

**PROGRAM INFORMATION** If you have questions about this report, please contact: Andy Fisher at

(606) 678-0421

Sunrise - Northeastern Region TFC

**Parent Agency:** Sunrise Children's Services

180 KY HWY 801 North Morehead, KY 40351

**Phone:** (606) 783-0550 **Fax:** (606) 783-0559**Agency Website:** www.sunrise.org**Years Operating:** 7**Referral Contact:** Debbie Quintin**Email:** dquintin@sunrise.org**Referral Phone:** (502) 538-1059**Referral Fax:** (502) 538-1159**Child Caring License(s):** None**Child Placing License(s):** Foster Care; Adoption; Therapeutic Foster Care;**Setting:** Rural**On Site School:** No**Male Operational Bed Capacity:**6 **County(s) of** Bath; Carter; Fleming; Lawrence; Lewis; Menifee; Montgomery;**Female Operational Bed Capacity:**9 **Program or** Morgan; Powell; Rowan;**Either Sex Operational Bed Capacity:**65 **Foster Homes:****Supplemental Information**

In SFY 08, Sunrise's Northeastern Region Foster Care (NERFC) attained an above average total score for their clinical services, including above average scores in the areas of Treatment Planning and Service Delivery, in comparison to other private foster care programs as evaluated by the Children's Review Program. Our licensed therapist specializes in play therapy and coordinates therapeutic services with the foster family and school personnel, when appropriate. A Child & Adolescent Psychiatrist works directly with our foster families and staff to ensure the best possible outcome for clients. Sunrise Children's Services provides all foster parents specialized de-escalation techniques from the Boy's Town training model. These techniques have proven effective for children of most ages and cognitive functioning levels as well as for children who display a variety of behavioral or mental health issues. NERFC has many veteran foster parents some with more than 8 years of providing foster care services for Sunrise. Staff support is available to foster parents 24/7. Since March of 08, Sunrise foster parents have adopted 103 DCBS foster children meaning 103 DCBS children have found a forever family through our Sunrise Foster Care program.

**Included/Excluded Populations****Gender Accepted:** Both **Age Range Accepted:** 0 to 18 **LOC Range Accepted:** 1 to 5 **Minimum IQ Accepted:** 35**Client Populations that are Absolutely Excluded**

None

**Client History at Admission**

<b>Average Age at Date Updated:</b>	12.2	<b>Average LOC at Intake</b>	3.2	<b>Number IQ 0 - 59:</b>	2
<b>Number of Residents:</b>	38	<b>LOC Unknown:</b>	1	<b>Number IQ 60 - 69:</b>	3
<b>Number of Males:</b>	21	<b>Number LOC 1:</b>	4	<b>Number IQ 70 and above:</b>	1
<b>Number of Females:</b>	17	<b>Number LOC 2:</b>	5	<b>Number IQ Unknown:</b>	32
		<b>Number LOC 3:</b>	12		
		<b>Number LOC 4:</b>	11		
		<b>Number LOC 5:</b>	5		
<b>Number of Current Residents Included in Risk Indicator Percentage</b>	37				
<b>Destroys Property:</b>	22%	<b>Homicidal Threats:</b>	19%	<b>Sexual Acting Out:</b>	11%
<b>Assaults Peers:</b>	24%	<b>Homicidal Gestures/Attempts</b>	11%	<b>Sexual Aggression</b>	
<b>Assaults Care Givers</b>	19%	<b>Suicidal Threats:</b>	19%	<b>With Younger Youth:</b>	11%
<b>Moderate AWOL Risk:</b>	22%	<b>Suicidal Gestures/Attempts</b>	14%	<b>Using Force:</b>	11%
<b>Chronic AWOL Risk:</b>	11%	<b>Substance Use Monthly or More</b>	11%	<b>With those Unable to Consent</b>	11%
<b>Self Abuse:</b>	16%	<b>Fire Setting:</b>	11%	<b>Adjudicated Sexual Offender</b>	11%

**STAFF INFORMATION**

	<b>Number</b>	<b>High School</b>	<b>Some College</b>	<b>BA</b>	<b>MA or Higher</b>
<b>Administration:</b>	5	0%	0%	40%	60%
<b>Case Management Staff:</b>	5	0%	0%	80%	20%
<b>Clinical Staff:</b>	1	0%	0%	0%	100%
<b>Direct Care Staff:</b>	0	0%	0%	0%	0%
<b>Average Number of Months Foster Parents have Fostered for the Agency:</b>	29.2				
<b>Treatment Director:</b>	Ms. Kathryn Stone M.Ed.				

**Psychiatric Consultation and Internal Medical Staff**

A Child & Adolescent Psychiatrist from St. Clair Regional Medical Center provides psychiatric services. Clients typically meet with the psychiatrist on a monthly basis, unless additional appointments are necessary. The psychiatrist also speaks regularly with the Treatment Director and Foster Care Specialists regarding the client's needs and Individual Quarterly Treatment Plan Reviews. A Sunrise nurse is available for consult. Community medical staff is utilized as needed.

SERVICES AND OUTCOMESSafety

<b>Number of Substantiated Abuse Allegations in the Past Year:</b> 0			
<b>Total # of Bedrooms:</b> 35	<b>Percentage of Direct Care Staff Trained in Physical Management</b>	N/A	
<b>Single Bedrooms:</b> 3	<b>Percentage of Foster Parents Trained in Physical Management:</b>	0.0%	
<b>Double Bedrooms:</b> 22	<b>Percent of Foster Families with 2 or more Children:</b>	50.0%	
<b>3+ Bedrooms:</b> 10	<b>Percent of Families with 2 or more Children and a Sibling Group:</b>	36.4%	
<b>Critical Incident and Physical Management ratios are compiled for the period 3/1/2011 to 2/29/2012</b>			
<b>Deadly Weapon Per 100 Resident Days</b>	0.00	NO INCIDENTS DURING REPORTING PERIOD	Number of Months Data Received: of 12
<b>Serious Injury Per 100 Resident Days</b>	0.01	WITHIN AVERAGE RANGE	
<b>AWOL Per 100 Resident Days</b>	0.01	WITHIN AVERAGE RANGE	
<b>Suicide Attempt Per 100 Resident Days</b>	0.00	NO INCIDENTS DURING REPORTING PERIOD	
<b>Criminal Activity Per 100 Resident Days:</b>	0.00	NO INCIDENTS DURING REPORTING PERIOD	
<b>Injury to Other Per 100 Resident Days:</b>	0.00	NO INCIDENTS DURING REPORTING PERIOD	
<b>Sexual Acting Out Per 100 Resident Day</b>	0.00	NO INCIDENTS DURING REPORTING PERIOD	
<b>Total Critical Incidents Per 100 Resident Days:</b>	0.03	WITHIN AVERAGE RANGE	
<b>Physical Managements Per 100 Resident Days:</b>		N/A	

Permanency

<b>Length of stay and discharge data are calculated on discharges between 3/1/2011 through 2/29/2012</b>				
<b>Measure</b>	<b>Number</b>	<b>Percent</b>	<b>Length of Stay</b>	<b>Outlier</b>
<b>Child Progress toward Permanency Discharges</b>	18	60.0%	512.0	WITHIN AVERAGE RANGE
<b>Progress Discharge to Home Like Placement</b>	18	60.0%	512.0	WITHIN AVERAGE RANGE
<b>Progress Discharge to Less Restrictive Placement</b>	17	56.7%	541.7	WITHIN AVERAGE RANGE
<b>Child Behavioral Difficulty Discharges</b>	7	23.3%	51.3	WITHIN AVERAGE RANGE
<b>Runaway Discharges</b>	0	0.0%		WITHIN AVERAGE RANGE
<b>Psychiatric Discharges</b>	0	0.0%		WITHIN AVERAGE RANGE
<b>Agency/System Discharges</b>	5	16.7%	74.8	WORSE THAN AVERAGE RANGE
<b>Caretaker Incapacity Discharges</b>	0	0.0%		WITHIN AVERAGE RANGE
<b>Caretaker Failure Discharges</b>	0	0.0%		WITHIN AVERAGE RANGE
<b>Caretaker Investigation Discharges</b>	0	0.0%		WITHIN AVERAGE RANGE

Well Being

	<b>Number</b>	<b>Percent Internal</b>	<b>Percent External</b>	<b>Does this program have a PCC Foster to Adopt Agreement?.</b>	<b>Yes</b>
<b>Individual Counseling</b>	41	100.0%	0.0%	<b>Adoptions by the Program's Foster Homes in the Past Year:</b>	7
<b>Group Counseling:</b>	21	100.0%	0.0%	<b>Educational Disruptions in the Past Year:</b>	12
<b>Family Counseling:</b>	5	100.0%	0.0%	<b>School Changes in the Past Year:</b>	8

## Describe How the Program Supports Family Connections

Foster care program staff work with the family to ensure that visits (both supervised and unsupervised) are successful. The program also works with family regarding transportation issues. Family therapy sessions are provided by a licensed internal therapist, with a special emphasis on play therapy.

## Special Interventions Available Internally

Foster Care Specialists and Therapists provide home and community visits, a minimum of weekly contacts, transportation for clients, respite opportunities for families, assistant with school registration, coordinate with school personnel with on going care and any behavioral or academic problems with the client, on call and emergency services, individual and group training, and supervisory visits to ensure proper assistance to families.

Description of how the program exceeds licensure ratios

NERFC regularly exceeds the minimum staff/client ratios. NERFC maintains the staff/therapeutic client caseload licensure requirement even though all children are not therapeutic.