Statement from RAND's Jeanne Ringel

As researchers at RAND Health, the nation's largest independent health policy research program, with a broad research portfolio that focuses on health care costs, quality and public health preparedness, we are committed to advancing social science with an aim of improving public policy. As such, we are always open to constructive criticism that may help to advance the quality and rigor of our research.

In our study *Improving Child Welfare Outcomes: Balancing Investments in Prevention and Treatment*, we built a quantitative model that simulated how children enter and flow through the nation's child welfare system. We then used the model to project how different policy options (prevention services, family preservation efforts, kinship care efforts, and a policy package that combined prevention services and kinship care) would affect a child's pathway through the system, costs, and outcomes in early adulthood. Our findings indicated that striking a balance between expanding and enhancing programs to prevent child maltreatment and services for those who have already suffered from maltreatment could improve long-term outcomes for children while also significantly reducing child welfare system costs in the United States.

However, in the wake of the release of our findings on May 23, 2017, we received some feedback from the wider child welfare research community about several of the *inputs* used in our model—specifically those related to lifetime rates of child maltreatment and resulting involvement with the child welfare system. A few of our colleagues from outside of RAND were concerned that some of those input values may be off by as much as a factor of ten.

In constructing the type of complicated simulation model used in the study, researchers inevitably face difficult decisions and tradeoffs regarding appropriate data and methods (e.g., is it better to use a national data set that is less detailed or a state one that contains more detailed information?). One set of decisions we had to make concerned the selection of input values related to lifetime maltreatment rates and the degree of engagement with the child welfare system.

Given the cross-sectional nature of the databases we relied on for the study, we assumed that annual rates would serve as a reasonable proxy for lifetime rates. However, based on the feedback we have received from several other researchers, we now believe we should have used higher values for several inputs.

It is important to stress that our model is essentially a proportional one. So even if our input values were lower than they should have been, the model results will not necessarily change dramatically by raising them. In other words, even if some input values were off by a factor of ten, the outcomes were not necessarily also off by a factor of ten. In fact, after the report was published, we reran the model with increased lifetime maltreatment and other rates and found that the outcomes of the policy scenarios—including percent changes in system costs, experiences in the system (e.g., the average number of temporary placements), and the long-

term outcomes we considered—did not change substantially. Most percentage changes were in the neighborhood of one or two percentage points.

All of that said, we believe that the report could be further improved by using some of the input values suggested our colleagues from the wider child welfare research community. At a minimum, doing so will increase the face validity of the report and, we hope, increase readers' confidence in the model's *outputs.*

Consequently, we are currently evaluating how altering our assumptions to reflect higher lifetime rates would affect the policy scenario results. Again, based on preliminary runs with higher lifetime rates we don't think the results will change materially. But RAND's commitment to accuracy and quality compel us to take these concerns seriously, so we have withdrawn the report and will publish a revised and updated version as soon as possible.