

Performance and Quality Improvement

Quarterly Report



Clear Creek Farm

Impacting Lives One Youth at a Time!

2024
4th Quarter

Table of Contents

Section One – Introduction

Section Two – Outputs

Section Three – Outcomes

Section Four – Random File Review

Section Five – Stakeholder Survey Satisfaction

Section Six – Improvement Plans

Section Seven – Recognition

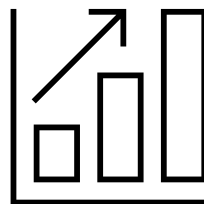
Section Eight – Future Plans

Appendix – Stakeholder Survey Results (Combined)

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.

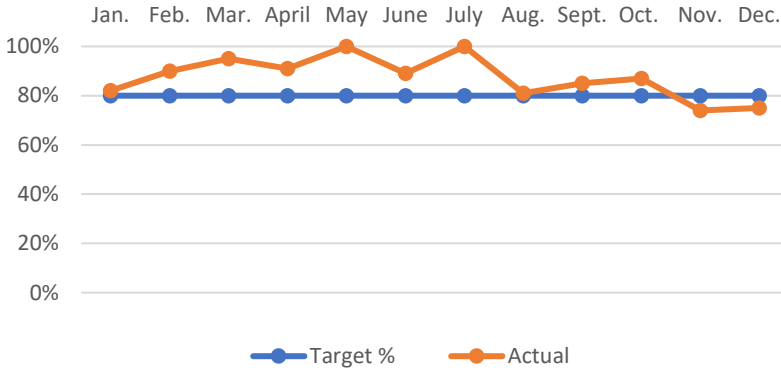
This report is designed to provide information to our stakeholders, with clarity, on various aspects, including, but not limited to; accomplishments, opportunities for improvements, as well as recognition of those going the extra mile, within our organization. As you read through this report, you may 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



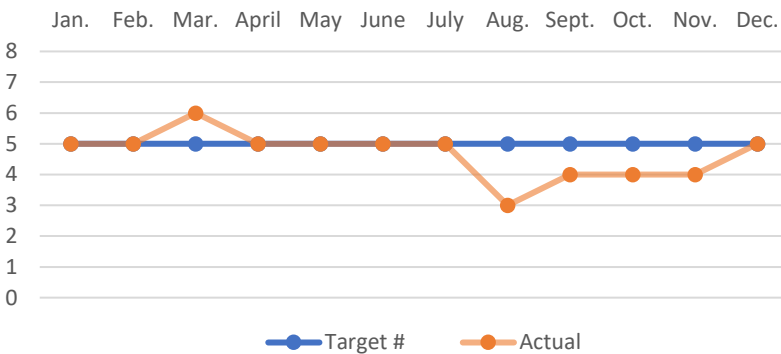
On Target

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 did not meet this goal having an overall average of 79%, for this quarter, while individual months were 87% for October, 74% for November and 75% for December. For the entire year, the over-all average of non-clinical groups during available weekdays was 87%.

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



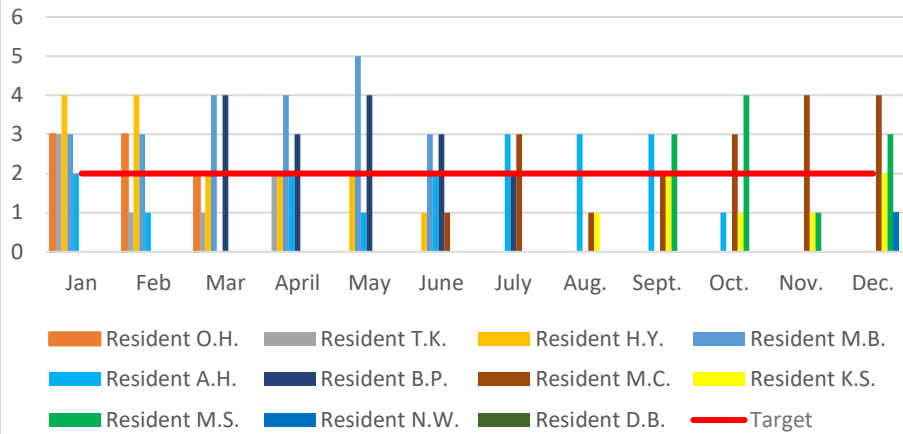
On Target

For the 4th Quarter of 2024, the Lodge Program met the goal of 5 residents 33% of the time or 1 month out of the quarter. The over-all average number of residents within the Lodge Program this quarter was 4.3 residents, slightly up from the previous quarter. Clear Creek Farm had 2 program graduates, during this quarter, as well as accepted 2 new residents this quarter. The over-all yearly average of residents within the Lodge Program was 4.6 residents a month.

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



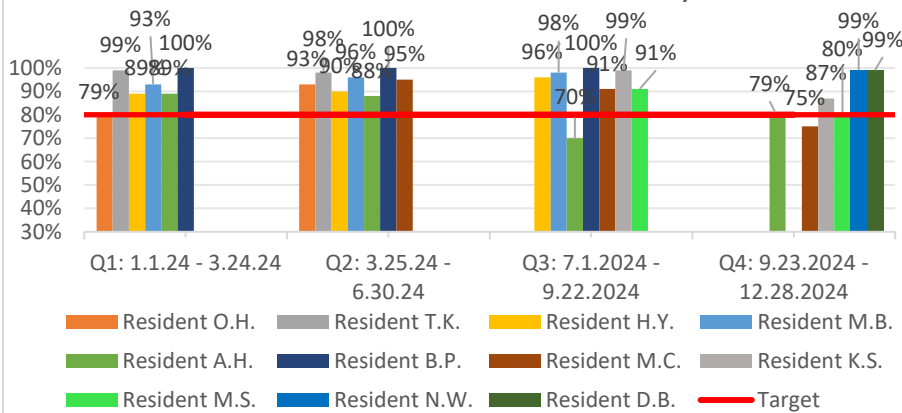
On Target

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.W. was placed in the Lodge on 11.12.2024 and was not established with a counselor until December. Resident D.B. was placed on 12.16.2024 and was not established with a counselor until 2025 due to the holidays. Over-all, October’s average was 2.25, November’s was 2 and December’s was 2.5, with an over-all quarterly average of 2.25 sessions per month, meeting the goal of 2 sessions per month. For 2024, the over-all monthly average of individual counseling sessions was 2.4 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

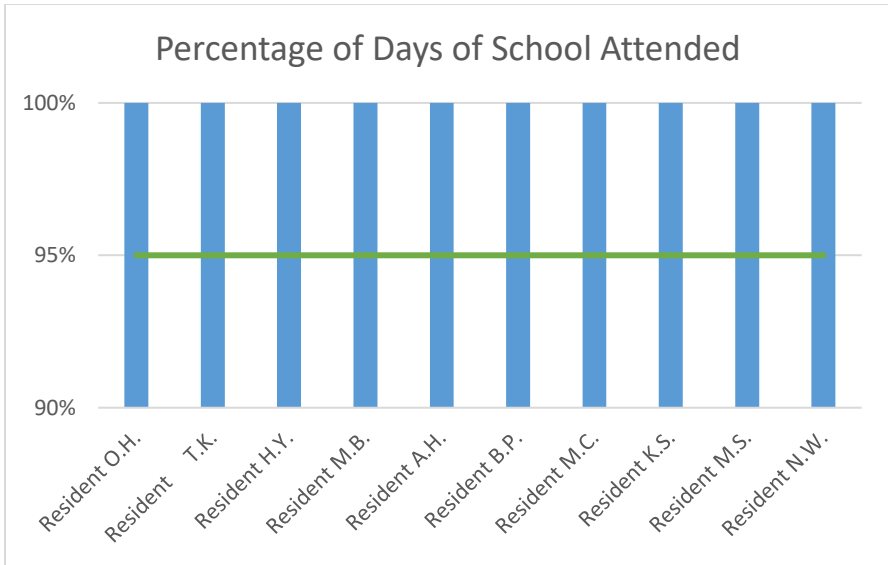


On Target

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 4th Quarter of 2024, from placement date. During the 4th Quarter of 2024, 4 of 6 resident achieved the goal of earning at least 80% of all possible DPR points. The combined average of earned DPR points during this quarter was 87%. For 2024, the over-all year average of earned DPR points was 91%, which is 8% higher than the 2023 yearly average.

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.

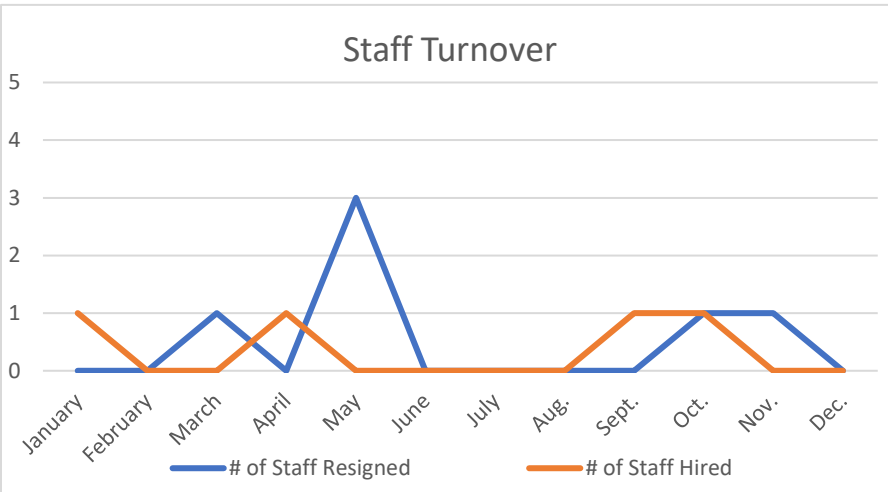


On Target

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 95% 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 95% of attendance, with each residents achieving 100% of school days attending since being placed into the Lodge Program, except for medical appointments or illnesses.

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.



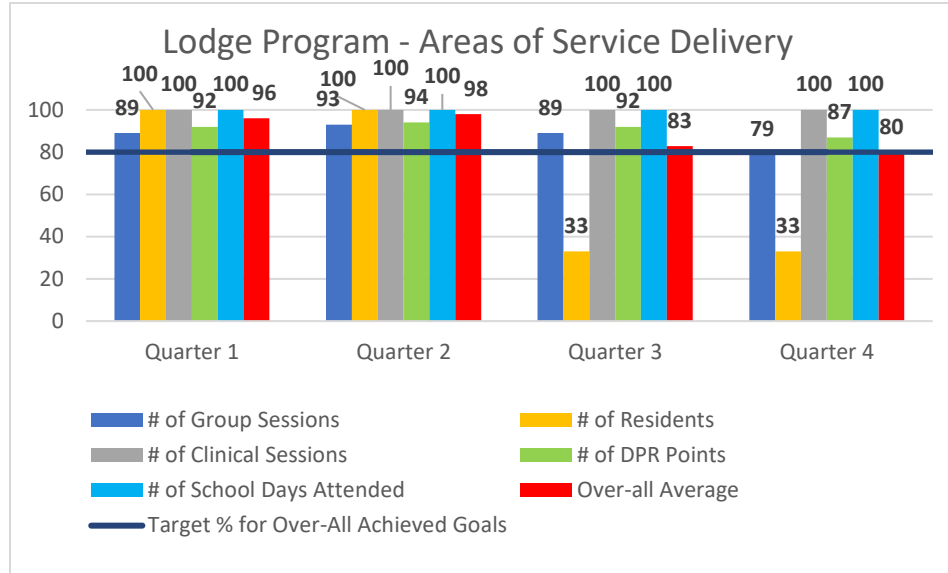
On Target

During this quarter, Clear Creek Farm had 2 staff members resign their position but did hire 1 part-time staff member. During the 4th Quarter of 2024, the average turnover rate was 19%. Over-all, the annual turnover rate for the Lodge Program for 2024 was 13.25%, which is roughly 2% higher than 2023. See 2024 *Staff Retention Plan and Analysis* report for more details.

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 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



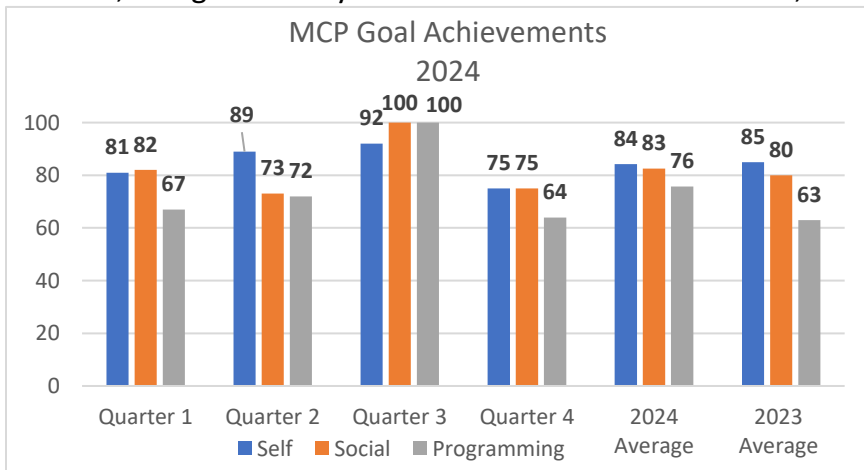
include, Number of Group Sessions Provided, Number of Residents within the Lodge Program, Number of Clinical Sessions residents attend, Resident DPR earned points and Number of School Days Attended. The targeted goal of the 5 areas of service delivery is to have an overall average of 80%

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 4th Quarter of 2024, the Lodge Program achieved the target goal for 3 of the 5 areas of service delivery, with an over-all average for the combined areas of service delivery being 80%.

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.

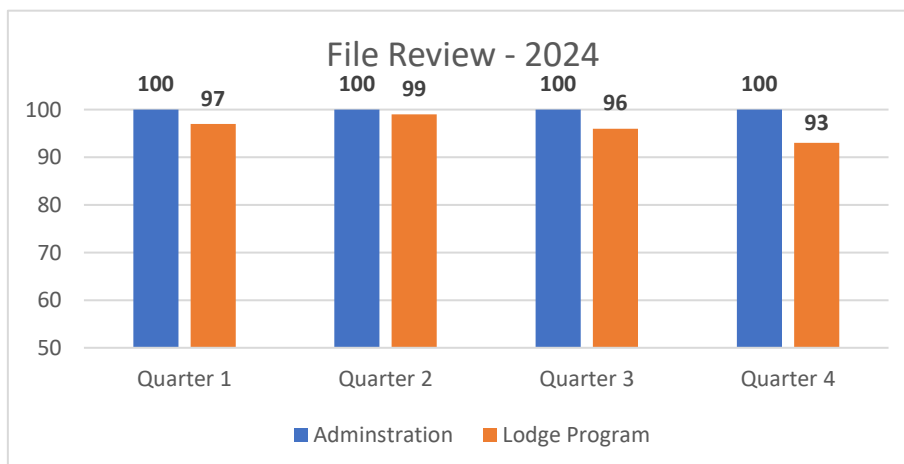
During this 4th Quarter of 2024, Clear Creek Farm had 5 MCPs, providing data for tracking goals. Overall, total goal achievement during this quarter was 71%, a decrease of 26% from the 3rd Quarter. For the “Self” category, residents achieved 75% (11/15) of goals, for the “Social” category, residents achieved 75% (9/12) of goals, and for the “Programming” category, residents achieved 64% (9/14) of goals. For 2024, the over-all averages were 84% “Self,” which was 1% less than 2023, 83% “Social,” which was 3% higher than 2023, and 76% “Programming,” which was 13% higher than 2023.

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 4th Quarter of 2024, there were 4 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 one Resident Health and Wellness Survey received indicated 75% “Yes” and 25% “Most of the Time” on “*Clear Creek Farm staff encourage me to use healthy coping skills to handle my daily problems/issues/stressor.*” For all of 2024 responses to this question, residents responded with 76% “Yes” (16 of 21), 19% “Most of the Time” (4 of 21) and 5% “No” (1 of 21).

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 2nd Quarter of 2024, Clear Creek Farm conducted a file review for the administration office, as well as 4 current open resident files, 2

closed resident files, during this quarter. The administration office achieved a 100% compliance, while the Lodge Program achieved 92%, missing a few mentoring forms, as well as a couple swimming tests. Over-all, the Lodge Program’s yearly average for file reviews was 96%, which matches 2023’s average.

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 4th Quarter of 2024, we received 4 of 5 Resident Health and Wellness Surveys, 4 of 6 Placing Agency & Appointed Partners, 3 of 6 Community Partners & Funders, 2 of 10 Staff Satisfaction Surveys, and 0 of 1 Parent Survey.

Section Six – Improvement Plans

For the 4th Quarter of 2024, there were no improvement plans required, as there were no identified areas of concerns needing improvement. Clear Creek Farm continues to take all aspects of the organization seriously and are dedicated to continuous improvement, in order to provide quality services that encompasses the organization’s core values. Clear Creek Farm will assess for further areas that may be in need of improvement during the next quarterly PQI Committee meeting, set for April 16, 2025.

Section Seven – Recognition

Clear Creek Farm would like to recognize our a few staff members who have dedicated their time, energy and years to Clear Creek Farm and the residents they have helped, along the way. Jake Braun, who has worked in the Lodge Program going on his 14th year in 2025, Lance Miller for going on his 7th year in 2025 and lastly, April Dankworth, going on her 6th year in 2025. We cannot thank you enough for everything you have done for Clear Creek Farm and the residents you have served!



Clear Creek Farm would also like to recognize and congratulate our newest graduates of the Lodge Program. There was 1 resident that was reunified with family, as well as 1 resident that graduated the program after working through the program for a year. 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 will be progressing through our updated strategic plan for 2025 through 2028, which includes development of our House 2 project.

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 4, 2024



Clear Creek Farm

Impacting Lives One Youth at a Time!

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 purpose 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 6 maintenance reports during the 4th Quarter, 2024.

Office hot water heater having issues: May be a thermostat issue but working fine now. Will let it run until it goes out completely. Blue van needed transition replacement. A request for Lodge Bedroom 1 & 5 for cosmetic repairs (Paint, small holes patched etc.). A request for a bathroom vent to be reattached after it fell off during cleaning. A request for a bedroom intercom that stopped working.

Grievances/Complaints

Clear Creek Farm did receive 1 grievance/complaint form during Quarter 4, 2024, that was left anonymously.

Accidents

Clear Creek Farm had 0 vehicle accidents during Quarter 4, 2024.

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 4, 2024, Clear Creek Farm had a total of 24 incidents of medical emergency, with 0 being identified as Critical Incident Reports. 15 incidents included non-routine medical appointments for various medical concerns such as illnesses, reported hip & chest pain, 1 for Wilson Health Hospital for hurt ankle, 1 due to suicidal threats/harm resulting in in-patient stay, as well as a total of 9 incidents for missed medications or medication errors, 2 of which were due to pharmacy issues (shortage), 1 due to insurance complications, 3 were missed medication due to staff error, 1 due to being dropped and lost in staff office, 1 for a refusal, 1 for throwing up medication after taking it.

Incident of Resident Misbehavior

During Quarter 4, 2024, Clear Creek Farm had a total of 7 incidents of resident misbehavior, with 0 being identified as a Critical Incident Report. There were 1 involving self-harming behaviors/threats, 1 involving a resident being dysregulated punching the wall, 2 involving possessing vaping paraphernalia, lighter and incense, 2 for horseplay between two residents that turned serious and 1 for a resident returning from an inpatient stay at a psychiatric hospital.

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 4, 2024.

Incident of Suspected Child Abuse or Neglect

Clear Creek Farm did not have any incidents of suspected child abuse or neglect during Quarter 4, 2024.

Incidents of Community Engagement

Clear Creek Farm did not have any incidents of community engagement during Quarter 4, 2024.

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 4, 2024, Clear Creek Farm did not have any incidents identified as a critical incident.

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 4, 2024, there were 0 trends identified. During this quarter there were quite a few non-routine medical appointments/medical visits (15) but 8 of which were from 1 resident reporting medical issues. There were only 3 medication errors that were due to staff error, which is a great improvement. For 2024, there were a total of 9 medication errors by staff, compared to 2023 where there were 19 total medication errors by staff, a 52% reduction within a year.