

Cabinet for Health and Family Services  
Department for Community Based Services

# 2025-2029 Diligent Recruitment Plan

# Contents

Introduction .....	3
Collaboration with Community Partners .....	3
Diligent Recruitment-Characteristics, Practices, and Efforts.....	6
Characteristics.....	6
Practices.....	7
Diligent Recruitment Report Data.....	7
Regional Diligent Recruitment Plans.....	7
Retention.....	9
Collaboration with Community Partners .....	9
Kentucky Foster Care and Adoption Ambassadors .....	11
Diligent Recruitment Steering Committee .....	11
Native American and Tribal Affiliation .....	12
Recruitment and Development Efforts .....	12
Concurrent Planning Foster Homes .....	12
Homes That Accept Siblings .....	13
Care Plus and Medically Complex Foster Homes.....	13
Minority Foster Homes .....	14
Ensuring Educational Stability.....	15
Kentucky Adoption Profile Exchange-KAPE.....	15
Programs and Supports for Foster, Adoptive and Kinship Parents .....	16
Foster Parent Mentor Program .....	16
Program Coordinators.....	16
Newly Approved Foster and Kinship Parents (Mentees) .....	17
Foster Parent Mentors .....	18
Broad Statistical View of the Program .....	18
Adoption Support for Kentucky (ASK).....	18
Foster Parent Training Program.....	20
Medical Passports .....	20
FAST Help: Resources and Access to Information .....	20
Facilitate Foster Parent Appreciation Activities .....	21
Update and format the Foster Parent Handbook .....	21
Kentucky Kinship Resource Center.....	21

Kentucky Kinship Resource Center Staff .....	22
Peer Supporters .....	23
KIN VIP Facilitators .....	23
Referrals/Registrations for KKRC Programs .....	23
Broad Statistical View of the Program .....	25
Medically Complex Training Program.....	26
Program Coordinators .....	26
Prospective Medically Complex Parents .....	26
Returning Medically Complex Parents .....	27
Retention.....	27
Broad Statistical View of the Program .....	27
The Kentucky Foster & Adoptive Parent Training Support Network.....	28
The Kentucky Foster Adoptive Caregiver Exchange System (KY FACES).....	28
Foster Parent Engagement.....	29
Foster Parent Surveys.....	29
Newsletters .....	30
GovDelivery .....	30
Training.....	30
Strategies for Linguistic Barriers.....	32
Non-Discriminatory Fee Structures.....	32
Conclusion.....	34

## Introduction

Kentucky's Cabinet for Health and Family Services (cabinet/CHFS), Department for Community Based Services (department/DCBS), endeavors to recruit and retain foster, adoptive, and kinship families that can meet the diverse needs of the children in out-of-home care (OOHC) and support the permanency goals of children, particularly if that goal is reunification. This is inclusive of foster and adoptive homes approved by private child-placing (PCP) agencies and the department. This requires a great deal of support from the department and has required an intentional evaluation of statutes, regulations, and policies, particularly within the past year.

Statewide, diligent, general, targeted, and child-specific recruitment efforts are comprehensive and ongoing. The department strives to recruit homes that support its mission of keeping children safe in the least restrictive environment. To increase success, the department has entered into partnerships, not only with PCP/private child-caring (PCC) agencies, but with other organizations such as the Dave Thomas Foundation, Children's Alliance, Orphan Care Alliance, Thursday's Child, Wednesday's Child, public school systems, public universities, and the faith-based community.

## Collaboration with Community Partners

The department recognizes the need for strong relationships with community partners. To ensure success in the department's diligent recruitment activities, various community partners have been engaged in recruitment. Partners such as Murray State University (The Foster and Adoptive Parent Network-The Network and Voices of the Commonwealth-VOC), PCP/PCC agencies, The Children's Alliance, Dave Thomas Foundation, Kentucky Kids Belong, and AdoptUSKids have a significant, positive impact on the department's ability to implement strategies to recruit and support specific populations that reflect the diverse needs of children in care.

In addition to partners specifically for recruitment, the department holds a position on the Governor's Council on Autism Spectrum Disorders, which focuses on the availability of services for these children with the intent of increasing access and quality. This is a collaborative effort that includes partnering with the Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), Department of Public Health (DPH), the University of Kentucky (UK), the University of Louisville (UofL), parent advocates, and others. Currently, the department's medical director is appointed to this position.

The department contracts with the Children's Review Program (CRP), who assigns levels of care to children who are 48 months and older and who are placed in foster care or a residential program, or as needs are identified. The level of care system establishes the payment structure that outlines reimbursement for programs which are designed to match the child's needs. CRP uses this information to guide placement referrals by matching children's needs with the capabilities of PCP/PCC programs. They also track children through the service delivery system and collect and analyze data to evaluate child, agency, and system outcomes.

The department is working to reduce the number of children in care, with an increased focus on ensuring that children are placed in intensive and restrictive treatment settings only when there is a clearly identified clinical need for that acuity of care. This is being accomplished through several different

avenues. First and foremost, all youth who are being referred to, or placed in, residential treatment programs receive a thorough, unbiased, assessment by a licensed clinician which provides further insight to treatment needs and clinical recommendations that inform placement making decisions. Additionally, the department has implemented increased oversight for high-acuity youth and ongoing reviews for continued placement in congregate care. The department tracks children's progress in treatment with the assistance of CRP and communicates with the residential care facility and region to ensure the child is moving to the appropriate level of care.

CRP creates a PCC/PCP comparative report that is used to assist the department staff in making best placement decisions between PCC/PCP programs. The PCC/PCP comparative report can be used to aid department staff in making placement choices between PCC/PCP programs. Individual elements of the comparative report are intended to be used together in making placement decisions. Below are some elements of the report:

#### *General*

- County(s) of program or foster homes: Can be used to determine which programs have open homes close to or in the child's county of origin.
- On-site school: If an on-site school is needed, this indicates if this service is available.
- Supplemental information: A narrative by the provider which may explain comparative report results, special situations, or special services offered by the program.
- Average level of care (LOC) at intake: This is the average level of care of current residents at intake. It estimates the severity of children accepted by the program.
- Risk indicator percentages at intake: Percentages of current residents that were assigned to the categories by the program. This may be used to find the best fit between a program and a child in terms of the most recent level of the program's experience with particular issues.
- Staff information: The number of staff, average length of employment by the agency in months, and the percentage of highest education are presented in table format for the four categories of staff listed. This can be used to estimate staff experience and education.

#### *Safety Outcomes*

- Abuse and neglect substantiations in last year: Number of substantiations against program staff and/or foster parents resulting from incidents that were substantiated during the 12 months prior to when this report was updated.
- Percentage of foster families caring for more than two children and percentage of these who are caring for a sibling group: This provides information on a program's current performance in caring for sibling groups and how full foster homes may be.
- Physical managements & critical incidents ratio: Physical managements and critical incidents are reported as ratios per 100 resident days. For example, a result of 1.00 would mean there was one incident for every 100 resident days over the reporting period of the report. Programs are compared against their peers, e.g. "within average range" if the program's score is within one standard deviation of the peer group average for the reporting period.

#### *Permanency Outcomes*

- Planned discharge to home-like placement and less restrictive placement: Indicates the percentage of planned discharges that were to a home-like or less restrictive setting. Discharges to short term placements (e.g., hospitals) when the program takes the child back are not included. Discharges from one foster home within a program to another foster home within the program are not included. Programs are compared against their peers, e.g. "within average range" if the program's score is within one standard deviation of the peer group average for the reporting period.
- Placement source unplanned discharge rate: Indicates the percentage of unplanned discharges that were due to a reason deemed to be the program's responsibility (e.g., behavior problem, needs more restrictive care). Discharges to short-term placements (e.g., hospitals) when the program takes the child back are not included. Discharges from one foster home within a program to another foster home within a program are not included. Programs are compared against their peers, e.g. "within average range" if the program's score is within one standard deviation of the peer group average for the reporting period.
- Elopement rate: This is a subset of the placement source's unplanned discharge rate which measures only those discharges where the child was identified as missing from care and discharged from the program.
- Psychiatric discharge rate: This is a subset of the placement source's unplanned discharge rate which measures only those discharges where the child was discharged to the hospital and did not return to the original placement.
- Referral source unplanned discharge rate: Indicates the percentage of unplanned discharges that were due to a reason that is not the program's responsibility and is out of control of the facility (e.g., judge orders child home, child has needs not identified at admission). Discharges to short term placements (e.g., hospitals) when the program takes the child back are not included. Discharges from one foster home within a program to another foster home within a program are not included. Programs are compared against their peers, e.g. "within average range" if the program's score is within one standard deviation of the peer group average for the reporting period.

#### *Well-being Outcomes*

- Adoptions by the program's foster parents: The number of adoptions of the department's children by the programs foster parents during the 12 months prior to when the report was updated.
- Description of how the program supports family connections: Narrative by the program indicating their efforts to support the process of reunification for children when reunification is the goal, e.g. transportation to family visits.

Over the past several years, the DCBS Commissioner's Office and the provider community have held discussions about moving from the current state of procuring services for children based upon a level of care to a performance and outcome-based model. Performance based measures are incorporated into the PCC/PCP agreement. The goal of moving to performance-based contracting is to improve the outcomes for children in the department's custody through incentivizing reductions in use of residential care, increased use of therapeutic foster care, and to expedite the reunification process for children exiting care.

## Diligent Recruitment-Characteristics, Practices, and Efforts

### Characteristics

The department gathers data through a variety of means and provides guidance on the needs/priority areas for the state and regional teams. Additional homes are needed across the state for teens, sibling groups, and youth who are medically complex. Additionally, African American and Hispanic families are needed to match the racial and ethnic diversity of children and youth in care.

The department gathers demographic data on the characteristics of children placed in OOHC from the Comprehensive Child Welfare Information System (CCWIS), The Worker’s Information System (TWIST). Data is also collected on foster home characteristics for public and private foster homes approved within the state. The diligent recruitment management report contains data on both child characteristics and foster home characteristics by county, region, and statewide, and is produced monthly and distributed to department staff in all 120 counties and to PCP agencies. The diligent recruitment report is an invaluable tool utilized to determine the number of children in care, their age, race, whether they are part of a sibling group, and if there are compatible foster placements available to meet their needs. In addition, quarterly meetings are held with regional recruitment and certification (R&C) staff to discuss the use of diligent recruitment data and best practices related to diligent and targeted recruitment activities.

The “percentage of need met” is a measure used in several demographic categories in the diligent recruitment report. It is based on two children per home with the exception of Medically Complex; Medically Complex need is based on one child per home. The numerator is the total number of homes. The denominator is calculated by dividing by the total number of children by two. This calculation method has been discussed with the National Center for Diligent Recruitment to assess calculating % of need met.

As of January 10, 2024:

<b>Total children in OOHC</b>	<b>DCBS Homes</b>	<b>PCP Homes</b>	<b>% Need Met</b>
8,047	1,986	1,683	114.92%

The characteristics of children in care on January 10, 2024, reflect:

8,047 total children in OOHC

<b>Age</b>	<b>Number of Children</b>	<b>Percent of population</b>
0-5 years	2,383	29.6%
6-11 years	1,892	23.5%
12-21 years	3,774	46.9%

<b>Characteristics</b>	<b>Number of Children</b>	<b>Percent of population</b>
Children in a sibling group	3,731	46.4%
African American Children	1,626	20.2%
Caucasian Children	6,635	82.5%
Asian Children	27	.34%
Native American Children	32	.4%

Hispanic Children	432	5.4%
Medically Complex Children	214	2.7%

*\*Percent of population by race is more than 100% due to some children being identified as more than one race.*

Characteristics	Number of Homes	Percent of Need Met
Homes accepting siblings	2,183	117.02%
With African American Parent(s)	563	69.25%
With Caucasian Parent(s)	3,980	119.97%
With Asian Parents	16	118.52%
With Native American Parents	13	81.25%
With Hispanic Parents	87	40.28%
Accepting Medically Complex	131	61.21%

Categories where the percentage of need statewide was met for the children in care include:

- Foster homes accepting children ages 0-5 (165.84%)
- Foster homes accepting children ages 6-11 (163.64%);
- Foster homes accepting siblings (117.02%)
- Foster homes with Asian parents (118.52%)
- Foster homes with Caucasian parents (119.97%)

Categories where the percentage of need statewide was not met included:

- Foster homes accepting children ages 12-21 (90.99%)
- Foster homes accepting children ages 19+ (31.75%)
- Foster homes with African American parents (69.25%)
- Foster homes with Hispanic parents (40.28%)
- Foster homes with Native American parents (81.25%)
- Foster homes with Native Hawaiian/Pacific Islander parents(s) (84.21%)
- Medically Complex foster homes (61.21%)

## Practices

### Diligent Recruitment Report Data

The above data reflects the diligent recruitment challenges in Kentucky. The regional, county, and statewide breakdown of the diligent recruitment management report provides a snapshot of the number of children placed in a particular county and the number of homes available. Department staff use this county-specific data to help ensure children are placed in close proximity to their homes and the same county whenever possible. The diligent recruitment report assists in planning for general and targeted recruitment activities where homes are needed. Department staff work to recruit homes within Kentucky to meet the needs of children entering care.

### Regional Diligent Recruitment Plans

Beginning in 2019, the department established a statewide template for regional diligent recruitment plans. Regions develop their regional plans based on their specific data/needs. The plans are coordinated and supported at the state level. The template was developed in such a way to allow regions to examine the data surrounding the current foster home population and the current population of children in



OOHC in their specific region and counties within that region. This data identifies the greatest need for individual counties and allows regions to focus their targeted recruitment towards the counties with the greatest need. This data includes the demographics of both the foster and adoptive parents and youth populations. Additional data was embedded in the statewide diligent recruitment data report that allowed regions to track children placed both inside and outside their region of origin.

Regions submit a complete diligent recruitment plan to the Division of Protection and Permanency (division/DPP) twice per year, in January and July. This allows regions to track their progress and adjust their plans, as needed. When developing and submitting the regional plans, the statewide diligent recruitment specialist provides updated data, feedback and support during the planning process. To successfully execute the plan twice a year, regions have been asked to monitor and review their plans quarterly. The diligent recruitment template was developed to capture successes and barriers for both generalized and targeted recruitment. To effectively utilize the template, regions must use the data to guide their recruitment activities.

To ensure that all parts of a community are targeted, R&C staff in the nine service regions plan and participate in recruitment events throughout the that are unique and specific to their regional interest. Regions engage their community in planning and implementing recruitment activities such as participating in festivals and fairs, setting up booths at conferences, distributing recruitment materials, collaborative meetings with community groups, schools and organizations, and engaging foster parents and youth to speak to the faith-based community. Statewide logos/branding have been developed for recruitment advertisements for grocery store bags, yard signs, newspapers, social media posts, etc. In addition, the department has a recruitment booth setup at the state fair held in August of each year.

Attachment 14.1 is an example of one region's specific plan that was developed in collaboration with community partners with the use of data provided by DPP. The service regions included recruitment activities to meet the targeted needs on their individual plans. Some promising examples of these activities include:

- Advertisement in Kentucky Nurse Magazine;
- Holding an informational booth at Martin Luther King Jr. festivals and parades;
- Holding an informational booth at the Juneteenth Festival in the Southern Bluegrass Service Region;
- Holding informational booths at events that promote and/or celebrate African American or Hispanic history and culture;
- Partnering with local libraries to display information during Hispanic Heritage Month and Black History Month;
- Partnership with local schools to recruit homes for all targeted areas;
- Newsletters to community churches to identify the need and build connections;
- Informational booth at the Bluegrass Autism Walk;
- Recruitment fliers to nurses & physician's lounges;
- Pride activities to recruit for older youth who may be LGBTQIA2+;
- Recruitment flyer at Kentucky School for the Deaf;
- Radio and newspaper advertisements;
- Advertisements at movie theaters during previews; and

- Social media campaign.

### Retention

In addition to recruitment, the diligent recruitment template includes a plan for regional retention activities. Word of mouth is the greatest recruitment tool and well supported foster and adoptive parents can make a huge impact on recruitment. The regions develop plans for retention activities within their communities such as appreciation events, family picnics, meal drops, foster parent spotlights, and sending birthday/anniversary cards.

### Collaboration with Community Partners

The department’s contract with Murray State University houses The Network and VOC. The Network manages and coordinates foster parent support, training, and recruitment. The Network is made up of 15 teams comprised of experienced foster and adoptive parents throughout the state. Its primary objective is to offer training and provide confidential peer support. Network members support recruitment based on regional need through public speaking, responding to foster parent inquiries, distributing recruitment materials targeted to specific communities statewide, and are involved in faith-based activities. Many regions collaborate well with their Network team. However, in years past, recruitment completed by The Network was not being appropriately tracked. In 2019, The Network was asked to develop their own diligent recruitment plans utilizing the statewide template. The below data was provided to the department by the Network for the period of January 2019 through March 2019, inclusive of recruitment contacts that Network members engaged in. These are the total number of individuals engaged.

<b>Type of Recruitment Contacts</b>	<b>Totals</b>
Personal One on One	6,842
Public Speaking	23,241
Social Media	11,504
Recruitment Materials	36,921
Faith Based	4,127
<b>Total</b>	<b>82,635</b>

VOC is a group of young people who share their foster care experiences to enact change, advocate, and recruit. The department has requested that regions utilize their VOC members to aid in recruitment. Many regions invite VOC members to talk at their pre-service training panels, during ongoing foster parent training, and at recruitment events targeted toward recruiting homes for teens.

UK’s Training Resource Center (TRC) is another valued partner in the department’s efforts. The diligent recruitment workgroup on retention recognized the need for ongoing support and mentorship of current foster families. UK’s TRC offers both foster and adoptive support groups as well as a mentor program, which provides families with access to peer support and guidance. Foster families who report feeling supported are more likely to recruit new families, which is a significant recruitment tool. The department’s standards of practice (SOP), Chapter 12, Recruitment and Certification of DCBS Foster and Adoptive Homes, contains practice guidance to support the mentor program. This SOP requires the foster parent mentor program referral form be sent within five working days of a foster home’s approval.

Additionally, relative and fictive kin caregivers who have placement of a child are to be referred to the mentor program within five working days of their attendance at an informational meeting.

Kentucky has a large number of PCP agencies. Their engagement in diligent recruitment activities is imperative in the success of meeting the needs of this targeted population. DCBS facilitates statewide PCC/PCP convenings twice per year. Regionally, there have been events co-sponsored by the public and private agencies to increase awareness and recruit new homes. Additionally, regions hold PCP collaborative meetings, which allows both the public and private agencies to meet to discuss services, recruitment efforts, and any barriers.

The department partners with an advocacy organization, The Children's Alliance, whose membership is comprised of PCC and PCP agencies. Approximately 42% of children in Kentucky's OOHC population are served by PCCs or PCP providers. Therefore, it is essential that the department has a strong relationship with the Children's Alliance, as well as the private agencies that are not affiliated with the alliance. The department holds quarterly meetings with representatives from the PCC/PCP agencies to address the needs of children in care and to share data and inform them of the types of foster homes needed. In addition, department leadership meets with the Children's Alliance steering committee twice per year to build rapport, share data, and work in partnership to address any systemic needs.

This department's partnership with the Dave Thomas Foundation for Adoption (DTFA) began with the first Wendy's Wonderful Kid's (WWK) recruiter position being funded for the Jefferson Service Region in 2006 and has since expanded to cover the rest of the state. WWK recruiters use an evidence-based, child-focused recruitment model to find the right family for every child. The Permanency Branch within the Division of Service Regions (DSR) oversees the child-focused recruitment model staff, which includes one branch manager, five supervisors, and 64 child-focused specialists statewide to focus on recruitment for children who do not have an identified adoptive home. If vacancies occur, leadership moves quickly to fill those positions to maintain service to the largest number of children possible. Adopting the WWK model in Kentucky and the mindset that "every child deserves a safe, loving and permanent family" has had a great impact on Kentucky's foster care system over the past several years. Due to the program expansion, the department uses title IV-B funds to match the funds of the DTFA to maximize the program. DTFA's national-level research indicates that a child who is assigned child-focused recruitment specialist is three times more likely to be adopted.

In addition to the WWK recruitment model, in 2019 DCBS partnered with America's Kids Belong to focus on child specific recruitment for children who are available for adoption. In 2023, Kentucky Kids Belong filmed 63 youth who are available for adoption. Kentucky Kids Belong continues to provide opportunities to create videos for children and youth who are available for adoption. Videos can be viewed on the Kentucky Kids Belong website at [Kentucky's Kids Belong \(americaskidsbelong.org\)](https://americaskidsbelong.org) and are also shared through email to foster and adoptive families, on social media, and at recruitment events.

Additional recruitment advertisements created by AdoptUSKids and the Ad Council are viewed across the state for children who do not have an identified adoptive home. These general adoption public service announcements (PSAs) are localized to direct individuals to the [KYFACES](https://www.kyfaces.org) website to learn more about adoption from foster care and are shared through various platforms such as social media and

donated media space. Through the [Kentucky Adoption Profile Exchange \(KAPE\)](#) and AdoptUSKids, the department has a statewide photo listing of children available for adoption who do not have an identified family.

### Kentucky Foster Care and Adoption Ambassadors

In 2023, the Kentucky Foster Care and Adoption Ambassadors program was launched. This program is for current and former foster and/or adoptive families to bridge the gap between talking about foster care and adoption and truly understanding it. In partnership with AdoptUSKids, the Kentucky Ambassadors received training and resources for public speaking and sharing their personal foster care and/or adoption stories. There are currently seven families across five different regions who are training and available to share their experiences with others. There are numerous R&C staff in each region who have also completed the training and are able to train additional foster/adoptive parents who are interested in becoming Ambassadors. The Ambassadors are ready to support recruitment and share their stories across the state. There are Ambassadors who are available and comfortable with speaking on a local and state level at community events, trainings, community club meetings, faith-based organizations, focus groups, conferences, media interviews, and more. When an opportunity arises for a speaker on a state or local level, the Ambassadors are called upon to share their stories and insights with the community.

### Diligent Recruitment Steering Committee

A Diligent Recruitment Steering Committee was developed in 2018 to address diligent recruitment on a statewide level. This committee was instrumental in developing the new template for the regional diligent recruitment plans. As work within the committee expanded, two workgroups were identified—targeted recruitment and retention. Each of these workgroups focused on different areas and report to the steering committee. Specific strategies for recruitment were identified and the expectation was set forth for staff to duplicate statewide. Strategies identified for implementation on a statewide level include:

- Utilizing VOC in both recruitment and training;
- Utilizing current and former foster parents in recruitment activities;
- Providing information about the medically complex program to all active foster and adoptive parents;
- Educating both R&C and frontline staff surrounding care plus foster parent approvals, including policy updates and a tip sheet; and
- Supporting and recruiting within the current pool of foster parents for homes for teens and hard-to-place youth
- Recruitment of homes that can meet the racial and ethnic diversity of children in care
- Recruitment of homes that can accept older youth and youth with complex needs.

The targeted recruitment committee and the retention committee meet quarterly with staff, foster/adoptive parents, and community partners to discuss identified needs, barriers, and activities happening across the state. Feedback from the committee guides recruitment plan activities on a regional and statewide level. Many of the recruitment ideas shared in committee meetings are duplicated across the state. These committees have been a valuable resource for sharing ideas and increasing targeted recruitment and retention across the state.

## Native American and Tribal Affiliation

Although there are no federally or state recognized tribes in Kentucky, the department communicates with the Bureau of Indian Affairs (BIA) if a child is identified as having Native American heritage to help identify the specific tribe, provide tribal notification, and begin communicating about placement preferences.

The department has an established protocol for identifying Native American children and communicating with tribe(s) as outlined in [SOP 4.2 Indian Child Welfare Act \(ICWA\)](#). The department collaborates with each tribe on a case-by-case basis regarding case planning and permanency planning for Native American children. There is an ICWA specialist within DPP who assists field staff in understanding the ICWA requirements and facilitating discussions with the BIA and tribal agents. SOP contains tools, such as the Indian Child Welfare Act Compliance Desk Aid and Tribal notification letter template to assist staff. In addition, the ICWA specialist ensures the following federal mandates are being met:

- Adoptions and Safe Families Act (ASFA) – Public Law 105–89
- Indian Child Welfare Act (ICWA) – 25 U.S.C. Chapter 21
- Title VI of the Civil Rights Act of 1964 (Title VI) – Public Law 88-352
- Multiethnic Placement Act of 1994 (MEPA) as amended by the Interethnic Adoption Provisions of 1996 - Public Law 104-188, Title 1, Subtitle H, Section 1808
- Permanency Prioritization of children ages 0-5

The department makes active efforts to place a Native American child with a Native American parent, relative, or tribe whenever possible. In cases where a child is not placed with the identified parent, relative, or tribe, the department communicates and consults with the tribal agent regarding the Active Efforts requirement. Customary adoption or permanency planning without the option of terminating parental rights is an area that many staff are unfamiliar with and is a recognized training need in Kentucky.

## Recruitment and Development Efforts

### Concurrent Planning Foster Homes

The department has resources available to support foster families in the concurrent planning process. From the point of inquiry, prospective applicants receive information about becoming a foster and adoptive parent. All applicants are required to attend an information meeting which provides an overview of the department's requirements, including provisions in the Adoptions and Safe Families Act (ASFA). By December 2023, all DCBS regions and many private providers implemented the National Training and Development Curriculum (NTDC) for foster parents for pre-service curriculum. The NTDC pre-service training includes components related to permanency and concurrent planning and the importance of working with caregivers and birth parents. This curriculum uses a variety of approaches to learning including voices of those with lived experience.

The department's SOP reflects the importance of concurrent planning throughout the life of the case. Foster parents often provide feedback that they have difficulty managing expectations throughout the life of the case. Therefore, neither concurrent planning practices nor preparing families for permanency, whether that be reunification or adoption, are consistent statewide. This is an area in which the

department needs to strengthen practice. Feedback is often received through the mentor/mentee surveys that support this through the Foster Parent Mentor Program.

### Homes That Accept Siblings

There continues to be a need for more homes accepting sibling groups. In some counties, the percentage of need is exceeded, while in other counties the percentage of need met is significantly low for homes that accept placement of sibling groups. Historically, the department has planned recruitment activities, training, and education that prepares foster parents to accept siblings into their homes. A portion of the pre-service training is dedicated to educating the prospective parents about the importance of sibling relationships. The department's SOP permits exceptions to exceed the maximum number of children to accommodate sibling groups. The state amended administrative regulations in April 2019 to allow for room sharing to accommodate the placement of siblings, absent any risks.

Department staff have been trained that when initially placing siblings in OOHC, placement should be sought that accommodates siblings being placed together, unless there is a compelling reason that it would not be in the best interest of one or more of the children. A [Placement Decision Making Matrix](#) is available to guide decisions about placing siblings together. The decision to separate siblings is based on thorough review and documentation of each case. Diligent efforts to reunite siblings separated in foster care are to be made as soon as possible. When this is not feasible, visits are scheduled between siblings at least monthly. [922 KAR 1:100](#) was amended in 2019 to strengthen language around sibling separation and practice to revisit sibling separation once they are separated. SOP was amended to align with the regulation. When sibling separation is considered beyond the initial placement consideration, staff are provided guidance through [SOP 13.9 Sibling Relationship Decisions](#).

### Care Plus and Medically Complex Foster Homes

The department offers two specialized foster care programs for foster parents who have successfully completed the pre-service training. One of the programs, care plus, is designed to assist foster parents in understanding how to approach and address behavior issues of children placed in their home. The care plus model is based on re-education and the premise that all children can learn new behaviors. The focus of care plus is the foster parent's ability to use behavior modification techniques and skills taught in the curriculum.

The care plus curriculum was recently updated to include the effects of trauma on the growth and development of children. The new curriculum includes the current concepts and vocabulary with additional material to explain the impact of trauma on brain development and a child's day to day behavior. Some elements of the care plus training were expanded, such as parenting styles, adult anger management styles, and the connection between the needs, feelings, and behaviors of children.

In addition to the care plus curriculum, the department has partnered with UK, The Network, and Aetna Better Health of Kentucky to offer the CORE Teen curriculum. CORE Teen is a curriculum for foster and adoptive parents who are or will be raising older children in foster care who have moderate to severe emotional and behavioral challenges.

Children who enter OOHC with medical conditions that require a higher level of care are designated as medically complex by the Medical Support Section within the division. A child who is deemed medically complex is placed into specially trained medically complex foster home. To become approved as a medically complex home, foster parents are required to receive 12 hours of medically complex training initially and annually, thereafter. They are also required to have current certification in CPR and first aid.

Conferences are held twice annually to allow foster parents to meet their annual ongoing training for medically complex requirements. There are also training options available online. The goal of providing a portion of the training online is to promote more medically complex foster homes and to provide information that can be accessible to them after the training as a reference. Join Hands Together trainings (the medically complex training) are offered ten times per year. As mentioned, there are also two annual (12 hour) ongoing trainings held to provide ongoing training to approved medically complex homes. Lodging and meals are provided to foster parents who travel more than 40 miles to attend the trainings.

The January 2024 diligent recruitment management report reflects that there are 60 approved medically complex public foster homes and 71 approved medically complex private foster homes in Kentucky. Additionally, the data indicates there are 214 children deemed medically complex in OOHC.

The department finalized a contract with the University of South Florida to provide Just in Time (JIT) training as a resource for ongoing training, as well as potentially meeting some pre-service training requirements. The website launched in March 2020 and provides approved training credit for state foster homes and private child-placing foster homes. The website is updated frequently to provide new trainings specific to foster parent requests or identified needs from the field. JIT training includes a document and resource option where foster homes can find forms and resources to meet the needs of children. Over 21,000 training certificates were issued to foster parents in 2023.

#### Minority Foster Homes

In January 2024, African American children accounted for 20% of the OOHC population. In 2023, the number of Caucasian, Native Hawaiian/Pacific Island and Asian children decreased. The number of African American, Hispanic, and Native American children slightly increased. DPP continues to work with the Race Community Child Welfare (RCCW) committees and the targeted recruitment committee to emphasize a focus on targeted recruitment of minority foster homes across the state. The data reveals a decrease in the total number of foster homes and a decrease in minority foster homes to serve minority children in OOHC. There was a decrease in homes with African American, Asian, and Caucasian parents and an increase in homes with Native American, Hispanic, and Native Hawaiian/Pacific Islander parents. The statewide diligent recruitment steering committee has continued to examine recruitment and retention issues within foster care and worked to identify strategies to recruit minority families. Recruitment within African American and Hispanic churches when partnerships can be developed at cultural events and partnering with RCCWs have been reported as positive events where engaging conversations with community members and perspective minority families are occurring.

## Ensuring Educational Stability

One of Kentucky's current placement challenges is proximity of placement and maintaining children in their county of origin. R&C and PCP staff recruit enough homes overall for the number of children placed within their region and counties. However, when an emphasis is placed on best placement to address behavioral issues, placement with siblings, or other issues, it becomes more difficult to maintain children in their schools of origin. This can result in approved homes reaching full capacity by taking placements from out of county and region.

The department is currently improving methods of capturing data regarding proximity of placement specifically to track children placed in and outside of their counties of origin. In January 2019, the department added another data field to the diligent recruitment report, based on feedback from the Diligent Recruitment Steering Committee. The additional data provides the region with the number of children placed outside of the region of removal and shows where they were placed. This data allows the region to see where their children are being placed and can be used as a recruitment tool. As of January 2024, there were 2,700 children placed outside of their region of origin.

Guidelines have been established and implemented to evaluate school placement at the point of entry into care to maintain a child in their school of origin whenever possible. [SOP 4.17 Preparation for and Completion of the Ten \(10\) Day Conference](#) outlines the requirements of frontline staff regarding educational stability, to include what constitutes a plan for the child's educational stability. [SOP 4.28 Meeting Educational Needs](#) provides additional guidance for department staff in meeting the educational needs of children in care provides. Additionally, the department and the Kentucky Department for Education (KDE) have a data exchange between TWIST and the KDE Infinite Campus database that capture's attendance, behaviors, and grades.

## Kentucky Adoption Profile Exchange-KAPE

Formerly known as the Special Needs Adoption Program (SNAP), KAPE was renamed in 2018 to better reflect the intent of the program and remove the stigma related to "special needs." KAPE was designed to specifically recruit for Kentucky children who are legally free for adoption but have no identified permanent home. Children registered with KAPE have a child-focused recruiter assigned to them and receive a level of targeted recruitment with increased success by focusing efforts on making communities aware of the need for foster families, expediting adoptive placement, and obtaining permanency for waiting children in Kentucky. The department has partnered with AdoptUSKids to redesign the KAPE website to enhance features to recruit adoptive families more effectively.

Identifying children who should be referred to the KAPE continues to be a challenge. The practice of allowing children to remain in foster care without listing them in KAPE prevents the child from receiving the special recruitment often necessary for achieving permanency. Children who remain in foster care without the benefit of steady recruitment for permanency, regardless of their comfort with the family, are at risk of leaving foster care without a family. Considering that the age of a child and the length of time spent in foster care can affect the child's adoption outcomes, finding a permanent placement as early as possible is imperative. In July 2023, regulatory amendments were made to outline more specific timelines and expectations for KAPE referrals. A KAPE referral must now be completed at the time of the termination of parental rights (TPR) if the child is not placed in an identified adoptive home. Before,



there was no outlined timeframe and children were lingering in OOHC without the benefit of child-specific recruitment efforts. Additionally, KAPE specialists meet regularly with the regions to review the children with a finalized TPR who are not placed in an identified adoptive home. These reviews help to ensure that KAPE referrals are being made timely, to assess the appropriateness of hold memos, and to work through other permanency barriers. Hold memos are completed if the youth is not in a place where it is in their best interest to participate in recruitment activities, or the youth is placed with a family who is interested in adoption but not ready to fully commit. Regions can complete a hold memo and develop a plan with the family to work through permanency barriers, etc.

## Programs and Supports for Foster, Adoptive and Kinship Parents

It is the department's goal to be responsive to foster, adoptive, and kinship parents and offer programs to support and retain foster, adoptive, and kinship homes. The department offers a wide array of services to support and retain foster, adoptive, and kinship families. CHFS Listens is one option offered by the cabinet when an individual has a general concern, question, or suggestion they would like to share. The public has access to an electronic form available on the cabinet's website at <https://chfs.ky.gov/Pages/contact.aspx> or can send an email to [CHFS.Listens@ky.gov](mailto:CHFS.Listens@ky.gov). To receive a response to an inquiry, an email address must be provided. CHFS Listens is available to both private and public foster homes.

### Foster Parent Mentor Program

The Foster Parent Mentor Program (FPMP) specializes in one-on-one, short-term, intensive coaching relationships, which provide newly approved foster parents and kinship caregivers who are in the process of becoming foster parents, emotional encouragement, skill reinforcement, and parenting strategies unique to providing OOHC to enhance the quality of care provided and stabilize initial placements. The program matches newly approved foster parents or kinship caregivers (mentees) with experienced foster parents (mentors) for their first six months of service.

The goals of the program are to:

- Retain newly approved foster and kinship parents by providing short-term and intensive coaching, training, support, encouragement, and skill reinforcement;
- Equip newly approved foster and kinship parents with a wide variety of parenting strategies unique to providing OOHC;
- Prevent, when possible, any unnecessary disruptions and transitions due to stress and discouragement; and
- Assist newly approved foster and kinship parents in applying skills that make their experience both satisfying and successful.

### Program Coordinators

FPMP is staffed by two full-time coordinators, each having the responsibility to manage program initiatives in four to five service regions statewide with a vision to provide knowledge management, resource retention, and placement stability.

Program coordinators carry out contract obligations agreed upon by the UK TRC and the cabinet. Program representatives meet with cabinet officials quarterly, providing data to reveal program activity and progress in meeting contract obligations.

Program coordinators also collaborate closely with each regional R&C team to identify, recruit, and maintain an appropriate group of foster parent mentors. Coordinators regularly confer with R&C teams on regionally specific needs of mentees, and common themes of support provided by mentors to inform the training needs of the region. This collaboration also monitors the mentoring referral protocol established to facilitate the timely notification of newly approved foster parents. Coordinators and R&C teams also collaborate on opportunities for program coordinators to provide a brief mentee orientation during each initial training experience within the region.

Upon receiving a mentoring referral from R&C staff, program coordinators reach out to those being referred (mentees) to confirm approval and certain demographic information that can be shared with their assigned mentor. Program coordinators also seek to determine mentee needs and preferences. Program coordinators then reach out to mentors who would appear to be a good match, prioritizing first those within the mentee's county of residence. Program coordinators consider age, education, vocation, and known life experiences in choosing an appropriate mentor. When a mentor is identified, the program coordinator communicates with both parties, sharing contact information and any other relevant details that will enhance their initial contact. For each mentoring match created, program coordinators connect with both mentor and mentee three to four times during the six-month experience, to encourage a meaningful partnership, broker any needed or desired changes, and assess match development. These quality assurance checks are made at known critical junctures in a mentoring relationship. An in-depth mentee final assessment is also distributed at the end of each match to facilitate continuous quality program improvement.

#### Newly Approved Foster and Kinship Parents (Mentees)

When a home is officially approved for certification, R&C or designated staff provide program coordinators a mentoring referral which initiates the matching process. Referrals for relative and fictive kin (kinship) parents are received after the application is submitted. Referrals include mentee contact information, ages, occupations, some compatibility criteria, and the type of referral that is being sent (newly approved, service extension, or subsequent referral).

Mentees receive a brief mentor program orientation during their initial training experience, which among other things, provides information on program purpose and parameters. Mentees are encouraged to fully participate in the experience, including taking the initiative to reach out to their mentor anytime questions or concerns arise. They are also informed that they may request a service extension, should they desire additional support.

Mentees are provided a dashboard on the program's website, where they can access the mentor/mentee learning guide and other downloadable resources, as well as program evaluation tools.

## Foster Parent Mentors

As mentioned above, only those foster parents recommended by R&C staff are eligible to serve as foster parent mentors. When recommended, program coordinators actively recruit foster parents, providing them with a program overview and an invitation to complete the web-based mentor orientation training. Upon completion of this training, program coordinators conduct a phone interview with the foster parent to consider if they are an appropriate fit for the role. If so, the foster parent is tasked with completing the onboarding process. This includes signing off on the published job description and pledge of confidentiality.

Statistical evidence suggests that nearly half of all approved foster parents close their home in their first year of service due to high stress, inattention, and high acuity placements. Therefore, FPMP is primarily a retention program. Mentors are required to initiate contact with assigned mentees two to three times per month or as needed and be readily available to take their calls, texts, and emails. Mentors utilize the provided mentor/mentee learning guide, as well as their experience and training to help mentees objectively assess ongoing events in the home to help bring some normalcy to their experiences. The goal is to provide strategies, suggest resources, and conduct coaching that can help alleviate stress and to pursue a posture of problem solving. Mentors also attempt to anticipate what the new family may face in the days ahead based upon their experience and understanding of the typical placement cycle. The goal is to alleviate, as much as possible, big surprises and reactionary decision making.

Mentors are required to submit monthly contact summaries to their program coordinator and receive a small stipend once received. These summaries help inform the match management duties of program coordinators, and often prompt the provision of technical assistance. Mentors are greatly encouraged to complete all afforded quality assurance questionnaires and participate in a comprehensive annual survey.

## Broad Statistical View of the Program

FPMP has averaged a match failure rate of just under 7.8 percent for each of the last five years. The annual average number of approved mentors available for service for the last five years has been 385 and those mentors have averaged just over 3,600 successful contacts with their mentees each year during that same period. It is important to note that program data was greatly impacted by the COVID-19 pandemic.

## Adoption Support for Kentucky (ASK)

Adoption Support for Kentucky (ASK) specializes in providing comprehensive support and services for foster and adoptive parents across the state. Utilizing peer-led support groups, ASK offers both pre- and post-adoptive assistance, ensuring that families have access to the resources and guidance they need every step of the way. Whether through phone, email, or one-on-one meetings with local Adoptive Parent Liaisons (APLs), ASK is committed to offering personalized support tailored to each family's unique situation. ASK aims to create a supportive community where parents can share their experiences, challenges, and triumphs with others who understand the journey of adoption firsthand.

ASK recognizes that adoption is a unique experience, and their goal is to provide proactive advocacy, ongoing support, and specialized training to prevent pre-adoption disruption and post-adoption

dissolution. ASK services are available to families formed through various adoption pathways, including state, private, relative, or international adoption, as well as to foster/adoptive parents, relative caregivers, and those considering foster care and adoption.

In pursuit to enhance support services, ASK expanded offerings beyond traditional formats. While maintaining VIP training sessions and support groups, ASK has embarked on a groundbreaking journey into the realm of virtual reality (VR) support groups. Recognizing the potential of VR technology to overcome geographical and logistical constraints inherent in in-person gatherings, ASK introduced innovative platforms like 'Digital Dads' and ASK-Teens VR support groups. These initiatives aimed to provide foster and adoptive fathers, as well as teenagers, with immersive and accessible spaces to share experiences, seek guidance, and foster connections. By harnessing the power of virtual technology and leveraging lived experiences, ASK aimed to break down barriers and ensure inclusivity in support endeavors.

ASK's initiative was marked by extensive outreach and engagement throughout Kentucky, aiming to empower individuals across all 120 counties. Throughout the program, ASK dedicated themselves to providing comprehensive training and support, ensuring that 4,232 participants had access to valuable resources. This involved orchestrating a total of 379 events, strategically spread across the state to reach communities far and wide. Through these efforts, ASK fostered skill development, knowledge sharing, and community cohesion, leaving a lasting impact on individuals and organizations alike throughout the diverse landscape of Kentucky.

In November 2023, as part of National Adoption Month, efforts were dedicated to celebrating and recognizing outstanding contributions within the adoptive community. ASK took a moment to honor individuals and organizations across all nine regions, sending out awards and recognition letters to deserving families who were nominated by DCBS staff in their regions.

To amplify the message and engage with a wider audience, ASK and UK's College of Social Work (CoSW) Communications meticulously crafted a comprehensive social media plan spanning multiple platforms. The plan commenced with a welcome letter from the program coordinator at the beginning of the month, setting the tone for their month-long campaign. Throughout November, they highlighted the invaluable work of ASK group leaders, showcasing their dedication and impact. Additionally, they shared heartfelt posts from featured adoptive families, sharing their stories of love and resilience. Through these efforts, ASK and CoSW aimed to raise awareness, celebrate the joy of adoption, and inspire others to consider opening their hearts and homes to children in need.

APLs participated in a comprehensive implicit bias and diversity training session aimed at enhancing capacity to support their respective groups effectively. The training provided an opportunity for liaisons to engage in introspection, encouraging them to reflect on their own biases and examine how these may influence their interactions within their communities. By fostering this self-awareness, the liaisons are better equipped to facilitate discussions and provide guidance that is inclusive and respectful of diverse perspectives.

Additionally, APLs participated in virtual professional development sessions facilitated by the Center for Adoption Support and Education. These sessions provided invaluable opportunities for liaisons to deepen their understanding of adoption-related issues and enhance their skills in supporting adoptive families.

### Foster Parent Training Program

The Foster Parent Training Program (FPTP) uses a collaborative approach to provide an array of training and support services for foster parents in Kentucky. FPTP collaborates with DCBS and foster families to identify foster parent training needs. FPTP is tailored to the specific needs of foster families and recognizes the importance of knowledge management in enhancing performance and promoting the safety, permanency, and well-being of Kentucky's children and families. It equips parents with evidence-based skills and tools to help them respond to the social, emotional, and behavioral needs of the child. Parents learn how to address disruptive behaviors, understand child development, practice trauma-informed parenting, and more. As the needs of foster families change, so does the program's focus, which is continually guided and refined based on the needs and feedback of DCBS and Kentucky's foster and adoptive families.

The goals of the program are to:

- Promote and enhance the safety, permanency, and well-being of Kentucky's families and children.
- Address the unique needs of foster youth through ongoing, elective foster parent training credit.
- Minimize placement disruptions and increase stability for youth.
- Teach skills that enable parents to create continuity and acceptance, manage challenging behaviors, and increase overall well-being for their family and themselves.
- Provide foster/adoptive parents with support, information, and resources.

### Medical Passports

Per DCBS SOP, all children in OOHC should receive a medical passport. Their foster parent is to maintain documentation related to their medical and behavioral health in the passport. This passport remains with the child throughout their time in care. The Medical Passport goes with the child as they return home or their placement changes.

### FAST Help: Resources and Access to Information

FPTP manages Foster Adoptive Support and Training Help (FASTHelp website and hotline located at <https://socialwork.uky.edu/fast-help/>). FASTHelp is designed to provide quick access to resources, services, forms, and training for foster/adoptive parents and relative caregivers. Here foster and adoptive parents will find resources related to child development (health and wellness), education, support, training, and more.

The FAST hotline can be reached by dialing, 1-833-UKY-FAST (1-833-859-3278) or through the following email address: [Fast@Uky.edu](mailto:Fast@Uky.edu). The FAST hotline is for any foster/adoptive parent seeking support, resources, and information. The toll-free hotline is available Monday through Friday from 8 a.m. to 5 p.m.

### Facilitate Foster Parent Appreciation Activities

In collaboration with DCBS R&C staff, FPTP recognizes and appreciates the service of foster parents in each DCBS service region. Program staff will coordinate a statewide appreciation event as requested by the DCBS Commissioner's Office to recognize regional winners of Foster Parents of the Year awards.

### Update and format the Foster Parent Handbook

Program staff work closely with DPP to update and maintain a timely and informative handbook as a starting point for staff, workers, and foster parents to obtain information pertinent to the day-to-day activities of caring for Kentucky's children.

## Kentucky Kinship Resource Center

The Kentucky Kinship Resource Center (KKRC), initiated in April 2020, is an innovative approach in providing a continuum of services to meet the unique needs of Kinship caregivers across the Commonwealth. Through the KKRC, caregivers can be connected to peer support, mentoring, education, resources, and advocacy to assist caregivers in providing for and safeguarding the children in their care.

The goals of the program are to:

- Connect kinship caregivers with state and local programs that can provide assistance with daily living needs, financial assistance, Medicaid/insurance enrollment, educational resources, childcare, identification of services providers, etc.
- Enlarge the caregiver's social support network through connection and support with other kinship caregivers across the Commonwealth thereby reducing feelings of isolation and increasing access to information, community, and support.
- Improve caregiver confidence and self-efficacy by providing emotional and educational support through validation, encouragement, and guidance, thereby increasing placement stability.
- Increase caregiver knowledge and skill, including parenting skills.
- Provide access to information to better inform and equip caregivers to care for their kinship children-including professional speakers and self-paced trainings on topics imperative to kinship children.
- Investigate and identify needs or gaps in service for kinship families, providing advocacy for new and improving measures to better support and meet the needs of kinship caregivers.

Through the KKRC, three unique kinship initiatives are emphasized focusing on a specific mode of service and connection with caregivers:

- KY-KINS Peer Support
- KIN VIP Support Groups
- Kinship Catalogue

***Kentucky Kinship Navigation, Information, and Support, or KY-KINS*** is an individualized, one-on-one, peer mentoring program in which caregivers can be matched with an experienced kinship provider who has participated in a rigorous, state-certified training of over 50+ hours. During these virtually based, weekly, individualized support meetings, kinship caregivers receive connection to state and local

resources designed to help kinship families, guidance on connecting their kinship child with educational and financial resources, parental support, and emotional support for the kinship journey.

***Kinship Virtual Interaction Participation, or KIN VIP***, is a virtually based support group program designed to allow kinship caregivers the ability to connect with one another across the Commonwealth for social support, shared resources, mentoring-both receiving support and providing support for others, and connection. Meeting through Zoom, KIN VIP is an opportunity to experience the benefit of a support group environment in a space that is easily accessible, convenient, and comfortable for scheduling. KIN VIP groups are facilitated by leaders with lived kinship experience and connect caregivers across the state to share and provide increased information, supports, encouragement, and resources beneficial for everyone.

***Kinship Catalogue*** is an ever-growing, expanding online collection of trainings designed to educate and inform kinship caregivers with the information and tools they need to care for their kinship children. Designed to evolve to meet the needs of kinship caregivers, the Kinship Catalogue features live webinars by professionals in their field on kinship-related topics, on-demand webinars (recorded webinars), and interactive, immersive training modules. The Kinship Catalogue provides a wealth of information right at the caregiver's fingertips when they need it most.

#### Kentucky Kinship Resource Center Staff

The Kentucky Kinship Resource Center (KKRC) is staffed by a full-time program coordinator, four full-time peer supporters, and seven contracted support group facilitators, all with the goal and the passion for bringing supports and resources to Kentucky's kinship caregivers. KKRC's vision is to increase caregiver supports, improve caregiver confidence and self-efficacy (and reduce caregiver stress), thereby increasing family stability and reducing disruption and placement in foster care (if appropriate) through increased awareness of accessible resources and supports, connecting caregivers to one another for increased resource sharing, and caring support by knowledgeable leaders with lived kinship experience. The KKRC program coordinator ensures that contract obligations agreed upon by the UK TRC at the CoSW and the cabinet are carried out. Program representatives meet with the cabinet officials quarterly, providing data to reveal program activity and progress in meeting contract obligations.

The KKRC program coordinator also collaborates closely with the service array specialist within DPP, as well as regional staff, school personnel, and community agents to identify kinship families in need of services and provide supportive services. During communications with department staff, the KKRC program coordinator discusses current needs of kinship families within the Commonwealth, identifies gaps in services relative to kinship families, and current themes many kinship caregivers have expressed during contacts with peer supporters or support group facilitators. This collaboration also monitors the KY-KINS online referral processes to ensure regions are accessing the referral mechanism to submit kinship families for services. This same mechanism is available to families interested in self-registering for program services. The KKRC program coordinator and the service array specialist also collaborate to travel throughout the nine service regions to promote and educate staff and community partners on KKRC programs available to kinship families, including the importance of making referrals or encouraging families to register for the programs.

## Peer Supporters

Peer supporters for the KY-KINS peer support program are considered paid employees and are offered employee benefits including medical, dental, and vision insurance. Peer supporters are hired on a part-time or full-time basis and enter hours through a portal utilized for payroll. Because of the nature of this role and the hours needed, peer supporters are encouraged to manage their schedules to meet the needs of their client base within their allotted work week (a 40-hour work week for full-time staff), remaining flexible to caregiver's availability.

Peer supporters maintain a minimum of twice weekly contact with their kinship clients through weekly video calls and follow-up check-ins, and are readily available to take calls, texts, and emails. Peer supporters utilize their personal experiences and certified training to provide support and resource connections to family members. The goal is to provide support, motivation, encouragement, strategies, resources, and coaching that can provide immediate assistance to the family and alleviate stress. Peer supporters are required to submit documentation for all services provided including case notes documenting services provided during weekly meetings and contact notes for texts, telephone calls, and emails. This documentation is shared with social workers if the family has an open case with DCBS to ensure communication about program services is provided.

## KIN VIP Facilitators

KIN VIP facilitators are contracted leaders who facilitate support groups and provide monthly contact summaries to their program coordinator. These facilitators receive a small payment for each support group session they lead, as well as preparing for their group meetings, completing monthly summaries, and staying in communication with group members as needed. These summaries help inform the program coordinator of attendance-including first-time attendees, issues prevalent with kinship caregivers, common topics of conversation, and any additional services that can be provided to meet kinship needs in the Commonwealth.

## Referrals/Registrations for KKRC Programs

### **KY-KINS**

Upon receiving a referral/registration for any KKRC program, the program coordinator will reach out to each caregiver referred/registered to advise them of the programs available through the KKRC and assist them in connecting with the support they feel would best meet their family needs. If the caregiver participates in KY-KINS, the program coordinator will match the caregiver to peer supporter based on various components such as similarity in kinship situations, county of residence, age, education, and known life experiences. When a peer supporter is identified, the program coordinator communicates with both parties, sharing contact information and any other relevant details that will enhance their initial contact.

Once involved in the program, each kinship caregiver will receive weekly video-based calls with their peer supporter to discuss challenges they are experiencing as a caregiver, resources needed to care for their family, and support in understanding their kinship journey. These virtual services are provided through a video platform comfortable and familiar to the caregiver such as Zoom, Messenger, Google Duo, etc. Additionally, the peer supporter will contact them each week through text, telephone, or email to check in with the caregiver to ensure they are doing well. Following the initial 12 weeks of service



involvement, assessments are completed to determine if the caregiver should remain in the program meeting on a weekly schedule, or, if enough supports are provided that the caregiver can begin meeting on a different schedule.

For each KY-KINS peer supporter, the program coordinator provides weekly supervision to review the services needed and provides suggestions for possible interventions, including involvement of additional services to support the family. Additionally, caregivers are requested to complete a survey initially every four weeks, for the initial 12-week period, concerning their experiences as a kinship caregiver in Kentucky as well as their experience in the KY-KINS program. Following their initial 12 weeks of participation, the surveys are completed once every 12 weeks to monitor their continued involvement in the program.

This data is reviewed at every quarterly meeting with CHFS to ensure the program is meeting the needs of kinship families in the Commonwealth.

#### ***KIN-VIP and Kinship Catalogue Referrals/Registrations***

For KIN-VIP and the Kinship Catalogue referrals, the program coordinator will provide the caregiver with instructions for creating an account on the Learning Management System (LMS) or offer to assist them in creating their account. The program coordinator will review the KIN-VIP support groups and assist the caregiver in identifying a group that fits their needs and schedule, offering instructions on how to register for a group or event. The program coordinator will also connect the caregiver and the facilitator to make a connection with the potential group member. The program coordinator will also review the resources available on the Kinship Catalogue encouraging the caregiver to register for an event. Caregivers are encouraged to register for KIN-VIP support groups and Kinship Catalogue events they are interested in becoming involved in.

KIN-VIP groups are offered throughout the month and are conducted through a Zoom platform. KIN-VIP facilitators send an email/text reminder prior to group meeting and include the Zoom link to registered participants. KIN-VIP facilitators and group participants stay in communication outside of group meetings through text, phone calls, or emails when additional support is needed.

KIN-VIP support groups are evaluated through a survey. For every new group offered as a 12-week pilot, a survey of their experiences in kinship care and in the group is administered following week 10 of the group meetings. For all ongoing, or regularly occurring group meetings, a comprehensive survey is administered annually to ensure the program continues to meet its vision and goals. This data is reviewed at every quarterly meeting with CHFS to ensure the program is meeting the needs of families in the Commonwealth.

The Kinship Catalogue hosts a series of events and resources including live webinars featuring professionals in the field, on demand (recorded) webinars, and training modules. Live webinar events are offered monthly also using Zoom which the program coordinator sends to all registered participants in a reminder email prior to the live event.

The on-demand webinars and the training library hosts resources which are available to caregivers to register, download, and view at their convenience, as these resources are always available on the LMS site and always accessible.

To evaluate the successfulness of these resources on the Kinship Catalogue, a feedback survey is administered following each event or training. For the live webinar series, the program coordinator will administer the feedback form following the live webinar event.

For the on-demand trainings and the training modules, the LMS system is set to automatically administer the feedback form once 75% or more of the resource is viewed by the caregiver. This data is reviewed at every quarterly meeting with CHFS to ensure the program reaches its vision and goals.

### Broad Statistical View of the Program

It is important to note the KKRC was launched during the COVID-19 pandemic which affected promotional efforts for each of the programs. The KKRC program coordinator was unable to travel in person to speak and promote the program as initially planned, but rather held informational meetings through Zoom. Once the pandemic subsided, more efforts toward promotion of the program were planned and scheduled and, over the three years the program has been in operation, referrals and registrations have increased as awareness of the program increased.

#### ***KY-KINS***

Referrals and registrations to the program since program launch in April 2021 have been approximately 575. Of those referrals, registrations, and inquiries, 227 kinship caregivers have been served through the KY-KINS program, working one-on-one with a peer supporter. During the three years this program has been in operation, peer supporters have provided over 1,500 hours of one-on-one, individualized support time for the caregivers they work with.

#### ***KIN-VIP***

KIN-VIP was launched in July 2021, also during the national pandemic and has served 111 kinship caregivers through kinship groups and specialized support groups. Since program launch, KIN-VIP has been promoted as an easily accessible way to access a community of support; however, the nature of kinship care is one in which caregivers are often embarrassed and fearful of discussing their family's challenges. This program will continue to evolve into a robust offering of group support which will encourage mentoring among members, provide inclusivity, and develop a strong base to help caregivers find a place to join.

#### ***Kinship Catalogue***

The Kinship Catalogue was launched in November 2021 with its initial live webinar presented by Legal Aid. Since that webinar, the catalogue has served over 364 people through monthly live webinars, on demand webinars, and training modules. KKRC has reached and provided services to many of the Commonwealth's kinship families in its three short years through innovation, caring, and commitment. In July 2024, KKRC will begin preparing programming to service kinship foster families, bringing the KKRC's programming full circle to care for all of Kentucky kinship families.

## Medically Complex Training Program

The Medically Complex Training Program (MCTP) is committed to providing innovative supports for caregivers by developing, coordinating, and conducting training for foster and adoptive parents, nurses, and social workers statewide engaged in the care of children with complex medical needs. Youth with complex medical needs require extra support beyond traditional care, a need that is amplified even more for children in the foster care system. MCTP provides both hands-on and virtual training led by highly qualified medical professionals who have the expertise necessary to educate caregivers on providing lifesaving and life-sustaining care.

The goals of this program are to:

- Provide training and support to foster homes in Kentucky caring for children in OOHC with complex medical needs.
- Enable caregivers from various backgrounds to provide care to some of the most vulnerable youth in the state.
- Provide support to DPP's Medical Support Section.
- Provide information, support, and consultation to R&C staff.
- Provide information and support to PCP staff for them to assist parents with children who are deemed medically complex.
- Continue to develop new and innovative ways to disseminate important information and training to parents, DCBS, and PCP staff.

### Program Coordinators

MCTP is staffed by one full-time program coordinator, who has the responsibility to manage all program initiatives in nine service regions statewide with a vision to provide education, resource retention, communication, and program stability.

The program coordinator carries out contract obligations agreed upon by the UK TRC. The program coordinator meets with the cabinet officials quarterly, providing data to reveal program activity and progress in meeting all contract obligations.

The program coordinator collaborates closely with the Medical Support Section to identify, maintain, and engage with appropriate guest speakers for ongoing yearly trainings (which take place twice a year). The program coordinator routinely discusses areas of need for training, parent satisfaction, and ways to improve the training program. The program coordinator is available to discuss issues directly with foster parents.

### Prospective Medically Complex Parents

When a parent expresses a desire and/or willingness to accept children who are medically complex for placement, they are registered for training by their social worker. In most cases, this is prior to a child deemed medically complex being placed in their home. However, it is sometimes unavoidable, and exceptions are made. These parents are given preferential focus and moved into the next available training class. Regardless, foster parents are enrolled in the initial online training program (Join Hands Together) at this point.

These parents must complete prerequisites one week prior to the online training. These prerequisites include Orientation, Standards of Practice, Nutrition, and Growth and Development. After completion, they can enroll in the online training, which is facilitated by the program coordinator, with assistance from a member of the Medical Support Section. These two training courses combined add up to the 12 hours of training necessary to become a medically complex parent. After completion, parents must also train in First Aid and CPR. At this point, their medically complex training (besides child-specific training) is complete for the year.

### Returning Medically Complex Parents

After their initial year of training, foster parents must maintain their certification with 12 hours of yearly training. This training is provided by MCTP. Registration for these events is the responsibility of the foster parent. The program makes this training available twice a year, in the Spring and Fall. The training takes place over three days. The first two days are remotely performed via Zoom and feature four guest speakers. The last day of training is an all-day event and takes place in person. This features seven guest speakers. After attending these sessions, the parent's yearly medically complex training is complete. As a note, parents must also maintain First Aid and CPR training every two years.

If parents are unable to attend training, or if they miss due to any number of reasons, make-up training is available. For many of the online sessions detailed above, the training is recorded and housed in the make-up database. If a parent repeatedly needs make-up training, this information is forwarded to DCBS for a final decision. Recorded courses are assigned to parents by the program coordinator and recorded via TRIS.

### Retention

Due to the difficulty of foster parenting in general, and medically complex fostering in particular, it is important to be available to parents when they need assistance in the program. The email and phone number of the program coordinator is readily available to all parents in the program, and they consistently take advantage of this ability to communicate.

The program coordinator is also in contact with members department staff to facilitate make-up trainings and offer guidance for parents who struggle to maintain training. The goal is to provide an individual to listen, recommend resources, and engage on a personal level. The main goal is to make the individual struggling feel heard and help them continue being a medically complex foster parent. To further improve the program, all foster parents in the training program are heavily encouraged to not only contact the coordinator, but also complete evaluation forms. Evaluations are offered at both the initial and annual trainings.

### Broad Statistical View of the Program

Despite the COVID-19 pandemic, numbers in the Medically Complex Training Program have stayed consistently in a similar range. The number of attendees for the annual training events (a measure of parents staying trained) has an average of 128 attendees. The initial training courses are also heavily attended. These training courses occur at least monthly and are consistently full, with a waiting list.

### The Kentucky Foster & Adoptive Parent Training Support Network

The Kentucky Foster & Adoptive Parent Training Support Network (The Network) consists of 15 regional parent led teams throughout the state. These teams provide peer support in times of crisis and stress, including foster/resource parents who are under investigation, recruitment of prospective foster/adoptive parents, and training to improve the skills resource parents need to deal with the issues they will encounter in fostering and adopting. Teams include experienced and trained foster parents and R&C representatives. Network members are required to provide 12 hours of training annually to foster parents.

### The Kentucky Foster Adoptive Caregiver Exchange System (KY FACES)

The Kentucky Foster Adoptive Caregiver Exchange System (KY FACES) website launched on August 25, 2018. KY FACES is a valuable means for Kentucky foster and adoptive parents to find resources and information to assist them in navigating their journey in fostering and adopting. KY FACES rolled out in several phases and will be developed further. Citizens are provided with an overview of foster care and adoption requirements to move forward with becoming a foster parent, benefits that are offered, and links to available statewide resources. Points of contacts have been established in the local regions to keep the website up to date for the public and current foster and adoptive families. Resources can be added to the site that may be region specific as feedback is received about the site. Some statewide resources include information about the MCOs and fingerprint scan sites. Citizens can submit questions online which go directly to DPP staff for response. The site also features videos, testimonials, and frequently asked questions. In October 2018, citizens interested in becoming a department foster and adoptive parent could begin submitting foster parent inquiries and applications online. Additionally, they can create an account and track their inquiry, home study approval progress, and other case specific information online. In August 2023, a new phase of the KYFACES portal was launched. Prospective foster and adoptive parents can register for informational and pre-service training and complete their application and all approval paperwork through their KYFACES account portal. Automated emails are sent to the applicant upon submission of their inquiry and throughout the process as reminders to register for training and complete paperwork. Current foster and adoptive parents can view case specific information such as training, placement screens, payments, and case manager information for children in their home. To support the new work flow, SOP was formulated related to inquiry response. This requires the department to respond to a foster parent inquiry within consistent timeframes and by various methods. The idea is that good customer service starts with the first phone call.

In February 2019, the new Kinship Navigator Section on KY FACES was launched. It provides information and quick links to supportive services for relative and fictive kin caregivers raising kin children, including assistance providing for a child's medical or mental health care needs, child care assistance, Supplemental Nutrition Assistance Program (SNAP-food benefits), Kentucky Transitional Assistance Program (KTAP-cash assistance), Kentucky Children's Health Insurance Program (KCHIP), information about becoming an approved foster home, and other helpful services. The Kinship Support Hotline is 877-565-5608 and is staffed 8 a.m. to 4:30 p.m. Monday through Friday.

## Foster Parent Engagement

### Foster Parent Surveys

Beginning in January 2021, the annual foster parent satisfaction survey was launched. The initial survey was sent in January 2021, asking active state foster parents (including relative and fictive kin providers) to answer questions related to their experiences over the prior year, 2020. Since the initial survey, this survey has been sent yearly in January to all active state foster parents. Beginning in January 2024, private agency foster parents were invited to participate in the survey. For the 2023 foster parent satisfaction survey, captured in January 2024, there were 828 respondents (577 state parents and 251 private agency parents). Surveys asked respondents qualitative and quantitative questions related to their experiences and satisfaction with staff, training, supports, etc. over the past year.

Overall satisfaction ranged from 62% satisfaction with investigative staff to 84% satisfaction with recruitment and certification staff.

- Satisfied with pre-service training and preparation 80%
- Satisfied with ongoing trainings 77%
- Satisfied with R&C staff 84%
- Satisfied with investigative staff 62%
- Satisfied with ongoing staff 72%
- Satisfied with supports offered 71%

Respondents were asked if they would recommend their agency's foster/adoption program to others and 83.45% of respondents answered yes. The annual satisfaction surveys ask respondents to provide feedback for additional training topics and support groups they would like to see. These responses are used to guide the development of additional trainings, supports available, and professional development of staff.

In addition to the annual foster parent satisfaction surveys, beginning in 2022, withdraw and exit surveys were implemented to collect information from state foster parents (including relative and fictive kin providers) who withdraw from the approval process prior to approval and parents who voluntarily close their foster homes. Surveys are sent via email to the parents in the month following their withdraw or foster home closure. In 2023, 38 respondents completed the DCBS foster parent withdraw survey (prior to approval) and 85 respondents completed the DCBS foster parent exit survey. The withdraw survey asked respondents to select the factors that were important in their decision to withdraw from the approval process. Personal reasons such as change in personal or family situation and negative effects on, or risk to, my own family accounted for 34% of the responses; inadequate support from DCBS 18%; requirements were too demanding (training and other approval requirements) 13%; needs/barrier of the children were too difficult for me to manage 8%; and other 26%. The exit surveys asked respondents what factors were important in your decision to stop participating in the foster care program. Personal reasons such as negative effects on, or risk to, my own family, change in personal or family situation, and desire to focus on my own family accounted for 30% of the responses; inadequate support from DCBS (respondents were provided space to explain) 17%; adopted 11%; fostering was too demanding 4%; the needs/barriers of the children were too difficult to manage 4%; and other reasons accounted for 38%. Other reasons listed included foster family relocation, child returning home or to a relative, illness, lack of support/communication, home is full, etc.

The annual satisfaction surveys, withdraw surveys, and exit surveys continue to be a great source of feedback from foster families, including relative and fictive kinship providers. Qualitative and quantitative data from the reports are reviewed by state and local leadership to guide continued improvements and supports for foster and adoptive families. University partners such as UK, Western Kentucky University (WKU), Eastern Kentucky University (EKU), and Murray State University also complete surveys with foster/adoptive parents in specific areas and provide feedback.

### Newsletters

To improve communication and engagement with foster parents across the state, a quarterly statewide foster parent newsletter, the FosterKY Newsletter, was launched in January 2021. The state diligent recruitment specialist sends this quarterly newsletter to all state foster homes and to the private agency partners each January, April, October, and December. Each newsletter includes family spotlights, KAPE spotlights, regional happenings (events and activities throughout the state), parent resources, and news from central office. Staff across the state in both the public and private agencies are encouraged to submit spotlights of families, events, and resources to include in the newsletters. In addition to the statewide quarterly newsletter, many regions have developed a regional newsletter monthly or quarterly to provide family spotlights and updates to the families within their respective regions.

### GovDelivery

To improve communication with active state foster/adoptive and subsidy parents, the state began utilizing GovDelivery for large scale communication. GovDelivery is a web-based e-mail subscription management system that allows a member of the public to subscribe to news and information related to the department. Regional points of contacts were established to manage regional communication with foster and adoptive parents, and statewide leads were established for statewide communication. DCBS staff adds and removes foster and adoptive parents into GovDelivery to maintain an active directory.

## Training

The department utilizes TRIS to track and analyze training records for foster and adoptive families. In December 2017, TRIS and TWIST developed an interface to allow R&C staff to view foster and adoptive parents training records easily through TWIST. TRIS is managed by EKU. The partnership with EKU has continued and division staff have worked with EKU to enhance TRIS to be more user friendly for families and staff. The department also partners with EKU to coordinate several mandatory trainings, include the Building Foundations pre-service training. EKU was involved in the development of the Kinship Navigator training.

FPTP is a program managed by the UK TRC that collaborates with the department, other public universities in Kentucky, community partners from across the state, and foster families to identify foster parent training and informational needs. Services include training and curricula development and dissemination, as well access to relevant resources and information. The program is guided by the needs of foster families, recognizes the critical link between knowledge management and performance enhancement, and strives to promote and enhance the safety, permanency, and well-being of Kentucky's children and families.

The department is flexible in scheduling pre-service trainings. Trainings are scheduled to meet the needs of the participants, including weekends and evenings. In addition, the department offers one-on-one training if participants cannot attend the group trainings. Trainings are held across the regions to ensure accessibility and reduce travel for participants. Foster and adoptive parent training requirements for private and public agencies are outlined in [922 KAR 1:350](#) and [922 KAR 1:310](#). In addition, [SOP 12.5 Pre-Service Training Requirements for Foster and Adoptive Parent Applicants](#) provides guidelines for training requirements for all foster/adoptive parent applicants including standards once homes are approved. The training requirements are similar for both public and private agencies. Regulations were aligned in 2015 and were further aligned in 2019 with the federal model foster home standards.

All prospective foster and adoptive parents are required to attend an information/orientation meeting which provides an overview of the program. Characteristics of children in care and needs and issues children have experienced with trauma are discussed during this meeting. Building Foundations is the pre-service training curriculum used by the department; however, a private agency can utilize a separate curriculum if approved by the department. Applicants learn more about the types of children in foster care as they progress through the pre-service training to help them make an informed decision. The department provides the Building Foundations training of trainers to private agency staff and specialized training for medically complex foster parents. Ongoing annual training is provided twice a year in a conference format to medically complex providers for both private and public foster parents. The department partners with UK to provide trauma-informed care training specifically designed for foster parents. This is a required ongoing training along with psychotropic medications provided or approved by the department, sexual abuse curriculum provided or approved by the cabinet, and behavior management and skill development. Required online trainings include Pediatric Abusive Head Trauma, First Aid and Universal Precautions, Medication Administration, Medical Passports, and Reasonable and Prudent Parenting.

The department contracts with the Consortium for Children to provide training twice per year related to the Structured Family Analysis Evaluation (SAFE) home study tool that Kentucky utilizes for home studies. Private agencies may attend this training if there are openings. The department contracts with SAFY, a PCP, for assistance with home study completion due to an increase in volume. This will act as a support for R&C staff.

Historically, department staff have collaborated with the UTC to strategize and plan for annual training. Annual meetings are scheduled with the UTC to discuss and plan for an annual training calendar for foster parents, budget for planned events, brainstorming about new training, etc.

The department also works with the UTC to develop curricula for the academy. The department meets quarterly with UK to discuss activities, barriers, etc. related to ASK, FFTP, the FPMP, and the Medically Complex Program. The department also meets with Murray State University quarterly to discuss the Foster Parent Network program's recruitment efforts, activities, barriers, etc.

The department currently has a Memorandum of Understanding (MOU) with Orphan Care Alliance (OCA) to provide pre-service training statewide. OCA has been a long-standing supporter of the department. OCA participated in the Building Foundations training of trainers and offers pre-service



training. OCA also assists with gathering the home study documentation that accompanies the home study approval process.

Exploring Cultural Diversity and Prejudice is a required training and prepares staff for working with the diverse population of clients in the human services system to avoid discriminatory practices. The training creates a safe learning environment for examining individual biases and how those biases can relate to culturally competent service delivery and for exploring the misinformation often present about other groups. Through small group work, discussion, facilitated storytelling, and role play, participants learn to undo stereotypes about race, gender, sexual orientation, religion, class, disabilities, and other differences which will assist in the development of case plans. R&C staff use information gleaned from this training to develop techniques for localized recruitment.

Peer-to-peer sharing is a strategy currently being used in Kentucky to share effective strategies for recruitment within regions. Recruitment is a standing agenda item for the quarterly statewide R&C meeting and a portion of this time is used to allow regions that are using best practices in recruitment to share their successes with their peers. Additionally, this time is used to allow community partners and stakeholders the opportunity to speak with R&C staff and receive feedback.

### Strategies for Linguistic Barriers

The department has several resources in place to address linguistic barriers. Resources include:

- A language access section located in central office in Frankfort (502-564-7770). This number can be used to access an interpreter.
- An internal website that contains a list of qualified staff interpreters. Interpreting is not the primary focus of their job, so availability may be limited. This resource is recommended if the staff person is in an office close to where the interpreter is needed.
- Approved community-based partner interpreters can be found at the same internal website. These are independent contracts. When staff know in advance that they will need an interpreter, they may contact an interpreter from the list and check for availability.
- When requesting an interpreter for a language other than Spanish, staff look for those approved as organizations and check to see if they offer the language needed.
- Staff may call Language Services Associates, Inc., at 1-800-305-9673.
- The Kentucky Commission on the Deaf and Hard of Hearing (KCDHH) is charged with oversight in the provision of interpreter/captioning services for deaf and hard of hearing consumers statewide. Statute pertaining to the duties of the commission can be found at KRS 163.510. These coordination services are provided at no cost to individual state agencies.
- Many department forms are available in the two most predominate languages within the state, which are Spanish and English.
- A partnership with UK to translate trainings and the handouts that accompany trainings.

### Non-Discriminatory Fee Structures

From the onset of potential placement, families are provided an array of services to support the opportunity for placement. This includes reimbursement for travel expenses to visit the child, therapeutic family counseling, and pre and post placement support. Foster parents receive a per diem

based on the needs of the children and the skill level of the parents. Adoptive parents negotiate a subsidy based on the needs of the child. Reimbursement for fees is provided in a timely fashion, typically within 30 days when all documentation has been adequately submitted.

Kentucky provides reimbursement for all post adoption services (POS) or purchase of service involving adoptions from foster care, both in-state and out-of-state. For out-of-state cases, where placements are made through private agencies, an adoption services contract is made between the department and the agency facilitating the adoption for the family prior to placement. The contract outlines expectations including reporting schedules which are to take place at specified times during the adoption adjustment. Also included in the contract is the amount to be paid to the agency for services and the expected time frame from placement to finalization. Fee amounts vary but stay within policy limitations. The amount is agreed upon after collaboration between the department and the agency and can vary depending on the services rendered. The reports consist of family preparation, child and family adjustment, effort to resolve issues resulting from the placement, placement dates, progress reports, and the adoption finalization date. The PCP agreement includes a provision that allows reimbursement for facilitation of an adoption and services for post-adoption support. Approximately 36% of Kentucky's children in foster care are placed with a PCP agency. If a child in a PCP home becomes available for adoption, the home transfers to the department for adoption only. However, the agency may provide additional services. The department is leveraging federal title IV-E funds at 50% of the adoption penetration rate. DCBS paid \$155,500 of these payments in QE 12/31/23 to PCP agencies. The department claimed the adoption only penetration rate (85.5128% for the last quarter) for a total of \$132,972.45. The federal portion was 50% so the department received \$66,486.23 for the federal grant. The department will continue to work with PCP agencies to engage children and families in preparation for adoption. To help offset the cost of adopting from foster care, the department provides a one-time fee reimbursement of \$1,000 to be applied to legal fees associated with the adoption.

The state legislates several aspects of the independent and private agency adoption process as it pertains to fees. Those Kentucky Revised Statutes (KRS) can be found through the following links:

- [KRS 199.493 Prohibition against payment of attorney's fees of biological parent without court approval -- Penalty.](#) (1) No adoptive parent, proposed adoptive parent, agency, or intermediary shall pay the attorney's fees of a biological parent for any purpose related to an adoption action except as approved by the court. (2) Any person who violates subsection (1) of this section shall be guilty of a Class A misdemeanor.
- [KRS 199.590 Prohibited acts and practices in adoption of children -- Expenses paid by prospective adoptive parents to be submitted to court.](#) Prohibited acts and practices in adoption of children -- Expenses paid by prospective adoptive parents to be submitted to court. (1) A person, corporation, or association shall not advertise in any manner that it will receive children for the purpose of adoption. A newspaper published in the Commonwealth of Kentucky or any other publication which is prepared, sold, or distributed in the Commonwealth of Kentucky shall not contain an advertisement which solicits children for adoption or solicits the custody of children. (2) A person, agency, institution, or intermediary shall not sell or purchase or procure for sale or purchase any child for the purpose of adoption or any other purpose, including termination of parental rights. This section shall not prohibit a child-placing agency from charging a fee for adoption services. This section shall not be construed to prohibit in vitro

fertilization. For purposes of this section, "in vitro fertilization" means the process by which an egg is removed from a woman and fertilized in a receptacle by the sperm of the husband of the woman in whose womb the fertilized egg will thereafter be implanted. (3) No person, association, or organization, other than the cabinet or a child-placing institution or agency shall place a child or act as intermediary in the placement of a child for adoption or otherwise, except in the home of a stepparent, grandparent, sister, brother, aunt, or uncle, or upon written approval of the secretary. This subsection shall not be construed to limit the Cabinet for Health and Family Services in carrying out its public assistance under Title IV-A of the Federal Social Security Act program in accordance with KRS Chapter 205. This section shall not be construed to prohibit private independent adoption or the right to seek legal services relating to a private independent adoption. (4) A person, agency, institution, or intermediary shall not be a party to a contract or agreement which would compensate a woman for her artificial insemination and subsequent termination of parental rights to a child born as a result of that artificial insemination. A person, agency, institution, or intermediary shall not receive compensation for the facilitation of contracts or agreements as proscribed by this subsection. Contracts or agreements entered into in violation of this subsection shall be void. (5) A person, organization, group, agency, or any legal entity, except a child-placing agency, shall not accept any fee for bringing the adoptive parents together with the child to be adopted or the biological parents of the child to be adopted. This section shall not interfere with the legitimate practice of law by an attorney. (6) (a) In every adoption proceeding, the expenses paid, including but not limited to any fees for legal services, placement services, and expenses of the biological parent or parents, by the prospective adoptive parents for any purpose related to the adoption shall be submitted to the court, supported by an affidavit, setting forth in detail a listing of expenses for the court's approval or modification. (b) In the event the court modifies the expense request as it relates to legal fees and legal expenses only, the attorney for the adoptive parents shall not have any claim against the adoptive parents for the amount not approved.

- [199.473 Placement of children by private person -- Home study required -- Temporary custody -- Background check -- Removal.](#) (1) All persons other than a child-placing agency or institution, the department, or persons excepted by KRS 199.470(4) who wish to place or receive a child shall make written application to the secretary for permission to place or receive a child. (2) Prior to the approval of an application to place or receive a child, the fee required pursuant to subsection (13) of this section shall be paid and a home study shall be completed. The purpose of the home study shall be to review the background of the applicant and determine the suitability of the applicant to receive a child, taking into account at all times the best interest of the child for whom application to receive has been made.

## Conclusion

Kentucky's Foster and Adoptive Parent Diligent Recruitment Plan provides an overview of the comprehensive diligent recruitment plan currently implemented in Kentucky, as well as plans for the next five years. Kentucky's plan has continued to adapt to meet the diverse needs of the children in care and enhance the agency's ability to respond to the unique qualities present in Kentucky's communities. The plan is ever changing to accommodate factors such as caseloads, budgetary constraints, legislative changes, complexity of cases, and the relationships with community partners such as the court system. Kentucky has engaged the National Center for Diligent Recruitment for technical assistance regarding the

diligent recruitment plan and implementation. This work will support diligent recruitment and Kentucky's engagement with relative/fictive kin caregivers. The department recognizes the many strengths incorporated in current practices, but also acknowledges challenges that need to be addressed.

TWIST and TRIS provide data collection that informs and guides agency efforts to recruit foster and adoptive homes that meet the needs of the children. From this data, the department recognized the need to recruit for children who are a part of a sibling group, older youth, and minority children. Using this data, regional teams and the Network plan recruitment activities that target the specific populations that reflect the needs of their respective region. This includes methods such as developing brochures, videos, child-specific recruitment models, public service announcements, foster parent engagement events, readily available pre-service training, and ongoing calendars of recruitment and training activities. One area of recognized need is the ability to find homes equipped with the skills necessary to parent children with significant behavioral and psychological needs.

In 2024, the department's focus will continue toward empowering R&C staff with the knowledge and skills to engage foster parents in training and skill building to overcome the identified barriers while focusing on the programs best practices that have proven successful. The department has intentionally engaged foster parents in workgroups and surveys and will continue to gain feedback. The department has intentionally reviewed and amended SOP to reflect the agencies emphasis and value of partnership between parents and foster parents.

The department is working on implementation of the Guardianship Assistance Program (GAP) available to states under title IV-E of the Social Security Act. Kentucky will call this Subsidized Permanent Custody (SPC). SPC will allow relatives to pursue approval as a foster parent and then accept legal guardianship or permanent custody after six months. Often, relatives are deterred from pursuing approval as a foster parent due to the possibility of their family's members' rights having to be terminated for the child in their home to achieve permanency. SPC will allow the child to achieve permanency without TPR and allows the relative to continue to receive some financial assistance. These factors coupled with the implementation of the new relative service array and permanency calls will reduce the length of time children are in OOH and improve permanency outcomes. It is through the vision of dedicated department staff that progress will be advanced. The department will continue to enhance technology, such as KY FACES, to further improve recruitment and retention of quality foster and adoptive parents with the goal of supporting children and their families.

The department is focusing on improving practices around post-adoption and post-permanency services for caregivers. This will require a continued shift in the permanency culture within the department. One approach for shifting the current culture was the implementation of the culture of permanency training statewide. Additionally, Kentucky is one of the pilot states with the National Center for Post Permanency Supports and through that work we hope to improve permanency supports for adoptive and SPC families. DCBS previously implemented the National Adoption Competency Mental Health Training Initiative (NTI) in 2021 with phased roll-outs to target regions. Three regions, Northeastern, Cumberland and Eastern Mountain began on May 1, 2021. The regions self-identified approximately 20 individuals from each region to complete the training. However, due to the pandemic and critical staffing needs the

agency has paused further implementation at this time. Due to continued concerns with staff vacancies and turn over as well as the implementation of various new initiatives in Child Welfare, such as working with the National Center for Post Permanency Supports, further NTI expansion continues to remain paused..