# ADVANCED ANALYTICS TO IMPROVE CHILD WELFARE PRACTICE & OUTCOMES





### **HOW SAS CONQUERS COMPLEXITY**





# ANALYTICS IN GOVERNMENT

## IT'S THE PRESENT, NOT JUST THE FUTURE

The Role of Data Analytics in Predictive Policing

How Analytics Can Help Governments Crack Down on Disabled Parking Fraud

Big Data, Analytics and a New Era of Efficiency in Government

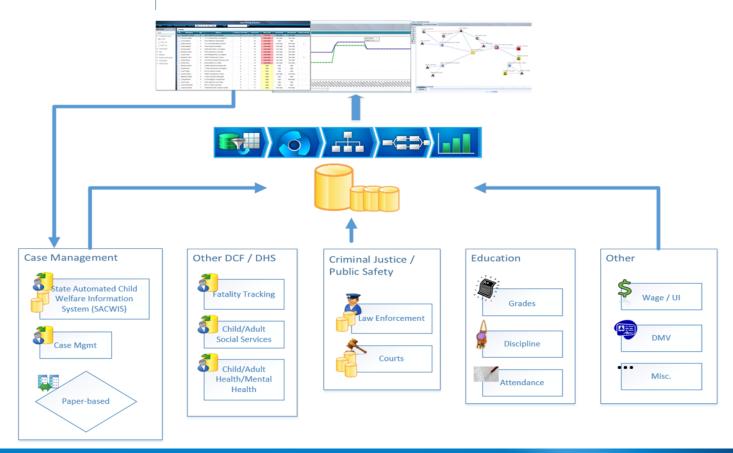
7 Big Data
Solutions Try To
Reshape
Healthcare

Can Data Analytics Reduce Infant Mortality?

Public Agencies Use Business Analytics to Improve Performance and Boost Transparency States Use Data to Target Identity Thieves

L.A. Weighs Traditional Risk Assessment and Predictive Analytics in Wake of Child Death

#### **ANALYTIC APPOACH**



## MALTREATMENT FATALITY RISK MODELING



Factor	AURA Score Influence
Client Age	Lower age increases
Number of Months Parents on Probation	More increases
Birth Parent DMH Indicator	Positive increases
Family Law Enforcement Encounter Count	More increases
Alleged/Adopted DMH Parent Service Count	More increases
Number of Alleged/Presumed/Adopted Fathers	Complex relationship
Alleged/Presumed/Adopted Father Age	Complex relationship

Remember: correlation is not the same as causation



## **AURA SCORE** PRIMARY CONTRIBUTING FACTORS

Factor	AURA Score Influence
Previous AURA Referral	Maximizes AURA Score
Substantiated Allegation Count	More increases
Client Age	Lower age increases
Narcotic Services Indicator	Substantially Increases (5x)
Substantiated Allegation for Parent on Other Children	Complex relationship
Birth Mother Age	Complex relationship
Child DMH Service Count	More increases
Percent of Children Under 2 in Family	More increases
Parents Were Perpetrator in Previous Substantiated Allegation	Complex relationship
Number of Children in Family	More increases
Parent DHS Inpatient Indicator	Positive Increases
5 Year Total Case Count	More decreases
Inconclusive Allegation Count	More decreases

Remember: correlation is not the same as causation



## RISK FACTORS VARIABLES CONSIDERED

Factor Name	Description	Primary Data Source
Age in Months	Age of the child	SACWIS
Gender	The gender of the child	SACWIS
Mother's Age	The age of the child's mother	SACWIS
ACCESS Flag	An indication the child or parent listed in the ACCESS data as an aid beneficiary	Public Welfare
Citizenship Flag	An indication of the child's citizenship status	Public Welfare
Sibling Flag	An indication siblings present in the household at the time of a child's birth	SACWIS
Report History Count	The total number of reports known to be received by DCF on individuals connected to the child	SACWIS
Ethnicity	Ethnicity rolled up into the categories Black, White, Hispanic, Other and Unknown	вотн
Perpetrator as Victim	The number of different individuals listed as a perpetrator for a child or for that child's Level 1 and 2 relationships who were themselves victims of past maltreatment	SACWIS
Historical Maltreatment Mix	The percent of historic allegations classified as: Physical Abuse, Parental Neglect, Substance Abuse, Sexual Maltreatment, Family Violence and Other Maltreatment	SACWIS



#### **CONCLUSION** EARLY MALTREATMENT FATALITY MODEL

- Early Maltreatment Fatality Model successfully captures more than half of maltreatment fatalities in a relatively small segment of children
- Report History Count vital to the success of this segmentation
- Report History Count depends critically on entity resolution process
- Intergenerational child maltreatment also a critical risk factor

# IMPORTANCE OF DATA QUALITY & ENTITY RESOLUTION



## **ENTITY RESOLUTION** IDENTIFYING UNIQUE PERSONS

Initial inspection of the data revealed unique persons in FSFN assigned to multiple Person IDs. In order to get a complete picture and history of a person, the first analytic task was to consolidate these multiple representations into a single unique person into "Key ID" (KID).

ID_PRS1	J N	Name	KID
1002037	12 V	William Smith	12345
1001608	23 E	Bill Smythe	.2310

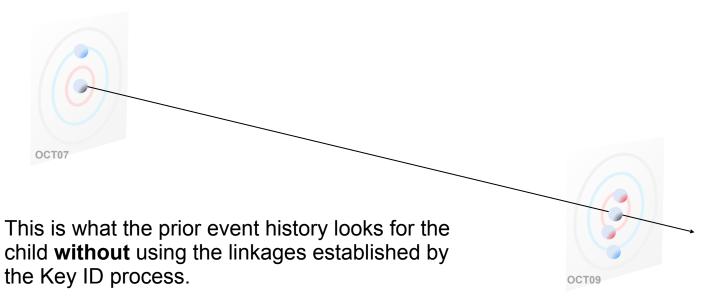
### **LEVELS OF RELATIONSHIPS**

To better understand the relationships between a given child and others in the child's event history, the following hierarchy was defined:

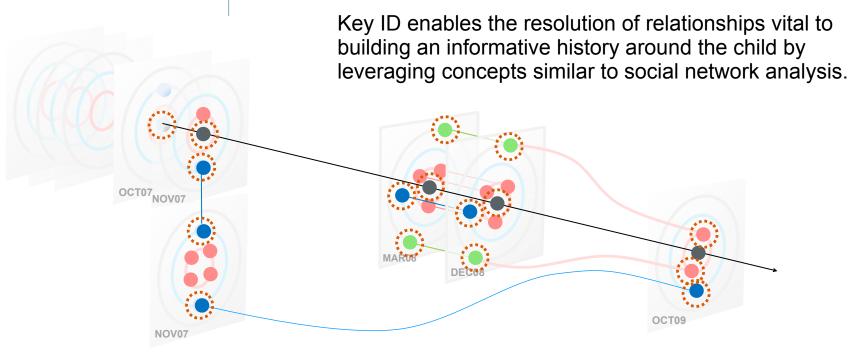
Level	Description
0	Previous reports and intakes for the selected child
1	Previous reports and intakes for those in the same cases as the selected child
2	Previous reports and intakes for those linked to the cases of the selected child but not including the selected child

#### **CASE STUDY 1** EXAMPLE FROM CDR AND SACWIS DATA

CDR data reported prior counts for victims, perpetrators and several other relations. As an example, a child is listed in CDR to have died in 10/2009. CDR references one victim prior and one perpetrator prior from 10/2007.

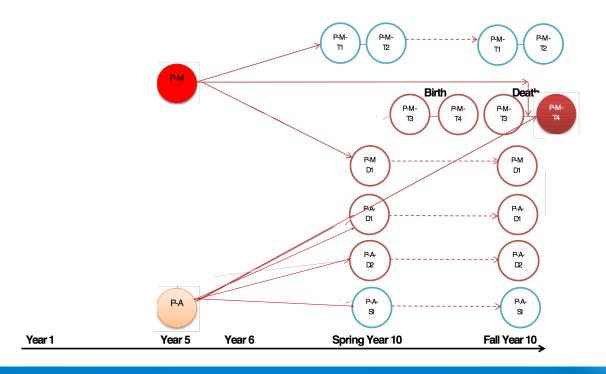


#### KEY ID EXAMPLE IMPACT OF ENTITY RESOLUTION ON THE CHILD'S HISTORY

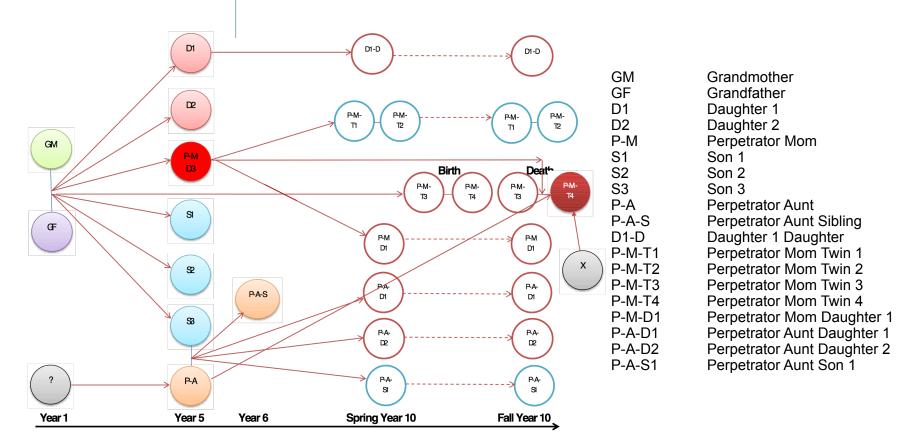


Identified only with improved entity resolution

## **CASE STUDY 2 WITHOUT ENTITY RESOLUTION**



### **CASE STUDY 2** WITH ENTITY RESOLUTION



## **CASE STUDY** IMPACT OF ENTITY RESOLUTION

	Without Entity Resolution	With Entity Resolution
Report History Count	44	127
Intergenerational Abuse History	NO	YES
Risk Percentile	82.7	99.6

# PERPETRATORS, RE-REPORTING, RE-MALTREATMENT AND CHRONICITY

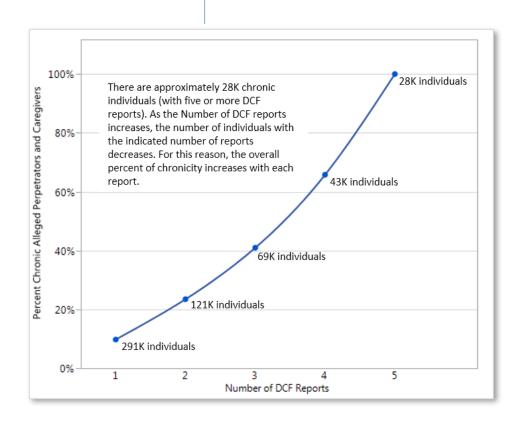


## PERPETRATION CENTRIC ANALYSIS

### **REASONS FOR FOCUSING ON RE-PERPETRATION**

- Child welfare interventions and programs generally geared to produce changes in the behavior of the perpetrator
- Recidivism is not confined to maltreatment of the same children in a family or household.
- Perpetrators return to the child welfare system at a high rate suggesting and since the recurrence of maltreatment is a long-term phenomenon.
- Selecting perpetrator as the unit analysis enables the models to predict the recurrence of maltreatment more effectively by integrating intergenerational abuse directly to the model as a covariate of the perpetrator.
- Finally, preliminary data analysis showed that, chronic maltreatment is more closely associated with a perpetrator rather than a victim.

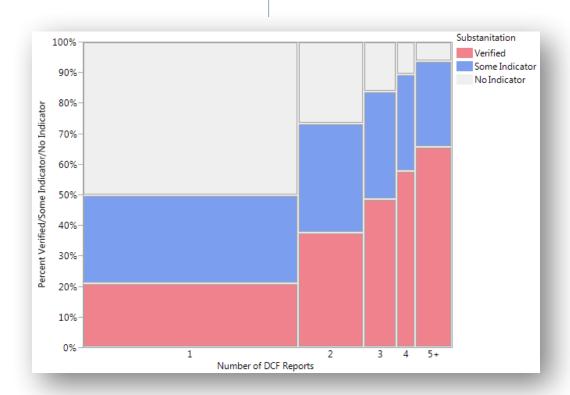
#### **PATH TO CHRONICITY**



42% (121K) of perpetrators were reported multiple times over the 8 to 10 years followup period. Roughly, 10% of the study cohort of 291,499 perpetrators had 5 or more reports. After each report the fraction reaching chronicity increased.

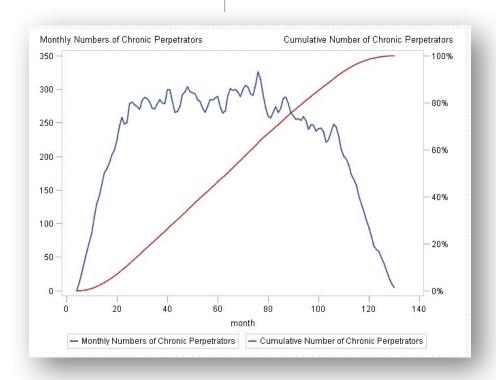
## RE-REPORTING AND VERIFICATION

#### **CHRONICITY IMPLIES VERIFICATION**



By the 5th report, almost 2/3rd of perpetrators were substantiated (verified) at least once and over 9 out of 10 of them had a report with either verified or some evidence ("some indicator") of maltreatment. Even though the type of transition of report disposition from one report to another does not explain the type of next disposition or chronicity, as a perpetrator is re-reported multiple times, the likelihood of substantiation increases substantively over time.

#### TIME TO CHRONICITY UNIFORM RISK OVER TIME



The chronicity of maltreatment is a long-term phenomenon and the median time to chronicity was 64 months suggesting that perpetrators have been abusing their children over a very long time period.

# CHRONIC PERPETRATION MODEL

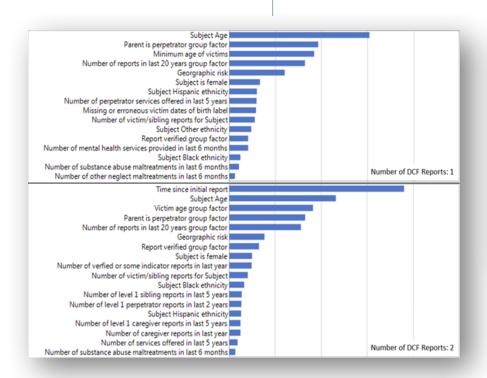
#### **RISK FACTOR CATEGORIES**

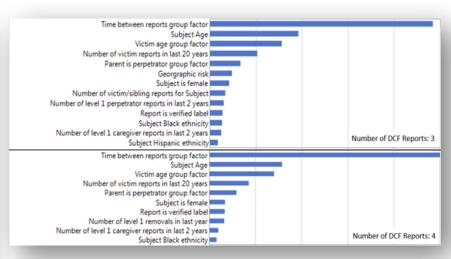
More than 400 variations of risk factors were considered for development of each chronic perpetration risk model. These were reduced by predictive modeling techniques to about 20 per model.

- Historical report characteristics
- Historical placement characteristics
- Historical maltreatment characteristics
- Historical services characteristics
- Current report characteristics
- Alleged perpetrator of caregiver characteristics
- Intergenerational abuse characteristics
- Historical mental health characteristics
- Physical problem characteristics
- Inter-report characteristics
- Geographic risk factors

# RISK FACTOR IMPORTANCE

### **RELATIVE RISKS VS DCF REPORT COUNT**

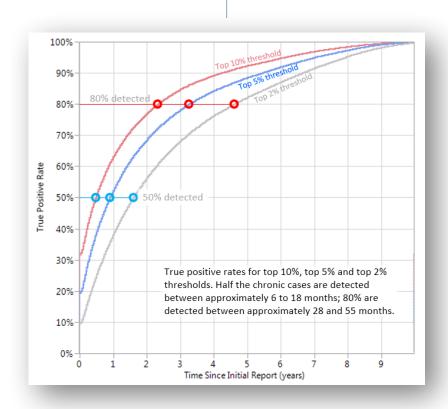




Time between reports plays an increasingly important role as the number of DCF reports increases.



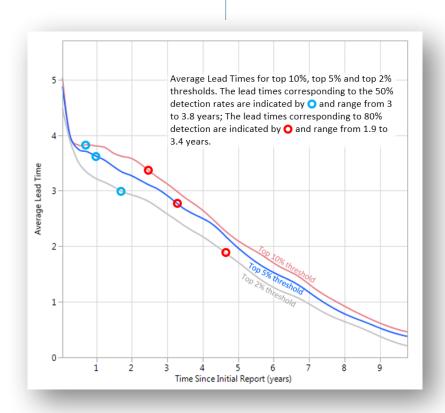
### **MODEL PERFORMANCE HIGH RISK DETECTION RATES**



### The risk models could identify:

- 10% to 33% of chronic subjects on their first DCF report.
- 50% in 6 to 28 months.
- 80% in 28 to 55 months.

#### MODEL PERFORMANCE LEAD TIMES



Lead times (time between detection and the fifth report) varied between:

- 5.4 and 5.7 years for individuals detected on their initial report
- 3.0 to 3.8 years at 50% detection.
- 1.9 to 3.4 years at 80% detection.

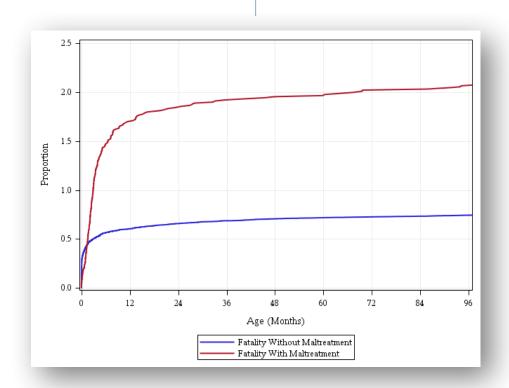
### **HIGH RISK SUBJECTS** DEFINING CHARACTERISTICS

Risk Factor	Cohort Average	High Risk Average	Difference	% Range
Intergenerational report count	0.2	3.8	3.6	60%
Subject is parent of at least one victim	7.2	15.2	8	42%
Number of reports in last 20 years	4.7	7.9	3.3	33%
Minimum age of victims	12	17	5	28%
Subject Age	21.1	26.8	5.7	20%

A key defining characteristic in high chronicity risk was intergenerational maltreatment.

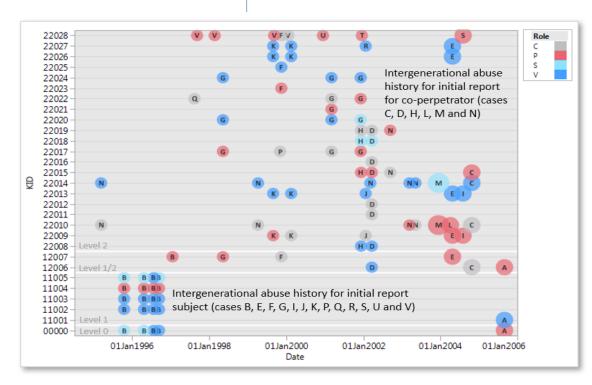
# CHILDHOOD FATALITY RATES

#### MALTREATED VS NON-MALTREATED CHILDREN



The fatality rate of children with an alleged maltreatment is nearly three times that of non-maltreated children in their first ten years of life and maltreated children have been shown to die sooner and for preventable causes including accidental death and homicide.

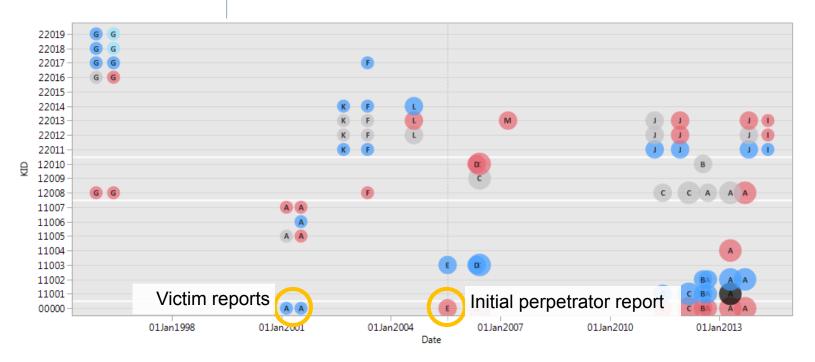
#### **DCF REPORT HISTORY** INITIAL PERPETRATOR REPORT



Many of the highest risk perpetrators are young mothers with young children, a history of victimization, and a large number of networked reports in the past.

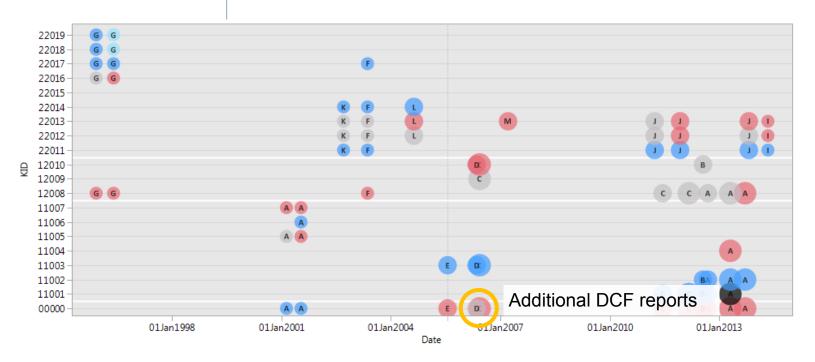
In the diagram, each marker is a report. Reports on the same row are for the same individual and the position horizontally indicates the time of the report. The marker color indicates role and the size indicates verification status. The letter in the marker groups reports into cases.

### THE TYPOLOGY OF A HIGH CHRONICITY RISK CASE



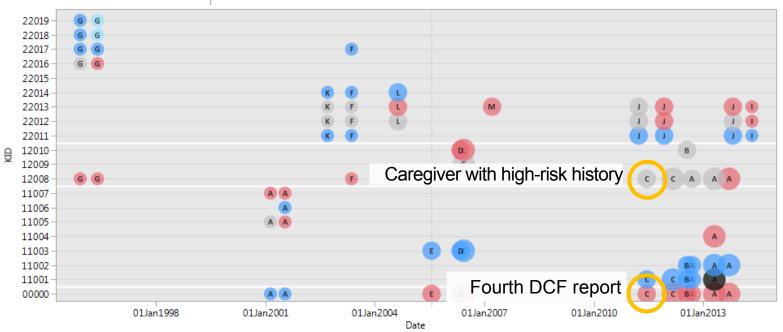
The individual in question had two (2) victim reports as a child (Case A in 2001) which resulted in a 99.9<sup>th</sup> percentile initial-report risk score in June 2005 (Case E).

### THE TYPOLOGY OF A HIGH CHRONICITY RISK CASE



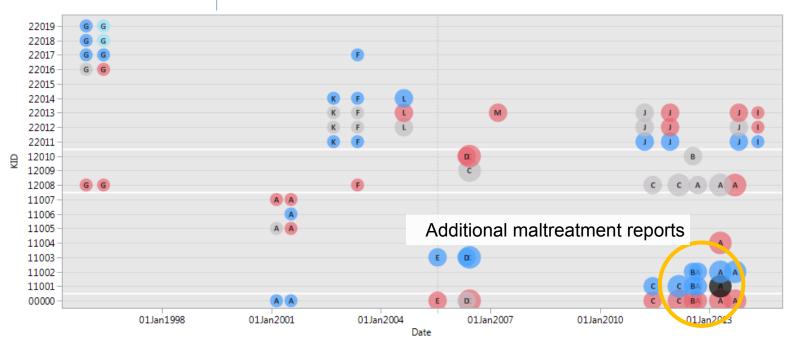
Two additional DCF reports followed within a year. The verified third report resulted in a removal of the victim from the home in mid-2006.

### THE TYPOLOGY OF A HIGH CHRONICITY RISK CASE



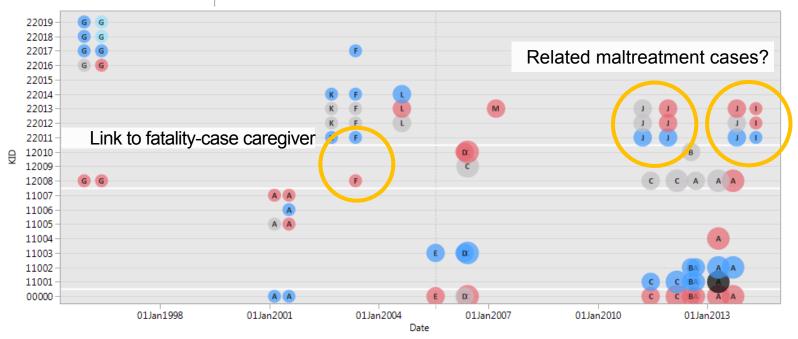
Approximately five years later in 2011, a fourth report came to the child welfare system for the subject for another child (Case C). A caregiver listed in the fourth report had a history of prior perpetration spanning more than a decade (Cases G and F). Due to entity resolution issues, these prior perpetration reports were apparently not known to the case. The chronicity risk for the caregiver at the fourth report exceeded that of the initial report.

### THE TYPOLOGY OF A HIGH CHRONICITY RISK CASE



Over the course of the next three years four additional maltreatment reports came to the child welfare system involving the subject, the affiliated caregiver and (eventually) two victims (Cases B, C and A). The last of these, in early 2013, saw the death of one of the victims due substance-abuse related neglect.

### THE TYPOLOGY OF A HIGH CHRONICITY RISK CASE



Approximate in time to the second batch of reports to the child welfare system (in 2011), there were reports regarding another family (Case I and J). While not directly related to the subject, one of the recurring victims in these reports was maltreated by the aforementioned caregiver (Case F in 2003). The relationship between Cases A through C with Cases I and J between 2011 and 2014 is not known.



## **SNAP SHOT OF SOLUTION**

← Filters		Case Number	Child Name	Age	Address	Previous CPS Visits	Total Risk Score	Risk Level	30 Day Risk	180 Day Risk
₹ 15		1034769191	Samantha Conway	6	8511 S Main St, Los Angeles	2	23	Very High	Very High	High
▶ Total Risk Score		1518180421	Dominic Oulten	8	11212 Zamora Ave, Los Angeles	0	21	Very High	Very High	Very High
		2670001274	Cassie Burton	11	7033 Kittyhawk, Westchester	1	20	Very High	High	High
▶ Child Name		4234769192	Raymond Saiz	7	1712 S Hamilton Blvd, Pamona	2	20	Very High	Very High	Very High
▶ Address		1205848025	Sophia Manzo	9	1044 Bisby St, El Monte	0	20	Very High	Very High	Very High
<ul><li>Previous CPS Visits</li></ul>		1528050358	Saraya Smith	3	4200 Avalon Blvd, Los Angeles	0	19	Very High	Very High	Very High
▶ Risk Level		1609962489	Brandon Taylor	2	1467 Siesta Ave, La Puente	0	19	Very High	Very High	Very High
▶ 30 Day Risk		1912926544	Lania Finley	7	239 S Margaret Ave, Los Angeles	2	19	Very High	Very High	Very High
Companion Case		1306869425	Mashyia Colvin	11	19207 Cliveden Ave, Carson	0	19	Very High	Very High	Very High
		1972796837	Hailey Morse	9	14120 Roscoe Blvd, Panorama City	3	19	Very High	Very High	Very High
		1598073041	David Hicks	9	6238 Idyllwild Cor, Rialto	2	19	Very High	Very High	Very High
		1487859633	Breana Gomez	0	19366 Greyhall St, Los Angeles	0	16	High	High	High
	. 🗆	1528043866	Janyah Hall	2	11536 Gorman Ave, Los Angeles	0	16	High	High	High
		1073771200	Leah Payton	7	623 W Cedar St, Ontario	0	16	High	High	High
		1477529360	Jessica Rojas	1	1908 E Cienega Ave, Covina	1	15	High	Very High	Very High
		1659522944	Melanie Phillips	8	1166 W Grant St, Wilmington	0	13	High	High	High
		1902087281	Craig Mitchell	6	21024 Stagg St. Canoga Park	0	13	High	High	Moderate
		1639164916	Ivan Acosta	2	9160 Telfair Ave, Sun Valley	0	13	High	High	High
		1659541340	Jamar Randolph	1	45121 N Date, Lancaster	0	11	High	High	High

18209 Sierra Hwy, Canyon Country

1 - 20 of 20 results

1689935926

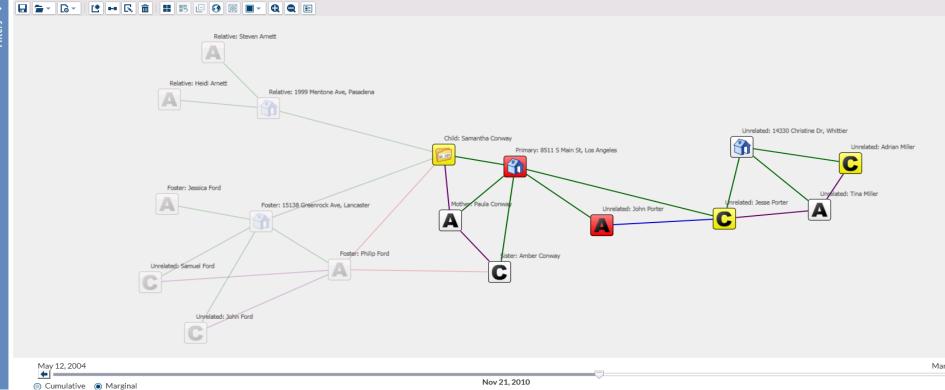
Juan Escamilla



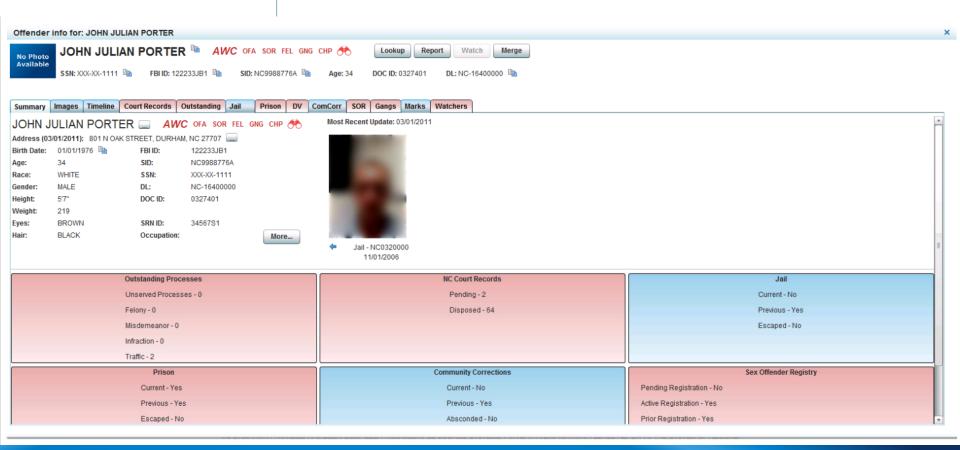
Very High

Very High





#### **INTEGRATED DATA**



**QUESTIONS?** 

**THANK YOU!** 



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