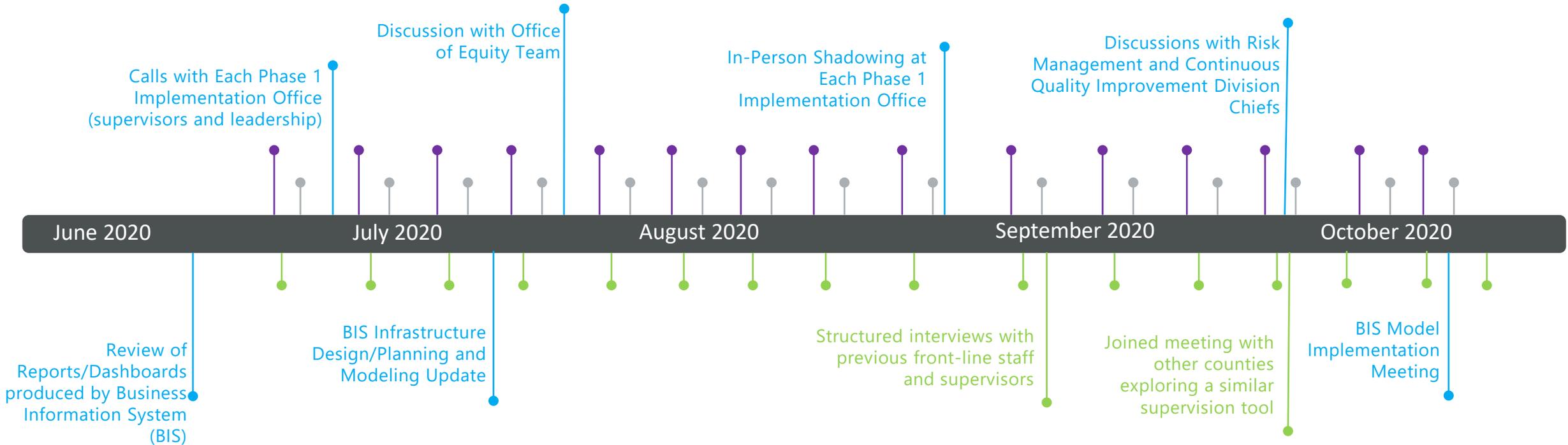
BACKGROUND BRIEF

What are the origins of this pilot project? What were the objectives?



PRE-IMPLEMENTATION PLANNING & CO-DESIGN ACTIVITIES

The first several months of the project were dedicated to internal meetings to better understand how supervisors use various reports and data to support their practice during an emergency response (ER) investigation. This allowed for co-designed solutions that would align with existing practices and policies.



ONGOING ENGAGEMENT...

Modeling and implementation decisions for the pilot emerged from various sources: (1) feedback from community members dating back more than five years; (2) the earlier ethical review commissioned by CDSS; (3) conversations and shadowing of internal LA DCFS staff; (4) meetings with the ERDD workgroup; (5) reviews of state audits and other reports identifying areas where the system continues to struggle; (6) analyses of county data that point to heightened rates of death among a subset of investigations; (7) analyses of county data suggesting that some investigations might benefit from enhanced efforts to make service connections; and (7) examinations of the short-comings of existing risk assessment tools. Examples of engagement activities that occurred during the pilot period are documented below.

External Engagement

- * SEIU Members (Feb, March, Apr, 2021; March 2022)
- * State CQI Convening (March 2021)
- * Contracted Provider Overview of Pilot (May 2021)
- * County Agency Partner Overview of Pilot (May 2021)
- * Community Town Hall (June 2021)
- * Cluster Presentation (July 2021)
- * Parent Town Hall w/Penny Lane & SPIRITT (July 2021)
- * Partner Meetings (July 2021– ongoing monthly)
(P&A, DPSS, DMH, Child Support, Dept. of Probation, DPH)
- * ERDD Discussions (Aug 2021; April 2022)
- * Children and Families Commission (Sept 2021)
- * Child Welfare Council (Sept 2021)
- * Faith Based Collaborative (Sept 2021)
- * Children and Families Commission RJC (May 2022)
- * Miscellaneous Consultations (various / ongoing)

Internal Engagement

- * Invest LA & DCFS Executive Leadership Meetings
(April, May, June, Oct, Nov 2020; Jan, Feb, March, June 2021)
- * Office of Equity Meetings (July, Aug, Sept 2020, + ongoing)
- * Supervisor Shadowing (Belvedere, Lancaster, SFS Sept 2020)
- * Meeting w/ Risk Management Division (Sept 2020; Jan 2021)
- * Meeting w/ Hotline Staff (Nov 2020, March 2022)
- * Supervisor & ARA Co-design Sessions (Oct, Nov, Dec 2020)
- * Soft-Launch Staff Training (July 2021)
- * Pilot Office RAs (weekly and then shifted to bi-weekly)
- * BIS Technical Meetings (weekly pre-launch + ongoing)
- * DCFS Planning & Implementation Meetings (bi-weekly)

HISTORICAL CONTEXT: BLUE RIBBON COMMISSION

Nationwide, child protection agencies continue to struggle with high caseloads, decades old technology and tools, and inconsistent worker and supervisory staffing (i.e., experience, training, recruitment, retention). Collectively, this leads to unevenness in the quality and completeness of investigations and practice, compromising child safety and affecting the services and experiences of families. In Los Angeles County, these challenges are no less acute.



The Road to Safety for Our Children

Final Report of the Los Angeles County
Blue Ribbon Commission on Child Protection

APRIL 18, 2014

www.blueribboncommissionla.com

- **Often the least experienced social workers are assigned to assess complicated emergency situations without sufficient resources and support. Front-end investigation failures have consistently been found to be a major systemic weakness, causing many child fatalities and serious injuries.**
- **Inadequate attention has been given to prevention services.** Currently, services typically do not begin until a child or family has contact with the child welfare system. The focus has been on DCFS decision-making and the back-end to the neglect of other important points of contact. This is far too late to keep children safe. Further, resources are overly burdened by an excessive number of referrals and investigations. Los Angeles County conducted 170,000 investigations of alleged child abuse and neglect which is far more than any other similarly sized jurisdiction.

RECENT CONTEXT: 2019 STATE AUDIT

Important changes have been made in the years since the Blue Ribbon Commission released its recommendations, including the creation of the Office of Child Protection, improvements to cross-system and enhanced community prevention partnerships, and significant investments in hiring. But reinforcing that there is still work to be done, a 2019 State Audit documented continued practice and supervision deficiencies, including systemic challenges in completing “*safety and risk assessments, on time or accurately*” (p. 1).



Los Angeles County Department of Children and Family Services

It Has Not Adequately Ensured the Health
and Safety of All Children in Its Care

May 2019

We also determined that the department’s safety and risk assessments were frequently inaccurate. For five of the 30 safety assessments we reviewed, social workers did not accurately identify or attempt to address safety threats present in the homes. In two instances, the social workers erroneously performed the safety assessments for homes and caregivers who were not the subjects of the referrals. In three other instances, social workers filled out safety assessments without actually visiting the children’s homes; nonetheless, they asserted that the homes were safe and without hazards. Similarly, of the 30 risk assessments we reviewed, 12 were inaccurate, largely because social workers failed to consider important risk factors, such as past domestic violence in the homes or results of previous department investigations. The social workers had this information available to them when performing the assessments but did not include it.

Although supervisors could have identified and corrected many of these issues upon review of the assessments, they did not do so. Further, the supervisors often completed their reviews long after the social workers had made decisions regarding the children’s safety. In fact, the department does not have policies requiring supervisors to approve assessments within specified time periods; rather, the department’s policy is that supervisors review and approve safety and risk assessments before the department closes referral investigations. Although we do not agree that this policy is sufficient, we examined whether department supervisors had complied it and found that they had not. Of the 30 safety and 30 risk assessments we reviewed, supervisors approved 12 risk assessments and five safety assessments after closing investigations. They never approved two of the assessments.

PILOT OBJECTIVES

Child protection investigators and supervisors must make high-stakes determinations that affect child safety and family unity each and every day. Good practice and good decisions (that lead to good outcomes for children and their families) require a skilled workforce equipped with information. Three primary objectives guided the development of the Risk Stratification Tool, the applications that were developed, and the practices attached to those applications.

objective #1

To better align and deploy supervision and management resources to ensure children are safe and families receive the services needed during a maltreatment investigation.

objective #2

To increase the use of information and data by supervisors to support quality casework to reduce practice errors during investigations.

objective #3

To improve the use of data to identify screening practices, and community reporting patterns, that may result in unnecessary investigations disproportionately burdening Black and African American families.

RISK STRATIFICATION TOOL

The tool was implemented to support supervisors and managers, without creating any new workload burdens and without competing with other risk or safety tools. The Risk Stratification Tool does not require any additional data entry, meaning that hundreds of factors can be systematically integrated into the model's assessment and classification of complexity. Importantly, the model can also deliver information to a supervisor at the outset of an investigation, providing them with more time to coordinate services.

01

no new data entry

02

supports data-informed practice

03

information at the outset of an investigation

← Not replacing other tools, simply making information more easily accessible to supervisors in a standardized format.

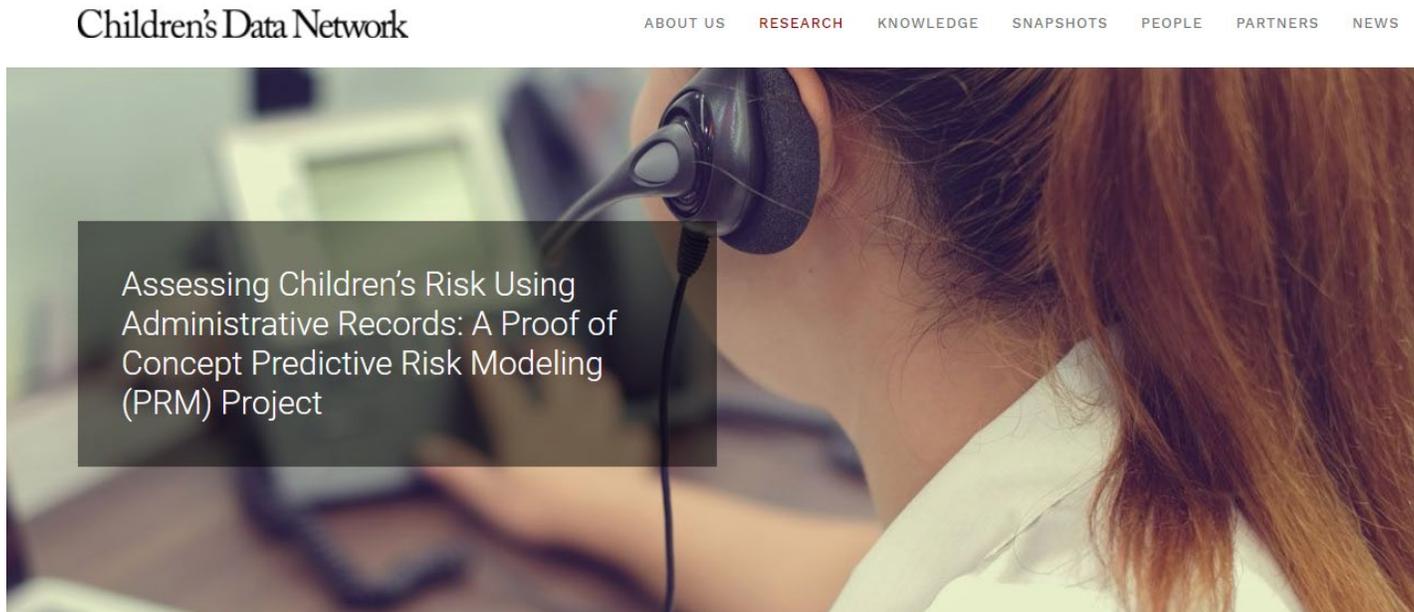


PILOT IMPLEMENTATION

← What data and information was provided to supervisors and staff during the pilot? What do those applications look like?

BUILDING FROM STATE'S PROOF-OF-CONCEPT

The Los Angeles County Risk Stratification Pilot emerged from earlier analytic work that had taken place with the California Department of Social Services (CDSS) between 2016-2018. This work included the development of a statewide model (for evaluative purposes only), a community workgroup, and an ethical review.

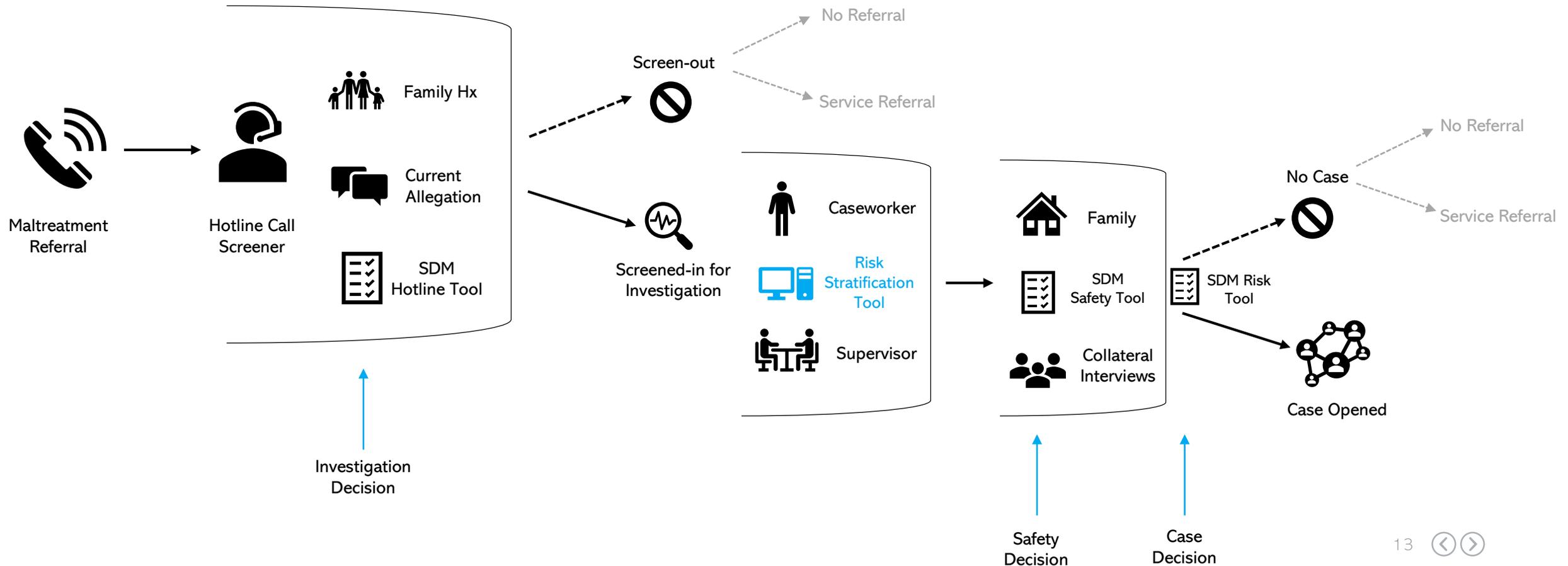


What was learned?

- ← DATA LESSONS. Records from CWS/CMS contain information that is sufficiently rich to classify significant differences in children's likelihood of future system involvement at the outset of an investigation.
- ← COMMUNITY FEEDBACK. Data from other systems should not be used to build the model. Race/ethnicity and geography should not be included in the model. The model should not be proprietary.
- ← WORKER INPUT. New tools must support existing practice and workload impacts are critical to consider. Analytic models should complement and enhance, but not replace, clinical observations, insights, and discretion.
- ← CDSS GUIDANCE. The model should not be used at any specific decision point, but a risk model might be helpful in *"identifying which children and families would most benefit from supportive services or improving management of staff assignments."*

IMPLEMENTATION DECISIONS

Based on collective feedback, several implementation decisions were made for the pilot, including the decision to introduce the model between, but not attached to, specific system decision points. As depicted, the Risk Stratification Tool is situated to support supervisors in their management of already open investigations.



DEVELOPED TO COMPLEMENT OTHER TOOLS

The Risk Stratification Model is not a replacement for, nor should it be compared to, tools that are clinical or diagnostic in nature (e.g., CANS). Likewise, it should not be compared to tools that are used to organize immediate safety information in the field (e.g., the SDM Safety Tool). Those decision-aids serve a very different purpose. It is all about having different resources that support different aspects of practice at the front-end of the system.

	Risk Stratification Model	SDM Hotline Tool	SDM Safety Tool	SDM Risk Tool
Automated algorithm (no new data entry)	✓	✗	✗	✗
Considers hundreds of fields simultaneously	✓	✗	✗	✗
Available at the outset of investigations	✓	✓	✗	✗
Constructed and validated using local data	✓	✗	✗	✗
Nonproprietary, algorithm belongs to LA DCFS	✓	✗	✗	✗
Used to make hotline screening decisions	✗	✓	✗	✗
Used to assess immediate safety concerns	✗	✓	✓	✗
Used to assess future risk of harm	✓	✗	✗	✓
Used to direct case opening or removal decisions	✗	✗	✓	✓
Required by the CDSS	✗	✓	✓	✓

ENHANCED SUPPORT

Investigations recommended for enhanced support have been identified by the Risk Stratification Tool as falling in the top 10% of all investigations for risk of future system involvement. Based on conversations with the DCFS Risk Management and others, it was additionally decided that any investigation recommended for enhanced support include at least one child 10 years of age or younger.

The Risk Stratification Tool is used to better understand differences in risk – ensuring supervisors and managers are not only responding to immediate safety concerns, but also proactively addressing conditions that may lead to future system involvement.



1 in 10

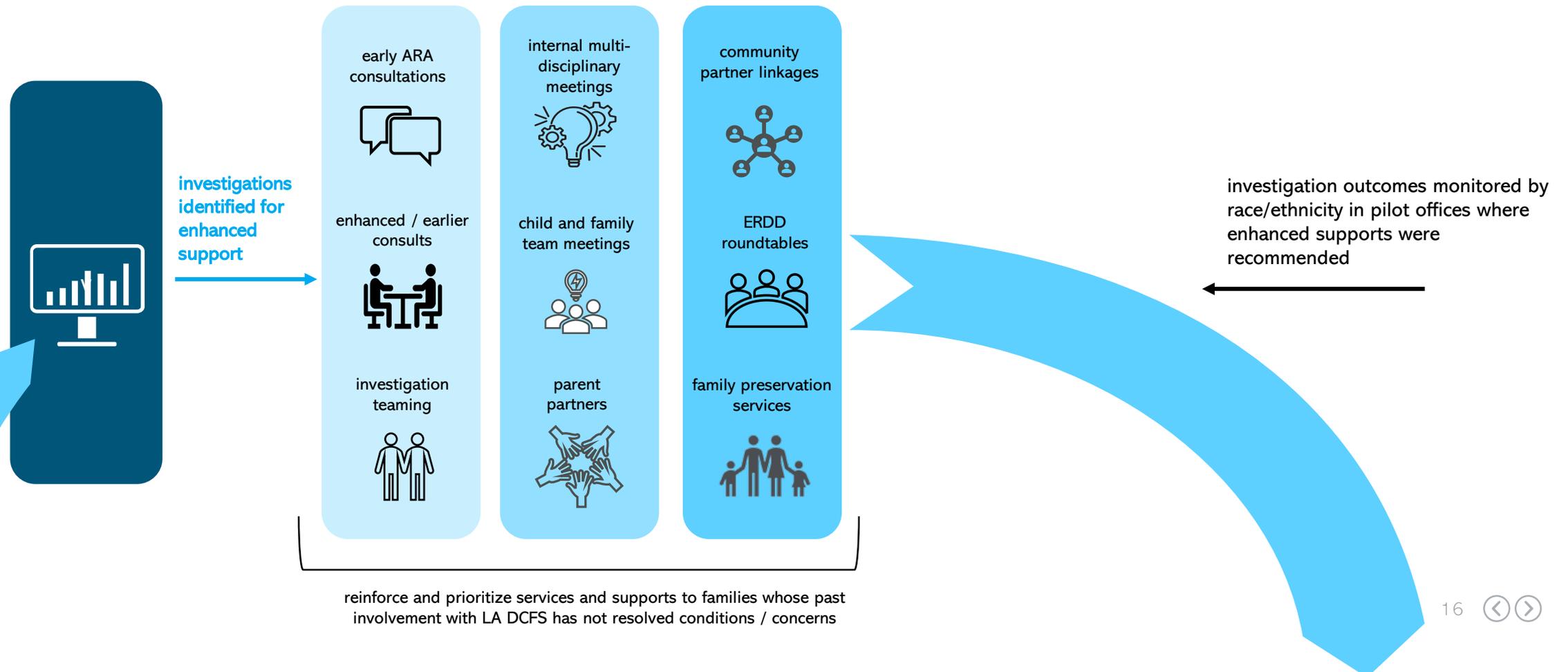
investigations
recommended
for enhanced
support

How do we best deploy workforce resources at the outset of an investigation? How do we use data to help prevent removals where possible? How do we ensure we protect children when needed?

What if we helped supervisors identify a relatively small subset of investigations that might benefit additional engagement and support?

PRACTICES FOR OPEN INVESTIGATIONS

The Risk Stratification Tool is used to identify investigations that may not have immediate safety concerns, but are at risk of future system involvement. The goal is to help supervisors ensure enhanced supports are consistently directed towards these investigations – changing the outputs so that we achieve better outcomes for children and families and prevent future involvement with LA DCFS.



Pilot Application #1

Investigations that are identified as priorities for enhanced staff and community support is communicated through an existing supervision and management report. All other data and information already being provided to supervisors stayed the same.


Los Angeles County
Department of Children
and Family Services

Select Office
All

Select SCSW
All

Select CSW
All

Open referrals by days open report

Data current as of X

To view the investigation overview, first click a referral number and then click this button

VIEW INVESTIGATION OVERVIEW

SCSW Name	CSW Name	Referral No.	Referral Name	Ref. Response Type	Referral Date	Child Name	Enhanced Support	Gender	Age	First Referral Contact Date	No. of Days	# of Completed In-Person Contacts	# of Attempted Contacts
SCSW 1	CSW 1	1111-1111-1111	Family Name 2 - 5 Day	5 Day	1/28/2021	Child Name 3		F	14	2/2/2021	28	1	1
						Child Name 4		F	12	2/2/2021	28	1	1
						Child Name 5		M	5	2/2/2021	28	1	1
						Child Name 6		M	5	2/2/2021	28	1	1
						Child Name 7		M	2	2/2/2021	28	1	1
		2222-2222-2222	Family Name 3 - 5 Day	5 Day	3/6/2021	Child Name 8		F	14		3	0	0
		3333-3333-3333	Family Name 4 - 5 Day	5 Day	2/13/2021	Child Name 10	Recommended	F	12	2/18/2021	14	1	0
Child Name 11	Recommended					M	5	2/18/2021	14	1	0		
Child Name 12	Recommended					M	5	2/18/2021	14	1	0		
Child Name 13	Recommended					M	2	2/18/2021	14	1	0		
Child Name 9	Recommended					F	14	2/18/2021	14	1	0		
		4444-4444-4444	Family Name 5 - 5 day	5 Day	2/9/2021	Child Name 14		F	6	2/12/2021	25	1	0
Child Name 15						M	5	2/12/2021	25	1	0		
Child Name 16						F	7	2/12/2021	25	1	0		
		5555-5555-5555	Family Name 6 - 5 Day	5 Day	2/16/2021	Child Name 17		M	3	2/20/2021	14	1	0
Child Name 18						F	8	2/20/2021	14	1	0		
		9999-9999-9999	Family Name 1 - IR	5 Day	3/3/2021	Child Name 2		F	4	3/3/2021	6	1	0
				Immediate	3/3/2021	Child Name 1		M	0	3/3/2021	6	2	0
CSW 2		6666-6666-6666	Family Name 7 - 5 Day	5 Day	2/3/2021	Child Name 19		F	1	2/7/2021	27	1	0
						Child Name 20		F	7	2/7/2021	27	1	0

Pilot Application #2

A subset of features coded from information used to identify investigations designated for enhanced support are presented in a new "investigation overview" report that was co-designed with LA DCFS supervisors in the pilot offices. This report is available for all open investigations in the pilot offices.

Los Angeles County Department of Children and Family Services

Click this arrow to return to the list of all referrals

Referral Number
0440-5750-3500-██████████

Enhanced Support

Select ██████████ to view data

██████████ (M, Age 6)

██████████ (M, Age 14)

Other People on Referral

██████████ (M, Age 38)

██████████ (F, Age 38)

Indicators of Risk

Referral closed as "unable to locate"

Child w/ mental health svc referral

Adult w/ maltreatment as a minor

See something on this page that's out of the ordinary or likely inaccurate? Report it and we'll take a look!

REPORT ISSUE

LA County History for Child ID - ██████████

Referrals / Allegations

● EVER
○ WITHIN THE LAST YEAR

	ALLEGATION TYPE	CURRENT REFERRAL	PRIOR (ALL)	PRIOR (SUBSTANTIATED)	PRIOR (INCONCLUSIVE)
PRIOR REFERRALS EVER			6		
	Sexual Abuse		0	0	0
	Physical Abuse		6	2	3
	Severe Neglect		1	1	0
	General Neglect		9	2	5
PRIOR SCREENED-IN REFERRALS EVER			6		
	Exploitation		0	0	0
	Emotional Abuse		4	0	2
	Caretaker Incapacity		2	2	0
	At-risk Siblings		2	1	0
	Total		24	8	10

Cases

CURRENT OPEN CASE	PRIOR OPEN CASES	LAST CASE CLOSURE DATE	LAST CASE CLOSURE REASON
No	2	2/5/2001	-

Placements

CURRENT PLACEMENT	PRIOR PLACEMENT EPISODES	LAST EPISODE END DATE	LAST EPISODE END REASON
No	2	8/18/2017	Reunified with Parent/Guardian (Court)

INVESTIGATIONS RECOMMENDED FOR ENHANCED SUPPORT

Investigations identified by the Risk Stratification Tool are unique in ways that do not lend themselves to a simple examination of any single factor. Three investigations the tool identified for enhanced supports between August 2021 – June 2022 are summarized below.

INVESTIGATION #1

- Seven children (5 boys, two girls) – ranging in age from 5 to 15
- Reported (by a family member) for general neglect, emotional abuse (which typically signifies DV), and physical abuse
- Records of developmental disabilities, special education, and psychotropic medications
- Records of previous positive toxicology at birth and prior foster care placements
- History of 10 to 20 allegations per child (combination of dispositions)
- Four children were first reported during infancy

INVESTIGATION #2

- One child (girl) age 5
- Reported for caretaker incapacity
- Hx of two previously substantiated general neglect allegations
- First reported at age 1
- Prior case opened for in-home services
- Reported by a social service provider
- Adult associated with the current allegation who has a history of substantiated allegations of physical abuse and prior foster care placements

INVESTIGATION #3

- Two children (both girls), an infant and 1 year old
- Reported for general neglect and emotional abuse (DV)
- Presence of an unrelated adult who is associated with the current allegation of maltreatment
- Prior TPR for one of the adults associated with the current allegation (numerous reports and associated placements for other children not named in this investigation)
- Missing toxicology report at birth recorded

Pilot Application #3

The Risk Stratification Tool is used to generate a list of closed investigations that meet various criteria (e.g., were at low risk of future system involvement, were not substantiated). During the pilot, these investigations were systematically reviewed by the CQI team and the Office of Equity. The goal was to document local reporting dynamics that may contribute to Black families being unnecessarily referred by the community and/or screened in for investigation by DCFS.





THE RISK STRATIFICATION TOOL

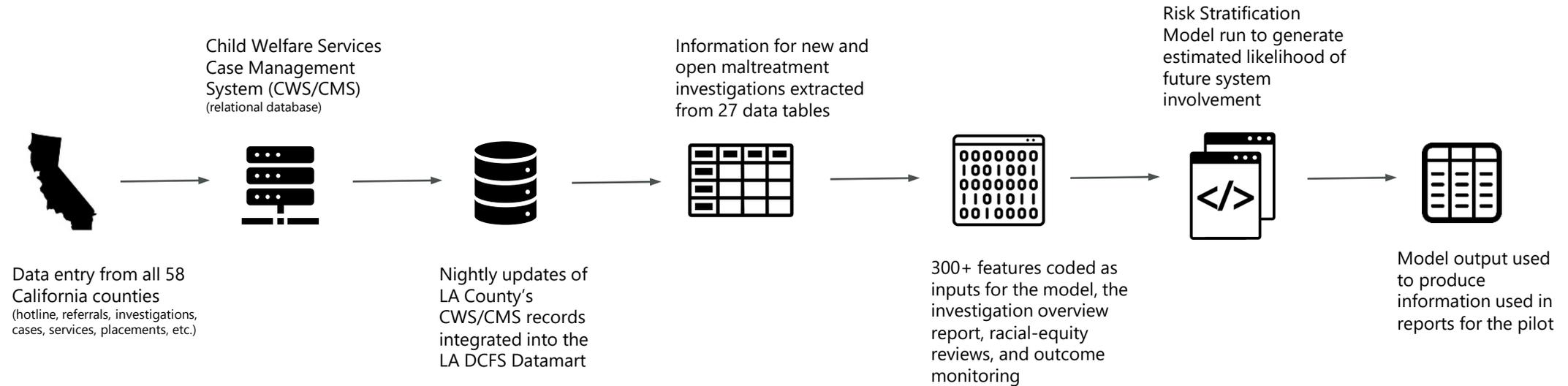
[DATA AND FEATURES]



How does the tool run and what data does it use?

THE RISK STRATIFICATION TOOL

At the core of this pilot is the Risk Stratification Tool, which was trained using hundreds of coded data elements derived from hundreds of thousands of records maintained in the LA DCFS DataMart. Records contained within Data Mart are hosted on county servers maintained by the Business Information Systems (BIS) team and are updated nightly based on information from the state's Child Welfare Services Case Management System (CWS/CMS).



CODED FEATURES

To develop a list of model features (or predictors), a planning process was undertaken by the research team to operationalize a broad inventory of potential features that met one or more of any of the following criteria: (1) appeared in the peer-reviewed literature based on an association with serious harm (as either a risk or protective factor); (2) were included in models implemented in Allegheny, PA or Douglas, CO (other jurisdictions that have implemented risk stratification models); (3) emerged as clinically relevant history through conversations with frontline child protection staff and supervisors; or (4) were suggested for possible inclusion by members of the community. Please note that race/ethnicity is not included in the model.



Approximately 300 features coded as inputs for the model, the investigation overview report, racial-equity reviews, and outcome monitoring (NOTE: race was not included, geographic information was not included)

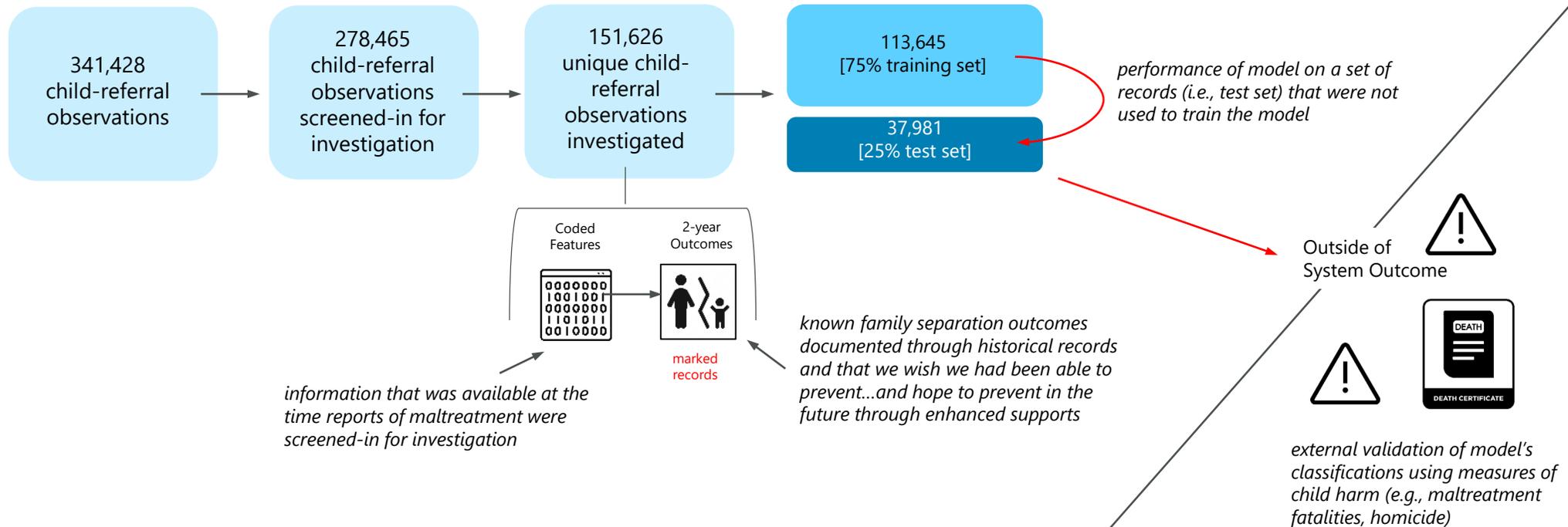
	<p>130 features</p>	<p>child with allegations</p>	<ul style="list-style-type: none"> * demographic information (e.g., age, gender) * current maltreatment allegation information (e.g., total # of allegations for child, physical abuse allegation, general neglect allegation) * current involvement with DCFS (e.g., already open referral, already open case) * health information (e.g., indicator of prenatal substance exposure, indicator of developmental service or mental health needs) * abuse / safety data (e.g., injury harm details recorded, abuse frequency recorded) * maltreatment history (e.g., age at first ever referral, total # of prior referrals, total # of prior substantiated allegations of sexual abuse) * DCFS service and placement history (e.g., # of prior cases, age at first placement, time since last placement, prior placement with kin)
	<p>80 features</p>	<p>referral information</p>	<ul style="list-style-type: none"> * reporter type (e.g., law enforcement, family member) * day and time of report (e.g., Friday, referral received at 3am, summer holiday flag, winter vacation flag) * number of children with allegations on report (e.g., one child, five children) * number of adults associated with allegations on report (e.g., one adult, three adults) * referral-level information (e.g., address indicates family is homeless, non-protecting parent code, infant child named in this referral)
	<p>48 features</p>	<p>other children</p>	<ul style="list-style-type: none"> * demographic information for all children (e.g., age, gender) * current maltreatment allegation information (e.g., any child with a sexual abuse allegation) * current involvement with DCFS (e.g., any child currently in foster care) * health information (e.g., any child w/prenatal substance exposure, any child w/ indication of psychotropic medications) * DCFS history (e.g., any child with a termination of parental rights, any child with history of substantiated caretaker incapacity)
	<p>34 features</p>	<p>parents & other adults</p>	<ul style="list-style-type: none"> * maternal information (e.g., age, adult associated with substantiated allegations) * paternal information (e.g., relationship to child with allegations, previous terminations of parental rights) * other adult information (e.g., adult associated with inconclusive allegations, childhood history of foster care placements)

Examples of coded features

MODEL TRAINING & DEVELOPMENT

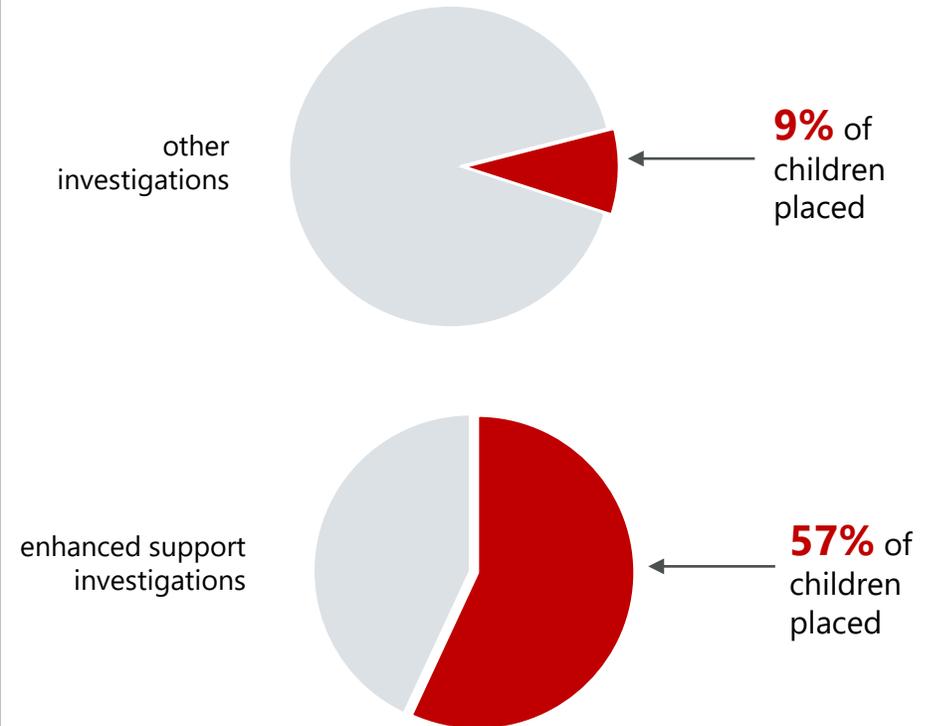
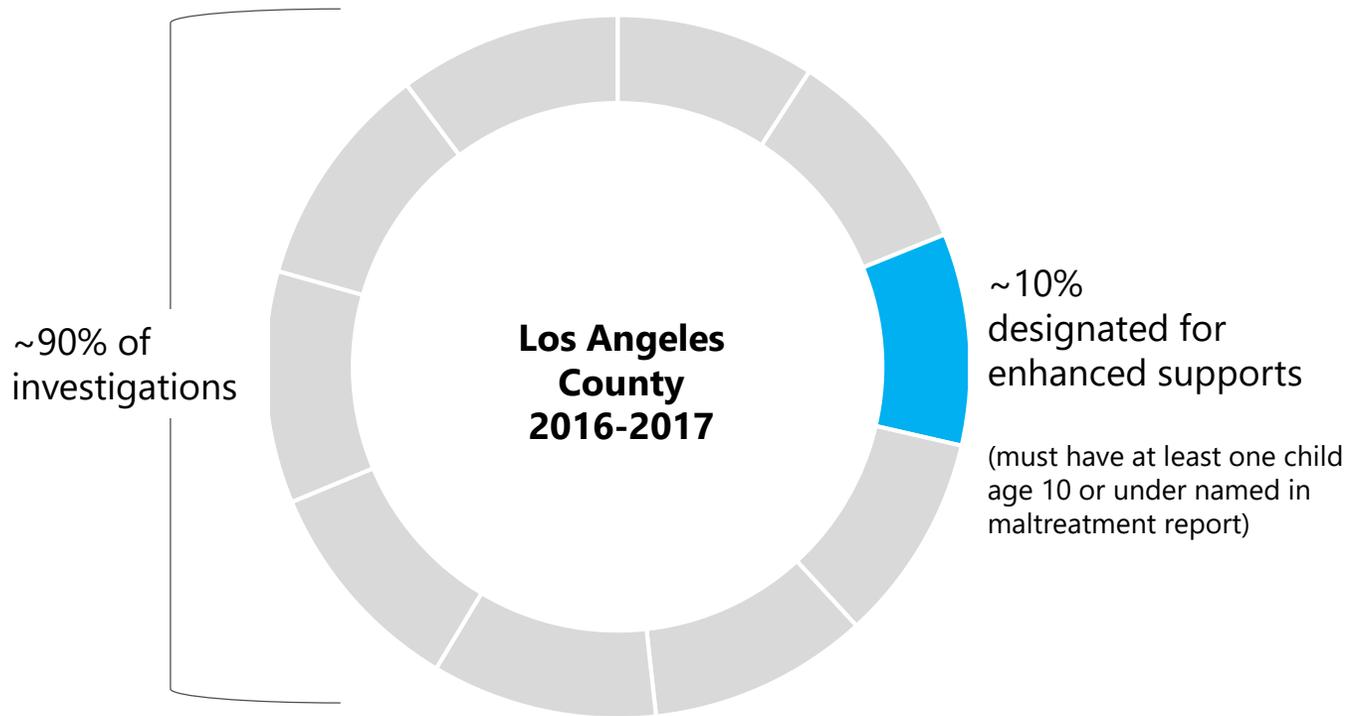
Consistent with the specified use case, the model was trained using only referrals that had already been screened-in for investigation. For model training purposes, we split child-referral observations that were screened-in for investigation (N=278,465) into a training set (75%) and a test (or "hold-out") set (25%). Because children could have been reported multiple times, the data were organized to ensure that a child was exclusively assigned either in the training or the test set.

Historical Maltreatment Referral Records for Los Angeles County: 2016-2017



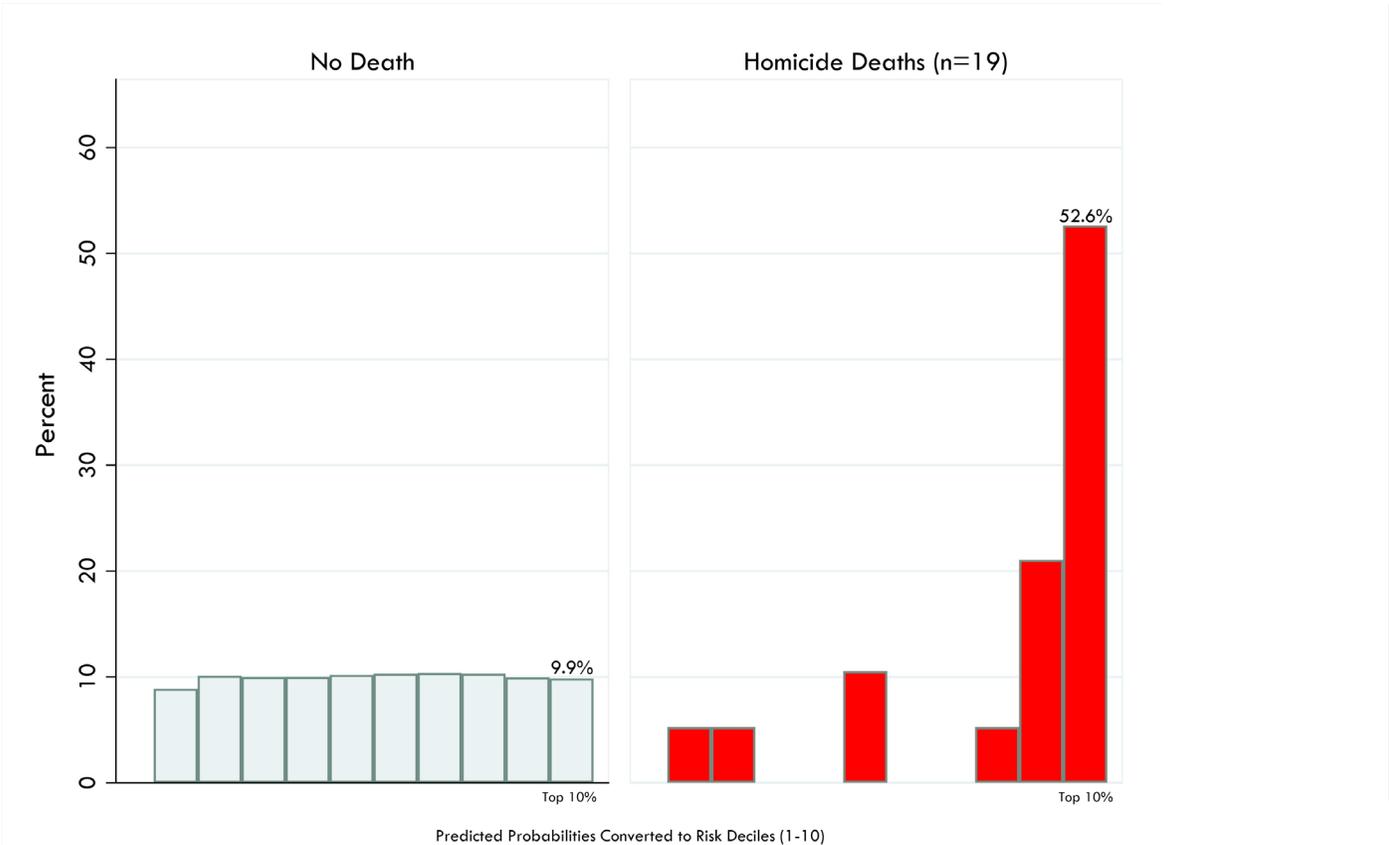
MODEL PERFORMANCE

The performance of the model selected for implementation achieved an AUC of 0.830 (95% CI: 0.826-0.835).



EXTERNAL VALIDATIONS

Consistent with external validations conducted in other jurisdictions implementing risk stratification models (Vaithianathan et. al., JAMA Pediatrics, 2020), we examined whether children in investigations recommended for enhanced supports looked different from children in other investigations in the context of near-fatalities and fatalities. Maltreatment near-fatalities and fatalities, as well as child homicides, were two to five times higher (depending on the criteria) among children in investigations classified as priorities for enhanced supports.

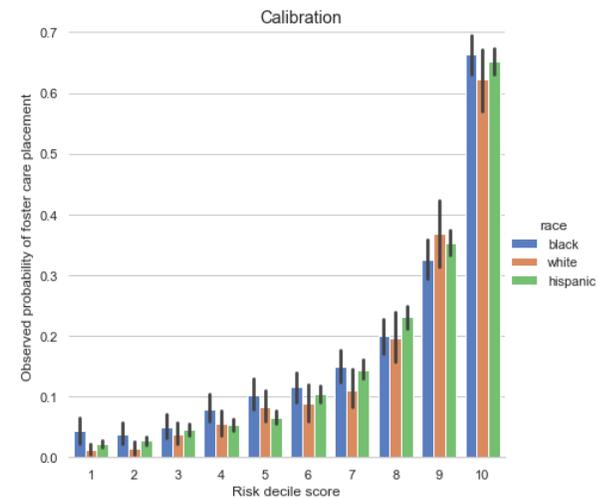
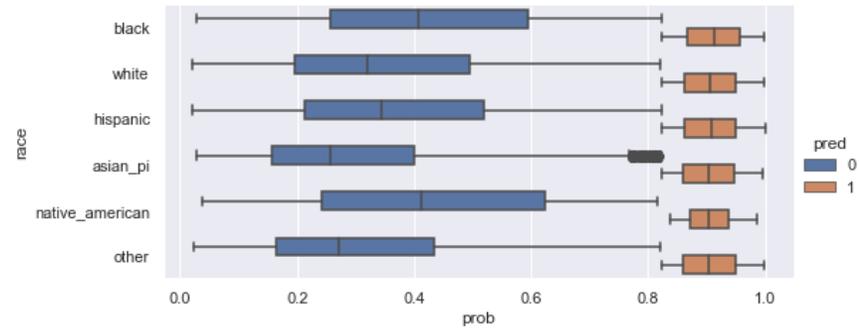
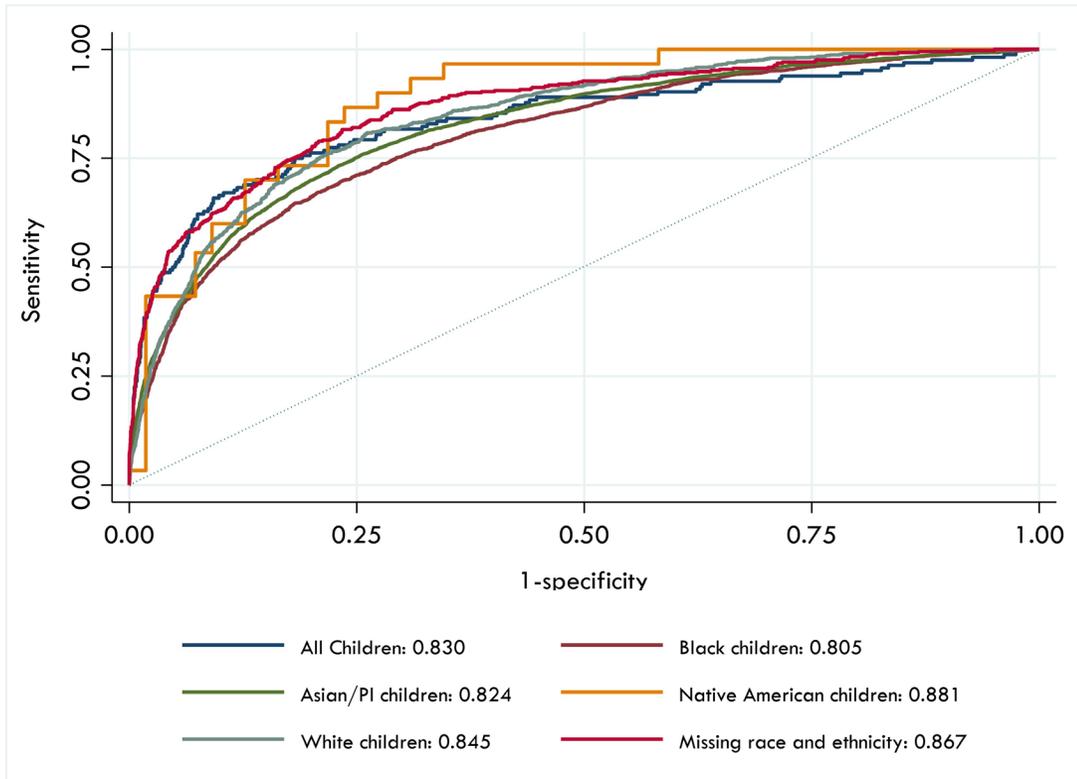


Child deaths and homicides?
2-5x

(Translation? Evidence that we would be directing additional services or quality assurance resources exactly where we want them...)

PERFORMANCE ACROSS RACIAL SUBGROUPS

A fundamental question is whether a data model or tool can be applied “fairly” to subpopulations, especially individuals of different racial / ethnic backgrounds. Importantly, this is only a first step. Since there is no single definition of fairness (Kleinberg, Mullainathan, & Raghavan, 2017), we empirically assessed the classifications produced by the model in several ways. Ongoing monitoring of the model’s impact on racial disparities and the consistency of decision-making across risk designations is critical. Data suggest that the current model is performing similarly across groups.





PILOT SUMMARY DATA

AUGUST 2021 – JUNE 2022

How many investigations took place in Los Angeles County during the pilot period? How many were in the three pilot offices? What were the characteristics of those investigations?



11-MONTHS OF INVESTIGATIONS IN LA COUNTY

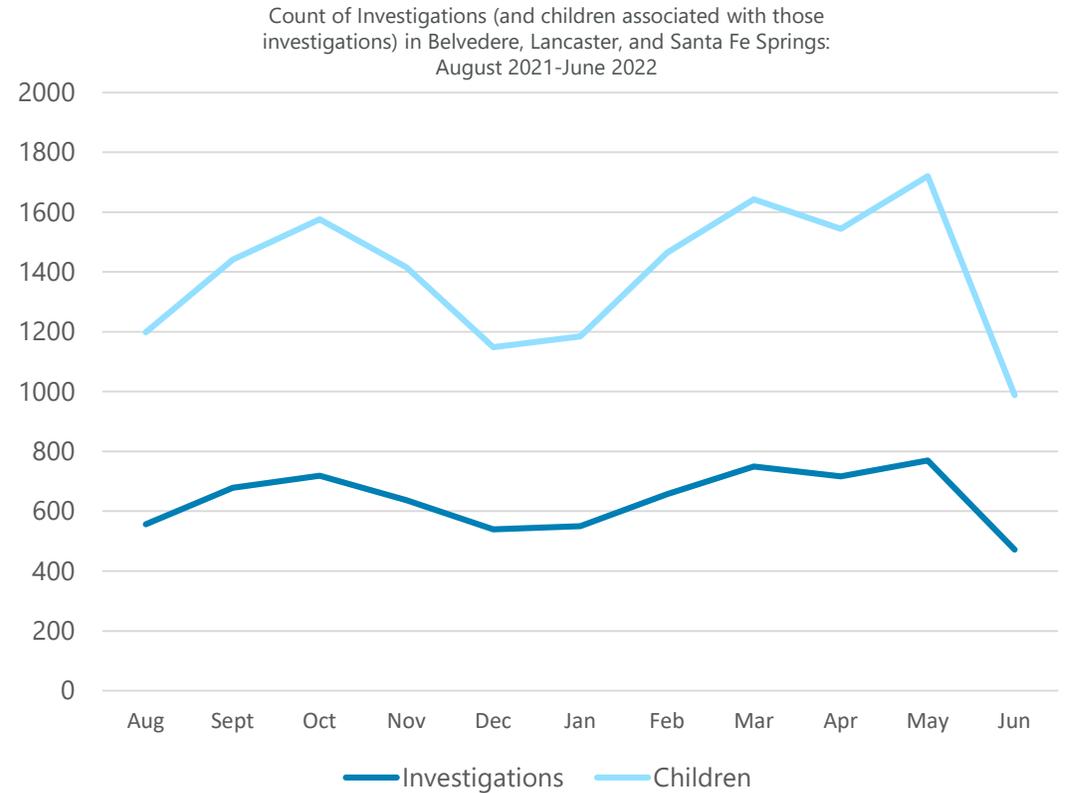
The table below summarizes investigations (and children investigated) during the period from August 2021 – June 2022. Data are presented for LA County overall, with count and percentages then broken out for the three pilot offices. The first column documents the total number of investigations that took place; the second column presents data for children who were investigated. The third column indicates the share of investigations that were “immediate response”. The fourth and fifth columns document the average number of children who were on an investigation and the average age of children investigated, respectively. The sixth column indicates the share of investigations that had a case already opened for services with DCFS. The last column reports the percentage of investigations with at least one child age 5 or under.

		INVESTIGATIONS						
		TOTAL INVESTIGATIONS (%)	CHILDREN INVESTIGATED (%)	Immediate Response Investigations (%)	Average # of Children (std. dev)	Average Age of Children (std. dev)	Case Already Opened (%)	Child Age 5 or Under (%)
pilot offices	LA County	42,773 (100%)	87,942 (100%)	9,095 (21.3%)	2.1 (1.2)	8.5 yrs (5.1)	4,544 (10.6%)	20,930 (48.9%)
	Belvedere	2,498 (5.8%)	5,546 (6.3%)	446 (17.9%)	2.2 (1.3)	8.5 yrs (5.0)	260 (10.4%)	1,297 (51.9%)
	Lancaster	1,816 (4.3%)	4,049 (4.6%)	399 (22.0%)	2.2 (1.3)	8.4 yrs (5.1)	331 (18.2%)	942 (51.9%)
	Santa Fe Springs	2,731 (6.4%)	5,727 (6.5%)	442 (16.2%)	2.1 (1.1)	8.7 yrs (5.0)	253 (10.4%)	1,251 (45.8%)

INVESTIGATIONS IN PILOT OFFICES BY MONTH

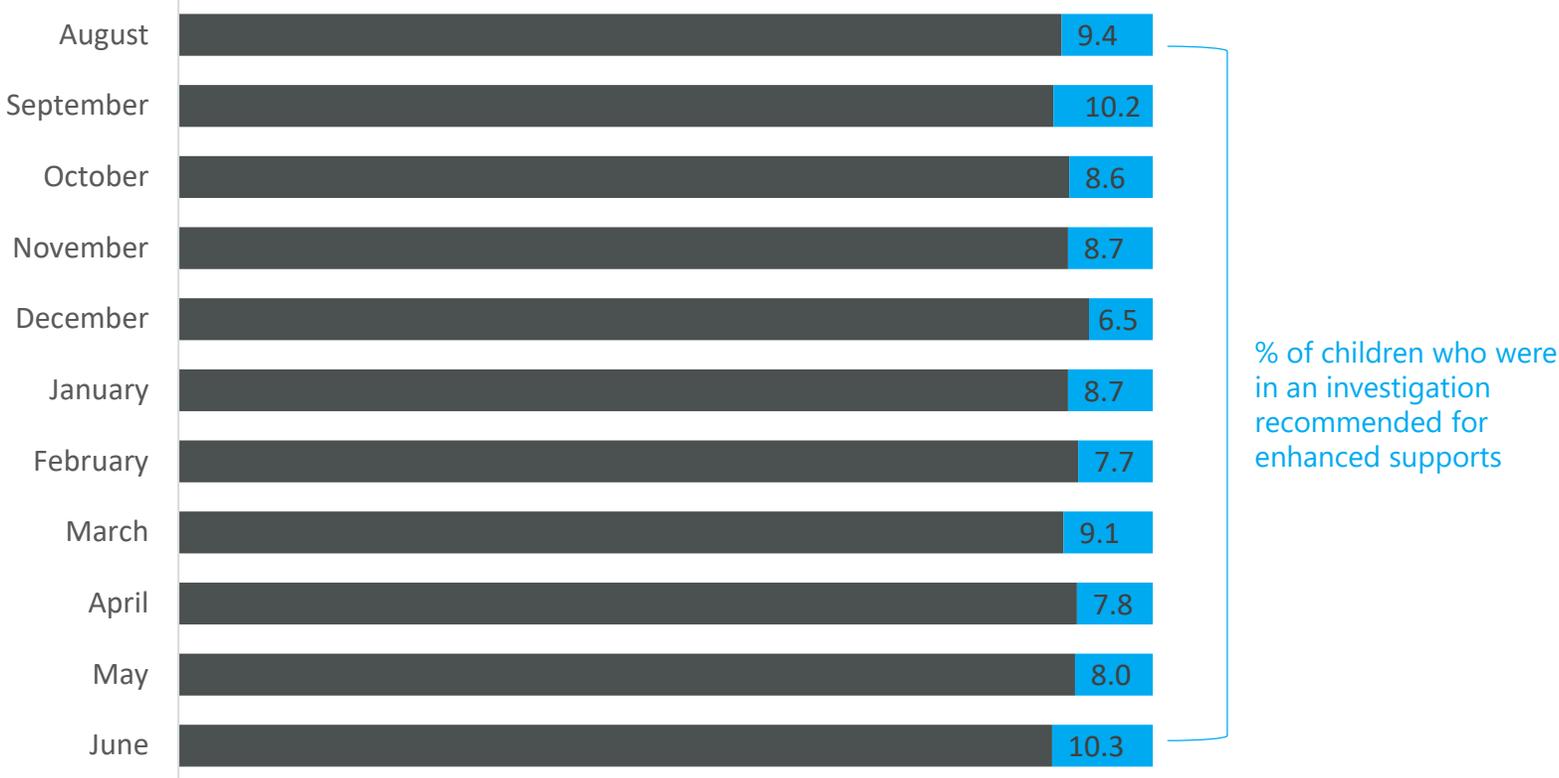
The figures below present the total number of investigations (and the total number of children associated with those investigations) in the three pilot offices each month between August 2021 – June 2022. *Investigation outcome data for June investigations is partial.

		<u>Investigations</u>	<u>Children</u>
1	August	556	1,198
2	September	678	1,441
3	October	719	1,576
4	November	637	1,416
5	December	540	1,148
6	January	550	1,184
7	February	657	1,464
8	March	749	1,643
9	April	717	1,544
10	May	770	1,720
11	June*	472	988



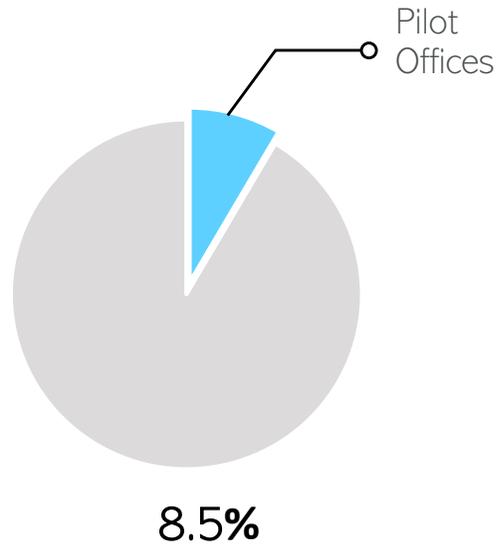
INVESTIGATIONS IN PILOT OFFICES BY MONTH

The figure below presents the share of children who were in an investigation designated for enhanced supports for the three pilot offices, by month, between August 2021 – June 2022.

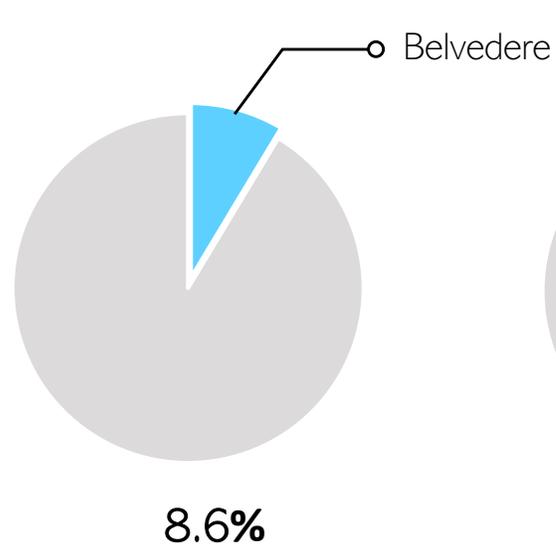


CHILDREN IN INVESTIGATIONS RECOMMENDED FOR ENHANCED SUPPORT

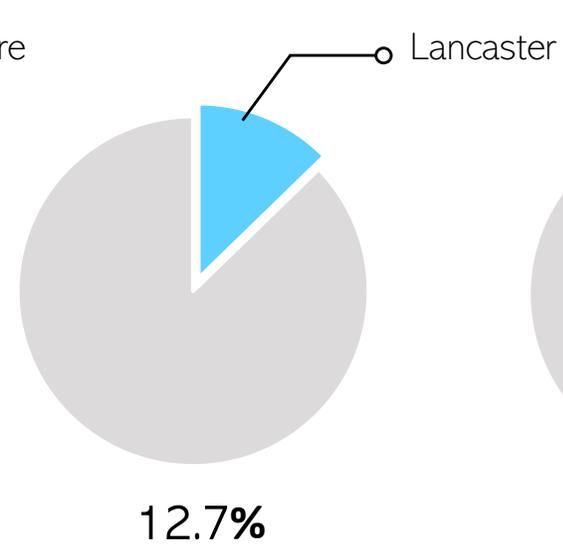
The charts below depict the percentage of children who were part of an investigation recommended for enhanced support and assessment between August 2021 – June 2022, both overall and by individual pilot office.



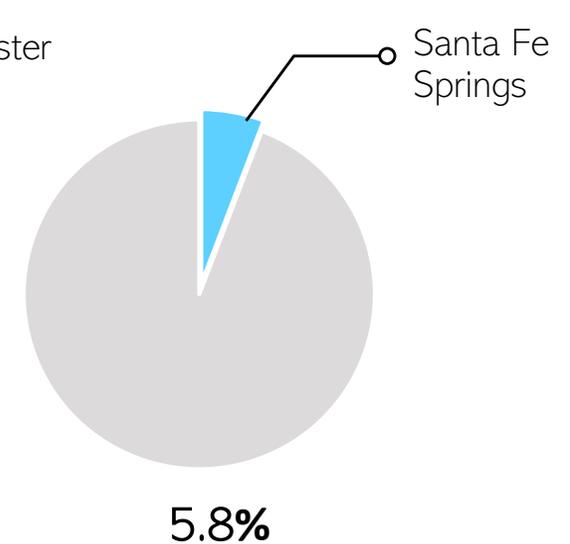
1,316 of 15,322 children investigated



474 of 5,546 children investigated



512 of 4,049 children investigated



330 of 5,727 children investigated



PILOT SUMMARY DATA

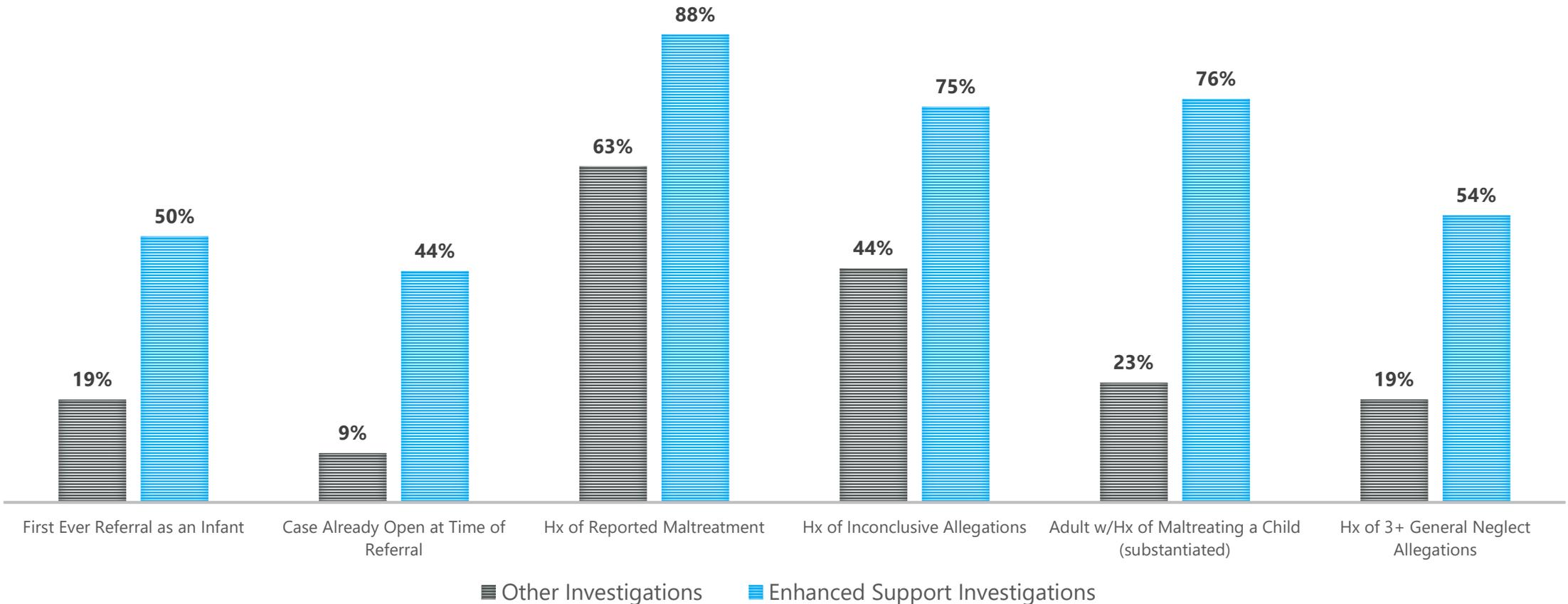
[INVESTIGATIONS]

During the pilot, did the tool identify a set of investigations for enhanced supports and consultation that had a distinctive set of historical and current characteristics?



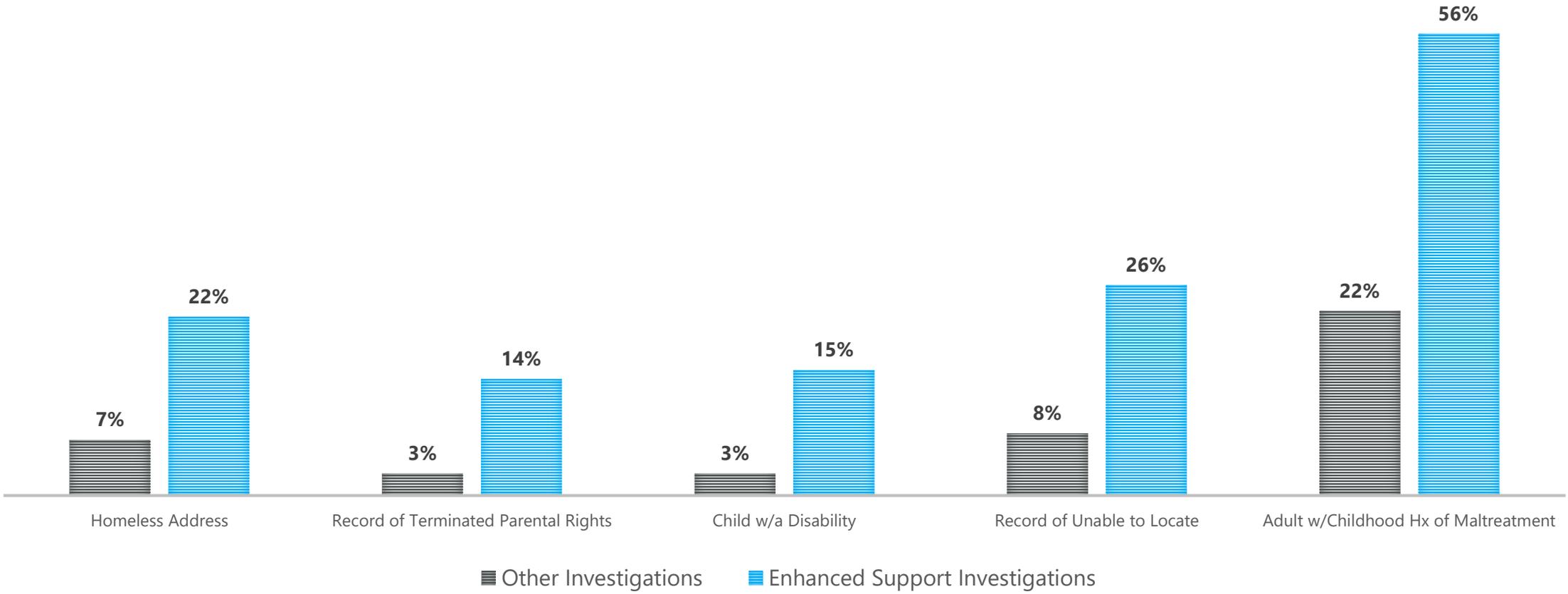
CHARACTERISTICS OF INVESTIGATED CHILDREN

The chart below presents the distribution of those investigations recommended for enhanced support (vs. all other investigations) in pilot offices between August 2021-June 2022 based on several observed characteristics. More than half (51%) of children in investigations classified for enhanced supports were first reported as infants compared with 20% of children in other investigations; 75% of children in risk stratified investigations had a history of inconclusive allegations and 56% had at least three or more prior allegations for general neglect.



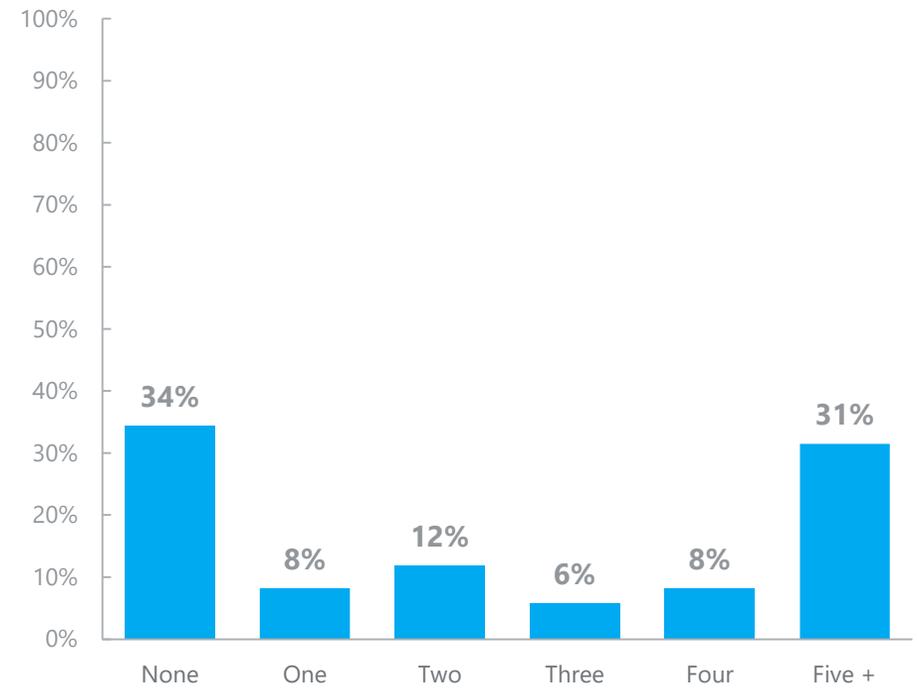
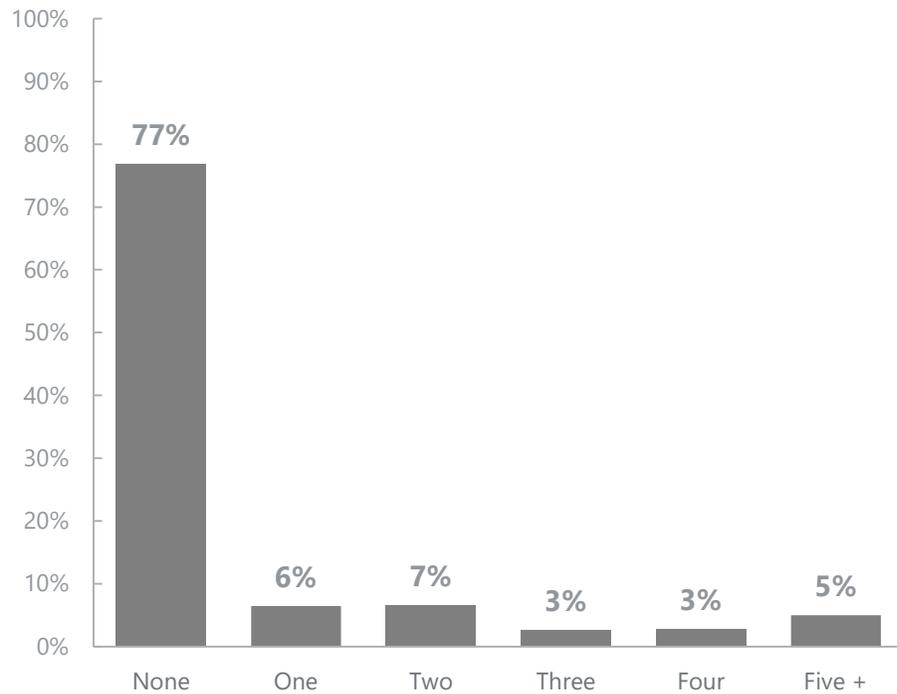
CLINICAL VALIDATION OF ENHANCED SERVICES NEEDS

The chart below presents the distribution of those investigations recommended for enhanced support (vs. all other investigations) in pilot offices between August 2021-June 2022. Importantly, the characteristics presented reflect data that supervisors (and other DCFS staff) indicated they look for in the administrative data as time permits because they believe they often serve as important indicators of risk and safety. A stark contrast emerges between the 10% of investigations classified for enhanced supports vs. the other 90% of other investigations.



INVESTIGATIONS BY HX OF SUBSTANTIATED GENERAL NEGLIGENCE

The chart below presents the distribution of those investigations recommended for enhanced supports (vs. all other investigations) in pilot offices between August 2021-June 2022 by the number of previous substantiated allegations of general neglect. Nearly one in every three (31%) of investigations identified by the tool for enhanced supports had five or more previous substantiated general neglect allegations.

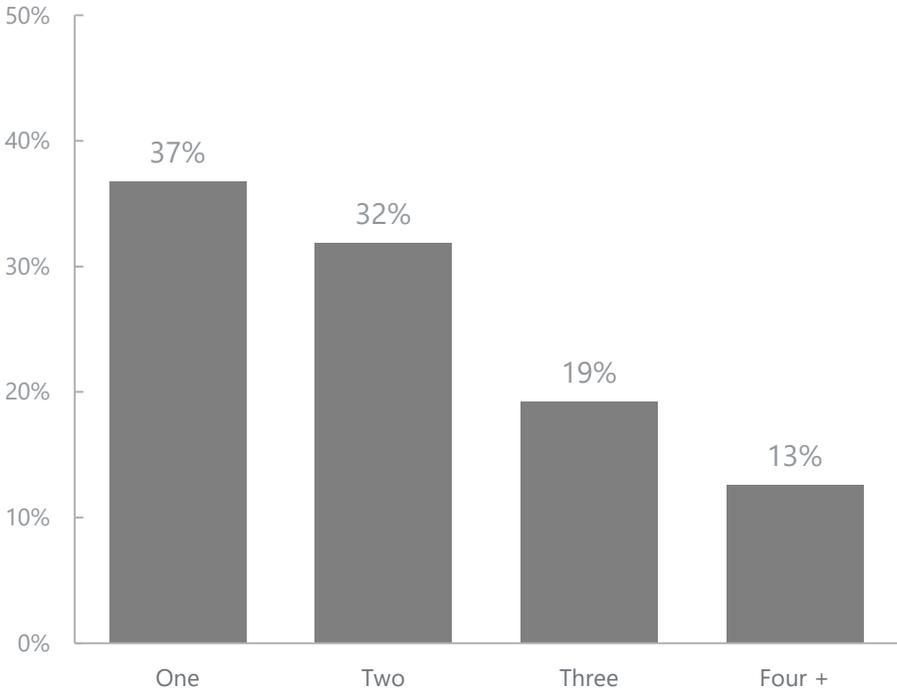


Other Investigations

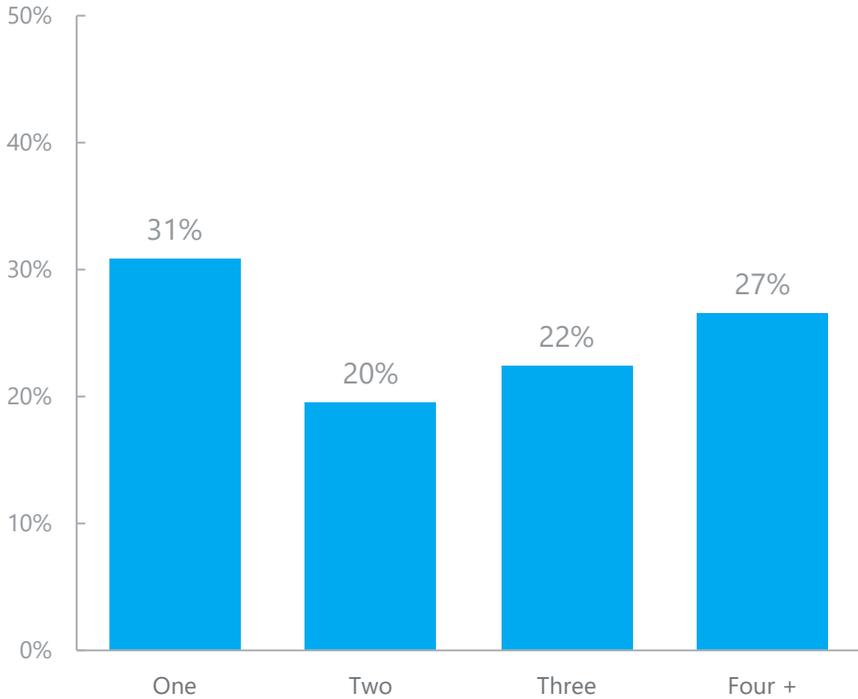
Enhanced Support Investigations

INVESTIGATIONS BY NUMBER OF CHILDREN

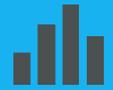
The chart below presents the distribution of those investigations recommended for enhanced supports (vs. all other investigations) in pilot offices between August 2021-June 2022 by the count of children included in the investigation. More than one quarter (27%) of investigations classified for enhanced supports had four or more children named as alleged victims. In contrast, this was true of only 13% of other investigations.



Other Investigations



Enhanced Support Investigations



PILOT SUMMARY DATA

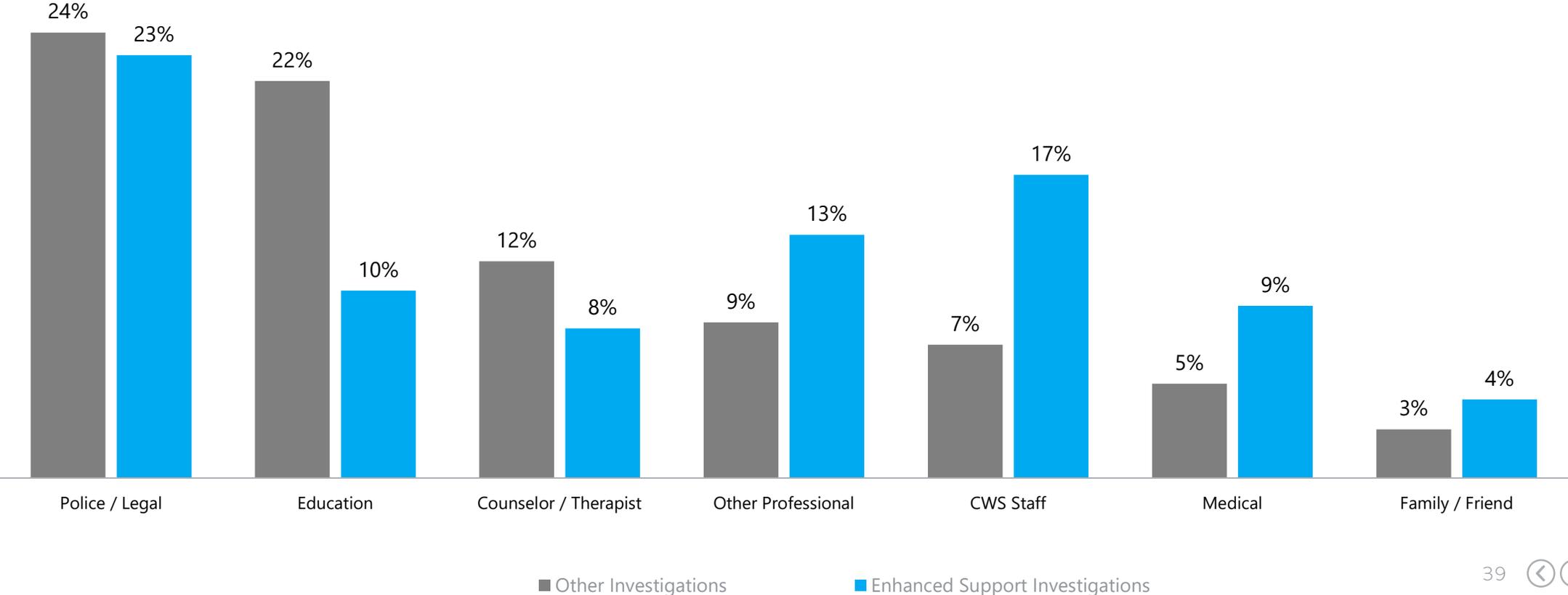
[REPORTER TYPE & RESPONSE]

During the pilot, what reporter and response type patterns emerged for investigations classified for enhanced supports?



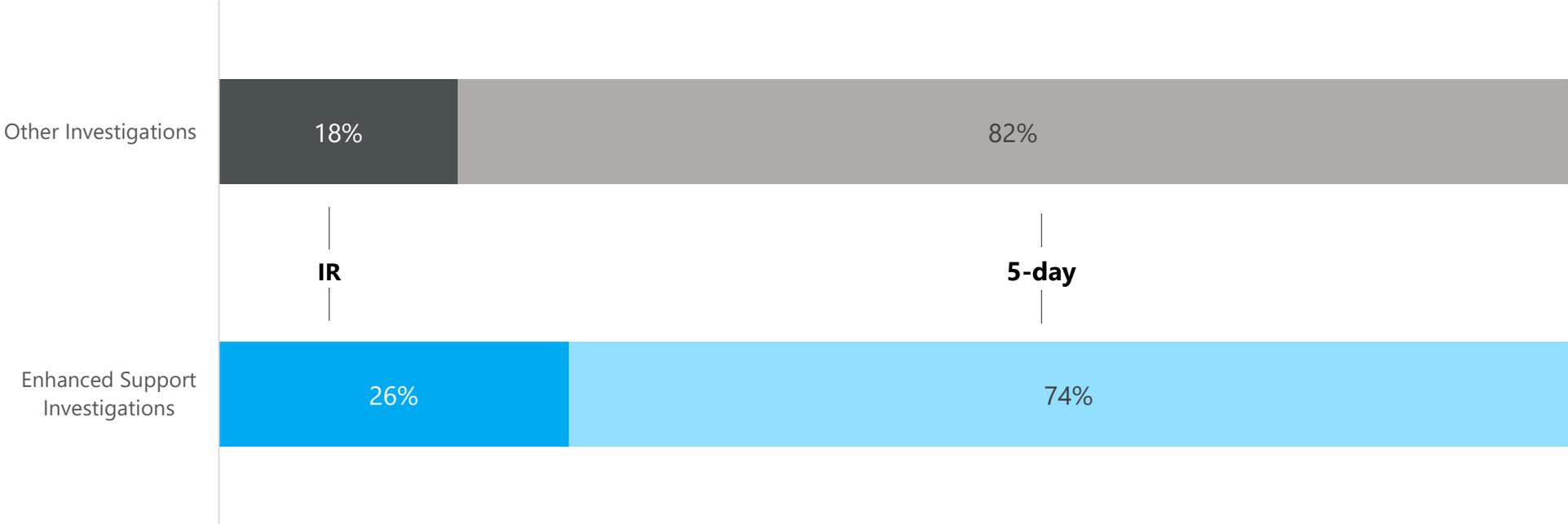
INVESTIGATIONS BY REPORTER TYPE

The chart below presents pilot office investigations between August 2021 – June 2022 by the reporting party and whether or not the investigation was classified by the Risk Stratification Tool for enhanced supports. Please note that reporters who contributed less than 2% of the reports received during this period overall (e.g., neighbors, CASA/GAL) are not presented. Also excluded are investigations where reporter type was missing (13.8% overall).



INVESTIGATIONS BY RESPONSE TIME

The chart below presents pilot office investigations between August 2021 – June 2022 by response time (i.e., immediate response (IR), 5-day) and whether or not the investigation was recommended for enhanced supports.





PILOT SUMMARY DATA

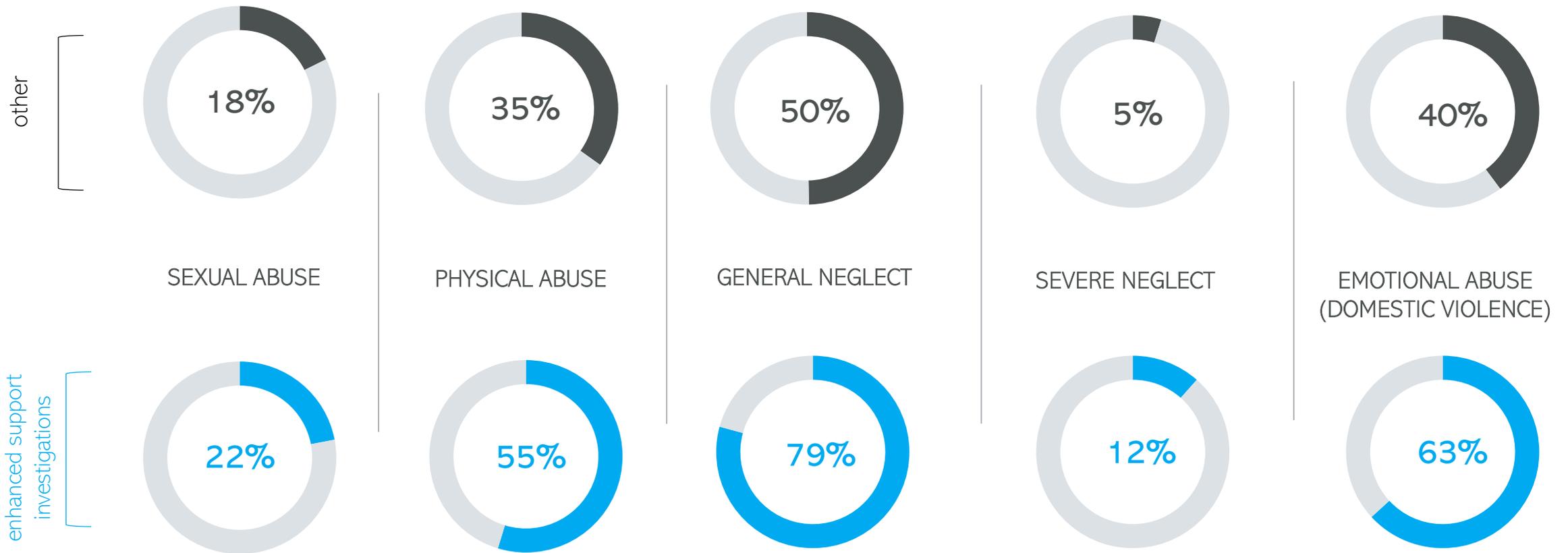
[ALLEGATIONS]

During the pilot, did distinct patterns of maltreatment allegation type emerge among investigations recommended for enhanced supports? How did those vary by current allegation vs. previous allegations?



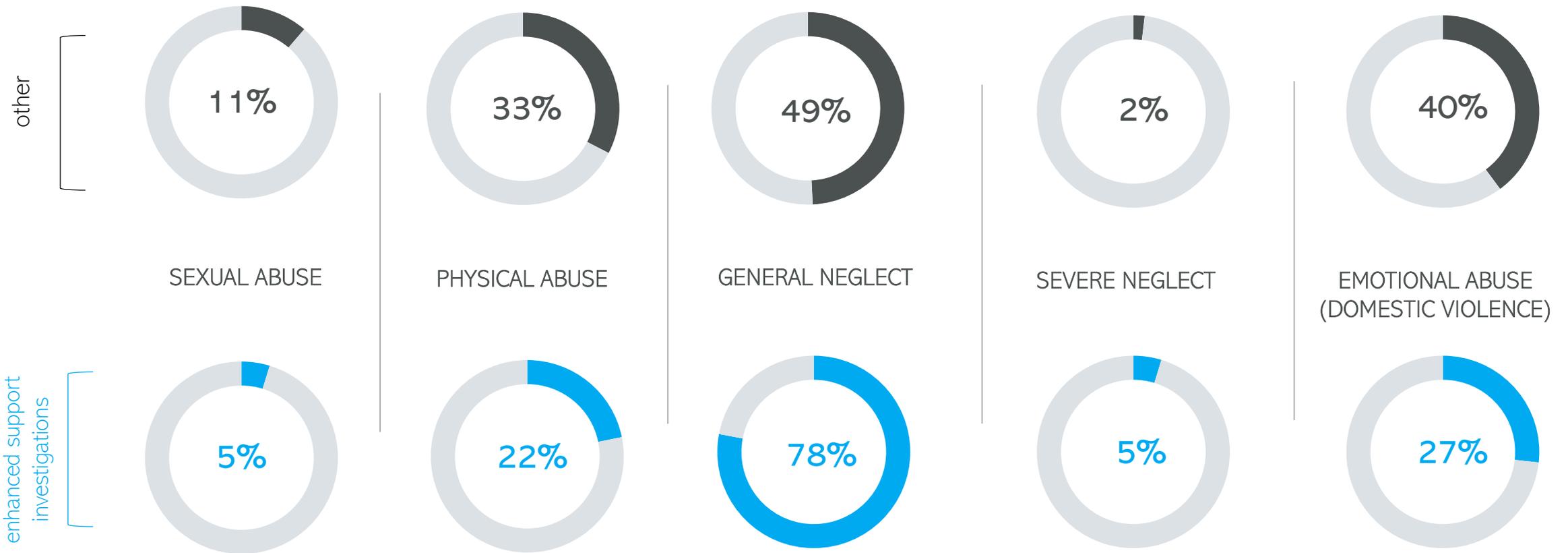
INVESTIGATIONS BY HISTORY OF ALLEGATIONS

The chart below presents historical allegation by risk in the pilot offices between August 2021 – June 2022. Data are presented at the investigation level, meaning that there was at least one child in the current investigation with a given allegation on a past report of maltreatment.



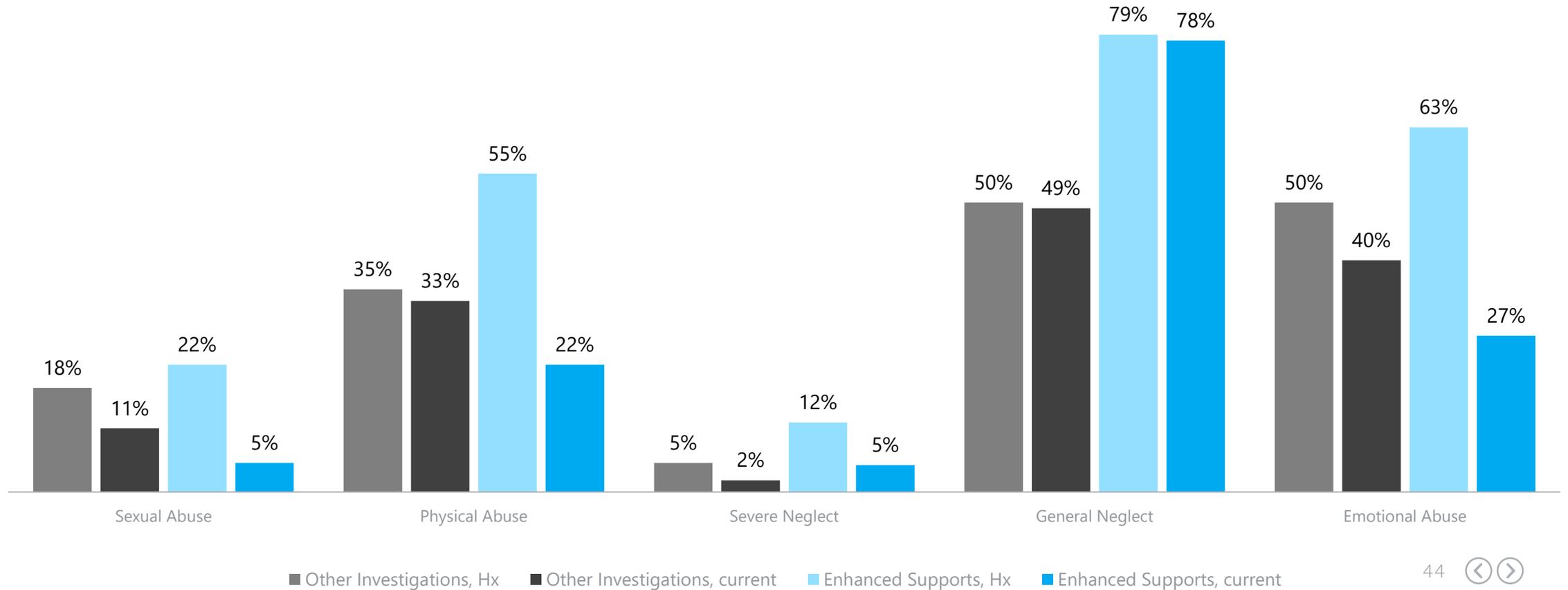
INVESTIGATIONS BY CURRENT ALLEGATIONS

The chart below presents current allegation data by risk in the pilot offices between August 2021 – June 2022. Data are presented at the investigation level, meaning that there was at least one child in the current investigation with a given allegation.



INVESTIGATIONS BY ALLEGATION TYPE

The chart below presents both past and current allegation data for investigations in the pilot offices between August 2021 – June 2022. The “Hx” label reflects the share of investigations (by risk stratified designation) in which there was at least one child with a given allegation (e.g., sexual abuse, severe neglect) prior to the current report. The “current” label reflects the share of investigations in which there was at least one child with a given allegation in the current report under investigation.





PILOT SUMMARY DATA

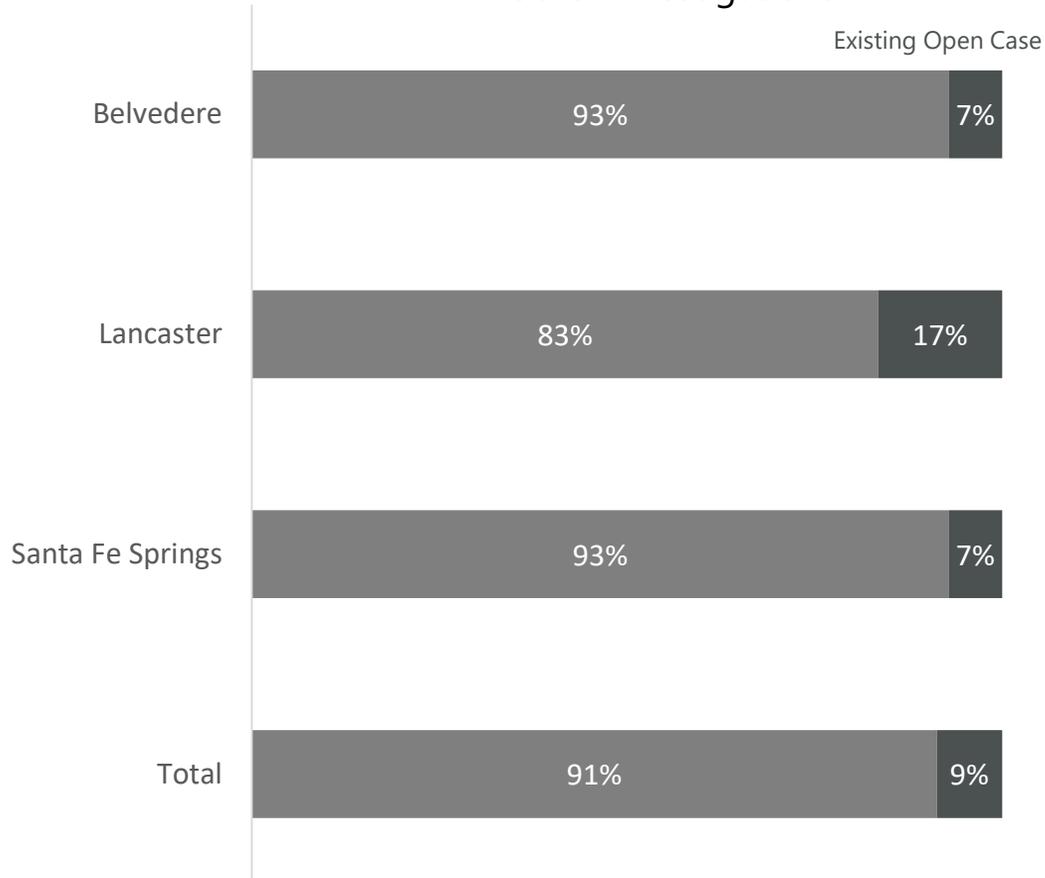
[CHARACTERISTICS BY OFFICE]

← During the pilot, what differences in the distribution of investigation and child demographic characteristics emerged across the three offices?

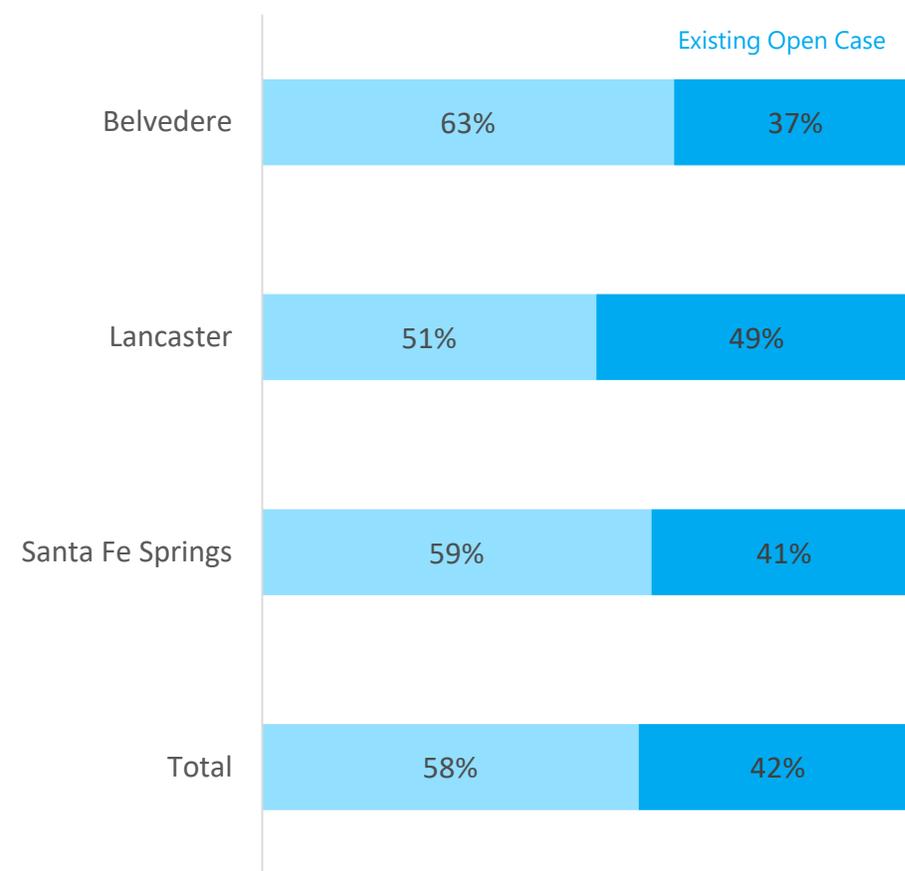
NEW INVESTIGATIONS WITH ALREADY OPEN CASES

Not surprisingly, a number of investigations designated by the model as “complex-risk” have cases that are already open with DCFS. These investigations continue to be handled by all applicable policies and practices for new reports of maltreatment involving families with open cases. During the pilot, 42% of complex-risk investigations had an already open case. Only one quarter of new investigations that had an already open case, however, were classified by the model as complex-risk.

Other Investigations



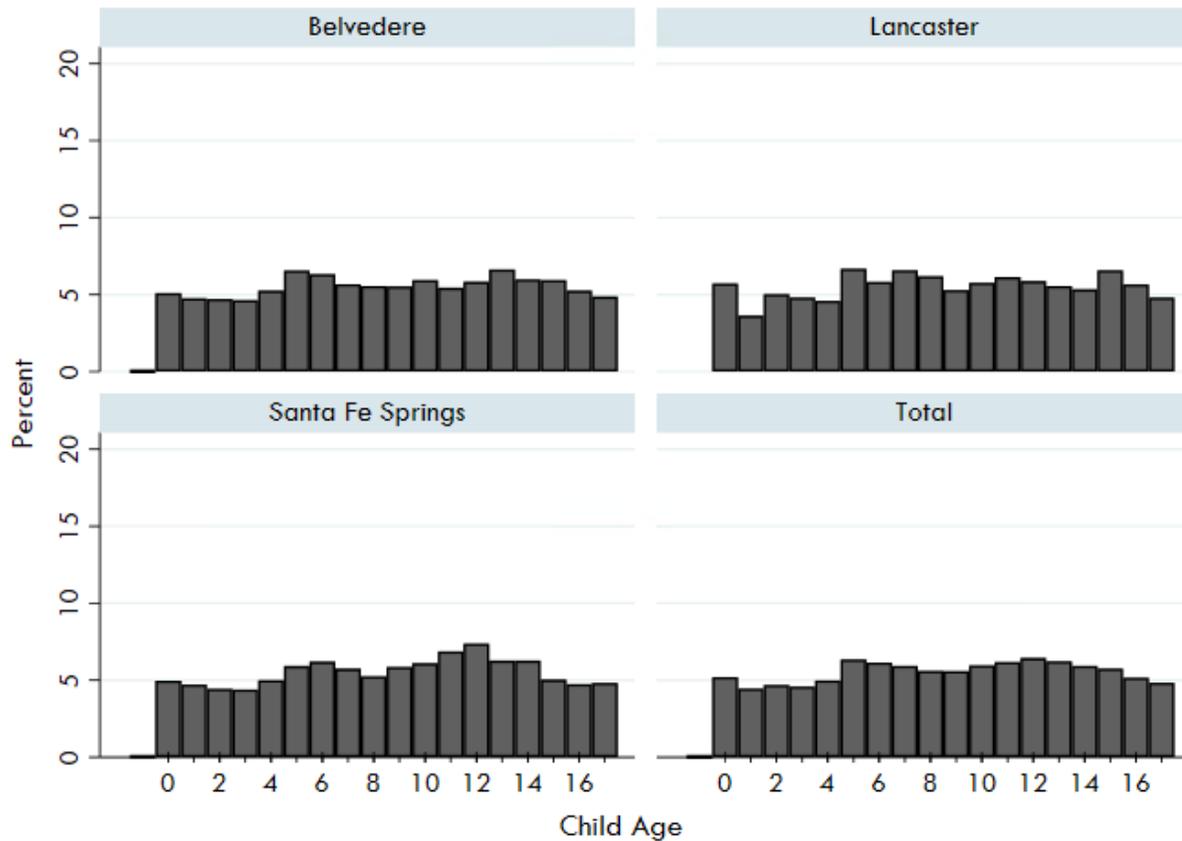
Complex-Risk Investigations



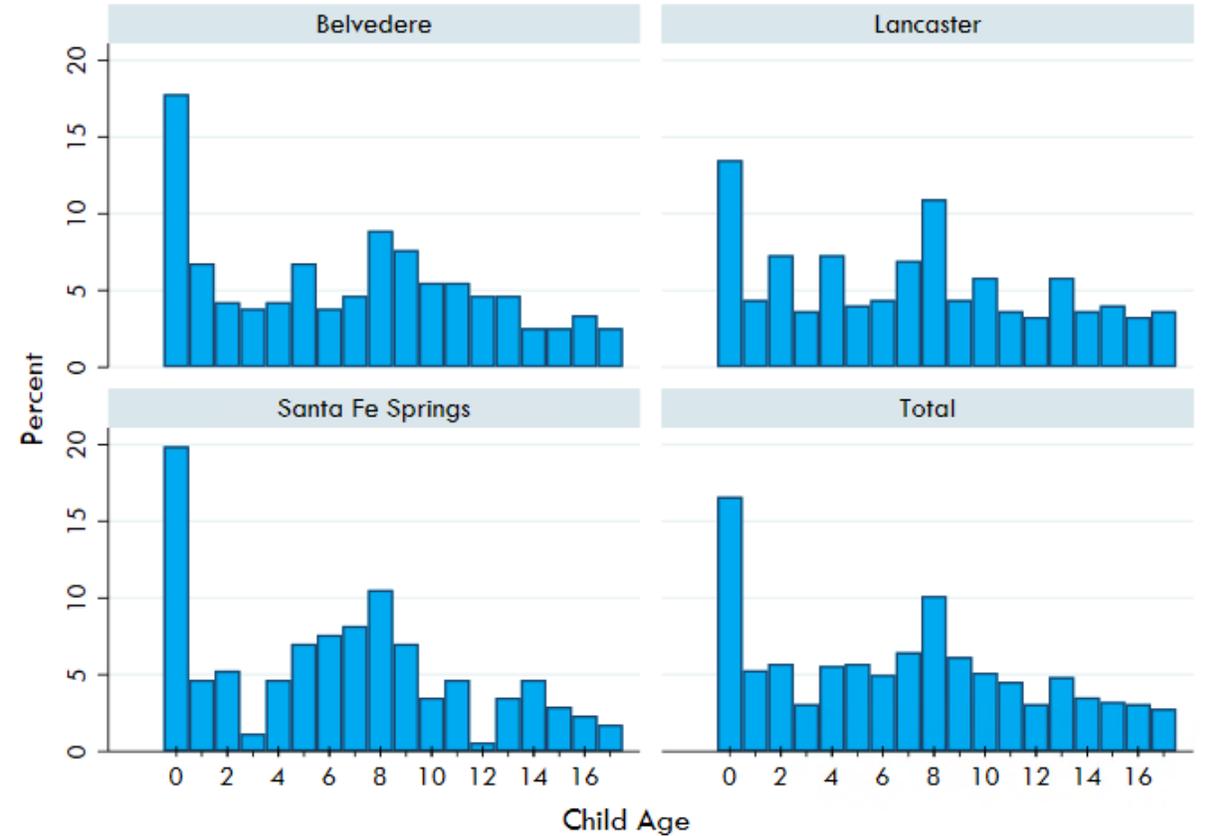
AGE OF CHILDREN INVESTIGATED

The charts below present the age distribution (in years) of children in investigations by risk in the pilot offices between August 2021 – June 2022. Of particular note is the share of infants (age 0) observed in investigations designated by the model as complex-risk.

OTHER INVESTIGATIONS



INVESTIGATIONS RECOMMENDED FOR ENHANCED SUPPORTS



AGE OF CHILDREN INVESTIGATED

The tables below present age categories of children in investigations in the pilot offices between August 2021 – June 2022. Among investigations designated by the Risk Stratification Tool for enhanced supports, approximately one-third included an infant and between 67-82% included a child age 5 years or younger.

Other Investigations

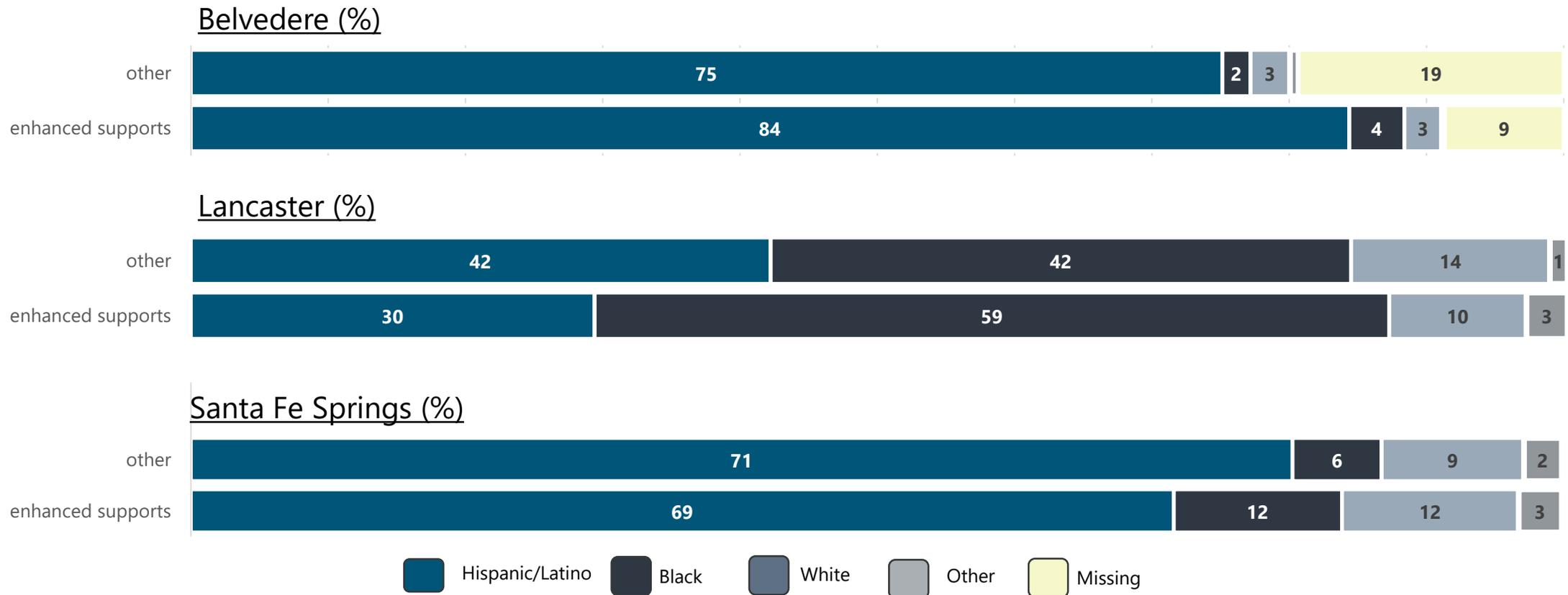
Age	Belvedere	Lancaster	Santa Fe Springs
Infant	5.4%	6.0%	4.5%
1-2 years	9.1%	9.0%	9.0%
3-5 years	16.4%	15.6%	14.9%
6-10 years	29.3%	29.8%	29.6%
11-15 years	30.1%	29.6%	32.3%
16–17 years	9.7%	10.1%	9.7%
Investigations w/an infant	12.7%	12.6%	10.0%
Investigations w/a child age 5 or under	55.9%	54.1%	50.4%

Enhanced Support Investigations

Child Age	Belvedere	Lancaster	Santa Fe Springs
Infant	16.7%	14.7%	18.5%
1-2 years	11.6%	12.5%	11.5%
3-5 years	14.4%	15.9%	11.5%
6-10 years	32.9%	30.7%	34.8%
11-15 years	19.6%	20.2%	19.3%
16–17 years	5.1%	6.1%	4.3%
Investigations w/an infant	41.8%	32.6%	33.3%
Investigations w/a child age 5 or under	82.3%	78.5%	67.9%

RACE / ETHNICITY OF CHILDREN INVESTIGATED

The chart below presents the percentage of children by race/ethnicity (coded based on state and federal conventions) for investigations recommended for enhanced supports in the pilot offices between August 2021 – June 2022. Missing data associated with “other” investigations (which tend to have less history) complicates interpretations. Aligning with known disparities, Black children are consistently overrepresented among children in investigations designated as having a heightened likelihood of future foster care placement and with unmet service needs. Patterns for Hispanic/Latino and White children vary by office.



GENDER OF CHILDREN INVESTIGATED

The figure and statistics below reflect the gender distribution of children in investigations classified for enhanced supports (vs. other) in the pilot offices between August 2021-June 2022.





PILOT OFFICE FEEDBACK

← During the pilot, what qualitative feedback emerged from staff?
(Information abstracted from presentation from Mathematica.)

STAFF FEEDBACK

A team at Mathematica was engaged to gather data from staff in each of the three pilot offices. Involved in the pilot since its inception, Mathematica worked with DCFS and the research team to organize information about how supervisors were using the new data reports during investigations, suggestions for changes to those reports, practices they were finding useful, etc. (A presentation from Mathematica will be separately released, citation below.)

FEEDBACK ON WHAT WAS HELPFUL

- ✓ "[Indicators of risk] usually come out as a result of a deep dive into a case, having it *up front* is really nice."
- ✓ "Our office has it *situated with a protocol* for these referrals which is very helpful and on the other end of all this stuff, will probably result in less recidivism for these families."
- ✓ "It's a lot more forethought into the situation and *you're being proactive where DCFS is historically reactive*, which doesn't work well for anybody."
- ✓ "We're using this risk stratification window to *get in there sooner*. Let's not wait until day 20, let's get in there at day 10."

FEEDBACK ON AREAS OF CONCERN

- ✗ "Using my personal computer I have *a difficult time seeing the report and looking at it*. When I'm at work it's a but [sic] better."
- ✗ "Is 30 days enough *time to be able to fully engage* at the capacity or at the level that we want? Is 30 days realistic when there's that much history?"
- ✗ "[I want] to be *notified when a complex-risk referral is received*. I don't remember to check daily."
- ✗ "Because the referral is identified as complex-risk, we are being asked about the referral 2 times per week. This is one referral of a whole caseload...it is a useful tool but there must be some flexibility to allow the CSWs to do their job and *not report back everything they are doing*."



PILOT SUMMARY DATA

[INVESTIGATION OUTCOMES]

During the pilot, were there any unintended outcomes (i.e., potentially heightened rates of involuntary interventions or detentions) observed in pilot offices as a result of using the risk stratification tool to identify a subset of investigations for enhanced supports?



INVESTIGATION OUTCOMES

Between August 2021 – January 2022, near-term outcomes that emerged from investigations were carefully and consistently monitored. Given that the model was not attached to any decision point – and given that no specific practices were prescribed – monitoring was pursued to ensure that there were no unintended consequences associated with delivering information from the Risk Stratification Tool. Specifically, decisions to substantiate maltreatment, open new cases (or emerge from an investigation with any open case), or place a child in foster care in pilot offices were tracked. Data from the model allowed for comparisons to be made between the outcomes of investigations in pilot offices (where the recommendation for enhanced supports was shared with staff) and non-pilot offices (where no such recommendations or information was shared).



% of children in investigations recommended for enhanced supports who were substantiated for maltreatment

(vs. 31.3% in non-pilot offices; $\chi^2 (1, 6950)=0.7612; p=.383$)



% of children in investigations recommended for enhanced supports who had a new case opened for services among those without an open case

(vs. 30.1% in non-pilot offices; $\chi^2 (1, 4499)=0.3620 p=.547$)



% of children in investigations recommended for enhanced supports who entered foster care following investigation

(vs. 23.3% in non-pilot offices; $\chi^2 (1, 6950)=3.146; p=.076$)

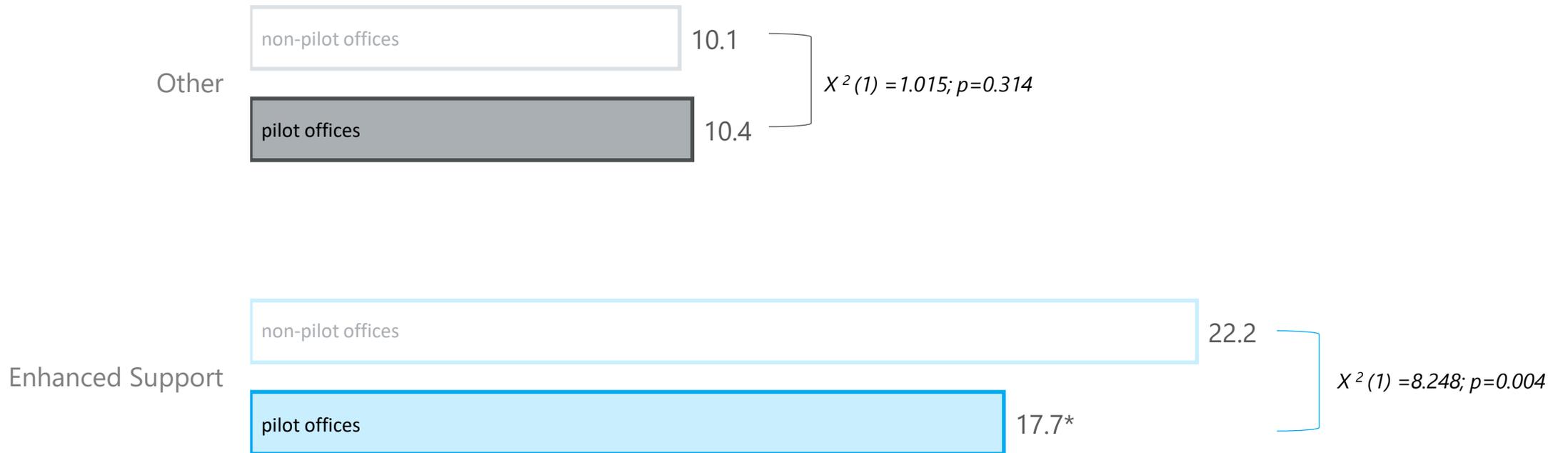
INVESTIGATION DISPOSITIONS (SUBGROUPS)

Pilot office vs. non-pilot office outcomes for investigations identified by the Risk Stratification Tool for enhanced supports between August 2021 and June 2022

Subgroup	Substantiation	[new] Case Opened	Foster Care
Hispanic Children	30.5% vs. 33.6% ($\chi^2 (1, 3786)=2.760; p=.100$)	28.4% vs. 33.6% ($\chi^2 (1, 2363)=4.268; p=.039$)	22.5% vs. 25.2% ($\chi^2 (1, 3786)=2.355; p=.125$)
Black Children	25.1% vs. 28.3% ($\chi^2 (1, 2143)=1.510; p=.219$)	23.5% vs. 27.1% ($\chi^2 (1, 1396)=1.1319; p=.287$)	18.7% vs. 21.9% ($\chi^2 (1, 2143)=1.821; p=.177$)
White Children	43.4% vs. 35.1% ($\chi^2 (1, 568)=2.578; p=.108$)	48.6% vs. 34.7% ($\chi^2 (1, 369)=4.8038; p=.028$)	24.5% vs. 24.7% ($\chi^2 (1, 568)=0.001 p=.975$)
Infants	55.4% vs. 57.1% ($\chi^2 (1, 1251)=0.290; p=.648$)	53.4% vs. 54.1% ($\chi^2 (1, 1027)=0.0253; p=.874$)	44.6% vs. 45.8% ($\chi^2 (1, 1248)=.102; p=.750$)

RE-REPORTS BY PILOT VS. NON-PILOT OFFICE

The chart below examines re-reports during the first 11 months of the pilot. Comparisons are made between the three pilot offices where the tool was used to deliver information for investigations recommended for enhanced supports vs. all other offices where no such information was made available. Findings indicate that in pilot offices there was a statistically significantly ($p < .05$) lower rate of re-reporting for enhanced support investigations compared to non-pilot offices. This finding emerged for all three pilot offices – and the difference was largest for investigations involving African American children. No differences emerged between pilot and non-pilot offices in re-reporting patterns for other investigations.



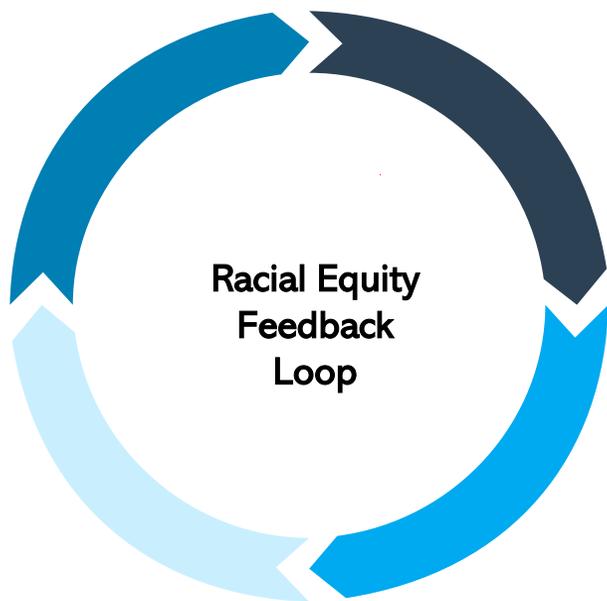


RACIAL EQUITY FEEDBACK LOOP

What does it mean to implement a Racial Equity Feedback Loop? How will this approach be used by DCFS to improve front-end practices? Where does community feedback fit in?



WHAT VALUES GUIDE THE RACIAL EQUITY **FEEDBACK** LOOP?



01

TRANSPARENCY

Sharing risk stratified information relevant to understanding how DCFS is screening reports, assessing child safety, and connecting families to services.

02

ENGAGEMENT

Ensuring members of the community are engaged in the feedback loop process, offering input on DCFS processes and areas for practice/policy improvements at different risk stratification levels.

03

ACCOUNTABILITY

Enabling members of the community to review DCFS responses by risk stratification level, geography, and race/ethnicity – helping to promote accountability.

04

EQUITY

Moving the system towards more equitable responses from DCFS at every stage – helping to promote trust and advance equity.

WHAT IS A RACIAL EQUITY FEEDBACK LOOP?

The Racial Equity Feedback loops will be used to create inclusive opportunities for DCFS, children and families, service providers, and the community to inform improved practices and processes – helping to advance equity and fairness.

- The “**Racial Equity Feedback Loop**” “loops” the outputs of a system back as inputs.
- This approach involves gathering feedback to generate insights about what is (or is not) working well. That feedback is then used to make iterative **improvements** to how the system operates.
- Feedback loops can be structured in various ways depending on the objectives.
- DCFS is using the Risk Stratification Tool to support community engagement and improved practices for two distinct sets of investigations. As a result, there are two Racial Equity Feedback Loops:

Racial equity feedback loop

- (1) **enhanced support** investigations in which there is extensive history with DCFS and likely unmet service needs that need to be addressed; and
- (2) investigations involving Black families who have a **low likelihood of future system involvement** and where there may have been an opportunity to divert to a community pathway.

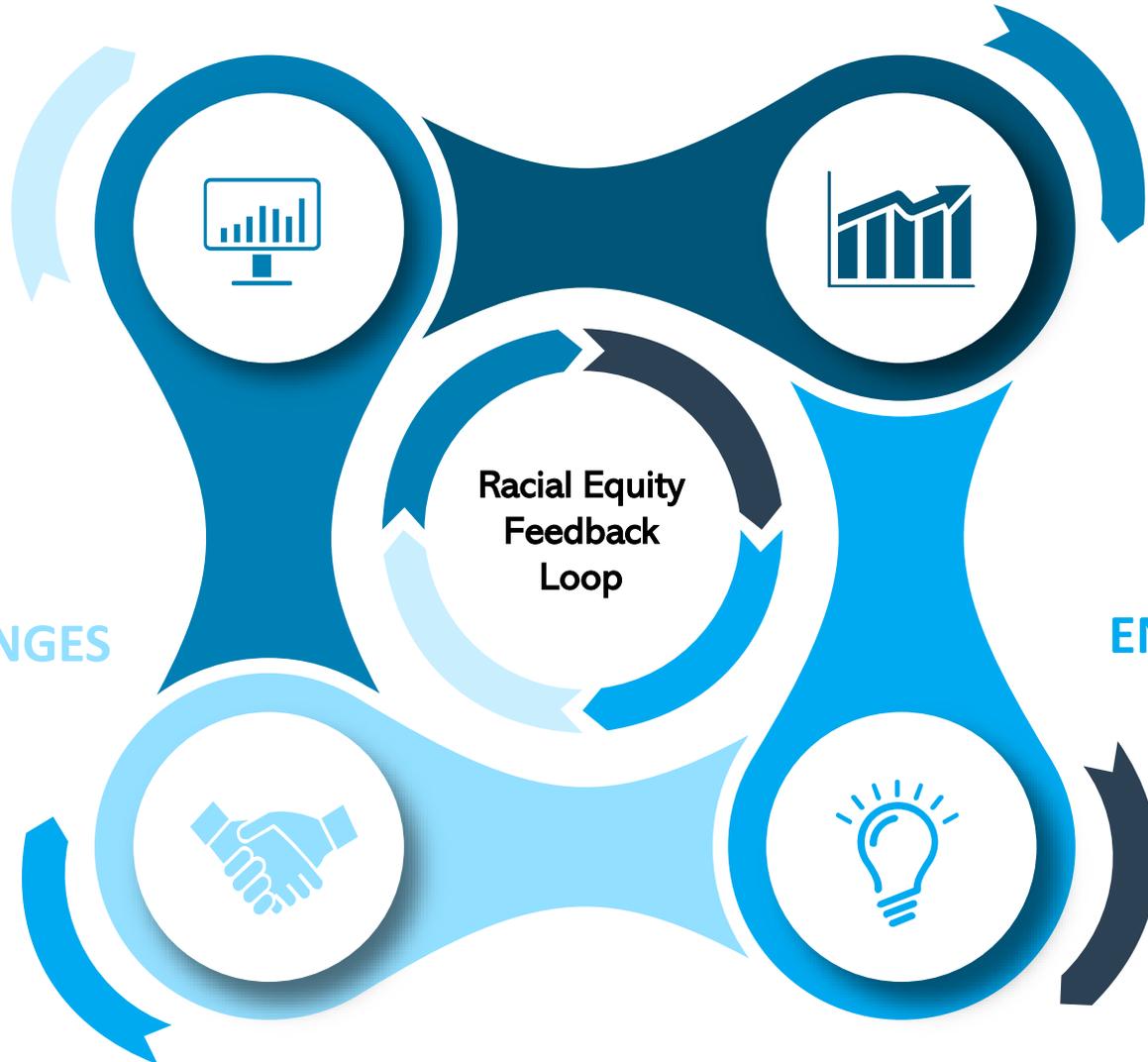
HOW DOES THE TOOL SUPPORT RACIAL EQUITY FEEDBACK LOOPS?

STEP 1: ANALYZE INPUTS

The Risk Stratification Tool is used to systematically assemble and standardize information concerning individuals' past interactions with DCFS and the current report that was received from a mandated reporter / community member.

STEP 4: IMPLEMENT CHANGES

Community feedback is adapted to amplify practices and maintain processes that are working well for children, families, and the community at different levels of risk – while refining and altering those that are leading to differential outputs (and disparities in outcomes).



STEP 2: REVIEW OUTPUTS

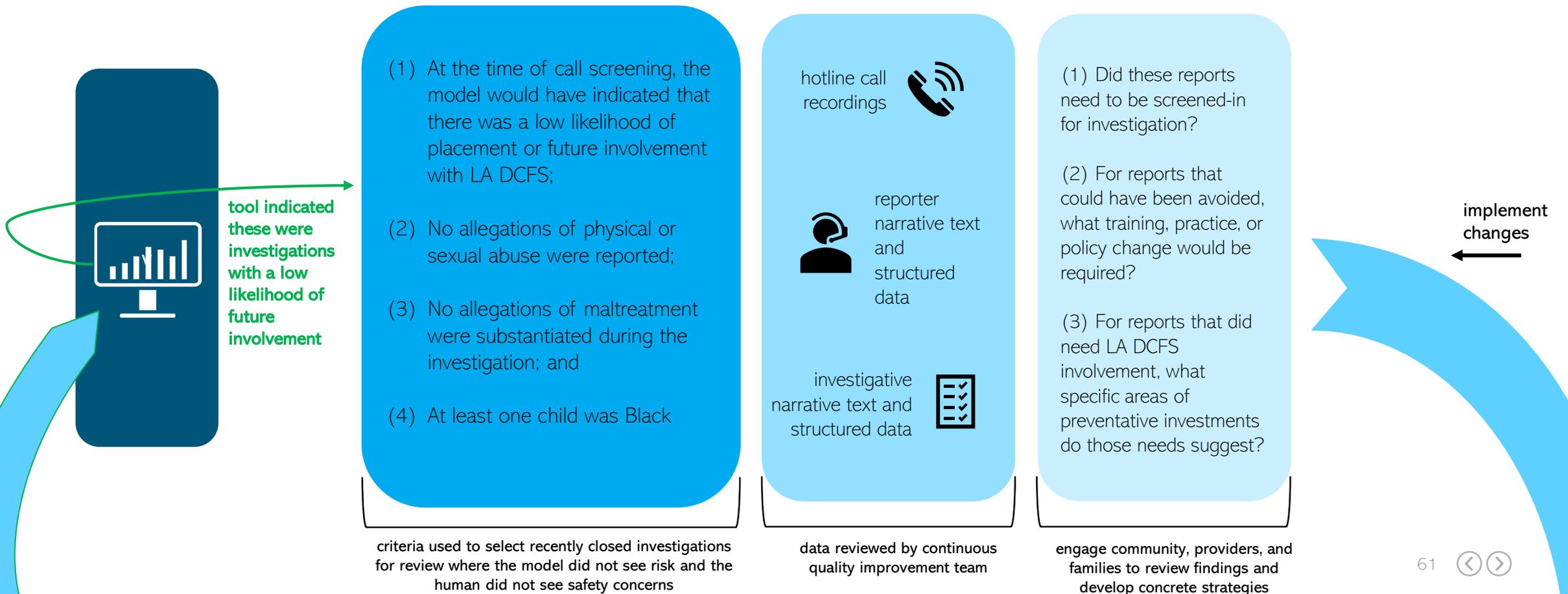
Data concerning referral screening, investigation outcomes, and family service connections are reviewed by risk level and race/ethnicity to assess where differences (and/or unwarranted variations) emerge.

STEP 3: ENGAGE COMMUNITY

Aggregated input and output information is shared with community partners to discuss historical and current disparities in inputs – and patterns of near-term outputs that emerge by race/ethnicity. The community helps surface actionable strategies to advance child safety and family supports, while also improving racial equity.

REVIEWS OF RECENTLY CLOSED INVESTIGATIONS

Investigations selected for review were identified by the Risk Stratification Tool as falling in the bottom 50% of all investigations for risk of future system involvement. Based on additional selection criteria (see below), these closed investigations reviewed to better understand the factors that contributed to reporting and screening decisions. The goal is to help LA DCFS better understand if there are investigations that could have been avoided – and what training or process changes may be required to prevent them in the future.





WHERE DOES THIS LEAVE US?

← What have we learned from data for the first 11-months of the pilot? What are the next steps?

CURRENT STATUS OF RISK STRATIFICATION PROJECT

Updated as of July 2022

PILOT UPDATE

- All three pilot offices are continuing to use information from the tool. *The information is valued, but wish the report and interface were better.*
- Racial equity reviews have been conducted by CQID. *Sampled review findings to be shared with local advocates; other materials from pilot to be posted publicly.*
- Dissemination and engagement efforts being scheduled.
- Continued monitoring of outcomes. *BIS / CDN teams have designed a report that will pull closed investigations on an ongoing basis. This can be used to both examine the distribution of investigations designated for enhanced supports – and to continue racial equity reviews.*
- Development of summary data for all regional offices to guide discussions.
- Exploration of new approaches to better understanding family experiences at the front-end of the system *Opportunities for families to provide confidential feedback is in development*

UPDATES / OUTCOMES RISK STRATIFICATION PROJECT

Updated as of July 2022

FINDINGS TO DATE

- The tool is identifying a set of investigations in which the service needs of families are clearly distinct
These investigations look different on almost every dimension of risk, safety, and service needs.
- A significant share of investigations classified for enhanced supports involve infants and young children
More than one-third of enhanced support investigations include a newborn or infant.
- Staff report meetings with ARAs, earlier outreach to community partners, *“it has made a difference in our practice”*
Continued learning from leadership and staff in pilot offices about their practices.
- No indication of unintended consequences as a result of information from the tool
 - *No increased likelihood of substantiation*
 - *No increased likelihood of new case openings*
 - *No increased likelihood of foster care placement**Concerns that delivering this information will lead to more children removed do not appear to be founded.*
- Statistically significant reduction in re-reports for enhanced support investigations in pilot offices (preliminary finding)
Observed in all three pilot offices and consistent with enhanced efforts to ensure the needed services are provided.

Acronyms:

ARA – Assistant Regional Administrator
AUC-ROC – Area Under the Receiver-Operating Characteristic Curve
AUT – Auckland University of Technology
BIS - Business Information Systems
CCWIP – California Child Welfare Indicators Project
CDN – Children’s Data Network
CPS – Child Protection System
CWS – Child Welfare Services
CWS/CMS – Child Welfare Services/Case Management System
CSDA – Centre for Social Data Analytics
CSW – Children’s Social Worker
CQID - Continuous Quality Improvement Division
ERDD – Eliminating Racial Disproportionality and Disparities
IR – Immediate Response
DPSS – Department of Public Social Services
DPH – Department of Public Health
DMH – Department of Mental Health

LAC DCFS – Los Angeles County Department of Children and Family Services
OOE – Office of Equity
PI – Pacific Islander
P&A – Prevention and Aftercare
PPV – Positive Predictive Value
RA – Regional Administrator
SPIRITT – Skills for Prevention, Intervention, Recovery, Individual Treatment and Training
RJC – Racial Justice Committee
SACWIS – State Automated Child Welfare Information System
SCSW – Supervising Children’s Social Worker
SDM – Structured Decisions Making
SEIU – Service Employees International Union
SFS – Santa Fe Springs
TPR – True Positive Rate
UCB – University of California at Berkeley
UNC-CH – University of North Carolina at Chapel Hill
USC – University of Southern California

Citation:

Putnam-Hornstein E, Vaithianathan R, McCroskey J. The Los Angeles County Risk Stratification Pilot: An Overview and One Year Update. Children’s Data Network (August 2022): URL **XX**

FUNDING COLLABORATION

[THANK YOU!]



QUESTIONS?

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QUESTIONS WE
RECEIVED DURING
THE PILOT...



1. What is the Risk Stratified Supervision Pilot Project?

The Risk Stratified Supervision Pilot Project is a data-informed approach to identify already-open investigations recommended for enhanced supports in situations where history indicates a family's service needs are likely more significant. By adopting this approach, the Los Angeles County Department of Children and Family Services (DCFS) will be able to provide supervisors with a method for better ensuring that enhanced support investigations receive the staffing resources and attention required to protect children and strengthen families.

2. Where is this pilot taking place?

Three regional offices were chosen to participate in this pilot: Belvedere, Lancaster, and Santa Fe Springs. These offices were chosen by DCFS Deputy Directors who were asked to identify one office in their region based on an assessment of office readiness and a consideration of other pilot initiatives that were taking place.

3. What is the pilot?

At the core of this pilot project is the Risk Stratification Model. The model uses information from records maintained by DCFS from the state's administrative Child Welfare Services Case Management System (CWS/CMS).

There are three applications (or reports) designed to be used by DCFS staff in pilot offices that will draw upon data from the model during the pilot phase of this project:

- A flag provided to supervisors overseeing emergency response (ER) investigations, alerting them to a new investigation that the model recommends for enhanced support;
- An investigation overview report provided to supervisors that summarizes information that can be time consuming to assemble through the existing case management system; and
- A racial-equity report and feedback loop protocol that will be used by LA DCFS to examine low-complexity referrals that were screened in for investigation involving Black and African American children.

4. What is the Risk Stratification Model?

The data model is built from CWS/CMS records. These records include historical information about children and adults involved in the current investigation (e.g., a past allegations of sexual abuse, time since the last exit from foster care) – as well as information in the current report of maltreatment (e.g., that the call was received from a neighbor, that there is an adult perpetrator who is unrelated to the child). By using a data model, DCFS is able to ensure that the information we already ask our frontline staff to review and consider during an ER investigation is more systematically pulled together and summarized. The model is different from many tools you may be familiar with because it does not require any new information to be gathered or entered.

5. How will the model work?

Each referral screened-in for investigation by the county's Child Protection Hotline will be run through the Risk Stratification Model. A supervisor will be notified that they have been assigned a "enhanced support" investigation when the model indicates that the information associated with this investigation (both historical and current) suggests there is an elevated likelihood of future reports and significant system involvement (e.g., detention and placement in foster care) unless we change that trajectory through the services we offer now.

Based on research and analyses of historical data, approximately 10% of investigations in Los Angeles County will be designated as having significant complexity and service needs that are quite distinct from the other 90% of investigations that take place. The workforce applications that have been developed to draw upon data from the model are intended to help support enhanced supervision, engagement, and practice for these investigations, specifically.

6. When will the model run?

The model will run nightly based on the latest information in CWS/CMS as of that day. This means that all referrals newly screened-in for investigation will be reviewed by the model so that the next day a supervisor will know if they have been assigned a new investigation recommended for enhanced support.

7. Will complex-risk designations be updated throughout the investigation?

No. It was decided that during the pilot, the model will run only at the outset of an investigation. It will not incorporate new information collected during the current investigation. This decision will be revisited over time based on feedback received from supervisors and others.

8. Are workers entering new information to determine if an investigation is complex-risk?

No. The model is quite different than other tools the Department uses (e.g., CANS, SDM) as it is automated and does not require any additional data entry on the part of staff or supervisors. It is simply integrating and synthesizing information that already exists.

9. What is an “enhanced support investigation”?

“Enhanced support” indicates that the model has classified a new investigation as exhibiting patterns of historical involvement with DCFS and new maltreatment concerns that indicate there is a high likelihood of future reports to DCFS and eventual placement in foster care. Based on model testing, external modeling validations of near-fatalities and fatalities, and workload (e.g., what is a reasonable share of investigations for enhanced supervisory engagement?), the decision was made to set a threshold so that a recommendation for enhanced support is reserved for the most complex 10% of investigations countywide. Additionally, given that 90% of child maltreatment fatalities involve children age 10 and under, the decision was made that only investigations that include at least one child age 10 or under are eligible to be recommended for enhanced support.

10. Where did the language “enhanced support” come from?

Based on feedback received from staff in the pilot offices, it was clear we needed to identify language that would not conflict with risk designations from other tools. Likewise, we received feedback from members of the community who wanted to make sure the language chosen was not stigmatizing. We chose language that we hoped would communicate the degree of careful assessment and service needs likely present in a new investigation: these are investigations may require more time, attention, and service connections.

11. What data are used to determine that an investigation is “complex”? What information is used by the model?

The data model is built from information in CWS/CMS. This includes historical information about children and adults involved in the investigation (e.g., a past allegation of abuse) – as well as information about the current report of maltreatment (e.g., that the call was received from a neighbor). Importantly, it does not require any new data entry on the part of workers or supervisors. And it does not incorporate information from other Los Angeles County departments (e.g., public benefit data, criminal justice data).

12. Does the model use race/ethnicity?

No. The model does not use race/ethnicity in its review of information to determine if an investigation is complex-risk.

13. Does the model use office or address information?

No. The model does not use any geographic data elements in its review of information.

14. Does the model use information from other data systems?

No. The model only uses information from the child welfare case management system. It does not incorporate information from any other Los Angeles County departments (e.g., public benefit data, criminal justice data).

15. How is the Risk Stratification Model different than the Structured Decision Making (SDM) tool?

Currently, Los Angeles County uses the Structured Decision Making (SDM) suite of assessments, including: (1) the SDM Hotline Tool, (2) the SDM Safety Tool, and (3) the SDM Risk Tool. The Child and Adolescent Needs and Strengths (CANS) is another tool used by DCFS. But it is important to distinguish the purpose of various tools that are implemented by child welfare agencies to support decision making and assessments. The Risk Stratification Model is not a replacement for, nor should it be compared to, tools that are clinical or diagnostic in nature (e.g., CANS), nor should it be compared to tools that are used to organize immediate safety information in the field (e.g., the SDM Safety Tool). Those tools serve a very different purpose.

The Risk Stratification Model falls within a class of tools that are conceptualized as “risk assessment tools”. Most existing risk assessment tools used in child welfare are “operator driven” or manual in nature, including the SDM Risk Tool. Manual tools require information to be gathered and entered by staff. The problem with manual risk assessment tools is that they: (1) must be brief enough for workers to complete quickly and reliably, meaning they fail to incorporate the full range of factors relevant to understanding differences in risk; (2) frequently contain subjective data elements that lead to biased assessments, and (3) are prone to errors in how they are filled out and completed.

The Risk Stratification Model does not require any additional data entry, meaning that hundreds of factors can be systematically integrated into its assessment and classification. Importantly, the model can also deliver information to a supervisor at the outset of an investigation, providing them with more time to coordinate services.

16. Will the Risk Stratification Model replace SDM?

The Risk Stratification Model will not replace any of the SDM tools during the pilot. The Risk Stratification Model was implemented and designed to complement other tools used by the Department, both in terms of when the model is run (e.g., at the very outset of an investigation) and the primary staff for whom it was designed (i.e., supervisors).

17. Which staff at DCFS will know that an investigation has been recommended for enhanced supports?

An enhanced support designation will be handled according to confidentiality policies for all sensitive information in a family's records and case history, including other assessments, past SDM risk scores etc. Information will be shared as needed with other DCFS staff (e.g., CSW, ARAs) to support engagement with the family, the investigation process, and service planning.

18. Will community partners working with a family have access to the Risk Stratification modeling results?

As a part of the multidisciplinary team process, all information related to a family assessment, including whether an investigation has been identified as complex-risk, may be shared with service providers and family team members. This information is shared as needed, to ensure that services are appropriately prioritized and responsive to the family's needs.

19. How will the department ensure that bias does not play a role when using the Risk Stratification Model?

As much as there is bias reflected in the model's assessment that an investigation has significant complexity and risk of future system involvement, that is because there is bias in the decisions of humans – both inside and outside of the system, past and present.

To help mitigate bias, several modeling and implementation decisions were made, including: (1) restricting the model to only child welfare system data; (2) excluding race/ethnicity from the model; (3) excluding zip code and geographic indicators from the model; (4) testing the model to confirm its classification accuracy was equivalent across racial/ethnic subgroups; (5) engaging an external team at Carnegie Mellon's School of Computer Science to review the model; (6) validating the model using outside of system maltreatment fatality and near-fatality data; (7) offering a text rather than a numeric designation of an investigation as complex-risk; (8) assessing model features for associations with race/ethnicity; (9) developing management reports for tracking outcomes, including by race/ethnicity; (10) not attaching the model to any specific decision point; and (11) developing a racial equity feedback report and protocol.

We welcome feedback and other ideas for ways we can help guard against bias.

20. What is the Racial Equity Feedback Loop?

The Racial Equity Feedback Loop is designed to improve the use of data to identify screening practices, and community reporting patterns, that may result in unnecessary investigations disproportionately burdening low-income and black families. During the pilot, the Risk Stratification Model will be used to generate a list of recently closed investigations that were deemed to have low levels of risk by the model, did not result in any inconclusive or substantiated allegations, and involved Black / African American children and families.

The goal is to help DCFS better understand local reporting dynamics that may contribute to Black families being unnecessarily referred by the community and/or screened in for investigation by DCFS. This work will be led by the Office of Equity in partnership with Continuous Quality Improvement (CQI). Based on these reviews, the Office of Equity will then work to develop recommendations that would reduce bias in reporting, improve the manner in which the DCFS screens referrals, create differential response pathways, and help more families obtain the supports they need in their communities.

21. Who built the model?

The Risk Stratification Model was developed in collaboration with university researchers at the Children's Data Network, in partnership with data scientists and child welfare experts at the Centre for Social Data Analytics at Auckland University of Technology, and the California Child Welfare Indicators Project at UC Berkeley. Implementation support and an initial assessment of the pilot is being led by Mathematica.

22. Was county funding used to support this work?

This project was funded by a philanthropic collaboration that included Ballmer Group, the Conrad N. Hilton Foundation, the Reissa Foundation, the Ralph M. Parsons Foundation, and First 5 LA.