PROGRAM INFORMATION If you have questions about this report, please contact: Kate Wright at (859)-635-0500

Holly Hill Children's Home

Parent Agency: Holly Hill Children's Services

9599 Summer Hill Road California, KY 41007

Phone: (859) 635-0500 **Fax:** (859) 635-0504

AgencyWebsite: www.hollyhill-ky.org **Referral Contact:** Meghan Ackerman

Years Operating: 140
General Referral Email: mackerman@hollyhill-ky.org

Referral Phone: (859) 635-0500

Child Caring License(s): Residential Institution with Treatment;

Child Placing License(s): None

Setting: Rural On Site School: No Male Operational Bed Capacity: 0 County(s) of Campbell;

Female Operational Bed Capacity: 10 Program or Either Sex Operational Bed Capacity: 0 Foster Homes:

Supplemental Information

No Data		

Included/Excluded Populations

Gender Accepted: Female Age Range Accepted: 11 to 17 LOC Range Accepted: 3 to 3 Minumum IQ Accepted: 75

Client History at Admission

Cueni History at Aar					
Average Age at Date (Updated: 16.	7 Average LOC at Intake	3.0	Number IQ 0 - 59:	0
Number of Residents:		6 LOC Unknown:	0	Number IQ 60 - 69:	1
Number of Males:		0 Number LOC 1:	0	Number IQ 70 and above:	1
Number of Females:		6 Number LOC 2:	0	Number IQ Unknown:	4
		Number LOC 3:	6		
		Number LOC 4:	0		
		Number LOC 5:	0		
Number of Current Re	sidents Inclu	ided in Risk Indicator Percen	tage	6	
Animal Abuse:	0%	Low Functioning:	09	6 Substance Abuse:	0%
Aggressive Acts:	33%	Runaway:	09	6 Suicidal Gestures:	0%
Destroys Property:	17%	Self Abusive:	679	6	
Fire Setting:	0%	Sexual Perpetration:	09	%	
Failure to Comply:	50%	Dangerous Impulsivity:	179	6	
Homicidal Gestures:	0%	Sexual Acting Out:	09	6	

STAFF INFORMATION

	<u>Number</u>	High School	Some College	<u>BA</u>	MA or Higher		
Administration:	5	0%	20%	20%	60%		
Case Management Staff:	2	0%	0%	50%	50%		
Clinical Staff:	1	0%	0%	0%	100%		
Direct Care Staff:	18	33%	56%	6%	6%		
Average Number of Months Foster Parents have Fostered for the Agency: N/A							
Treatment Director: Rola	and Kocsis	LPCC-S					

Psychiatric Services

Program contracts with community psychiatrist for services. Psychiatrist comes to the program monthly, consults with clinical team, meets with each youth individually and prescribes psychotropic medications. He is available for phone consultations and can see youth in his office when needed.

SERVICES AND OUTCOMES

Safety

Sujery									
Number of Substantiated Abuse Allegations in the Past Year: 0									
Total # of Bedrooms:	12	Percentage of Direct Care Staff Trained in Physical Management 16.7%							
Single Bedrooms:	0								
Double Bedrooms:	12	Percent of Foste	er Families	with 2 or more Children: N/A	Α				
3+ Bedrooms:	0	Percent of Fami	Percent of Families with 2 or more Children and a Sibling Group: N/A						
Critical Incident and Ph	ysical N	lanagement ratios	are compi	led for the period 12/1/2022 through 11/30/202	23				
Deadly Weapon Per 10	0 Resid	ent Days	0.00	NO INCIDENTS DURING REPORTING PERIO	OD N	Number of Months			
Serious Injury Per 100	Reside	nt Days	0.00	NO INCIDENTS DURING REPORTING PERIO	OD [Data Received:			
AWOL Per 100 Resider	nt Days		0.07	WITHIN AVERAGE RANGE	1	2 of 12			
Suicide Attempt Per 10	0 Resid	ent Days	0.04	WITHIN AVERAGE RANGE					
Criminal Activity Per 10	00 Resid	lent Days:	0.00	NO INCIDENTS DURING REPORTING PERIO	OD				
Injury to Other Per 100	Reside	nt Days:	0.00	NO INCIDENTS DURING REPORTING PERIO	OD				
Sexual Acting Out Per	100 Res	ident Day	0.00	NO INCIDENTS DURING REPORTING PERIO	OD				
Total Critical Incidents	Per 100	Resident Days:	0.11	WITHIN AVERAGE RANGE					
Physical Managements	Per 10	0 Resident Days:	0.92	WITHIN AVERAGE RANGE					

Permanency

<u> termunency</u>							
Length of stay and discharge data are calculated on discharges between 12/1/2022 through 11/30/2023							
<u>Measure</u>	<u>Number</u>	<u>Percent</u>	Length of Stay	<u>Outlier</u>			
Child Progress toward Permanency Discharges	5	33.3%	204.4	WORSE THAN AVERAGE RANGE			
Progress Discharge to Home Like Placement	5	33.3%	204.4	WORSE THAN AVERAGE RANGE			
Progress Discharge to Less Restrictive Placement	5	33.3%	204.4	WORSE THAN AVERAGE RANGE			
Child Behavioral Difficulty Discharges	10	66.7%	62.6	WORSE THAN AVERAGE RANGE			
Runaway Discharges	0	0.0%		WITHIN AVERAGE RANGE			
Psychiatric Discharges	4	26.7%	25.0	WORSE THAN AVERAGE RANGE			
Agency/System Discharges	0	0.0%		WITHIN AVERAGE RANGE			
Caretaker Incapacity Discharges	0	0.0%		WITHIN AVERAGE RANGE			
Caretaker Failure Discharges	0	0.0%		WITHIN AVERAGE RANGE			
Caretaker Investigation Discharges	0	0.0%		WITHIN AVERAGE RANGE			

Well Being

Does this program have a PCC Foster to Adopt Agreement?.	No	Educational Disruptions in the Past Year:	18
Adoptions by the Program's Foster Homes in the Past Year:	N/A	School Changes in the Past Year:	0

Describe How the Program Supports Family Connections

Holly Hill supports family connections through involving family in all aspects of treatment. This begins by inviting the family to participate during intake and admission as well as attending treatment meetings and other professional meetings for their child. They are also encouraged to participate in family counseling services conducted by Holly Hill therapists. The therapists will conduct treatment meetings as well as family counseling sessions via telehealth if a barrier to treatment is transportation or distance to our residential campus. The family is also encouraged to maintain phone contact with their child as well as with the therapist. Families are kept informed of their child's progress in treatment and notified of any significant incidents that occur. Visitation for families and clients can be arranged on or off campus with Holly Hill assisting with transportation to support achieving permanency goals.

Special Interventions Available Internally

Holly Hill focuses on a trauma informed approach in all aspects of treatment and cottage life. A focus on preparing each youth for a successful transition back to the community begins at admission. Our clinical team provides 24 hour crisis support to residential staff for assessment of clients including psychiatric hospitalization and any other specialized needs of clients.