

A History of Kansas Child Welfare Privatization:

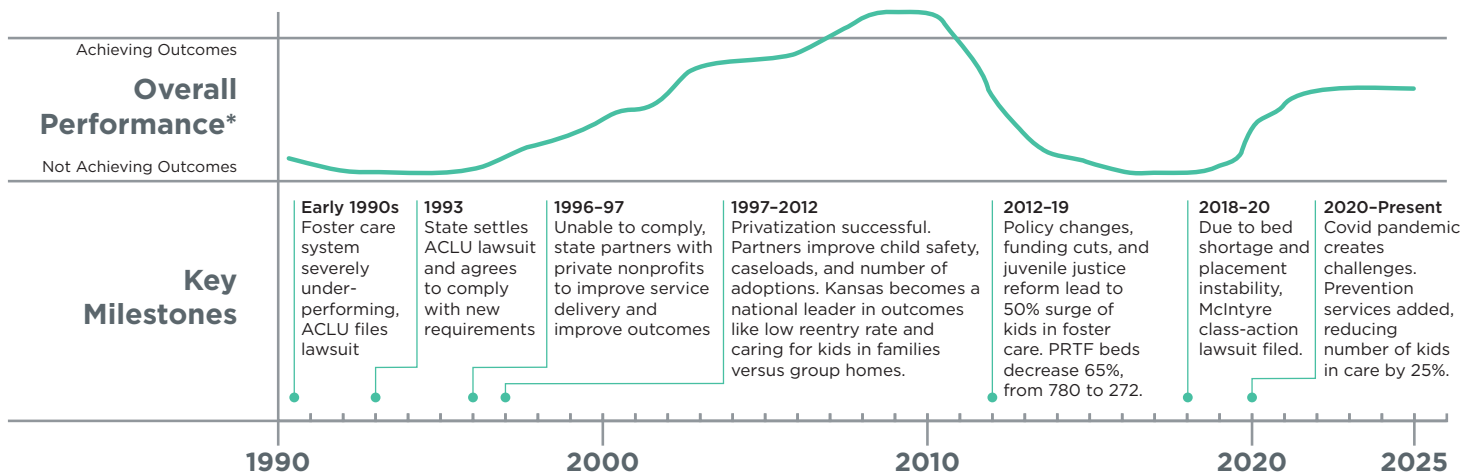
Top 3 Lessons from Nearly 30 Years of Public/Private Partnership

1 The purpose of child welfare privatization was to *improve outcomes* for children and families.

- ▶ The decision to use nonprofits to deliver community-based foster care, reintegration, adoption, and related services was motivated by the need for higher quality services. Cost savings were not the goal.
- ▶ Nonprofit providers bring innovation and expertise, and the state can use an effective implementation model with performance-based incentives to maximize both.
- ▶ Nonprofits involve communities by recruiting relative, foster and adoptive families and fundraising for school supplies, holiday gifts, caregiver training conferences, and clinical best practices.
- ▶ Privatization has been largely bipartisan, with both Republican and Democratic administrations leading the child welfare system to provide the best care to children.



History of Kansas Foster Care Performance



*This is a simplified view of Kansas' performance on federal outcomes measuring safety, permanency, and wellbeing, as well as out-of-home numbers.

2

Privatization works when policy and funding conditions are supportive.

- ▶ The foster care nonprofits operate within an ecosystem of interdependent partners including the courts, law enforcement, KanCARE MCOs, the mental health system, the juvenile justice system, local school districts, and more. They rely on others to perform well so children and families can access services like mental health treatment, substance use treatment, and timely court decisions.
- ▶ The nonprofits helped make Kansas a national leader in child welfare outcomes in the late 1990s and early 2000s. Outcomes improved include **child safety in foster care, more children living in family homes instead of group homes, more kinship care, more siblings kept together in foster care, shorter foster care lengths of stay, more adoptions, and fewer reentries.**
- ▶ The foster care system cannot succeed if the service array is inadequate. TANF eligibility restrictions, mental health funding cuts, and juvenile justice reform — all of which occurred in the 2010s — contributed to a 50% increase in the number of children in foster care. In addition, Kansas lost hundreds of foster homes like other states and PRTF beds decreased by 65%, from 780 to 272, setting the stage for a placement crisis.



3

Mental health services and foster care prevention funding are the keys to a successful child welfare system.

- ▶ Kansas has twice the national rate of children in foster care (8.6 per 1,000 compared to 4.5 per 1,000). States with lower rates of children in foster care invest more heavily in preventative child and family wellbeing instead of only crisis services.
- ▶ More than half of states now have youth in foster care sleeping in offices, ERs or hotels because no beds are available. These youth have complex mental, behavioral and physical health needs that are not being met before or during foster care.
- ▶ Expanding family preservation is an easy win. These services are **proven to safely prevent foster care and cost up to 16 times less.** Family preservation costs \$5,000–10,000 per family compared to \$78,000 per family for one year of foster care.
- ▶ Investing in mental health treatment access, concrete economic supports (SNAP, TANF, Medicaid, housing assistance), and community-based services will help Kansas once again be a national leader in child welfare outcomes.

To discuss, contact **Linda Bass, PhD, LCMFT**, President of KVC Kansas, at lbass@kvc.org or **(913) 499-8100**.

Learn more at www.kvckansas.org/privatization.

PRTF Bed Shortage Affects Foster Care

Psychiatric residential treatment facilities (PRTFs) are not part of the child welfare contracts, but access to this mental health treatment is critical for foster care. Nationally, PRTF reductions contributed to the foster care placement crisis affecting most states.

- 2011:** 780 PRTF beds in Kansas
- 2017:** 272 beds (65% reduction)
- 2025:** <300 of the 450 licensed beds available due to staffing challenges
- Waitlist:** 75 youth have screened in for this high level of care and are waiting.