

PROGRAM INFORMATION If you have questions about this report, please contact: Ron Bertsch at (859)-331-2040

DCCH Center for Children and Families TFC
75 Orphanage Road Fort Mitchell, KY 41017

Parent Agency: Diocesan Catholic Children's Home, Inc.

AgencyWebsite: www.dcccenter.org

Phone: (859) 331-2040 **Fax:** (859) 344-5022

Referral Contact: Ron Bertsch

General Referral Email: tfc2040@dcccenter.org

Referral Phone: (859) 331-2040

Child Caring License(s): None

Child Placing License(s): Foster Care; Adoption; Therapeutic Foster Care;

Setting: Rural & Urban/Suburban

On Site School: No

Male Operational Bed Capacity: 0 **County(s) of** Boone; Bracken; Campbell; Grant; Harrison; Kenton; Pendleton; Scott;

Female Operational Bed Capacity: 0 **Program or**

Either Sex Operational Bed Capacity: 127 **Foster Homes:**

Supplemental Information

We strive to help every child we accept into TFC placement to reach their permanency goal. We recruit and train foster to adopt families, actually having more prospective adoptive homes available than foster homes. Our goal is to serve the child with no further losses or moves. DCCH in 2019 started a mentoring program for new foster parents as they can be matched with experienced families for extra guidance and support.

Included/Excluded Populations

Gender Accepted: Both **Age Range Accepted:** 0 to 18 **LOC Range Accepted:** 1 to 5 **Mininum IQ Accepted:** 50

Client History at Admission

Average Age at Date Updated:	8.4	Average LOC at Intake	3.2	Number IQ 0 - 59:	0
Number of Residents:	34	LOC Unknown:	2	Number IQ 60 - 69:	0
Number of Males:	13	Number LOC 1:	0	Number IQ 70 and above:	0
Number of Females:	21	Number LOC 2:	1	Number IQ Unknown:	34
		Number LOC 3:	25		
		Number LOC 4:	4		
		Number LOC 5:	2		
Number of Current Residents Included in Risk Indicator Percentage	34				
Animal Abuse:	0%	Low Functioning:	0%	Substance Abuse:	0%
Aggressive Acts:	24%	Runaway:	0%	Suicidal Gestures:	0%
Destroys Property:	6%	Self Abusive:	12%		
Fire Setting:	0%	Sexual Perpetration:	0%		
Failure to Comply:	6%	Dangerous Impulsivity:	12%		
Homicidal Gestures:	0%	Sexual Acting Out:	0%		

STAFF INFORMATION

	Number	High School	Some College	BA	MA or Higher
Administration:	2	0%	0%	50%	50%
Case Management Staff:	5	0%	0%	80%	20%
Clinical Staff:	8	0%	0%	0%	100%
Direct Care Staff:	0	0%	0%	0%	0%
Average Number of Months Foster Parents have Fostered for the Agency:					55.3
Treatment Director:	Ron Bertsch MSW				

Psychiatric Services

We contract with a Psychiatrist and she sees our children within one week of admission and every other month thereafter unless need warrants more. She is on-site weekly and on-call daily.

SERVICES AND OUTCOMESSafety

Number of Substantiated Abuse Allegations in the Past Year: 0			
Total # of Bedrooms: 46	Percentage of Direct Care Staff Trained in Physical Management	N/A	
Single Bedrooms: 39			
Double Bedrooms: 7	Percent of Foster Families with 2 or more Children:	24.6%	
3+ Bedrooms: 0	Percent of Families with 2 or more Children and a Sibling Group:	22.8%	
Critical Incident and Physical Management ratios are compiled for the period 9/1/2020 through 8/31/2021			
Deadly Weapon Per 100 Resident Days	0.00	NO INCIDENTS DURING REPORTING PERIOD	Number of Months Data Received:
Serious Injury Per 100 Resident Days	0.01	WITHIN AVERAGE RANGE	12 of 12
AWOL Per 100 Resident Days	0.01	WITHIN AVERAGE RANGE	
Suicide Attempt Per 100 Resident Days	0.00	NO INCIDENTS DURING REPORTING PERIOD	
Criminal Activity Per 100 Resident Days:	0.01	WITHIN AVERAGE RANGE	
Injury to Other Per 100 Resident Days:	0.00	NO INCIDENTS DURING REPORTING PERIOD	
Sexual Acting Out Per 100 Resident Day	0.01	WITHIN AVERAGE RANGE	
Total Critical Incidents Per 100 Resident Days:	0.04	WITHIN AVERAGE RANGE	
Physical Managements Per 100 Resident Days:		N/A	

Permanency

Length of stay and discharge data are calculated on discharges between 9/1/2020 through 8/31/2021				
Measure	Number	Percent	Length of Stay	Outlier
Child Progress toward Permanency Discharges	9	81.8%	461.6	WITHIN AVERAGE RANGE
Progress Discharge to Home Like Placement	9	81.8%	461.6	WITHIN AVERAGE RANGE
Progress Discharge to Less Restrictive Placement	8	72.7%	507.6	WITHIN AVERAGE RANGE
Child Behavioral Difficulty Discharges	2	18.2%	205.5	WITHIN AVERAGE RANGE
Runaway Discharges	0	0.0%		WITHIN AVERAGE RANGE
Psychiatric Discharges	0	0.0%		WITHIN 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?: Yes	Educational Disruptions in the Past Year:	3
Adoptions by the Program's Foster Homes in the Past Year: 5	School Changes in the Past Year:	2

Describe How the Program Supports Family Connections

As a program we offer guidance & support as well as mileage reimbursement to our foster parents who are willing to transport their children to birth family visitations, sibling visits etc. We often times offer to host the setting for such visits at our office facilities. We usually take at least if not more than 50% responsibility in supervising the visits. Our staff will help with transportation for the DCBS worker too at least 50% of the time when our foster parents cannot. Family therapy for birth parents and children is also an option when deemed appropriate by DCBS. We make ourselves available for direct communication with the birth family when the DCBS worker feels that is safe and offers permission to do so. Many of our foster parents have informal contact with birth parents in the hopes to encourage, role model and support them in reunification efforts. Some have hosted visits in the foster home or agreed to meet birth families at parks, restaurants etc.

Special Interventions Available Internally

We also have on contract a child psychologist with DCCH for assessment, consultation and support for the program staff, foster/adoptive parents and our program therapists. The psychologist is available to our program 3 hours a week and attends all treatment planning conferences that the psychiatrist might not attend. She also meets with our clinical therapists on a weekly basis for consultation for our TFC cases approximately 1 to 2 hours a week. Both our psychiatrist and psychologist are on grounds more hours for our Residential program, so if we needed to communicate with them, we have that opportunity as well.