



FOSTER CARE AND CHILDREN'S WELLBEING

AUTHOR:

Max Gross
Research Affiliate

EXECUTIVE SUMMARY

Recent federal legislation incentivizes states to reduce foster care placements by funding in-home prevention-focused services. However, there is little credible evidence on the effectiveness of either foster care placement or in-home prevention services. We provide new results of how foster placement influences children's safety and educational outcomes using information from over 240,000 child welfare investigations in Michigan between 2008 and 2016. Our analysis follows public school students who enter foster care as well as those that do not and tracks children for up to nine years after their investigation.

We focus specifically on situations in which child welfare workers may be uncertain about whether to remove a child. Our results indicate that, in these cases, children placed in foster care were less likely to be abused or neglected in the future and performed better in school than those who were not placed. We also find that foster children's safety and educational outcomes improved only after they exited the foster system, when most were reunified with their birth parents. This suggests that improvements made by birth parents drove their children's gains.

While encouraging in some respects, these findings suggest that in-home prevention-focused efforts are falling short. Given the national push to reduce foster placements, we recommend that states explore ways to improve the targeting, delivery, and evaluation of in-home services to keep vulnerable children safe and thriving without foster care.

INTRODUCTION

When children are victims of abuse or neglect, child welfare agencies must make a very challenging decision: work with families while keeping children in the home or place the children in foster care. Foster placement is certainly not appropriate in most cases, yet it is considered necessary at times when children clearly face an imminent risk of serious harm. But what about when the circumstances of risk are less clear?

This question has been of great interest to policymakers recently as the Family First Prevention Services Act, which makes keeping families intact a federal priority, took effect in 2019. Specifically, the legislation incentivizes states to reduce foster placements by allowing them to use federal funds that were previously reserved for foster care and adoption budgets on services to prevent placing children into foster care. As state and local officials make decisions about how to use this funding for prevention efforts, it is important to consider what we currently do and do not know about foster care.

We know that foster placement is not a rare experience for families in the United States. Six percent of all children enter the foster system by age eighteen. This includes over one-in-ten black and Native American children, groups with long histories of forced family separation.¹

While there are many correlational studies that examine the relationship between foster care and children's outcomes, the only credible evidence of causal effects comes from a series of articles that examined children in Illinois who were placed nearly two decades ago. This research found that placement caused worse later-life outcomes like reduced earnings and increased criminality.² However, these findings may not have been broadly applicable because foster care in Illinois was very different than systems in other states. For example, foster children in Illinois spent about four months longer in the system than children in any other state at the time and twice as long as the national median.³ Moreover, this early analysis is likely outdated since child welfare policy and practice has changed over time.⁴

This policy brief reports new causal evidence of how foster care influences children's safety and educational outcomes.⁵ The analysis focuses on impacts for public school students⁶ in Michigan and on cases where child welfare workers may be uncertain about whether to remove a child, which we refer to as candidates for placement in foster care. Our results offer context and key insights for policymakers as they work to prevent foster placements in response to the Family First Prevention Services Act.

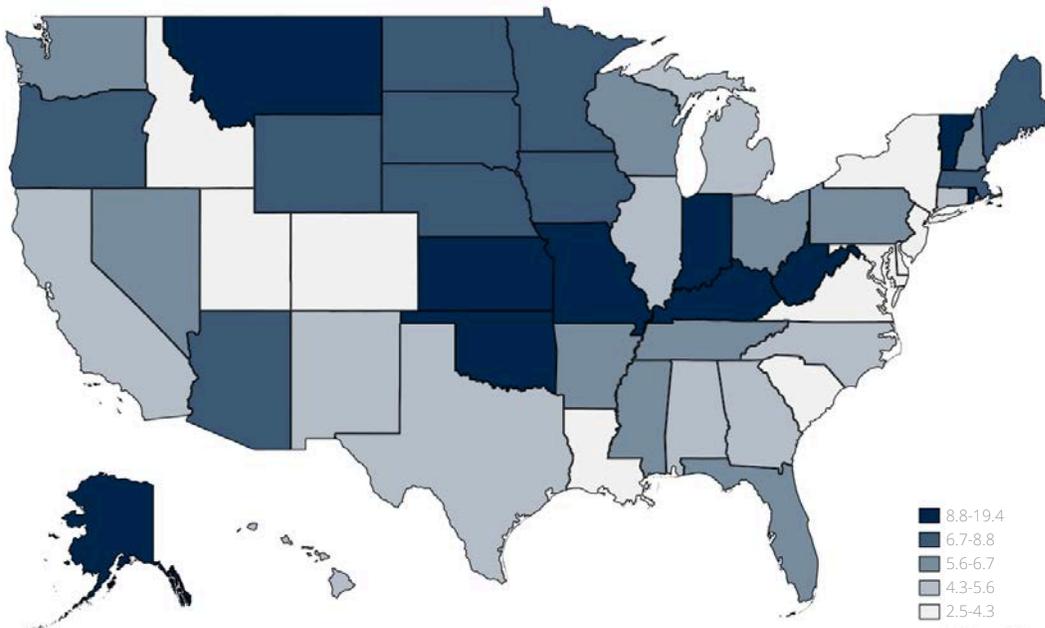
“ **Six percent** of all children **enter the foster system** by age eighteen. ”

FOSTER CARE IN MICHIGAN

Michigan ranks 19th out of 50 states in terms of the share of children in foster care. Michigan also looks nationally representative along a variety of foster care efficacy indicators such as placement with relatives, placement stability, length of stay, and reunification.⁷ However, Michigan struggles with relatively high rates of child abuse and neglect in foster care, the subject of a high-profile lawsuit in 2006. Almost a decade later, a Lansing State Journal headline read “Mich. improves but still fails kids,” and in March 2019, the Detroit Free Press wrote that the state “has failed to protect foster kids from abuse.”⁸ According to the most recent national data, 0.86% of foster children in Michigan were maltreated while in the foster system, which was the ninth-highest in the country.⁹

Though there are far too many tragic stories of abuse and neglect in foster care — and any amount of maltreatment in the system is too much — the truth is that we do not know what would have happened to these children without foster care. Might they have been worse off in their original homes? We address this question by credibly comparing the safety and educational outcomes of candidates for foster care who were and were not removed from their homes. In doing so, we improve our understanding of placement’s overall impacts.

FIGURE 1 – Foster care population per 1000 children



*We report the number of children under age 18 that were in foster care in 2018, the most recent year of available data. Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, <https://datacenter.kidscount.org>.

METHODS

The best way to determine the true causal impact of a program such as foster care is to conduct a randomized controlled trial in which one group is randomly assigned to receive the treatment while the other group serves as a control. Of course, it would be highly unethical to randomly separate some children from their families. As it turns out, however, there is an institutional feature of child welfare investigations in Michigan that somewhat mimics this process.

Within local teams, cases are assigned to individual investigators based on a list. Each case that comes in is assigned to the next available investigator. Once all investigators have been assigned a case, the investigator at the top of the list is assigned a second case, and so on. So while cases are not randomly assigned to investigators explicitly, the result is the same.¹⁰

Child welfare investigators exercise considerable discretion in deciding whether a child should be placed in foster care. For a variety of reasons such as their personal experiences or views of the foster system, some investigators are more likely to recommend placement than others.¹¹ Children that are assigned to such “strict” investigators are more likely to be placed than if they had been assigned to a more “lenient” investigator.¹²

Therefore, the cases that happen to be assigned to a strict investigator are virtually identical on average to those assigned to a more lenient investigator, except for the fact that they are more likely to enter the foster system. If these children are also safer or fare better in school, then these improved outcomes can be attributed to placement and not to differences in their home life or other characteristics.

This method allows us to confidently assess the impact of foster care placement for children who are candidates for foster care. We use the term “candidates for foster care” to indicate children for whom child welfare investigators might have disagreed over whether foster placement was necessary. That is, we will not be able to assess impacts in cases where the reported incident was so minor that no investigator would have recommended placing the child. Likewise, we will not be able to speak to cases in which the child’s home situation is so dangerous that all investigators would have recommended placement. In our sample, we estimate that 5% of all child welfare investigations involve these candidates for foster care. Though this is a small percentage, it is a very important group because it is exactly the population toward whom states can allocate federal funding for prevention services according to the Family First Prevention Services Act.

OUTCOMES AND POPULATION

For this project, we use data from the Michigan Department of Health and Human Services that is connected to public school student records from the Michigan Department of Education and the Center for Educational Performance and Information. The analysis studies 242,233 child welfare investigations across the state between 2008 and 2016. It follows children for up to nine years after placement to study their outcomes both while they are in the foster system and long after they exit.¹³

We study both safety and educational outcomes to understand how foster placement influences children's overall wellbeing. Specifically, we assess child safety by examining whether children were alleged or confirmed as victims of abuse or neglect in the future. Children are recorded as alleged victims when someone reports that they were maltreated, which can occur even if children are in the foster system since they still interact with adults mandated by law to report maltreatment. They are recorded as confirmed victims if child welfare investigators find sufficient evidence to support the maltreatment allegation. We also examine educational outcomes to provide a more complete picture of children's lives. We focus on daily school attendance rates, or how often students show up to school, as well as standardized math and reading test performance.

An important limitation of our analysis is that we exclusively study children enrolled in grades one through eleven during their investigation.¹⁴ That is, we do not examine the investigations of children who were too young to have started school, even though they make up nearly half of Michigan's foster care population. We focus on this older group because young children are especially likely to be adopted after placement, often legally changing their last names before starting school. This makes it difficult to track young individuals across administrative data systems. As data infrastructure improves, future work should build on this study and examine the impacts for young children.

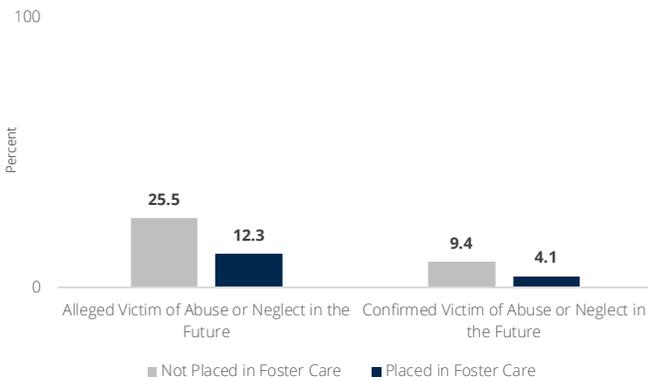
“ We study both safety and educational outcomes to understand how foster placement influences children's overall wellbeing. ”

FINDINGS

Finding 1: Candidate children who were placed in foster care were less likely to be abused or neglected in the future than those who were not placed.

We find that 12% of foster children in our analysis sample were alleged to be the victim of abuse or neglect in the future (either during their time in the foster system or after exiting) compared to 26% of children in our sample who were not placed. This means that placement reduced the likelihood of being alleged as a maltreatment victim by 52%. Though not all allegations represent actual incidents of abuse or neglect, we find a similar 56% reduction in the likelihood of being confirmed as a victim of child maltreatment – 4% relative to 9%. Therefore, despite legitimate concerns of abuse and neglect in Michigan's foster system, these findings reveal that placement improved the safety of children who were candidates for foster care.

FIGURE 2 – Impacts of foster care on children's safety



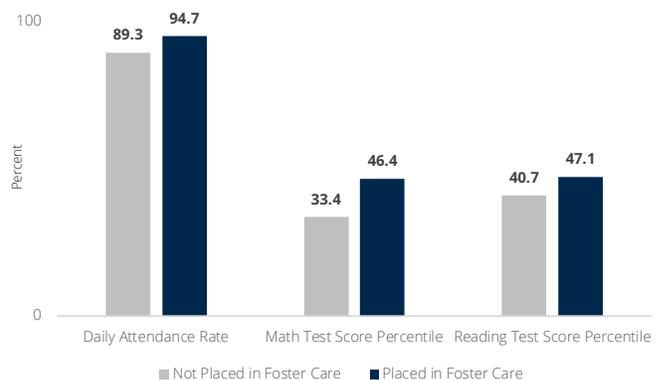
*The impact on being an alleged victim is statistically significant at the 5% level while the estimate on being a confirmed victim is significant at the 10% level.

Finding 2: The evidence indicates that foster care placement improved the school attendance and math test scores of children who were candidates for foster care.

While keeping children safe is the child welfare system's primary objective, studying educational outcomes provides a more holistic view of children's overall wellbeing. Compared to candidates for foster care who were not placed, placement increased daily school attendance rates by 6%, from 89% to 95%. This means that candidates for foster care who were placed showed up to school for about ten additional days each year.

Consistent with the impacts on attendance, we also estimate a large increase in performance on standardized math tests. We find that candidates for foster care who were not placed scored at the 33rd percentile in the state on average while those who were placed scored at the 46th percentile. We do not see as large of an increase in reading test scores, however, perhaps because there was less room for growth or because it is more difficult to improve reading skills than math for school-age children.¹⁵ Overall, the evidence in this study indicates that placement had large, positive impacts on the academic outcomes of candidates for foster care.

FIGURE 3 – Impacts of foster care on children's educational outcomes

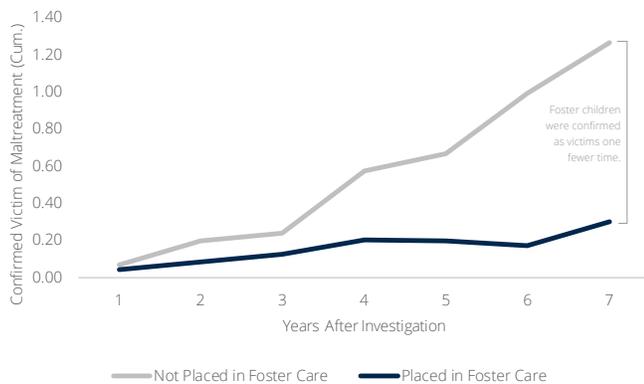


*The impact on daily attendance rate is statistically significant at the 5% level while the estimate on math test score percentile is significant at the 10% level. The impact on reading test score percentile is not statistically significant.

Finding 3: The safety and educational outcomes of candidate children who were placed in foster care improved only after they exited the foster system, when most were reunified with their birth parents.¹⁶

We explore the timing of impacts to unpack how and why outcomes improved for candidates for foster care who were placed. We see that these children spent about nineteen months in the foster system. During this initial period, they were no more or less likely to be abused or neglected and performed no better or worse in school than candidates who were not placed. Upon exiting the foster system, we find that 85% were reunified with their birth parents.¹⁷ We observe gains in children's safety and educational outcomes during this later period; candidates for foster care who were placed were less likely to be maltreated and scored higher on standardized math tests at a time when most were back living with their parents.

FIGURE 4 – Impact of foster care on children's safety, over time



The fact that foster children's outcomes improved only after most returned home suggests that children's birth parents improved their parenting skills while the children were in the foster system. Indeed, we find little evidence to support other explanations for this pattern. For example, it could be that candidates for foster care who were placed moved to more advantaged neighborhoods or enrolled in better-resourced schools, which could have affected their outcomes without their birth parents making any improvements. However, we find that placement did not cause lasting changes to the characteristics of the neighborhoods where children lived or the schools where they enrolled.

Another potential explanation is that children had positive experiences while in the foster system that benefited them only years later, like receiving counseling or meeting a supportive role model. Yet we find no evidence that candidates for foster care who were placed received additional supports in school, and credible studies of similar channels consistently estimate impacts on test scores that are much smaller than what we find from placement.¹⁸ Moreover, even if children had positive experiences while in the foster system, it would be surprising for them to be safer and perform better in school after they returned to their birth parents if their home environment had not also improved.

Why might placement cause birth parents to make positive changes in their own lives? Though we often think of foster care as a child-focused intervention, placement triggers a variety of services for adults. Birth parents might receive counseling, substance abuse treatment, parenting classes, and a variety of other resources as they work to address the challenges in their home. And they are visited regularly by social workers who monitor their progress.

For these reasons, one might suspect that we would observe similar gains if adults received services while their children remained in the home. However, the families of candidates for foster care who were not placed often also received resources, suggesting that there was something especially valuable about the services for the families of foster children. For example, the mix of services received by parents with and without children in foster care differed somewhat in terms of content and length. And the incentives faced by parents whose children were in foster care may have been quite different than for other parents.

Our study cannot be certain about the specific features of adult services that were most effective. However, with its emphasis on the rigorous evaluation of prevention services, the Family First Prevention Services Act paves the way for child welfare systems to learn more about how their content and delivery influence children and families.

POLICY IMPLICATIONS

While the decision of whether and when to separate families and place children in foster care involves ethical questions that are beyond the scope of this study, our analysis yields several lessons for policymakers in Michigan and across the country as they work to prevent foster placements in response to the Family First Prevention Services Act. Since we find that placement improved the outcomes of school-age children who were candidates for foster care, this study underscores that there is much work to be done to keep vulnerable children safe while preventing foster care entry. Especially given that improvements made by birth parents — and not features inherent to the foster system — appear to drive children's gains, our analysis reveals that a promising path forward for policymakers is to improve the prevention services offered when candidates for foster care remain with their families. We suggest the following specific recommendations:

1. States should explore and evaluate a variety of ways to improve prevention services, including changes to both targeting and delivery.

Though our analysis cannot point to a specific way to best improve in-home prevention-focused efforts, child welfare systems should explore and study a variety of potential changes. First, and perhaps most importantly, policymakers should reconsider how they identify families that need support. Michigan and most other states have investigators answer questions using actuarial platforms like Structured Decision Making® to determine children's risk in the home and whether to provide services. However, these tools are built upon easily manipulable responses to a small number of items and recent studies of automated predictive risk modeling in child welfare like the Allegheny Family Screening Tool show that there are more effective ways to support decision-making.¹⁹ When implemented transparently, considering the concerns of community members most likely to be affected, providing investigators information from models that automatically assess risk using historical records may substantially improve the targeting of in-home prevention efforts.

Our analysis also suggests that policymakers should consider changes to the delivery and content of prevention services. For example, in Michigan, the resources for families of children who were not placed do not last very long. Due to budget and capacity constraints, the state only offers its most intensive support called Families First (which is like the popular Homebuilders® program) for a few weeks. Funding for less intensive interventions is typically available for just six to twelve months. Our study finds low rates of maltreatment in the home during this initial period yet, as families stopped receiving support over time, there were ultimately more cases of abuse and neglect in the home. Therefore, it is possible that increasing the duration of these interventions may better protect children in the long-run.

Lastly, our study highlights that the incentives may be crucial to service effectiveness. Specifically, we find that adult interventions may have been more effective for parents whose children were placed in foster care than for families whose children were not removed, likely because regaining child custody requires compliance. Though the threat of child removal looms over families whose children were not placed in foster care, policymakers should carefully think through ways to strengthen the incentive to participate in prevention services. Positive incentives have worked for other social programs.²⁰ For example, creative partnerships could provide career pathways for parents who seek new employment opportunities. Or vulnerable families could receive short-term monetary rewards for maintaining a safe home, which could potentially save money relative to foster care.

The Family First Prevention Services Act requires states to implement evidence-based prevention practices and to conduct evaluations of prevention services. As such, states should rigorously evaluate the potential changes that we suggest so that policymakers can scale those that appear effective and quickly move away from those that do not.

2. States should collect and aggregate information on prevention services from local providers to better track the many interventions that families receive.

It is critical to identify the specific services that are most effective at preventing maltreatment in the home yet a key challenge to doing so is that these services are highly decentralized. Some programs are administered by the state while others are offered by local providers. Some are reimbursed by the federal government through Medicaid while others are paid for by the state or contracted by individual counties. This complex landscape makes it difficult for practitioners to track all of the interventions that families were offered and to disentangle which worked the best. Therefore, states should collect and aggregate information on the entire suite of prevention services that each family receives so that they can determine how to best allocate funding for prevention efforts.

3. Policymakers should build infrastructure to share data between child welfare, education, health, and other public systems.

The Family First Prevention Services Act requires states to rigorously evaluate the services that they choose to fund. Evaluations of these services typically only examine outcomes available in data from the child welfare system like maltreatment recurrence or foster placement. However, given their close involvement with individual families and the amount of money on the line, preventing abuse and neglect should be considered necessary but not sufficient.

States should work to build integrated data systems that link child welfare records with information from a variety of other public systems. For example, a strength of this study is that we examine educational outcomes in addition to children's safety, which allows for a more complete understanding of child development. Policymakers from different social systems should work toward their common goals together to ensure that child welfare interventions not only keep children safe but allow them to thrive.

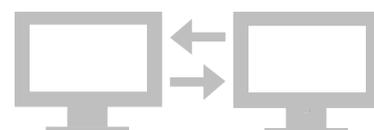
4. States and researchers should partner to (a) study the effectiveness of their existing prevention services and (b) design and implement evaluations of new programs that have proven effective in other local contexts.

States must use federal funding for evidence-based prevention services. These requirements phase-in over time such that by 2024, half of the federal funding is reserved for programs that are considered "well-supported" by evidence.²¹ Currently though, there are very few interventions that meet this threshold.

Therefore, states and researchers should partner to evaluate the prevention programs that they currently operate. Such partnerships are an investment. Evidence of program effectiveness may allow states to use federal dollars to pay for services that they already offer. And if found ineffective, states can allocate their funds toward more promising interventions.

In addition, as states use the new funding stream to adopt prevention services that have been evaluated elsewhere, researchers can help to study their effectiveness in the local context. It is critical to understand whether these programs work at scale and to learn how to tailor interventions for specific populations.

“ States should work to **build integrated data systems** that link child welfare records with information from a variety of other public systems. ”



DISCLAIMER

This research uses data structured and maintained by the Michigan Consortium for Education Research (MCER). MCER data are modified for analysis purposes using rules governed by MCER and are not identical to those data collected and maintained by the Michigan Department of Education (MDE) and/or Michigan's Center for Educational Performance and Information (CEPI). This research was supported in part by the Institute of Education Sciences, U.S. Department of Education through PR/Award R305B150012# and Grant R305E100008. Results, information, and opinions solely represent the analysis, information, and opinions of the author(s) and are not endorsed by, or reflect the views or positions of, grantors, MDE and CEPI, or any employee thereof.

ENDNOTES

- 1 Wildeman, C. and Emanuel, N. (2014). Cumulative risks of foster care placement by age 18 for US children, 2000-2011. *PloS one*, 9(3):e92785.
- 2 Doyle, J. J. (2007). Child Protection and Child Outcomes: Measuring the Effects of Foster Care. *American Economic Review*. 97(5):1583-1610. Doyle, J. J. (2008). Child protection and Adult Crime: Using Investigator Assignment to Estimate Causal Effects of Foster Care. *Journal of Political Economy*, 116(4):746-770.
- 3 United States Department of Health and Human Services (2003). *Child Welfare Outcomes: 2001 Annual Report*.
- 4 See, for example, Child Trends Databank. (2019). Foster care. Available at <https://www.childtrends.org/indicators/foster-care>.
- 5 This brief offers a summary overview of the project's methodology and findings. Further details are in Gross, M. (2020). *Temporary Stays and Persistent Gains: The Causal Effects of Foster Care*. Working Paper, <https://ssrn.com/abstract=3576640>
- 6 Our analysis does not include children investigated for abuse or neglect before the first grade. It also excludes those investigated while enrolled in private school or homeschool, yet does include those investigated while enrolled in a charter school.
- 7 35% of foster children in Michigan were placed with relatives, 70% had lived in two or fewer foster homes, the average length of stay in care was seventeen months, and 47% were reunified with their parents. Nationally, these statistics were 30%, 65%, twenty months, and 51%. These statistics come from the Child Trends 2015 Michigan Foster Care Factsheet found here: https://www.childtrends.org/wp-content/uploads/2017/01/Michigan-Foster-Care-Factsheet_2015.pdf.
- 8 Hinkley, Justin A. (2015) "Mich. improves but still fails kids," *Lansing State Journal*, July 1, 2015. White, Ed. (2019) "Reports on Michigan child welfare 'depressing,' says judge," *Detroit Free Press*, March 13, 2019.
- 9 Children's Bureau, Office of the Administration for Children and Families, U.S. Department of Health and Human Services (2017). *Child Welfare Outcomes Report Data*. <https://cwoutcomes.acf.hhs.gov/cwodatasite/recurrence/index>
- 10 There are two main exceptions to this assignment system in practice, both of which are excluded from our analysis. First, cases involving sexual abuse tend to be assigned to more experienced investigators given their sensitivity. Second, new cases involving the same child as a recent prior allegation tend to be assigned to the original investigator since they have familiarity with the family.
- 11 Investigators in Michigan and most other states complete a risk assessment to help determine whether children should be removed from their homes. Even with this standardized tool, however, investigators still yield immense discretion over placement decisions. For detailed qualitative evidence on how investigators can answer questions so that the risk score confirms their view of appropriate action, see Bosk, E. A. (2015). *All Unhappy Families: Standardization and Child Welfare Decision-Making*. Ph.D. Thesis, University of Michigan.
- 12 We characterize investigators as strict or lenient based on the share of other children that they investigated who were placed in foster care, including all past and future cases. However, the analysis is robust to other reasonable definitions, such as allowing investigator stringency to vary over time.
- 13 We are limited in a few ways by data availability in the number of years that we follow children after the investigation. First, we stop observing safety outcomes when children turn eighteen, when they can no longer be the victims in child welfare investigations. Second, we only observe daily school attendance when students are enrolled in the Michigan K-12 public school system and standardized test scores when enrolled in grades three through eight. Lastly, we observe children's outcomes through the 2016-2017 academic year. Therefore, we are able to follow the outcomes of some children for nine years after the investigation, yet we follow the outcomes of others for between one and eight years later.
- 14 This allows us to observe student baseline characteristics for at least one year before their investigation and their outcome measures for at least one year after their investigation.
- 15 The effect on standardized math test scores is statistically significant at the 10% level, yet it was very unlikely that foster care lowered math achievement as we can rule out even small negative impacts. However, the effect on reading test scores is statistically insignificant, meaning that it is more likely the positive impact was due to statistical chance.
- 16 We use the term birth parents loosely to refer to a child's legal guardian/s before foster placement, which may include their biological parent/s, stepparents, grandparents, or other caretakers.
- 17 Compared to the overall state average of 47%, a reunification rate of 85% is very high, yet it is indicative of two features of the analysis sample. First, we focus on school-age children, who are much less likely to be adopted than younger foster children. Second, our sample of foster children is skewed toward those where reunification is most likely because we do not study cases where all child welfare investigators would agree that placement is needed. Of the remaining 15% of foster children who were not reunified, we find that 8% were adopted, 5% had legal guardianship transferred, and 2% were emancipated.
- 18 We use the receipt of special education services as a proxy for receipt of additional supports in school. For studies of counseling on student test scores, see Carrell, S. E. and Hoekstra, M. (2014). *Are School Counselors an Effective Education Input?* *Economics Letters*, 125(1):66-69 and Mulhern, C. (2019). *Beyond Teachers: Estimating Individual Guidance Counselors' Effects on Educational Attainment*. Working paper. For studies of role models, see Dee, T. S. (2004). *Teachers, Race, and Student Achievement in a Randomized Experiment*. *The Review of Economics and Statistics*, 86(1):195-210.
- 19 Vaithianathan, R., Putnam-Hornstein, E., Stagner, M., and Weigensberg, E. (2019). *Predictive Risk Modeling for Child Protection*. Technical Report, Mathematica.
- 20 Pavetti, L. and Stanley, M. (2016). *Using Incentives to Increase Engagement and Persistence in Two-Generation Programs: A Review of the Literature with Key Insights*. Technical Report, Family Income Support - Center on Budget and Policy Priorities.
- 21 According to the federal Further Consolidated Appropriations Act of 2020. The requirements are summarized nicely by Elizabeth Jordan and Amy McKlindon of Child Trends here: <https://www.childtrends.org/publications/the-family-first-transition-act-provides-new-implementation-supports-for-states-and-tribes>.

The Youth Policy Lab and the Child and Adolescent Data Lab would like to thank our partners at the Michigan Department of Education and the Michigan Department of Health and Human Services for their support of this work.

About the Author

Max Gross earned a Ph.D. in economics from the University of Michigan and is a research affiliate at the Youth Policy Lab. His research uses large data and rigorous quantitative methods to explore how public policy can best support historically underserved populations. He will join Mathematica as a researcher in Summer 2020.

University of Michigan Youth Policy Lab
5201 Institute for Social Research
426 Thompson St
Ann Arbor, MI 48104

734-647-8829

 @YouthPolicyLab

youthpolicylab.umich.edu



Support the Youth Policy Lab's efforts to use data for good.

Youth Policy Lab

The University of Michigan Youth Policy Lab helps community and government agencies make better decisions by measuring what really works. We're data experts who believe that government can and must do better for the people of Michigan. We're also parents and community members who dream of a brighter future for all of our children. At the Youth Policy Lab, we're working to make that dream a reality by strengthening programs that address some of our most pressing social challenges.

We recognize that the wellbeing of youth is intricately linked to the wellbeing of families and communities, so we engage in work that impacts all age ranges. Using rigorous evaluation design and data analysis, we're working closely with our partners to build a future where public investments are based on strong evidence, so all Michiganders have a pathway to prosperity.

Child and Adolescent Data Lab

The Child and Adolescent Data Lab began in 2015, with a mission to harness the power of data to improve outcomes for vulnerable children, adolescents and their families. The Child and Adolescent Data Lab exists to create strong and longlasting partnerships with State agencies, connect and analyze administrative data across agencies to help inform policy and practice, and produce and disseminate useful products that advance the knowledge base.

Child and Adolescent Data Lab
School of Social Work
University of Michigan
1080 S. University Ave
Ann Arbor, MI 48109
(734) 764-9727
ssw-datalab.org

© 2020 by the Regents of the
University of Michigan