



Child and Family Services Reviews

Program Improvement Plan

March 16, 2026

Submitted to the
U.S. Department of Health and Human Services
Children's Bureau
Administration for Children and Families

Contents

Section I: General Information.....	3
Description of Stakeholder Involvement in PIP Process	4
Participant Roles in the KY Program Improvement Plan.....	5
Section II: Goals, Strategies, Interventions, & Key Activities.....	18
Section III: CFSR Round Four PIP Measurement Plan	20
Section IV: Implementation Oversight and Continuous Quality Improvement	22

Section I: General Information

The Kentucky Cabinet for Health and Family Services (CHFS/Cabinet) administers programs that promote public safety and health and is the largest of Kentucky's nine state Cabinets. Its structure supports collaboration across a broad network of human service partners, including behavioral health providers, health care systems, public health, Medicaid services, schools, and community organizations. This coordinated framework allows the Cabinet to align resources, leverage funding, and strengthen the continuum of services for children and families across the Commonwealth.

The Kentucky Department for Community Based Services (DCBS), the Cabinet's largest department, administers programs supporting children, families, and vulnerable adults, including prevention and family support, childcare services, child protection, foster care, adoption, and adult services. Direct services are delivered through nine service regions serving all 120 counties. DCBS continues to strengthen outcomes through a coordinated, trauma-informed system of care that prioritizes prevention, early engagement, and strong community partnerships.

In 2023, DCBS established the Division of Prevention and Community Well-Being (DPCW) to expand Kentucky's focus on upstream prevention and community-based supports. Through implementation of the Family First Prevention Services Act (FFPSA), Kentucky increased investment in services that help stabilize families before challenges escalate to child welfare involvement. DPCW advances prevention through primary, secondary, and tertiary prevention strategies that include parent education, community response partnerships, and evidence-based services such as Kentucky Strengthening Ties and Empowering Parents (KSTEP) and Sobriety Treatment and Recovery Teams (START).

Kentucky has also implemented Alternative Response (AR) statewide as an evidence-based approach for low urgency Child Protective Services reports. AR emphasizes child safety assessment, family engagement, and connection to community supports. By tailoring the agency's response based on urgency and partnering with families to address identified needs, AR serves as a prevention strategy designed to reduce future maltreatment reports and unnecessary entry into out-of-home care.

DCBS is also strengthening permanency supports across the continuum. In partnership with the National Center for Enhanced Post Adoption Support, DCBS is expanding outreach to post-adoptive families and implementing pre-permanency planning training to better prepare families adopting from foster care. Through collaboration with the University of Kentucky, Permanency Navigators will provide outreach, assessment, and connection to community resources for adoptive families receiving subsidies to strengthen post-permanency stability.

Kentucky continues to prioritize recruitment and retention of foster families, recognizing that retention of experienced caregivers strengthens placement stability and long-term system capacity. Regional initiatives focus on training, peer support, and engagement activities for foster and adoptive parents, including partnerships with Western Kentucky University to provide virtual support groups. Appreciation and recognition efforts further reinforce the value of foster, adoptive, and kinship families who support children across the Commonwealth.

DCBS also prioritizes kinship care whenever possible to maintain children's connections with family and community. Implementation of the Binti family finding and engagement model strengthens identification and exploration of kinship placement options. Kentucky also utilizes federal relative foster home safety waiver standards to reduce unnecessary barriers for relatives seeking to care for children. In addition, the state operates a federally recognized guardianship assistance program—Subsidized Permanent Custody—which provides financial and supportive resources to relatives who assume permanent guardianship of children. Additional support, including Kinship Navigators, the KY-KINS Peer Support Program, the KIN-VIP virtual support network, and the KINSHIP Catalogue training series, provide caregivers with information, peer connection, and resources that support successful kinship placements.

Finally, Kentucky is advancing a strengthened permanency approach that emphasizes timely reunification whenever it can be safely achieved. While adoption remains an important permanency pathway, DCBS is expanding its focus on quality family engagement, timely service delivery to mitigate safety concerns, and coordinated case planning that supports safe and timely reunification. Together, these strategies support family stability and advance Kentucky's goal of achieving lasting permanency and well-being for children and families.

Description of Stakeholder Involvement in PIP Process

Kentucky began planning for the CFSR Round 4 Program Improvement Plan (PIP) on May 20, 2025, when CB introduced DCBS staff and AOC staff to members of the National Child Welfare Center for Innovation and Advancement (NCWCIA) during a virtual meeting. Kentucky began meeting with NCWCIA and CB to prepare for the PIP process. Meetings with NCWCIA were held weekly while meetings with CB occurred bi-weekly. Kentucky received their CFSR round 4 final report from CB on November 17, 2025. CB shared themes of key areas needing improvement (ANI) to help Kentucky prepare for problem exploration, root cause analysis, and strategy development. Based on themes identified by the CB in the Child and Family Services Review (CFSR), Kentucky established five workgroups to address ANIs and areas of non-conformity.

When Technical Bulletin (TB) 14 was distributed, the state discussed the opportunity at length internally and with partners, ultimately electing to opt in to the *A Home for Every Child* pilot. The state reviewed current projects and initiatives with program staff through the lens of *A Home for Every Child*, taking into consideration the information generated

from traditional PIP development steps already in progress. Goals, Strategies, Interventions, and Key Activities are listed in Section II. The state's measurement plan is found in Section III. Kentucky looks forward to the continued partnership with CB throughout the PIP pilot process.

Table 1. Participants in the KY PIP Process

Participant Roles in the KY Program Improvement Plan	
Name	Affiliation
<i>PERMANENCY WELL-BEING WORKGROUP</i>	
Samantha Oerther (Co-Lead)	DCBS Service Region Associate, JSR
Paula Saenz (Co-Lead)	DCBS Branch Manager, Transitional Services
Andrea Eslami	DCBS Field Quality Procedures Development Specialist
Beth Arnold	DCBS Service Region Clinical Associate, NBSR
Billy Fore	DCBS Service Region Associate, CSR
Charlotte McGarrah	DCBS Service Region Clinical Associate, CSR
Christi Porter	DCBS Field Quality Procedures Development Specialist
Crystal Emberton Hardy	DCBS Quality Assurance Branch Manager
Dawnetta Dobson	DCBS Service Region Clinical Associate, EMSR
Gary Hensley	DCBS Service Region Administrator Associate, CSR
James Crawford	DCBS Adoption Services Branch Specialist
Janet Doyel	DCBS Service Region Clinical Associate, TLSR
Jessica Bowman	DCBS Policy and Research Consultant, Central Office
Julie Ferrell	DCBS Assistant Director II
Julie Snawder	DCBS Service Region Clinical Associate, SRTSR
Kelli Root	DCBS Assistant Director II
Kristin Toy	DCBS Service Region Clinical Associate, NESR
Lee Daniels	DCBS QA Branch Section Supervisor
Marcie Melton	DCBS QA Branch Specialist
Mary Carpenter	DCBS Executive Advisor, Central Office
Mary Williamson	DCBS Service Region Administrator Associate, JSR
Melanie Taylor	DCBS Division Director, Protection & Permanency
Renee Grizzle	DCBS Service Region Clinical Associate, SBSR
Shawna Lentz-Walker	DCBS QA Branch Specialist
Stephanie Bentley	DCBS Service Region Administrator Associate, JSR
Susan Neuhaus	DCBS Service Region Clinical Associate, NBSR
Tiffany Hernandez	DCBS Social Service Specialist, Out of Home Care
Tyler Hunter	Voices of the Commonwealth

Table 1. Participants in the KY PIP Process

Participant Roles in the KY Program Improvement Plan	
Name	Affiliation
PERMANENCY WELL-BEING WORKGROUP	
SAFETY WELL-BEING WORKGROUP	
Gretchen Marshall (Co-Lead)	DCBS Service Region Administrator Associate, SRTSR
Charity Roberts (Co-Lead)	DPCW Human Services Program Branch Manager
Amanda Crowell	DCBS Service Region Administrator Associate, JSR
Ambyr Bester	DCBS Service Region Administrator Associate, SBSR
Billy Jenkins Jr.	DCBS Service Region Administrator Associate, JSR
Brandy King	DCBS Section Supervisor, Quality Assurance Branch
Bridgett Moss	DCBS Field Quality Procedures Development Specialist II
Callie Lewis	DCBS Service Region Administrator Associate, NESR
Carolyn Overall-Miller	DCBS Service Region Administrator Associate, JSR
Cliff Bryant	DCBS Assistant Director II, Central Office
Crystal Emberton Hardy	DCBS Quality Assurance Branch Manager
David Gutierrez	DCBS Clinical Services Branch Manager
E.J. Smith	DCBS Child Protection Branch Manager
Heather O'Bryan	DCBS Social Service Specialist, Quality Assurance Branch
Jason Mellenkamp	DCBS Service Region Administrator Associate, NBSR
Jennifer Thornhill	DCBS Assistant Director II, Central Office
Jessica Bowman	DCBS Policy and Research Consultant, Central Office
Jillian Wilson	DCBS Social Service Specialist, JSR
Kelly Dorman	BH/DID Program Administrator, Central Office
Laura Evans	DCBS Service Region Administrator Associate, NBSR
Margaret Perkins	DCBS Human Services Program Branch Manager, SBSR
Melanie Taylor	DCBS Division Director, Protection & Permanency
Michelle Baize	DCBS Service Region Administrator, TRSR
Monica Bolin	DCBS Service Region Administrator Associate, SBSR

Table 1. Participants in the KY PIP Process

Participant Roles in the KY Program Improvement Plan	
Name	Affiliation
PERMANENCY WELL-BEING WORKGROUP	
Penny Butler	DCBS Social Service Specialist, Quality Assurance Branch
Shelia Washington	DCBS Social Service Specialist, Quality Assurance Branch
Tia Humphrey	DCBS Volunteer Services Program Coordinator
Tiffany Mullis	DCBS Assistant Director II, NBSR
Tim Padgett	DCBS Service Region Clinical Associate, JSR
WORKFORCE WORKGROUP	
Jennifer Topping (Co-Lead)	DCBS Senior Training and Development Designer
Crystal Wilder (Co-Lead)	DCBS Service Region Administrator Associate, JSR
Amy Smith	DCBS Social Service Specialist, Quality Assurance
Brandy Hillard-Brown	DCBS Service Regional Administrator Associate, NESR
Crystal Emberton Hardy	DCBS Quality Assurance Branch Manager
Gena Boyle	DCBS Deputy Commissioner
Jan Goldman	Council on Postsecondary Education Executive Director
Jasmine Milliner	DCBS Service Region Administrator Associate, SRTSR
Jessica Bowman	DCBS Policy and Research Consultant, Central Office
Julie Ferrell	DCBS Assistant Director II
Julie Snawder	DCBS Service Region Clinical Associate, SRTSR
Katie Wischer	DCBS Service Region Administrator Associate, NBSR
Kelli Shore	DCBS Service Region Administrator Associate, SBSR
Kim Butler	DCBS Service Region Administrator Associate, TRSR
LC Dobson	DCBS Service Region Administrator Associate, EMSR
Macy Marshall	DCBS Social Service Specialist, Quality Assurance
Margery Lindon	DCBS Service Region Clinical Associate, EMSR
Melanie Taylor	DCBS Division Director, Protection & Permanency
Melinda Vise	DCBS Field Quality Branch Manager
Misty Morgan	DCBS Service Region Administrator Associate, TRSR
Nikki Haney	DCBS Social Service Specialist, Quality Assurance

Table 1. Participants in the KY PIP Process

Participant Roles in the KY Program Improvement Plan	
Name	Affiliation
PERMANENCY WELL-BEING WORKGROUP	
Robert Jackson	DCBS Service Region Administrator Associate, CSR
Sheena Halsey	DCBS Service Region Administrator Associate, EMSR
Steffan Jones	DCBS Field Quality Procedures Development Specialist II
Stephanie Bentley	DCBS Service Region Administrator Associate, JSR
Tammy Gollihue	DCBS Service Region Administrator Associate, NESR

DATA QUALITY WORKGROUP	
Dilip Penmecha (Co-Lead)	Office of Application Technology Services
Jessica Bowman (Co-Lead)	DCBS Policy and Research Consultant
Emily Lyons	Information Quality Improvement
Gargi Sen	Office of Application Technology Services
Julie Ferrell	DCBS Assistant Director II
Melinda Vise	DCBS Field Quality Branch Manager
Olivia Dick	Information Quality Improvement
Radhika Kasagalla	Office of Application Technology Services
LEGAL JUDICIAL WORKGROUP	
Julie Ferrell (Co-Lead)	DCBS Assistant Director II
Dolores Smith (Co-Lead)	Administrative Office of the Courts
Andrea Bruns	CASA
Ashlee Slone	Administrative Office of the Courts
Brandy King	DCBS Section Supervisor, Quality Assurance Branch
Crystal Emberton Hardy	DCBS Quality Assurance Branch Manager
Eboni Thompson	Administrative Office of the Courts
Emily Campbell	Guardian ad Litem
Hon. Jason Fleming	Judge
Jennifer Clay	CHFS Office of Legal Services
Jessica Crockett	CHFS Office of Legal Services
Julie Ferrell	DCBS Assistant Director II
Karen Henderson	CASA
Kylie Tate	CASA
Lee Daniels	DCBS Section Supervisor, Quality Assurance Branch
Macy Marshall	DCBS QA Branch Specialist
Hon. Marcus Vanover	Judge

Table 1. Participants in the KY PIP Process

Participant Roles in the KY Program Improvement Plan	
Name	Affiliation
PERMANENCY WELL-BEING WORKGROUP	
Megan Walker	DCBS Social Service Specialist, Quality Assurance
Melanie Taylor	DCBS Division Director, Protection & Permanency
Nathaniel Goins	Administrative Office of the Courts
Patricia Dixon	CASA
Tami Blevins	Kentucky Partnership for Families and Children
Yavon L. Griffin Weathers	Attorney
PARTNER ENGAGEMENT GROUP	
Toya Nicholson	DCBS Social Service Specialist, Quality Assurance
Megan Walker	DCBS Social Service Specialist, Quality Assurance
Adam Rohrer	DCBS Social Service Specialist, Quality Assurance
Amy Carder	DCBS Volunteer Services Program Coordinator
Amy Smith	DCBS Social Service Specialist, Quality Assurance
Amy Storner	DCBS Social Service Specialist
Andrea Eslami	DCBS Procedures Development Specialist, CQI
Andrew Alvey	Lived Expert, Former Foster Youth
Ashlee Slone	Administrative Office of the Courts Regional Supervisor
Ashley Gabow	Administrative Office of the Courts
Ashley Percy	Administrative Office of the Courts
Beth Pierce	CB
Bobbie Bryant	Buckhorn Children's Services
Brandi Woods	Lived Expert, Parent
Brandy King	DCBS Section Supervisor, Quality Assurance
Bridget Koza	CB
Carla Stamper	KPFC Peer Support
Charity Roberts	DCBS Program Supervisor, DPCW
Claire Strohmeyer	NCWCIA
Cliff Bryant	DCBS Assistant Director
Clint Harris	Administrative Office of the Courts
Colleen Caron	NCWCIA
Crystal Emberton Hardy	DCBS Branch Manager, Quality Assurance
David Cozart	Commonwealth Center for Fathers and Families
Dejanease Demartra-Pressley	Lived Expert, Foster Parent
Denise Pittman	DCBS Procedures Development Specialist, CQI
Dianne Kelly	CB
Dolores Smith	Administrative Office of the Courts, Supervisor
E.J. Smith	DCBS Branch Manager, Child Protection
Eboni Thompson	Administrative Office of the Courts, Supervisor
Hon. Eric Stovall	District Judge
Gina Klyachkin	KVC In Home Services

Table 1. Participants in the KY PIP Process

Participant Roles in the KY Program Improvement Plan	
Name	Affiliation
PERMANENCY WELL-BEING WORKGROUP	
Heather Hornbuckle	DCBS Social Service Specialist
Heather O'Bryan	DCBS Social Service Specialist, Quality Assurance
Heather Warren	Attorney
Janna Estep-Jordan	Prevent Child Abuse Kentucky
Jennifer Clay	Office
Jennifer Thornhill	DCBS Assistant Director, DPP
Julie Ferrell	DCBS Assistant Director, DPP
Karissa Hall	DCBS Procedures Development Specialist, CQI
Katie Cunningham	DCBS Procedures Development Specialist, CQI
Kelli Root	DCBS Assistant Director, DPP
Kelly Dorman	BH/DID Program Administrator, BHDID
Kesha McClure-Hunley	One Quest Health
Kiley Adkins	DCBS Social Service Specialist, Quality Assurance
Kristin Breeden	DCBS Branch Manager, Out of Home Care Branch
LaResa Price	CB
Lee Daniels	DCBS Social Services Section Supervisor, Quality Assurance
Leeanne Applegate	Office of Legal Services
Lesa Dennis	DCBS Commissioner
Lynette Ponder	DCBS Assistant Director
Macy Marshall	DCBS Social Service Specialist, Quality Assurance
Marcie Melton	DCBS Social Service Specialist, Quality Assurance
Hon. Marcus Vanover	Judge
Marjorie Shular	DCBS Division Director
Mark Shults	CB
Melinda Vise	DCBS Branch Manager, Field Quality
Michelle Sanborn	Children's Alliance
Monica Wilkie	Administrative Office of the Courts Compliance Supervisor
Nathaniel Goins	Administrative Office of the Courts
Nikki Haney	DCBS Social Service Specialist, Quality Assurance
Penny Butler	DCBS Social Service Specialist, Quality Assurance
Rebecca Hendrich	NCWCIA
Sarah Bryant	DCBS Staff Assistant
Shawna Lentz-Walker	DCBS Social Service Specialist, Quality Assurance
Shelia Washington	DCBS Social Service Specialist, Quality Assurance
Shontelle Davis	Lived Expert - Youth
Tah Nutter-Blair	Lived Expert – Foster Parent
Tami Blevins	Kentucky Partnership for Families and Children
Taylor Breeding	KVC

Table 1. Participants in the KY PIP Process

Participant Roles in the KY Program Improvement Plan	
Name	Affiliation
PERMANENCY WELL-BEING WORKGROUP	
Terri Gibson	DCBS Procedures Development Specialist, CQI
Theda Simpson-Mosby	DCBS Program Coordinator, DPCW
Tia Humphrey	DCBS Volunteer Services Program Coordinator
Tiffany Combs	DCBS Procedures Development Specialist
Tiffany Mullis	DCBS Assistant Director
Tyler Hunter	Voices of the Commonwealth

During the Round 4 CFSR Kentucky did not achieve substantial conformity with any of the seven outcomes.

The state was found to be in substantial conformity with three of the seven systemic factors

- Quality Assurance System
- Agency Responsiveness to the Community
- Foster and Adoptive Parent Licensing Recruitment and Retention.

The state was *not* in substantial conformity with four of the seven systemic factors:

- Statewide Information System
- Case Review System
- Staff and Provider Training
- Service Array

Table 3: Steps in the state's CFSR Round 4 PIP Development

PIP Development Timeline	
September 02, 2025	DCBS Quality Assurance staff met internally with leadership to begin planning the PIP Kickoff.
September 04, 2025	CB staff (<i>Mark Shults, Dianne Kelly, Beth Pierce, and Bridget Koza</i>) met with DCBS staff via Microsoft Teams to begin preparing for the KY Final Results meeting.
September 09, 2025	DCBS Quality Assurance staff met with NCWCIA staff (<i>Allon Kalisher, Kataney Prior, Carla Carpenter, Megan Fletcher, and Kate McElroy-Hjelm</i>), and CB staff via Webex to discuss preliminary CFSR findings from Kentucky's Statewide Assessment.
September 16, 2025	DCBS Quality Assurance staff met internally with leadership to continue planning the PIP Kickoff.
	CB met with DCBS and AOC staff (<i>Eboni Thompson, Ashlee Slone, Nathaniel Goins, Delores Smith</i>) via Microsoft Teams to discuss CFSR-PIP planning.

PIP Development Timeline	
September 23, 2025	DCBS Quality Assurance staff met internally with leadership to continue planning the PIP Kickoff.
September 25, 2025	DCBS Quality Assurance staff met with NCWCIA staff via Webex to discuss data and logistics for the PIP Kickoff.
September 30, 2025	DCBS Quality Assurance staff met internally with leadership to continue planning the PIP Kickoff.
October 02, 2025	DCBS Quality Assurance staff met with NCWCIA staff via Webex to discuss data and logistics for the PIP Kickoff. Claire Strohmeier (<i>Project Lead</i>) and Colleen Caron (<i>Data Subject Matter Expert</i>) joined the NCWCIA team.
October 7, 2025	DCBS Quality Assurance staff met internally with leadership to continue planning the PIP Kickoff.
October 9, 2025	DCBS Quality Assurance staff met with NCWCIA staff via Webex to discuss data and logistics for the PIP Kickoff.
October 13, 2025	DCBS Quality Assurance staff met internally to discuss PIP strategies.
	DCBS Quality Assurance staff met with NCWCIA staff via Zoom to discuss PIP development.
October 14, 2025	DCBS Quality Assurance staff met with NCWCIA staff via Teams to discuss the PIP Kickoff.
October 16, 2025	DCBS Quality Assurance staff met with NCWCIA staff via Teams to discuss the PIP Kickoff.
October 21, 2025	DCBS Quality Assurance staff, NCWCIA staff, and a vast array of DCBS frontline and management staff from across the state met in-person at the Jefferson County DCBS Office in Louisville for the Internal PIP Kick-off. The original intention of this meeting was to include community partners; however, the Children's Bureau was not able to attend, therefore a Partnership Kick-off was planned for a later date.
	During the morning information session participants were briefed on the CFSR PIP process, associated data points, and recommendations from Kentucky's Statewide Assessment. In the afternoon participants broke into groups and discussed root causes.
October 22, 2025	DCBS Quality Assurance staff and NCWCIA staff conferred in-person at the Jefferson County DCBS Office in Louisville to develop ideas into problem statements
October 31, 2025	DCBS Quality Assurance staff met with CB staff, including members of the Measurement and Sampling Committee regarding potential PIP measurement strategies.
November 05, 2025	DCBS Quality Assurance staff met with NCWCIA staff via Zoom to discuss PIP development.
November 17, 2025	DCBS Quality Assurance staff met with NCWCIA staff via Zoom to discuss PIP development.

PIP Development Timeline	
	Kentucky received the CFSR Final Report from CB via email. Notable points are sorted by relevance to preliminary PIP workgroups below.
<i>Safety Well-being</i>	• Kentucky continues to face challenges surrounding safety, maltreatment in care, initiation, high caseloads, staffing issues, and work prioritization issues. • Critical services for domestic violence, substance use, mental health, and youth with complex behavioral health needs often have long waitlists. This is particularly evident in rural areas. • Accurate and comprehensive initial and ongoing safety and risk assessments were evident in 56% of the applicable cases. • The state performed strongest in ensuring that maltreatment was formally reported or investigated and substantiated appropriately and that the state was appropriately addressing safety concerns in the family home. • Safety continues to be a challenge in Kentucky. Statewide Data Indicators related to safety were statistically worse than national performance for Kentucky. • Maltreatment in Care continues to be more than double national performance, with a Risk-Standardized Performance (RSP) of 20.23 for Kentucky. • Kentucky did not previously include targeted strategies to actively address this issue but reported that 56% of maltreatment in care incidents occurred prior to the child's entry into out-of-home care. Additional analysis should be conducted to determine whether this factor is contributing to elevated rates of maltreatment in care. • Recurrence of Maltreatment SWDI suggests ongoing concerns related to child safety. The barriers most often noted were high caseloads, staffing issues, and the prioritization of work that affected the timeliness of initiation and subsequent attempts for face-to-face contact.
<i>Permanency Well-being</i>	• Concerns surrounding efforts to reunify families, concerted efforts to ensure parents have regular visitation with children in care and maintaining parents' relationships with their children in care outside of visitation were noted. • Strategies surrounding better engagement with children and families, including but not limited to engagement in case planning as well as proper needs assessments were suggested. • Challenges with the state's array of services, particularly mental/behavioral health services, and the ability to

PIP Development Timeline

individualize services to ensure the unique needs of children and families are met were noted.

- Reunification was the second most common permanency goal for children in foster care. Among the 35 reunification cases reviewed (some which had concurrent goals), 51% had timely and appropriate goals, and 43% achieved timely permanency through reunification.
- Timely reunification was facilitated by early parental engagement, prompt connection to necessary services, and effective efforts to address barriers to participation. In other cases, reunification remained the goal despite clear signs of parental lack of interest, or the goal was changed to adoption late.
- According to the February 2025 CFSR Data Profile, the state performed better than national performance in achieving permanency for both children entering care and those who have been in care for 24 months or longer.
- Kentucky performed worse than national performance for achieving permanency for children in care between 12 and 23 months.
 - Among the reviewed cases, 44 children were in foster care for 12 to 35 months, aligning with the state's performance on this statewide data indicator.
 - Most children had goals of either reunification or adoption. Eight children were reunified after an average of 16 months. Meanwhile, 10 children remained in care at the time of the review, with an average duration of 18 months.
 - Nine children were adopted after an average of 27 months.
 - Fourteen children remained in care, with an average duration of 25 months.
- To improve timely permanency outcomes, policies and practices that may delay permanency for children in care 12 to 23 months should be targeted for reform.
- Family relationships and connections were preserved for children in foster care in 86% of foster care cases in Kentucky's review.
- Siblings were placed together unless separation was necessary to meet the needs of one sibling in 92% of the applicable cases, and Relative Placement, with 90% of applicable cases rated positively.
- Seventeen children were placed with relatives, and in most other cases, efforts were made to assess relatives as potential placement options.

PIP Development Timeline	
	• Kentucky also supported children's relationships with their parents through activities beyond visitation, such as attending medical appointments and school events, resulting in an 85% Strength rating in the applicable cases. However, efforts to ensure frequent and high-quality visits between children and their parents or siblings were less successful, with 72% of applicable cases rated positively in this area. • The quality of visits with parents was good, with 84% of cases rated favorably for mothers and 93% for fathers; however, 50% of cases were rated favorably for quality of sibling visits, which drove down the overall rating. • While most children visited their parents weekly or at least twice a month, those placed separately from their siblings or placed outside of their communities often saw their siblings less than once a month, or not at all.
<i>Workforce</i>	• Kentucky continues to experience significant challenges in maintaining a well-staffed workforce, particularly in service regions with the largest child populations. • Through case reviews, case participant interviews, and systemwide stakeholder interviews, turnover has been identified as a contributing factor in creating high caseloads which negatively affects outcomes, case practice, and overall system functioning. • Accurate assessments were more likely to occur in foster care cases (70%) compared to in-home cases (42%). Insufficient ongoing assessments seemed to be a principal reason for lower ratings. Some trends included caseworker visits not occurring monthly, children not being seen privately, and inaccurate case closure summaries. Interviews showed workers were often unclear about requirements for assessments. • As Kentucky develops its PIP, an important focus should be on recruiting and retaining a high-quality workforce, as this may be a key component in enhancing safety, permanency, and well-being outcomes for children and families.
<i>Legal Judicial</i>	• Efforts to inform stakeholders of strengths, challenges, and initiatives within the child welfare agency were evidenced. However, the agency struggled to engage all relevant parties, particularly birth parents and legal and judicial partners, as well as providers and community partners, in the ongoing development, implementation, and monitoring of the CFSP and APSR. • Initial periodic reviews occurred for children no less frequently than within six months of entry into foster care and then every six months thereafter.

PIP Development Timeline	
	- Initial permanency hearings were held within 12 months from the date the child entered foster care. However, subsequent permanency hearings were not routinely occurring every 12 months thereafter. - Goals were established between 1 -40 months after removal, (average 16 months) for the 35 children in the sample with the sole goal of adoption. Ten percent of the cases were rated favorably for achieving adoption in a timely manner. - Delays in goal changes due to frequent caseworker turnover, high caseworker caseloads, inconsistent parental engagement, courts granting parents additional time to reunify and rescheduling hearings. - The case record review did not identify specific agency or legal practices that supported or hindered timely TPR filings. - Parental rights were terminated 3-24 months after adoption goal was established, (11-month average). - Termination occurred 1- 14 months after TPR petition filing dates (average of 7 months). - Delays due to difficulties in serving or locating parents, late paternity establishment, parental absences at hearings, scheduling conflicts among attorneys, limited court availability, timeframes for related criminal case resolution, agency procedures for initiating TPR petitions, and completion of adoption paperwork. - Delays in voluntary and involuntary termination orders and with resolving TPR appeals were found. - Continued collaboration between CHFS and legal and judicial partners may assist with identifying and addressing the policies and practices that delay permanency for children in care 12 to 23 months to support the development of targeted strategies and interventions to improve timely permanency outcomes for this population.
<i>Data Quality</i>	SWDI <i>Re-entry into Foster Care in 12 months</i> was not calculated due to DQ issues. *This issue was resolved with the release of the February 2026 SWDI
November 18, 2025	All PIP workgroup co-facilitators and notetakers met virtually to discuss responsibilities and objectives of the work.
November 24, 2025	The PIP Permanency Well-Being Workgroup held their first meeting via Microsoft Teams. The PIP Workforce Workgroup held their first meeting via Microsoft Teams.

PIP Development Timeline	
	Kentucky provided a draft of a proposed PIP Measurement Plan to CB via email.
November 25, 2025	The PIP Safety Well-Being Workgroup held their first meeting via Microsoft Teams.
December 8, 2025	The PIP Permanency Well-Being Workgroup held their second meeting via Microsoft Teams.
December 10, 2025	CB provided feedback to Kentucky on the Measurement Plan draft via email.
December 15, 2025	The PIP Permanency Well-Being Workgroup held an intermittent meeting.
	The CFSP CQI Partner Engagement workgroup met for their regular quarterly meeting. CFSR Final Results were shared with partners by DPP Assistant Director Julie Ferrell and Beth Pierce from CB.
December 18, 2025	The PIP Workforce Workgroup held their second meeting via Microsoft Teams.
	The PIP Safety Well-Being Workgroup held an intermittent meeting.
	Kentucky submitted responses to comments on the Measurement Plan draft to CB via email.
December 19, 2025	CFSR Technical Bulletin 14 was issued by CB, introducing the opportunity for states to opt into the <i>A Home for Every Child</i> PIP pilot. Key objectives included: • Focus on improved outcomes for children, youth, and families. • Public accountability promotion through enhanced public visibility of performance. • Greater flexibility provided to states to innovate and build capacity. • Effective Continuous Quality Improvement (CQI) implementation. • Reduce administrative burdens. • Generate data for meaningful CFSR updates. • CB will ensure that the PIPs adhere to the current regulations (45 CFR § 1355.35-36 and 42 U.S.C. 1320a-2a) and utilize best practice principles of measurement and CQI.
December 22, 2025	The PIP Safety Well-Being Workgroup held their second meeting via Microsoft Teams.
December 24, 2025	The PIP Data Quality Workgroup met via Microsoft Teams.
December 29, 2025	DCBS Quality Assurance Branch staff held an internal meeting to review PIP progress.

PIP Development Timeline	
	DCBS staff and NCWCIA staff held a planning meeting with AOC staff for the Legal Judicial Focus Group.
	NCWCIA staff and PIP Workgroup leads and note takers met to discuss PIP progress and strategy.
December 30, 2025	DCBS Quality Assurance leadership staff met internally to plan for the Legal Judicial Focus Group.
December 31, 2025	The PIP Data Quality Workgroup met via Microsoft Teams.
January 12, 2026	Legal Judicial focus group held virtually on Microsoft Teams.
January 15, 2026	The state's contract with NCWCIA ended.
January 20, 2026	Strategy session with DCBS Out of Home Care Branch held in person.
January 28, 2026	Kentucky officially opted into the <i>A Home for Every Child</i> pilot. CB was notified via email. An extension was granted to the state through March 16, 2026.
February 4, 2026	Focus group held virtually with QA Leads on court engagement.
March 4, 2026	Focus group held virtually with QA Leads on community resources.
March 5, 2026	Strategy session with DPCW held virtually.

Section II: Goals, Strategies, Interventions, & Key Activities

Table 4. PIP Goal, Strategies, and Activities

Goal 1: A Home for Every Child		
Strategy 1.1: Expand and sustain safe, family-based placement capacity for children in out-of-home care.		
Activity	Description	Implementation Area/s
1.1(a)	Strengthen retention of foster and kinship caregivers through mentoring, targeted coaching, and structured peer support.	Statewide
1.1 (b)	Provide trauma-informed and Just-in-Time trainings to support caregivers in addressing complex child needs and maintaining stable placements.	Statewide
1.1 (c)	Utilize the Binti Family Finding module to systematically identify and assess kinship and family placement options.	Statewide
1.1 (d)	Deploy Kinship Navigators to assist caregivers in understanding custody options, available resources, and support services to facilitate timely kinship placements.	Statewide
1.1 (e)	Provide peer support and on demand training resources designed to meet the unique needs of Kinship caregivers and reduce placement disruptions.	Statewide

1.1(f)	Implement targeted recruitment strategies using GIS mapping market segmentation to increase foster home capacity in high-need placement categories.	Statewide
Strategy 1.2: Reduce the length of stay in out-of-home care by strengthening timely reunification efforts when safety conditions permit.		
Activity	Description	Implementation Area/s
1.2(a)	Conduct case reviews of children in care longer than 12 months with a goal of reunification to identify and address barriers to permanency.	Statewide
1.2(b)	Analyze barriers to reunification and implement strategies that reduce unnecessary time in care.	The Lakes, Northern Bluegrass
1.2(c)	Provide training to frontline staff on effective Family Team Meeting facilitation to support family-centered case planning and timely service delivery.	Statewide
1.2(d)	Expand the use of Facilitated Family Team Meetings to strengthen family engagement and support reunification planning.	Two Rivers, Cumberland
1.2 (e)	Engage judicial partners to promote shared understanding of permanency timelines and support timely reunification when safety conditions are met.	Statewide
Strategy 1.3: Strengthen prevention and early intervention services to safely reduce entries into out-of-home care.		
Activity	Description	Implementation Area/s
1.3(a)	Utilize the Community Response program to connect families to community-based supports that address identified needs and reduce risk factors.	Statewide
1.3(b)	Utilize alternative response for low urgency reports to approach families in a way that engages them to be experts in their own lives and to connect them with services to support children remaining safely with their families.	Statewide
1.3 (c)	Increase meaningful use of the research based SDM risk assessment to connect families with prevention services to support children remaining safely with their families.	Statewide
1.3 (d)	Increase training for frontline staff on prevention services and available community based supports.	Statewide
1.3 (e)	Strengthen regional resource mapping to ensure timely connection of families to local services and supports,	Statewide

Strategy 1.4: Strengthen family engagement practices to support service access, placement stability, and permanency outcomes.		
Activity	Description	Implementation Area/s
1.4(a)	Utilize educational materials that support improved collaboration between child welfare staff and judicial partners.	The Lakes, Northern Bluegrass
1.4(b)	Provide training to staff on identifying and responding to concerns related to poverty through service connection and resource coordination.	Statewide
1.4(c)	Utilize Quality Assurance Specialists to model engagement practices and address barriers to family participation in case planning.	Two Rivers, Cumberland Service Regions
1.4(d)	Promote consistent use of partnership plans to support collaborative case planning between birth families and caregivers.	Statewide

Section III: CFSR Round Four PIP Measurement Plan

Consistent with guidance provided in Technical Bulletin 14, Kentucky elected to utilize the **A Home for Every Child** framework to address areas identified during the Child and Family Services Review Round Four.

As of **February 2026**, Kentucky reported:

- **Children in out-of-home care:** 8,679
- **Certified foster homes:** 4,589

This results in a baseline placement capacity ratio of: **0.53 : 1**

This ratio reflects approximately one certified foster home for every two children in care. Kentucky will focus on a limited set of high-impact strategies designed to increase placement capacity, improve permanency outcomes, and reduce entries into care. In alignment with the PIP pilot guidance, the state will not utilize ORSI case review data as part of the measurement plan.

Kentucky's PIP strategies support the Commonwealth's broader vision:

"A Commonwealth where every Kentuckian reaches their full human potential and all communities thrive."

Table 5: Chaser Measurements

Four Chaser Measurements	Measurement
Maintaining Family Connections	Percentage of children in care placed with a relative or kin placement
Congregate Care	Percentage of days in congregate care instead of a familial placement
Recent Maltreatment	Percentage of children experiencing subsequent maltreatment after DCBS intervention
Home Disruptions	Percentage of children experiencing placement disruptions

Table 6: Lead Measurements

PIP Strategy	Measurement
1.1: Expand and sustain placement capacity	- Number of certified foster homes statewide - Number of foster homes retained annually - Number of foster homes closed annually - Number and percentage of Kinship placements
1.2: Reduce length of stay and support reunification	- Average length of stay in out-of-home care - Median time to permanency - Percentage of permanency achieved through reunification - Identified barriers to permanency and resolution trends.

PIP Strategy	Measurement
1.3: Strengthen prevention and reduce entries into care	• Percentage of total reports screened as Alternative Response • Percentage of pathways switches to a traditional response path Percentage of families referred to and completion of a tertiary prevention service within the 12 months before entry into care
1.4: Strengthen engagement practices	• Percentage of workforce trained in engagement and family team meeting practices • Percentage of cases with completed partnership plans

Section IV: Implementation Oversight and Continuous Quality Improvement

The Kentucky Department for Community Based Services (DCBS) will implement a structured oversight and monitoring framework to ensure effective execution of Program Improvement Plan (PIP) strategies and activities. Oversight will be coordinated through the Quality Assurance Branch in partnership with service regions, program managers, and staff to promote consistent implementation across the Commonwealth.

PIP Governance and Oversight

DCBS will establish a PIP Implementation Team responsible for monitoring progress toward the strategies and outcomes outlined in this plan. The team will include representatives from central office and the Quality Assurance Branch, regional staff, program staff, and data and quality improvement personnel. This group will meet regularly to:

- Monitor implementation of PIP strategies and activities
- Review performance data associated with identified measurements
- Identify barriers to implementation and develop corrective actions when necessary
- Support alignment of regional practice with statewide policy and practice expectations

Regional leadership will play a key role in implementation by supporting local practice improvements, reinforcing training and engagement strategies, and ensuring frontline staff have access to the tools and resources necessary to implement the PIP strategies effectively.

Data Monitoring and Performance Tracking

DCBS will utilize existing administrative data systems and reporting tools to monitor progress toward the identified PIP measurements. Data will be reviewed on a regular basis to assess trends related to:

- Number and retention of certified foster homes
- Kinship placement utilization
- Length of stay in out-of-home care
- Time to permanency
- Rates of reunification and other permanency outcomes
- Entries into out-of-home care

Performance data will be shared with regional leadership and program managers to support data-informed decision making and to guide targeted practice improvements when needed.

Continuous Quality Improvement

Although Kentucky has elected not to utilize CFSR case review data as part of the formal measurement plan, DCBS will continue to use its **Continuous Quality Improvement (CQI)** infrastructure to support practice improvement and implementation monitoring. Quality Assurance Specialists will assist regions by:

- Reviewing practice trends related to engagement, service delivery, and permanency planning
- Identifying systemic barriers affecting timely permanency and placement stability
- Modeling engagement and case planning practices that support reunification and permanency outcomes
- Providing feedback to leadership and frontline staff to inform ongoing improvement efforts

This CQI approach allows the agency to continuously evaluate implementation progress while ensuring practice improvements remain aligned with the broader goals of the PIP.

Stakeholder Engagement

DCBS recognizes that successful implementation of the PIP requires strong collaboration with internal and external partners. The agency will continue to engage key stakeholders throughout the implementation period, including:

- Foster, adoptive, and kinship caregivers
- Judicial partners
- Community-based service providers
- Behavioral health and prevention service partners
- University and technical assistance partners

Stakeholder feedback will inform ongoing adjustments to implementation strategies and help ensure that initiatives remain responsive to the needs of children, families, and caregivers.

Sustainability

The strategies outlined in this PIP build upon existing initiatives already underway within Kentucky's child welfare system, including prevention services under the Family First Prevention Services Act, statewide Alternative Response implementation, kinship support initiatives, and strengthened permanency practices. Because these initiatives are integrated into current program operations, policy, and training structures, DCBS is well positioned to sustain improvements beyond the PIP implementation period.

Through continued monitoring, strong regional leadership, and ongoing collaboration with partners, DCBS will maintain a focus on strengthening family engagement, expanding placement capacity, and achieving timely permanency for children. These efforts support Kentucky's vision of ensuring that children grow up in safe, stable families and that every child has a safe and supportive place to call home.