



# Annual Performance Report

## Data Summary

First Steps  
275 East Main Street  
Frankfort, Kentucky 40621

Phone: 502-564-3756  
Fax: 502-564-0329

### Indicator 1: Timely Services

Timely services are the initial services that start within 30 days of parent consent for the service.

### Indicator 2: Natural Environment

The primary setting report is pulled from the planned services for the IFSP.

### Indicator 3: Childhood Outcomes

Assessment data on child progress measures the percent of children who (1) showed a substantial increase in skills or who (2) were functioning at age level at the time of exit in:

- \*3A-Positive social-emotional skills (including social relationships)
- \*3B-Acquisition and use of knowledge and skills (early language/communication)
- \*3C-Use of appropriate behaviors to meet their needs.

### Indicator 4: Family Outcomes

Family surveys are mailed every year to solicit input from families to determine their satisfaction in the areas of

- \*4A-Knowing their rights
- \*4B-Effectively communicating their child's needs
- \*4C-Helping their child develop and learn.

### Indicator 5: Birth to 1 Participation Rate

The number of children aged birth to 1 with an IFSP as compared to other states with similar eligibility criteria and national data.

### Indicator 6: Birth to 3 Participation Rate

The number of children aged birth to 3 with an IFSP as compared to other states with similar eligibility criteria and national data.

### Indicator 7: 45 Day Timeline

The number of eligible children that received the initial IFSP within 45 days from the date of referral.

### Indicator 8: Early Childhood Transition

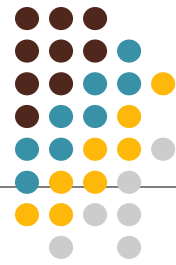
The number of children exiting Part C who receive timely transition planning by their 3rd birthday. This includes:

- \*8A-IFSPs with transition steps and services (required as part of every IFSP)
- \*8B-Notification to the Local Educational Authority (LEA) of all children that are potentially eligible for Part B services (this is a data share between the Part C State Lead Agency and the Kentucky Department of Education [KDE])
- \*8C-Timely transition conferences

### Determination Summary FFY 09

- Barren River  
Needs Assistance
- Big Sandy  
Needs Assistance
- Bluegrass  
Needs Assistance 3
- Buffalo Trace  
Meets Requirements
- Cumberland Valley  
Needs Assistance 3
- FIVCO  
Needs Assistance 5
- Gateway  
Needs Assistance 5
- Green River  
Needs Assistance 4
- Kentucky River  
Needs Assistance 5
- KIPDA  
Needs Assistance 5
- Lake Cumberland  
Needs Assistance 2
- Lincoln Trail  
Meets Requirements
- Northern Kentucky  
Needs Assistance 2
- Pennyrile  
Needs Assistance 2
- Purchase  
Meets Requirements

# Barren River



| Indicator              | District Performance | State Target | Target Status |
|------------------------|----------------------|--------------|---------------|
| 1: Timely Services     | 98.47%               | 100%         | Not Met       |
| 2: Natural Environment | 100%                 | 98.70%       | Exceeds       |
| 3: Child Outcomes      |                      |              |               |
| 3A1                    | 65%                  | 62%          | Exceeds       |
| 3A2                    | 69.60%               | 31%          | Exceeds       |
| 3B1                    | 50%                  | 50%          | Meets         |
| 3B2                    | 63%                  | 26%          | Exceeds       |
| 3C1                    | 62.50%               | 50%          | Exceeds       |
| 3C2                    | 69.60%               | 26%          | Exceeds       |
| 4: Family Outcomes     |                      |              |               |
| 4A                     | 88.44%               | 85.20%       | Exceeds       |
| 4B                     | 90.32%               | 76.30%       | Exceeds       |
| 4C                     | 89.29%               | 90.60%       | Not Met       |
| 5: Birth to 1          | .52%                 | .86%         | Not Met       |
| 6: Birth to 3          | 3.00%                | 2.55%        | Exceeds       |
| 7: 45 Day Timeline     | 99.02%               | 100%         | Not Met       |
| 8: Transition          |                      |              |               |
| 8C                     | 100%                 | 100%         | Meets         |

**Lifeskills**  
 PO Box 6499  
 380 Suwannee Trail  
 Bowling Green, KY  
 42102

(270) 901-57449

### Counties Served

- Allen
- Barren
- Butler
- Edmonson
- Hart
- Logan
- Metcalfe
- Monroe
- Simpson
- Warren

## Additional District Information

Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). The identified noncompliance for Indicator 1 was corrected within one month and for Indicator 7 was corrected within two months from the date of notification of the finding.

Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. The target was set by the state during the development of the State Performance Plan (SPP).

The Barren River district was determined to *Needs Assistance* for FFY 2009. This is down from last year's determination of *Meets Requirements*.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 149 responses from families in the Barren River district.

A determination of *Needs Assistance* means the district has technical assistance and training resources on topics specific to the areas of noncompliance available. This may include onsite technical assistance visits and monitoring calls with the Point of Entry Manager and other key stakeholders.

# Big Sandy



| Indicator              | District Performance | State Target | Target Status |
|------------------------|----------------------|--------------|---------------|
| 1: Timely Services     | 98.66%               | 100%         | Not Met       |
| 2: Natural Environment | 98.99%               | 98.70%       | Exceeds       |
| 3: Child Outcomes      |                      |              |               |
| 3A1                    | 100%                 | 62%          | Exceeds       |
| 3A2                    | 71.40%               | 31%          | Exceeds       |
| 3B1                    | 20%                  | 50%          | Not Met       |
| 3B2                    | 28.60%               | 26%          | Exceeds       |
| 3C1                    | 80%                  | 50%          | Exceeds       |
| 3C2                    | 28.60%               | 26%          | Exceeds       |
| 4: Family Outcomes     |                      |              |               |
| 4A                     | 88.95%               | 85.20%       | Exceeds       |
| 4B                     | 91.69%               | 76.30%       | Exceeds       |
| 4C                     | 90.75%               | 90.60%       | Exceeds       |
| 5: Birth to 1          | .83%                 | .86%         | Not Met       |
| 6: Birth to 3          | 3.32%                | 2.55%        | Exceeds       |
| 7: 45 Day Timeline     | 99%                  | 100%         | Not Met       |
| 8: Transition          |                      |              |               |
| 8C                     | 100%                 | 100%         | Meets         |

**Mt. Comprehensive  
Care Center**  
104 South Front Ave  
Prestonsburg, KY  
41653  
  
(606)886-4315

**Counties Served**

- Floyd
- Johnson
- Magoffin
- Martin
- Pike

A determination of *Needs Assistance* means the district has technical assistance and training resources on topics specific to the areas of noncompliance available. This may include onsite technical assistance visits and monitoring calls with the Point of Entry Manager and other key stakeholders.

## Additional District Information

Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). The identified noncompliance for Indicators 1 and 7 was corrected within one month from the date of notification of the finding.

Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. The targets for the performance indicators were set during the development of the State Performance Plan (SPP).

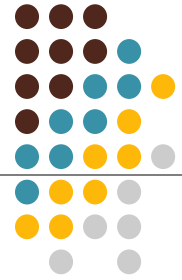
The Big Sandy district was determined to *Needs Assistance* for FFY 2009. This is down from last year's determination of *Meets Requirements*.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 60 responses from families in the Big Sandy district.

**District Determination for Federal Fiscal Year 2009 (July 1, 2009 to June 30, 2010)**

# Bluegrass

Bluegrass Regional MH/MR Board 343 Waller Ave Suite 201 Lexington, KY 40504 (859)271-9448



| Indicator              | District Performance | State Target | Target Status |
|------------------------|----------------------|--------------|---------------|
| 1: Timely Services     | 97.96%               | 100%         | Not Met       |
| 2: Natural Environment | 99.20%               | 98.70%       | Exceeds       |
| 3: Child Outcomes      |                      |              |               |
| 3A1                    | 68.90%               | 62%          | Exceeds       |
| 3A2                    | 69.30%               | 31%          | Exceeds       |
| 3B1                    | 76.50%               | 50%          | Exceeds       |
| 3B2                    | 71.10%               | 26%          | Exceeds       |
| 3C1                    | 69.20%               | 50%          | Exceeds       |
| 3C2                    | 66.70%               | 26%          | Exceeds       |
| 4: Family Outcomes     |                      |              |               |
| 4A                     | 87.18%               | 85.20%       | Exceeds       |
| 4B                     | 88.93%               | 76.30%       | Exceeds       |
| 4C                     | 87.92%               | 90.60%       | Not Met       |
| 5: Birth to 1          | .46%                 | .86%         | Not Met       |
| 6: Birth to 3          | 2.77%                | 2.55%        | Exceeds       |
| 7: 45 Day Timeline     | 99.75%               | 100%         | Not Met       |
| 8: Transition          |                      |              |               |
| 8C                     | 100%                 | 100%         | Meets         |

**Counties Served**

- Anderson
- Bourbon
- Boyle
- Clark
- Estill
- Fayette
- Franklin
- Garrard
- Harrison
- Jessamine
- Lincoln
- Madison
- Mercer
- Nicholas
- Powell
- Scott
- Woodford

## Additional District Information

Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). The identified noncompliance for Indicator 1 was corrected within three months and for Indicator 7 was corrected within two months from the date of notification of the finding.

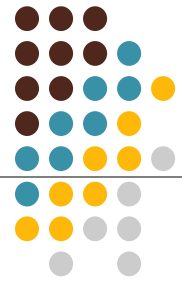
Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. The targets for these indicators were set during the development of the State Performance Plan (SPP).

While the district did not meet all state targets there was improvement in the district performance from the previous year. The Bluegrass district scored *Needs Assistance 3*. This shows continued dedication to quality improvement by the Point of Entry staff and providers in the district.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 405 responses from families in the Bluegrass district.

A determination of *Needs Assistance 3* means that the district is required to conduct a root cause analysis, complete a corrective action plan, obtain targeted technical assistance and training resources on topics specific to the areas of noncompliance. This may include onsite technical assistance visits and monthly monitoring calls with the Point of Entry Manager and other key stakeholders.

# Buffalo Trace



| Indicator              | District Performance | State Target | Target Status |
|------------------------|----------------------|--------------|---------------|
| 1: Timely Services     | 98.84%               | 100%         | Not Met       |
| 2: Natural Environment | 100%                 | 98.70%       | Exceeds       |
| 3: Child Outcomes      |                      |              |               |
| 3A1                    | 66.70%               | 62%          | Exceeds       |
| 3A2                    | 60%                  | 31%          | Exceeds       |
| 3B1                    | 87.50%               | 50%          | Exceeds       |
| 3B2                    | 60%                  | 26%          | Exceeds       |
| 3C1                    | 57.10%               | 50%          | Exceeds       |
| 3C2                    | 40%                  | 26%          | Exceeds       |
| 4: Family Outcomes     |                      |              |               |
| 4A                     | 86.84%               | 85.20%       | Exceeds       |
| 4B                     | 87.74%               | 76.30%       | Exceeds       |
| 4C                     | 88.67%               | 90.60%       | Not Met       |
| 5: Birth to 1          | .72%                 | .86%         | Not Met       |
| 6: Birth to 3          | 3.14%                | 2.55%        | Exceeds       |
| 7: 45 Day Timeline     | 100%                 | 100%         | Meets         |
| 8: Transition          |                      |              |               |
| 8C                     | 100%                 | 100%         | Meets         |

Comprehend, INC  
611 Forest Ave  
Maysville, KY  
41056  
  
(606)564-3919

#### Counties Served

- Bracken
- Fleming
- Lewis
- Mason
- Robertson

## Additional District Information

Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). The identified noncompliance for Indicator 1 was corrected within one month from the date of notification of the finding.

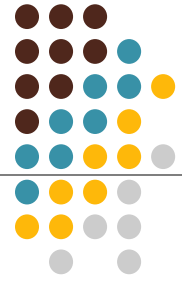
Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. The targets for these indicators was set during the development of the State Performance Plan (SPP).

The Buffalo Trace district improved from *Needs Assistance (4)* to *Meets Requirements* for FFY 2009.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 32 responses from families in the Buffalo Trace district.

A determination of *Meets Requirements* means that the district is in compliance in meeting the state targets. This may include correcting any identified non-compliance within one year of notification to the district. The district is not subject to any enforcement action by the state.

# Cumberland Valley



| Indicator              | District Performance | State Target | Target Status |
|------------------------|----------------------|--------------|---------------|
| 1: Timely Services     | N/A                  | 100%         | DNC*          |
| 2: Natural Environment | 100%                 | 98.70%       | Exceeds       |
| 3: Child Outcomes      |                      |              |               |
| 3A1                    | 62.50%               | 62%          | Exceeds       |
| 3A2                    | 44.40%               | 31%          | Exceeds       |
| 3B1                    | 75%                  | 50%          | Exceeds       |
| 3B2                    | 38.90%               | 26%          | Exceeds       |
| 3C1                    | 58.80%               | 50%          | Exceeds       |
| 3C2                    | 38.90%               | 26%          | Exceeds       |
| 4: Family Outcomes     |                      |              |               |
| 4A                     | 88.65%               | 85.20%       | Exceeds       |
| 4B                     | 89.11%               | 76.30%       | Exceeds       |
| 4C                     | 87.71%               | 90.60%       | Not Met       |
| 5: Birth to 1          | .66%                 | .86%         | Not Met       |
| 6: Birth to 3          | 2.01%                | 2.55%        | Not Met       |
| 7: 45 Day Timeline     | 100%                 | 100%         | Meets         |
| 8: Transition          |                      |              |               |
| 8C                     | 100%                 | 100%         | Meets         |

**Cumberland Valley  
Comprehensive Care  
Center**  
1203 American  
Greetings Road  
PO Box 568  
Corbin, KY 40702

(606)523-0229

**Counties Served**

- Bell
- Clay
- Harlan
- Jackson
- Knox
- Laurel
- Rockcastle
- Whitley

## Additional District Information

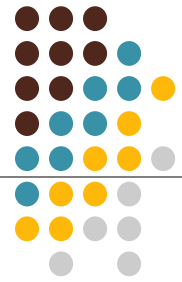
Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). \*The noncompliance for Indicator 1 from FFY 2008 was not corrected to 100% within one year from the date of notification of the finding.

Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. The target was set by the state during the development of the State Performance Plan (SPP).

The Cumberland Valley district was determined to score in the *Needs Assistance 3* category.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 64 responses from families in the Cumberland Valley district.

A determination of *Needs Assistance 3* means that the district is required to conduct a root cause analysis, complete a corrective action plan, obtain targeted technical assistance and training resources on topics specific to the areas of noncompliance. This may include onsite technical assistance visits and monthly monitoring calls with the Point of Entry Manager and other key stakeholders.



| Indicator              | District Performance | State Target | Target Status |
|------------------------|----------------------|--------------|---------------|
| 1: Timely Services     | 94.10%               | 100%         | Not Met       |
| 2: Natural Environment | 100%                 | 98.70%       | Exceeds       |
| 3: Child Outcomes      |                      |              |               |
| 3A1                    | 0%                   | 62%          | Not Met       |
| 3A2                    | 50%                  | 31%          | Exceeds       |
| 3B1                    | 66.70%               | 50%          | Exceeds       |
| 3B2                    | 25%                  | 26%          | Not Met       |
| 3C1                    | 50%                  | 50%          | Meets         |
| 3C2                    | 50%                  | 26%          | Exceeds       |
| 4: Family Outcomes     |                      |              |               |
| 4A                     | 86.63%               | 85.20%       | Exceeds       |
| 4B                     | 88.30%               | 76.30%       | Exceeds       |
| 4C                     | 90.26%               | 90.60%       | Not Met       |
| 5: Birth to 1          | .56%                 | .86%         | Not Met       |
| 6: Birth to 3          | 2.51%                | 2.55%        | Exceeds       |
| 7: 45 Day Timeline     | 100%                 | 100%         | Meets         |
| 8: Transition          |                      |              |               |
| 8C                     | 100%                 | 100%         | Meets         |

**First Steps**  
 5850 US 60  
 Summit Plaza Box 11  
 Ashland, KY 41102  
 (606)929-155

**Counties Served**

- Boyd
- Carter
- Elliott
- Greenup
- Lawrence

A determination of *Needs Assistance 5* means that the district is required to conduct a root cause analysis to determine the underlying cause of continued performance at the needs assistance level; as well as obtain and use targeted technical assistance and training resources on topics specific to the areas of noncompliance. This may include onsite technical assistance visits and monthly monitoring calls with the Point of Entry manager and other key stakeholders.

**Additional District Information**

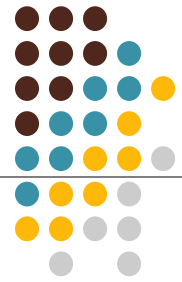
Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). The identified noncompliance for Indicator 1 was corrected within two months from the date of notification of the finding.

Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. The target was set by the state during the development of the State Performance Plan (SPP).

The FIVCO district determination for FFY 2009 is *Needs Assistance 5*.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 52 responses from families in the FIVCO district.

# Gateway



| Indicator              | District Performance | State Target | Target Status |
|------------------------|----------------------|--------------|---------------|
| 1: Timely Services     | 100%                 | 100%         | Meets         |
| 2: Natural Environment | 100%                 | 98.70%       | Exceeds       |
| 3: Child Outcomes      |                      |              |               |
| 3A1                    | 100%                 | 62%          | Exceeds       |
| 3A2                    | 33.30%               | 31%          | Exceeds       |
| 3B1                    | 0%                   | 50%          | Not Met       |
| 3B2                    | 33.30%               | 26%          | Exceeds       |
| 3C1                    | 50%                  | 50%          | Meets         |
| 3C2                    | 33.30%               | 26%          | Exceeds       |
| 4: Family Outcomes     |                      |              |               |
| 4A                     | 88.00%               | 85.20%       | Exceeds       |
| 4B                     | 90.00%               | 76.30%       | Exceeds       |
| 4C                     | 88.17%               | 90.60%       | Not Met       |
| 5: Birth to 1          | .61%                 | .86%         | Not Met       |
| 6: Birth to 3          | 2.26%                | 2.55%        | Not Met       |
| 7: 45 Day Timeline     | 97.80%               | 100%         | Not Met       |
| 8: Transition          |                      |              |               |
| 8C                     | 100%                 | 100%         | Not Met       |

**First Steps**  
 39 Cedar Creek Drive  
 PO Box 290  
 Owingsville, KY 40360  
 (606)674-3204

**Counties Served**

- Bath
- Menifee
- Montgomery
- Morgan
- Rowan

A determination of *Needs Assistance 5* means that the district is required to conduct a root cause analysis to determine the underlying cause of continued performance at the needs assistance level; as well as obtain and use targeted technical assistance and training resources on topics specific to the areas of noncompliance. This may include onsite technical assistance visits and monthly monitoring calls with the Point of Entry manager and other key stakeholders.

## Additional District Information

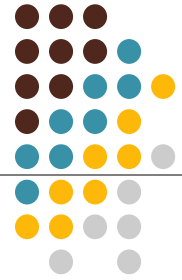
Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). The identified noncompliance for Indicator 7 was corrected within two months from the date of notification of the finding.

Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. The target was set by the state during the development of the State Performance Plan (SPP).

While the district did exceed some state targets there was slippage in the district's performance from FFY 2008. The Gateway district determination was *Needs Assistance 5*.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 33 responses from families in the Gateway district.

# Green River



| Indicator              | District Performance | State Target | Target Status |
|------------------------|----------------------|--------------|---------------|
| 1: Timely Services     | 100%                 | 100%         | Meets         |
| 2: Natural Environment | 97.20%               | 98.70%       | Not Met       |
| 3: Child Outcomes      |                      |              |               |
| 3A1                    | 71.40%               | 62%          | Exceeds       |
| 3A2                    | 62.50%               | 31%          | Exceeds       |
| 3B1                    | 83.30%               | 50%          | Exceeds       |
| 3B2                    | 40.60%               | 26%          | Exceeds       |
| 3C1                    | 66.70%               | 50%          | Exceeds       |
| 3C2                    | 50%                  | 26%          | Exceeds       |
| 4: Family Outcomes     |                      |              |               |
| 4A                     | 89.67%               | 85.20%       | Exceeds       |
| 4B                     | 90.80%               | 76.30%       | Exceeds       |
| 4C                     | 89.21%               | 90.60%       | Not Met       |
| 5: Birth to 1          | .59%                 | .86%         | Not Met       |
| 6: Birth to 3          | 2.35%                | 2.55%        | Not Met       |
| 7: 45 Day Timeline     | 100%                 | 100%         | Meets         |
| 8: Transition          |                      |              |               |
| 8C                     | 99%                  | 100%         | Not Met       |

**Green River District  
Health Department**  
1600 Breckinridge Dr.  
Owensboro, KY 42303  
  
(270)686-5982

**Counties Served**

- Daviess
- Hancock
- Henderson
- McLean
- Ohio
- Union
- Webster

## Additional District Information

Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). The identified noncompliance for Indicator 8C was corrected within four months of the notification of the noncompliance.

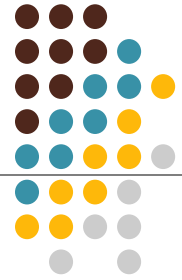
Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. These targets were set by the state during the development of the State Performance Plan (SPP).

The Green River district has did show some progress toward meeting the compliance indicators, however, they did not meet many of the targets for the performance indicators. The Green River district determination was *Needs Assistance 4*.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 79 responses from families in the Green River district.

A determination of *Needs Assistance 4* means that the district is required to enter into a state directed compliance agreement as well as obtain targeted technical assistance and training resources on topics specific to the areas of noncompliance. This may include onsite technical assistance visits and monthly monitoring calls with the Point of Entry manager and other key stakeholders.

# Kentucky River



| Indicator              | District Performance | State Target | Target Status |
|------------------------|----------------------|--------------|---------------|
| 1: Timely Services     | 99.33%               | 100%         | Not Met       |
| 2: Natural Environment | 100%                 | 98.70%       | Exceeds       |
| 3: Child Outcomes      |                      |              |               |
| 3A1                    | 50%                  | 62%          | Not Met       |
| 3A2                    | 50%                  | 31%          | Exceeds       |
| 3B1                    | 50%                  | 50%          | Meets         |
| 3B2                    | 0%                   | 26%          | Not Met       |
| 3C1                    | 50%                  | 50%          | Meets         |
| 3C2                    | 0%                   | 26%          | Not Met       |
| 4: Family Outcomes     |                      |              |               |
| 4A                     | 87.10%               | 85.20%       | Exceeds       |
| 4B                     | 88.04%               | 76.30%       | Exceeds       |
| 4C                     | 87.94%               | 90.60%       | Not Met       |
| 5: Birth to 1          | 2.04%                | .86%         | Exceeds       |
| 6: Birth to 3          | 5.67%                | 2.55%        | Exceeds       |
| 7: 45 Day Timeline     | 100%                 | 100%         | Meets         |
| 8: Transition          |                      |              |               |
| 8C                     | 100%                 | 100%         | Not Met       |

**KY River District  
Health Dept**  
115 Rockwood Lane  
Hazard, KY 41701

(606)439-1325

### Counties Served

- Breathitt
- Knott
- Lee
- Leslie
- Letcher
- Owsley
- Perry
- Wolfe

A determination of *Needs Assistance 5* means that the district is required to conduct a root cause analysis to determine the underlying cause of continued performance at the needs assistance level; as well as obtain and use targeted technical assistance and training resources on topics specific to the areas of noncompliance. This may include onsite technical assistance visits and monthly monitoring calls with the Point of Entry manager and other key stakeholders.

## Additional District Information

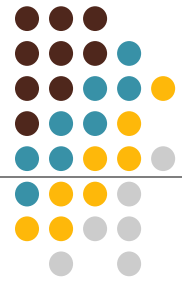
Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). The identified noncompliance for Indicator 1 was corrected within two months from the date of notification of the finding.

Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. The target was set by the state during the development of the State Performance Plan (SPP).

The district did not meet all state targets and there was slippage in the district's performance from the FFY 2008. The Kentucky River district determination was *Needs Assistance 5*.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 65 responses from families in the Kentucky River district.

**District Determination for Federal Fiscal Year 2009 (July 1, 2009 to June 30, 2010)**



**Seven Counties Services**  
3717 Taylorsville Road  
Louisville, KY 40220

(502)549-0225

**Counties Served**

- Bullitt
- Henry
- Jefferson
- Oldham
- Shelby
- Spencer
- Trimble

| <b>Indicator</b>       | <b>District Performance</b> | <b>State Target</b> | <b>Target Status</b> |
|------------------------|-----------------------------|---------------------|----------------------|
| 1: Timely Services     | N/A                         | 100%                | DNC*                 |
| 2: Natural Environment | 99.39%                      | 98.70%              | Exceeds              |
| 3: Child Outcomes      |                             |                     |                      |
| 3A1                    | 61.20%                      | 62%                 | Not Met              |
| 3A2                    | 72.90%                      | 31%                 | Exceeds              |
| 3B1                    | 60.40%                      | 50%                 | Exceeds              |
| 3B2                    | 70.10%                      | 26%                 | Exceeds              |
| 3C1                    | 75.80%                      | 50%                 | Exceeds              |
| 3C2                    | 68.20%                      | 26%                 | Exceeds              |
| 4: Family Outcomes     |                             |                     |                      |
| 4A                     | 87.85%                      | 85.20%              | Exceeds              |
| 4B                     | 89.94%                      | 76.30%              | Exceeds              |
| 4C                     | 88.38%                      | 90.60%              | Not Met              |
| 5: Birth to 1          | .84%                        | .86%                | Not Met              |
| 6: Birth to 3          | 3.33%                       | 2.55%               | Exceeds              |
| 7: 45 Day Timeline     | 96.55%                      | 100%                | Not Met              |
| 8: Transition          |                             |                     |                      |
| 8C                     | 100%                        | 100%                | Meets                |

A determination of *Needs Assistance 5* means that the district is required to conduct a root cause analysis to determine the underlying cause of continued performance at the needs assistance level; as well as obtain and use targeted technical assistance and training resources on topics specific to the areas of noncompliance. This may include onsite technical assistance visits and monthly monitoring calls with the Point of Entry manager and other key stakeholders.

**Additional District Information**

Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). \*The noncompliance for Indicator 1 from FFY 2008 was not corrected to 100% within one year from the date of notification of the finding.

Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. The target was set by the state during the development of the State Performance Plan (SPP).

While the district did not meet all state targets for FFY 2009 there was progress over FFY 2007 performance. The KIPDA district determination was *Needs Assistance 5*.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 525 responses from families in the KIPDA district.

# Lake Cumberland



| Indicator              | District Performance | State Target | Target Status |
|------------------------|----------------------|--------------|---------------|
| 1: Timely Services     | 98.50%               | 100%         | Not Met       |
| 2: Natural Environment | 100%                 | 98.70%       | Exceeds       |
| 3: Child Outcomes      |                      |              |               |
| 3A1                    | 59.10%               | 62%          | Not Met       |
| 3A2                    | 45.90%               | 31%          | Exceeds       |
| 3B1                    | 69.20%               | 50%          | Exceeds       |
| 3B2                    | 36.10%               | 26%          | Exceeds       |
| 3C1                    | 64%                  | 50%          | Exceeds       |
| 3C2                    | 39.30%               | 26%          | Exceeds       |
| 4: Family Outcomes     |                      |              |               |
| 4A                     | 90.70%               | 85.20%       | Exceeds       |
| 4B                     | 90.71%               | 76.30%       | Exceeds       |
| 4C                     | 88.43%               | 90.60%       | Not Met       |
| 5: Birth to 1          | .57%                 | .86%         | Not Met       |
| 6: Birth to 3          | 2.85%                | 2.55%        | Exceeds       |
| 7: 45 Day Timeline     | 99.29%               | 100%         | Not Met       |
| 8: Transition          |                      |              |               |
| 8C                     | 100%                 | 100%         | Meets         |

Adanta  
259 Parkers Mill Road  
Somerset, KY 42501

(606)678-2821

### Counties Served

- Adair
- Casey
- Clinton
- Cumberland
- Green
- McCreary
- Pulaski
- Russell
- Taylor
- Wayne

## Additional District Information

Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). The identified noncompliance for Indicators 1 and 7 was corrected within one month of notification of the finding.

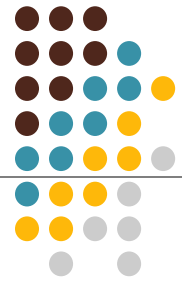
Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. The targets were set by the state during the development of the State Performance Plan (SPP).

While not meeting all state targets, the Lake Cumberland district did show some improvement over the FFY 2008 performance. The Lake Cumberland district determination is *Needs Assistance 2*.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 91 responses from families in the Lake Cumberland district.

A determination of *Needs Assistance 2* means that for the second year the district must receive technical assistance and training resources on topics specific to the areas of non-compliance. This may include onsite technical assistance visits and monthly monitoring calls with Point of Entry manager and other key stakeholders.

# Lincoln Trail



| Indicator              | District Performance | State Target | Target Status |
|------------------------|----------------------|--------------|---------------|
| 1: Timely Services     | 100%                 | 100%         | Meets         |
| 2: Natural Environment | 100%                 | 98.70%       | Exceeds       |
| 3: Child Outcomes      |                      |              |               |
| 3A1                    | 70.60%               | 62%          | Exceeds       |
| 3A2                    | 76.90%               | 31%          | Exceeds       |
| 3B1                    | 72.20%               | 50%          | Exceeds       |
| 3B2                    | 65.40%               | 26%          | Exceeds       |
| 3C1                    | 77.80%               | 50%          | Exceeds       |
| 3C2                    | 61.50%               | 26%          | Exceeds       |
| 4: Family Outcomes     |                      |              |               |
| 4A                     | 89.10%               | 85.20%       | Exceeds       |
| 4B                     | 89.97%               | 76.30%       | Exceeds       |
| 4C                     | 87.90%               | 90.60%       | Not Met       |
| 5: Birth to 1          | .53%                 | .86%         | Not Met       |
| 6: Birth to 3          | 2.63%                | 2.55%        | Exceeds       |
| 7: 45 Day Timeline     | 100%                 | 100%         | Meets         |
| 8: Transition          |                      |              |               |
| 8C                     | 96%                  | 100%         | Not Met       |

Lincoln Trail District  
Health Department  
108 New Glendale Rd  
PO Box 2609  
Elizabethtown, KY  
42702

(270)737-5921

### Counties Served

- Breckinridge
- Grayson
- Hardin
- Larue
- Marion
- Meade
- Nelson
- Washington

A determination of *Meets Requirements* means that the district is in compliance in meeting the state targets. This may include correcting any identified non-compliance within one year of notification to the district. The district is not subject to any enforcement action by the state.

## Additional District Information

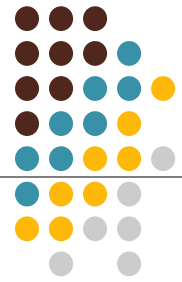
Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). The identified noncompliance for Indicator 8C was corrected within two months of notification of the finding.

Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. These targets were set during the development of the State Performance Plan (SPP).

The Lincoln Trail district has shown significant improvement in the district performance. The district was determined to *Meet Requirements* for FFY 2008.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 118 responses from families in the Lincoln Trail district.

# Northern Kentucky



| Indicator              | District Performance | State Target | Target Status |
|------------------------|----------------------|--------------|---------------|
| 1: Timely Services     | 100%                 | 100%         | Meets         |
| 2: Natural Environment | 99.32%               | 98.70%       | Exceeds       |
| 3: Child Outcomes      |                      |              |               |
| 3A1                    | 69.20%               | 62%          | Exceeds       |
| 3A2                    | 47.90%               | 31%          | Exceeds       |
| 3B1                    | 61.30%               | 50%          | Exceeds       |
| 3B2                    | 42.60%               | 26%          | Exceeds       |
| 3C1                    | 63%                  | 50%          | Exceeds       |
| 3C2                    | 42.60%               | 26%          | Exceeds       |
| 4: Family Outcomes     |                      |              |               |
| 4A                     | 85.93%               | 85.20%       | Exceeds       |
| 4B                     | 88.70%               | 76.30%       | Exceeds       |
| 4C                     | 87.08%               | 90.60%       | Not Met       |
| 5: Birth to 1          | .66%                 | .86%         | Not Met       |
| 6: Birth to 3          | 3.03%                | 2.55%        | Exceeds       |
| 7: 45 Day Timeline     | 99%                  | 100%         | Not Met       |
| 8: Transition          |                      |              |               |
| 8C                     | 98%                  | 100%         | Not Met       |

**St. Elizabeth Medical Center**  
2014 Eastern Avenue  
Covington, KY 41014

(859)655-1195

### Counties Served

- Boone
- Campbell
- Carroll
- Gallatin
- Grant
- Kenton
- Owen
- Pendleton

## Additional District Information

Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). The identified noncompliance for Indicators 7 and 8C was corrected within two months of the notification of the finding.

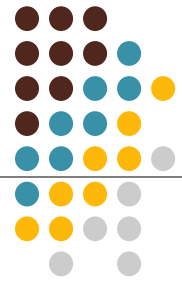
Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. The targets were set during the development of the State Performance Plan (SPP).

While the district did not meet some state targets there was again improvement in the district's performance from FFY 2008. The Northern Kentucky district determination was *Needs Assistance 2*.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 306 responses from families in the Northern Kentucky district.

A determination of *Needs Assistance 2* means that for the second year the district must receive technical assistance and training resources on topics specific to the areas of non-compliance. This may include onsite technical assistance visits and monthly monitoring calls with Point of Entry manager and other key stakeholders.

# Pennyrile



**Pennyroyal Center**  
607 Hammond Plaza  
Hopkinsville, KY 42240

(270)886-2205

### Counties Served

- Caldwell
- Christian
- Crittenden
- Hopkins
- Lyon
- Muhlenberg
- Todd
- Trigg

| Indicator              | District Performance | State Target | Target Status |
|------------------------|----------------------|--------------|---------------|
| 1: Timely Services     | 100%                 | 100%         | Meets         |
| 2: Natural Environment | 99.30%               | 98.70%       | Exceeds       |
| 3: Child Outcomes      |                      |              |               |
| 3A1                    | 83.30%               | 62%          | Exceeds       |
| 3A2                    | 71.40%               | 31%          | Exceeds       |
| 3B1                    | 87.50%               | 50%          | Exceeds       |
| 3B2                    | 78.60%               | 26%          | Exceeds       |
| 3C1                    | 55.60%               | 50%          | Exceeds       |
| 3C2                    | 64.30%               | 26%          | Exceeds       |
| 4: Family Outcomes     |                      |              |               |
| 4A                     | 87.94%               | 85.20%       | Exceeds       |
| 4B                     | 90.26%               | 76.30%       | Exceeds       |
| 4C                     | 88.94%               | 90.60%       | Not Met       |
| 5: Birth to 1          | .26%                 | .86%         | Not Met       |
| 6: Birth to 3          | 1.41%                | 2.55%        | Not Met       |
| 7: 45 Day Timeline     | 100%                 | 100%         | Meets         |
| 8: Transition          |                      |              |               |
| 8C                     | 96.90%               | 100%         | Not Met       |

A determination of *Needs Assistance 2* means that for the second year the district must receive technical assistance and training resources on topics specific to the areas of non-compliance. This may include onsite technical assistance visits and monthly monitoring calls with Point of Entry manager and other key stakeholders.

## Additional District Information

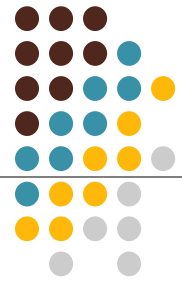
Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). The identified noncompliance for Indicator 8 was corrected to 100% within two months of notification of the finding.

Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. The targets were set during the development of the State Performance Plan (SPP).

The Pennyrile district determination was *Needs Assistance 2*. The Pennyrile district continues to show steady improvement with the district performance.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 65 responses from families in the Pennyrile district.

# Purchase



| Indicator              | District Performance | State Target | Target Status |
|------------------------|----------------------|--------------|---------------|
| 1: Timely Services     | 97.83%               | 100%         | Not Met       |
| 2: Natural Environment | 100%                 | 98.70%       | Exceeds       |
| 3: Child Outcomes      |                      |              |               |
| 3A1                    | 69.70%               | 62%          | Exceeds       |
| 3A2                    | 64.70%               | 31%          | Exceeds       |
| 3B1                    | 73.30%               | 50%          | Exceeds       |
| 3B2                    | 62.70%               | 26%          | Exceeds       |
| 3C1                    | 70.70%               | 50%          | Exceeds       |
| 3C2                    | 62.70%               | 26%          | Exceeds       |
| 4: Family Outcomes     |                      |              |               |
| 4A                     | 86.35%               | 85.20%       | Exceeds       |
| 4B                     | 87.80%               | 76.30%       | Exceeds       |
| 4C                     | 87.38%               | 90.60%       | Not Met       |
| 5: Birth to 1          | 1.11%                | .86%         | Exceeds       |
| 6: Birth to 3          | 4.02%                | 2.55%        | Exceeds       |
| 7: 45 Day Timeline     | 98.43%               | 100%         | Not Met       |
| 8: Transition          |                      |              |               |
| 8C                     | 100%                 | 100%         | Meets         |

**Four Rivers Behavioral Health**  
 425 Broadway  
 Suite 204  
 Paducah, KY 42001

(270)442-5831

### Counties Served

- Ballard
- Carlisle
- Calloway
- Fulton
- Graves
- Hickman
- Livingston
- Marshall
- McCracken

A determination of *Meets Requirements* means that the district is in compliance in meeting the state targets. This may include correcting any identified non-compliance within one year of notification to the district. The district is not subject to any enforcement action by the state.

## Additional District Information

Indicators 1, 7 and 8 are compliance indicators. The target is set by the Office of Special Education Programs (OSEP). The identified noncompliance for Indicators 1 was corrected within two months and Indicator 7 was corrected within one month of notification of the finding.

Indicators 2, 3, 4, 5 and 6 are performance indicators. These are a measure of the districts overall performance in several key areas. These targets were set during the development of the State Performance Plan (SPP).

The Purchase district continued to show significant improvement in the districts performance. The Purchase district determination was *Meets Requirements*.

For Indicator 4, a there were a total of 2169 family surveys returned statewide. There were 125 responses from families in the Purchase district.