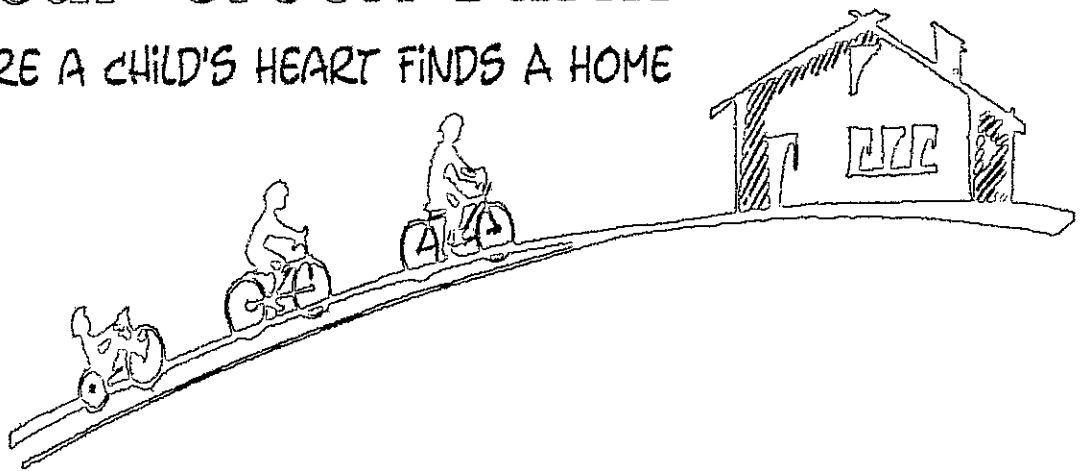


Performance and Quality Improvement

Quarterly Report

Clear Creek Farm
WHERE A CHILD'S HEART FINDS A HOME



2023
3rd Quarter

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Section One – Introduction

Welcome to our Performance and Quality Improvement (PQI) Quarterly Report. This report has been developed for all stakeholders, including clients, staff, community members, board of trustee members, funders or any other individual who may be interested in the quality of work we do here, within Clear Creek Farm. Clear Creek Farm takes performance and quality improvement very seriously, integrating multiple aspects of quality and improvement, not only within our program, but also within our administration. We are in a world where changing and adapting to the times are necessary, in order to continue to provide relevant mechanics, programming and services to the youth we serve. We hope this report serves as a brief glimpse into how committed and dedicated we are to the youth we serve, but also to demonstrate transparency when aspects of our programming do not go as planned. We desire to receive feedback from our stakeholders, if there are ideas for improving this document.

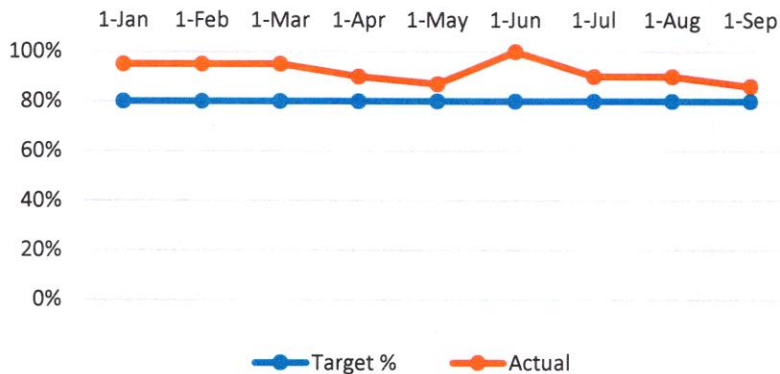
This report is designed to provide information to our stakeholders, with clarity, on various aspects, including, but not limited to; accomplishments, opportunities for improvements, as well as recognition of those going the extra mile, within our organization. As you read through this report, you may find that we have fallen short of some targeted goals, but understand these shortcomings are being addressed within the organization, for improvement. Our next section, *Outputs*, looks at the productivity of the program(s), and quantity/quality of services being provided. For our outputs, you will see a graph specifically designed to show our target, as well as where we currently stand within that specific output. Each output/graph will be accompanied with two additional sections, Plan and On Target, which discuss our current plans for that particular output, how it relates to our organization, and if we are on target or not for that specific quarter. This design gives the opportunity for a quick reference or guide to our outputs and whether or not we are on target.



Section Two – Outputs

This section provides what outputs we are currently measuring to determine the productivity of our program, as well as identify areas in need of improvement. Our outputs are designed to be simple visual representations of where we are and where we want to be. These outputs do not necessarily mean the youth we serve are any happier or feeling any better about their lives or situations. The data does conclude that staff and administration are providing necessary services, in order to provide the opportunity for growth, for each youth we serve, as well as promoting a positive work environment. In a later section of this PQI report, measurements of improvement for each resident we serve will be discussed and reviewed.

Number of Group Sessions



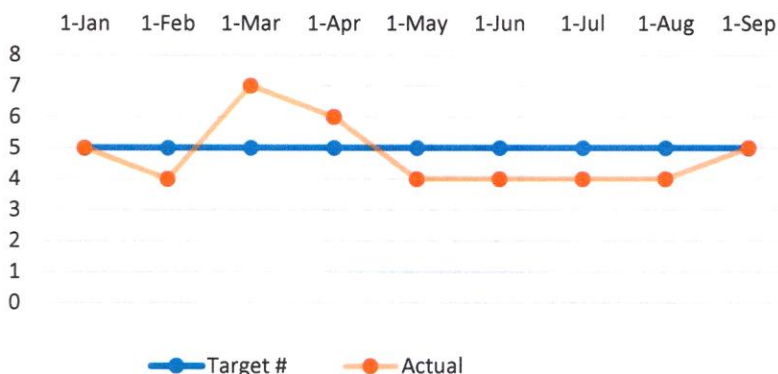
On Target

The number of group sessions offered within the Lodge Program remains a key component to resident success. Our target goal is offering non-clinical groups, at least 80% of total available weekdays. The Lodge Program met their goal 100% of the time this quarter, with an overall average of 89%, meeting the target goal, for this quarter.

Plan

The Lodge Program and its staff will continue to provide scheduled group sessions, on a regular basis. Having a decrease in staff turnover results in trained staff being able to follow programming and routine, including offering groups on available weekdays.

Number of Residents - Lodge



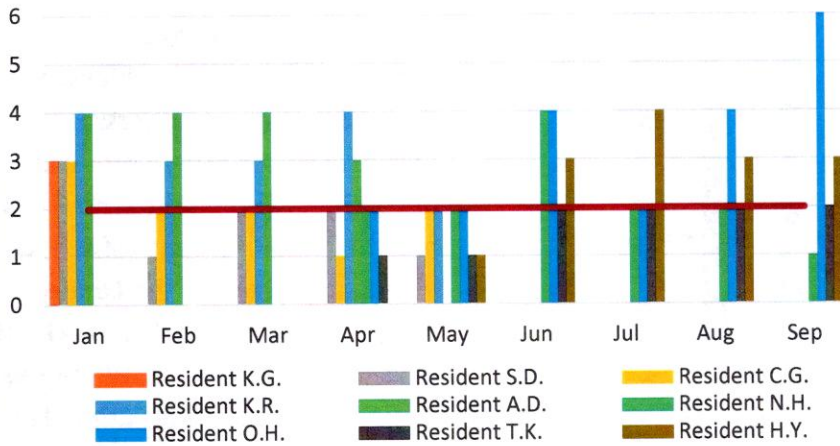
On Target

For the 3rd Quarter of 2023, the Lodge Program met the goal of 5 residents 33% of the time. The over-all average number of residents within the Lodge Program this quarter was 4.3 residents. Clear Creek Farm did not have any successfully graduates of the Lodge Program, this quarter and had one unsuccessfully discharged during this quarter. Also, during this quarter, Clear Creek Farm accepted 1 new resident.

Plan

Maintaining the goal of 5 or more residents within the Lodge Program can be challenging at times, due to foreseen and unforeseen situations; Resident(s) successfully discharged/graduation from the program, or unsuccessful discharges. Decrease in staff turnover can provide more resources toward increasing or maintaining targeted number of residents within the Lodge Program.

Number of Clinical Sessions - Residents



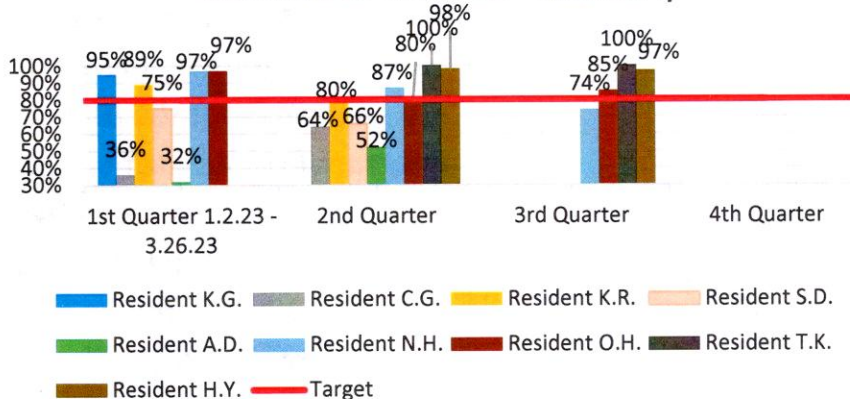
On Target

Clear Creek Farm’s continual target for each resident is to receive 2 clinical sessions within a month, or 6 total in a quarter. We fully understand clinical recommendations may differ from our target. During this quarter, resident N.H. was unsuccessfully discharged on 9.30.2023. Resident M.B. was placed on 9.21.2023. Overall, July’s average was 2.5, August’s was 2.75 and September’s was 3.00, with an over-all quarterly average of 2.75 sessions per month, meeting the goal of 2 sessions per month.

Plan

Clinical sessions for each resident are vital for their personal growth, to dive deep into aspects of their lives, in a professional setting. Within the Lodge Program, our plan for clinical sessions and residents is for residents to receive continual clinical sessions, deemed necessary by the recommendations of their counselor.

Resident DPR Points - Quarterly



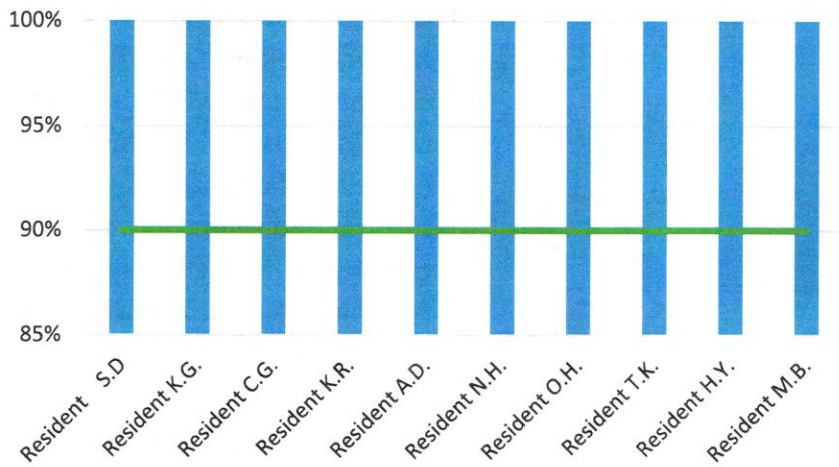
On Target

The Lodge Program monitors earned points on a daily basis, measuring/combining points in a summary every two weeks, or DPR period (820 Points). The target goal for the Lodge and its full quarter residents earned points is 80% of all possible points during a given quarter (6-7 DPR periods). For this quarter, the targeted goal was a minimum of 4,592 points or 80% of all possible points, during the 3rd quarter of 2023, from placement date. The Lodge Program averaged just below 5 kids per month, during this quarter. For the 3rd Quarter, 3 of 4 residents achieved the goal of 80% or higher of possible DPR points, with an over-all average of 89%, achieving this goal.

Plan

Resident progression is necessary for the ultimate goal of successfully graduating the program. By tracking earned points and utilizing positive reinforcement, it places value in earned points and encourages positive growth, behaviors and relationships between residents and staff members.

Percentage of Days of School Attended



On Target

Residents in the Lodge Program are expected to attend each and every day of school, but understand absences occur due to medical necessities. The public school system has their requirements of school attendance, but for the Lodge Program, achieving 90% of school days is the target goal. While this is a minimum goal, Clear Creek Farm would acknowledge attendance immediately, if a pattern develops without an appropriate excuse. For this quarter, all residents achieved above 100% of attendance. The school year resumed August 17th.

Plan

Receiving educational services is a building block to success, for each and every youth. Within the Lodge Program, attending public school is essential. Each school day is treated with the utmost importance, as residents are expected to attend each day, when medical or illnesses are not applicable.

Staff Turnover



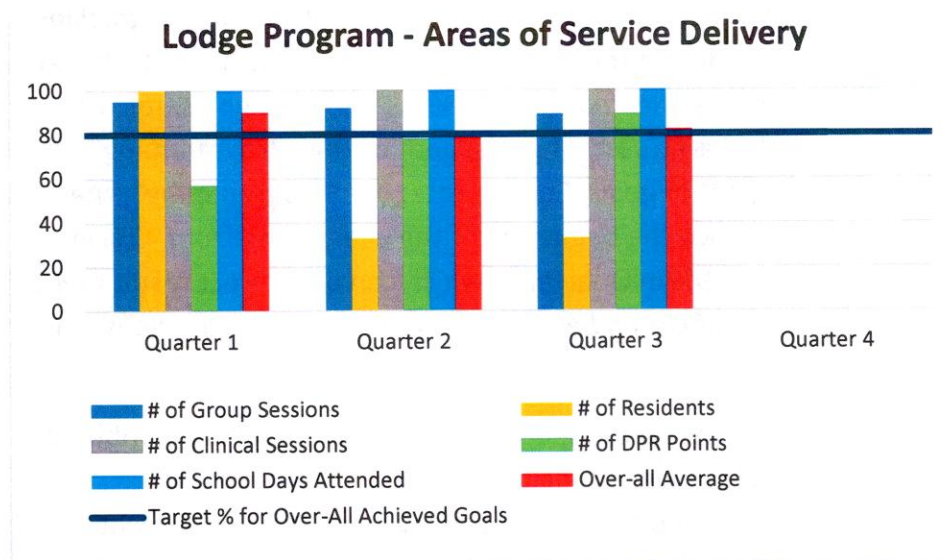
On Target

During this quarter, Clear Creek Farm did not have any staff resignations, but did have the Program Coordinator stepped down to part-time, effective July 14th. Clear Creek Farm did hire a new Program Coordinator on July 24th.

Plan

Clear Creek Farm values each and every staff member that is a part of this organization, who are engaged and support our mission and vision. Long-term, tenured staff is a steppingstone to resident success and growth. Having stabilized, dedicated staff members is a direct correlation with resident stability and success.

This section below provides Clear Creek Farm an opportunity to assess the quality of services delivered, through quantifiable data. For this review, Clear Creek Farm administrative staff and PQI Committee members identified 5 measurable areas of service delivery, within the Lodge Program. Areas of service



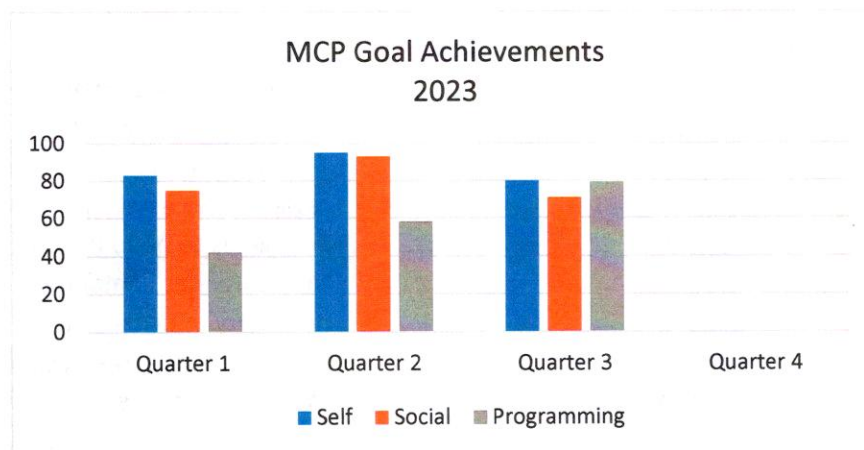
delivery include, Number of Group Sessions Provided, Number of Residents within the Lodge Program, Number of Clinical Sessions residents attend, Resident DPR earned points and Number of School Days Attended. The targeted goal of the 5 areas of service delivery is to have an overall average of 80%

or higher for all quarterly goals. Programs that perform lower than 80% for 3 consecutive quarters will be required to complete an improvement plan. See the improvement plan sections for additional information on programs which may be required to complete an improvement plan. For the 3rd Quarter of 2023, the Lodge Program achieved the target goal of 4 of the 5 areas of service delivery, achieving the target goal of 80% minimum. The over-all, cumulative average for the combined areas of service delivery was 82%.

Section Three - Outcomes

This section focuses on our residents' outcomes – personal growth that demonstrates our interventions/services work, while displaying positive, personal growth. Outcomes are measured on a quarterly basis, through data collection from Resident Health and Wellness Surveys, completed at Master Care Plan meetings (MCPs), along with medical appointment documentation and MCP goal achievements.

MCP goal achievement(s) is a measurement of 9 overall individual program goals for each resident. During each resident MCP meeting, the Program Coordinator and/or Program Director, along with the youth's treatment team members, determine if that resident has



achieved any or all 9 program goals. For the purposes of ease of understanding, as well as to better track trends, the PQI committee has broken those 9 goals into 3 separate categories. The 3 categories consist of Self, Social and Programming. These

indicators are combined with all other resident MCP goals, for the specified quarter and input into an easily identifiable chart.

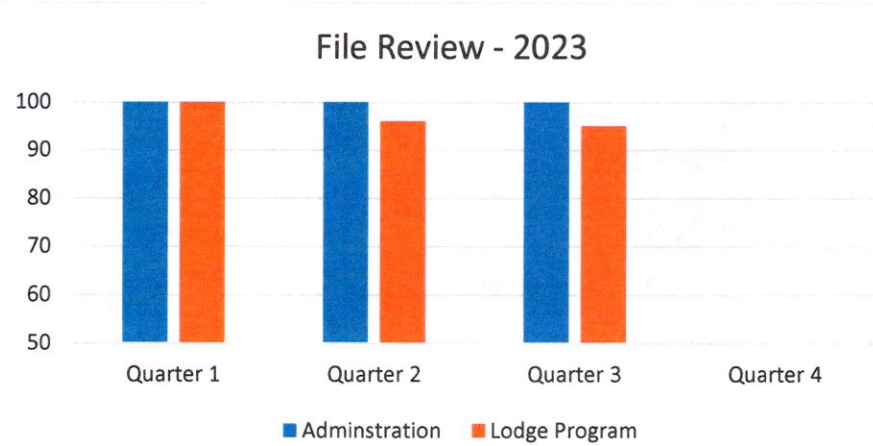
During the 3rd quarter of 2023, Clear Creek Farm had five MCPs, providing data for tracking goals. Over-all, total goal achievement during this quarter was 77%, which is slightly lower than Quarter 2. For the “Self” category, residents achieved 80% (12/15) of goals, for the “Social” category, residents achieved 71% (10/14) of goals, and for the “Programming” category, residents achieved 79% (11/14) of goals. For the category “Programming”, there has been a continuous improvement, since the beginning of the year, going from 42% in Quarter 1, to 58% in Quarter 2, to now 79% in Quarter 3, which can be a direct result of 3 of the 5 areas of service delivery; *Number of Group Sessions, Number of Clinical Sessions, and Number of DPR Points earned.*

Results of all Resident Health and Wellness Surveys, during each quarter will be combined for tracking purposes, with all resident responses, including written responses. See appendix for total responses. The PQI Sub-Committee and PQI Committee will evaluate any concerning information or results from collected survey results, which will then be further discussed within this section of the PQI Quarterly Report. If no concerning results are identified, the PQI Committee will determine if there are any results that need to be mentioned and included.

For the 3rd quarter of 2023, there were four Resident Health and Wellness Survey provided by current residents. See appendix for total responses from the combined surveys. Below are various outcomes from the self-reported Resident Health and Wellness Surveys, which we have identified as key components of gauging how our residents are treated within the organization, as well as how they feel about their progress. We understand these are not evidence-based outcomes, but we included them for the purposes of providing insight to our stakeholders, as to how our residents feel. Data from the Resident Health and Wellness Surveys received indicated 100% “yes” for “*Clear Creek Farm Staff let me know when I am doing well or making good decisions,*” as well as 75% “yes” and 25% “*Most of the Time*” for “*As I have progressed through the program, I have made positive improvements, personal growth and have developed better decision-making skills.*”

Section Four – Random File Review

Random file reviews will take place on a quarterly basis and will be conducted by Clear Creek Farm



Administrative Staff and PQI Committee Members. The purpose of file reviews is to establish guidelines to be followed to ensure files contain necessary information and documents to assess the quality of services provided.

For the 3rd Quarter of 2023, Clear Creek Farm conducted a file review for the administration office, as well as 4 current open resident files and 1 closed resident files. The administration office achieved 100% and Lodge Program achieved 95%. For the Lodge Program, there were several missed monthly resident mentoring forms. Of the 4 residents assigned a staff mentor, only 1 resident had the minimum of 3 mentoring forms completed for the quarter.

Section Five – Stakeholder Survey Satisfaction

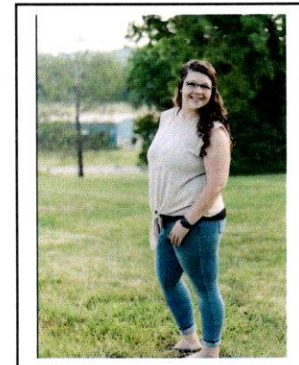
Clear Creek Farm values stakeholder’s views and opinions of operations and programming gathered through stakeholder surveys. We not only look at what our community’s view is of Clear Creek Farm but also our Staff, Board of Trustees, and placing agencies, to ensure we are delivering satisfactory services across the board. Our target goal for each stakeholder category is to have a minimum participation rate of 75%. We will continue to emphasize and encourage participation in bi-annual surveys, as best we can, with the resources we have available. During the 3rd Quarter of 2023, we received 4 of 5 (80%) Resident Health and Wellness Surveys, with a resident being admitted to the hospital at the time of her MCP, and 1 of 3 (33%) Parent Stakeholder Surveys.

Section Six – Improvement Plans

For the 3rd Quarter of 2023, there were no improvement plans required, as there were no identified areas of concerns needing improvement. Clear Creek Farm takes all aspects of the organization seriously and is dedicated to continuous improvement, in order to provide quality services that encompass the organization’s core values. Clear Creek Farm will assess for further areas that may be in need of improvement during the quarterly PQI Committee meeting, set for October 18, 2023.

Section Seven – Recognition

Clear Creek Farm would like to recognize the Lodge Program’s new Program Coordinator, Ashley Inman. Ashley has several years of experience working with at risk youth, particularly in the educational field. We are excited to have Ashley join our team and look forward to the exciting things she will bring to Clear Creek Farm and the residents of the Lodge Program!



Clear Creek Farm would also like to recognize and congratulate our newest graduates of the Lodge Program, whether they were transitioned back home, placed in kinship, or being stepped down into a foster home. Although we are not permitted to use names or pictures of the youth, we still believe it is important to recognize their achievements and progress.

Section Eight – Future Plans

Clear Creek Farm looks to continue to progress through our Strategic Planning goals, as well as our Lodge Program goals.

Please Contact us!

If you have any feedback about this report, please contact via email or phone:

clear.creek.farm@clearcreekfarm.org

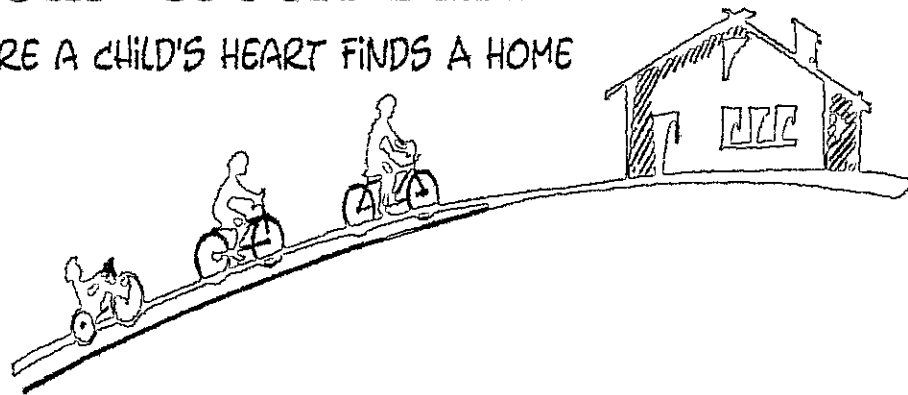
(937) 498-9445

Clear Creek Farm

Quarterly Risk Management Report – Quarter 3, 2023

Clear Creek Farm

WHERE A CHILD'S HEART FINDS A HOME



Introduction

Clear Creek Farm's PQI Subcommittee and PQI Committee review, monthly, all immediate and ongoing risks, including, but not limited to; incident reports including critical incident reports, accidents, grievances/complaints, as well as facility safety concerns/issues, serious illness, injury or deaths, situations where a resident was determined to be a danger to themselves or any other person, and all restrictive behavior management interventions (restraints). Clear Creek Farm does not permit the use of seclusion, isolation, chemical/mechanical restraints, prone restraints, or any other form of intervention(s) not identified within Clear Creek Farm's *Disciplinary Philosophy, Behavioral Intervention Policy*, out of the scope of permitted restraints or holds within official passive restraint training (Crisis Prevention Institute – CPI) or any other prohibited punishments (Cruel and Unusual Punishments or Corporal Punishments).

Purpose

The purpose of the Risk Management Report is to compile, analyze, and review all pertinent information provided during a given quarter, for the purposes of identifying trends or areas in need of improvements. Clear Creek Farm regularly reviews all identified information above to ensure the quality of care with its programs, is maintained, while also maintaining the health and safety of all residents and staff.

Facility Safety/Maintenance

Clear Creek Farm received 3 maintenance reports, during Quarter 3, 2023. Of the 3 requests, 2 requests were for the Lodge Program; Bathroom vent needing adjusted and cleaned, as well as a flooring transition strip needing replaced and the final request was for Residence 2 and a ceiling tile needing replaced in the kitchen.

Grievances/Complaints

Clear Creek Farm did receive 0 grievances/complaint forms during Quarter 3, 2023.

Accidents

Clear Creek Farm had 0 vehicle accidents, during Quarter 2, 2023.

Incident Reports

The incident category pertains to all incident reports identified by Clear Creek Farm, which includes Incident of Medical Emergency, Incident of Resident Misbehavior, Incident of Passive Physical Restraint, Incident of Suspected Child Abuse or Neglect and Incident of Community Engagement. These incident reports are utilized for, but not limited to; Non-Routine Medical Appointments, Missed/Refused Medication(s), Self-Harming/Suicidal Ideations or Threats, AWOL/Runaway, School Refusal/Disciplinary Actions, Alleged Delinquent/Criminal Activity, as well as Child Victim of Alleged Delinquent/Criminal Activity.

Incident of Medical Emergency

During Quarter 3, 2023, Clear Creek Farm had a total of 34 incidents of medical emergency, with 0 being identified as Critical Incident Reports. 20 incidents included non-routine medical appointments for illnesses, bloodwork, dental pain, ob/gyn appointments, foot/toe/knee pain and surgery. There was a total of 7 for a missed medications or medication errors, 1 of which was planned due to a scheduled foot surgery. The 5 additional incidents of medical emergency were due to Emergency Room visits for suicidal ideations/threats, along with 2 for the return from an in-patient stay.

Incident of Resident Misbehavior

During Quarter 3, 2023, Clear Creek Farm had a total of 16 incidents of resident misbehavior, with 0 being identified as a Critical Incident Report. Of those 16 incidents, 7 incidents were due to self-harming behaviors, 4 for serious disruption of programming, 2 for intake at JDC and return from JDC, 3 for school disciplinaries, 1 for return from in-patient stay,

Incident of Passive Physical Restraint (Behavioral Management Interventions)

Clear Creek Farm did not have any situations that resulted in behavioral management interventions nor incidents of passive physical restraints during Quarter 3, 2023.

Incident of Suspected Child Abuse or Neglect

Clear Creek Farm did not have any incidents of suspected child abuse or neglect during Quarter 3, 2023.

Incidents of Community Engagement

Clear Creek Farm did not have any incidents of community engagement during Quarter 3, 2023.

Critical Incident Reports

Clear Creek Farm identifies all incident reports as either “not critical” or “critical” based on the incident report information. To be identified as a critical incident, an independent reviewer reviews the original incident report and determines if the incident was either a threat of or actual harm, serious injury, or death. Refer to Clear Creek Farm’s *Procedures for Investigating and Reviewing Critical Incidents* policy for further details regarding critical incidents.

Critical Incidents

During Quarter 3, 2023, Clear Creek Farm had 0 incidents identified as critical incidents.

Critical Incidents – Incident of Medical Emergency

Critical Incidents – Incident of Resident Misbehavior

Critical Incidents – Incident of Passive Physical Restraint

Conclusion

During the PQI Subcommittee and PQI Committee meetings for Quarter 3, 2023, there were 0 trends identified. During Quarter 3, 2023, there was a significant decrease in medication errors or missed medication with 7 incidents related to medication administering, 1 of which was scheduled due to a surgery.