

Performance and Quality Improvement

Quarterly Report



Clear Creek Farm

Impacting Lives One Youth at a Time!

2025
3rd Quarter

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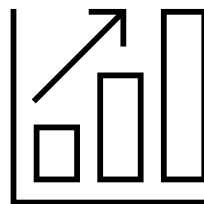
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Section One – Introduction

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.

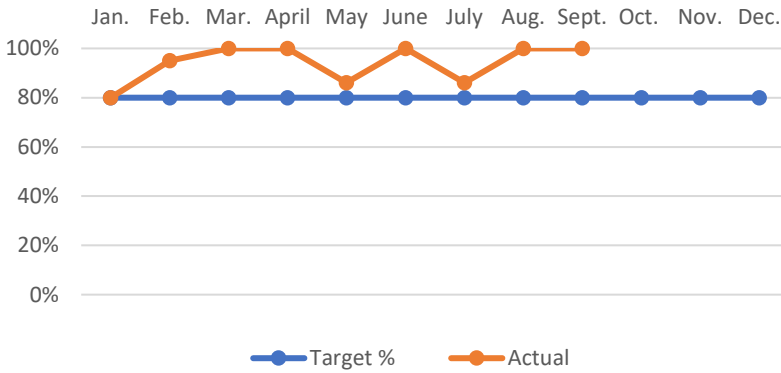
This report is designed to provide information to our stakeholders, with clarity, on various aspects, including, but not limited to; accomplishments, opportunities for improvements, as well as recognition of those going the extra mile, within our organization. As you read through this report, you may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



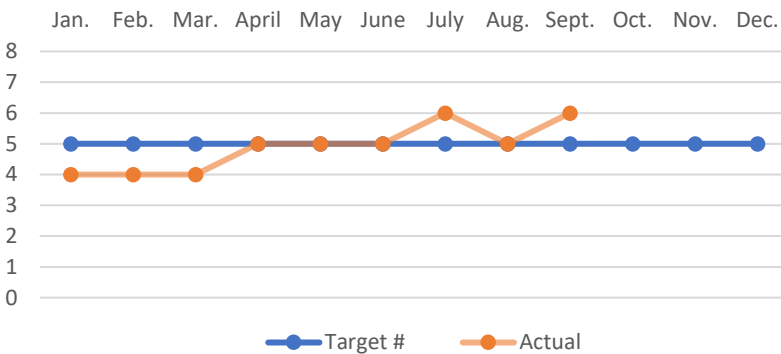
On Target

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 this goal having an overall average of 95%, for this quarter, while individual months were 86% for July, 100% for August and 100% for September. The current average for 2025 is 94%, which is 14% higher than the Lodge’s target goal and 4% higher than this time in 2024.

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



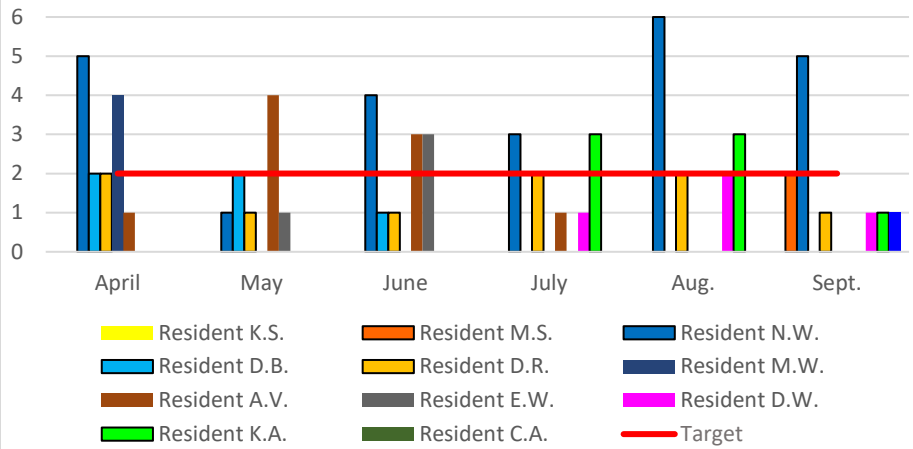
On Target

For the 3rd Quarter of 2025, the Lodge Program met the goal of 5 residents in the Lodge Program per month. The over-all average number of residents within the Lodge Program this quarter was 5.7 residents. Clear Creek Farm did not have any program graduates but did have 1 resident reunify with their family early.

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 K.A. and Resident M.S. were placed in the Lodge in July, and Resident C.A was placed in September. Resident M.S. could not enroll in counseling until September due to insurance complications from New York. Over-all, July’s average was 2, August’s was 2.6 and September’s was 1.8, with an over-all quarterly average of 2.14 sessions per month, meeting the goal of 2 sessions per month. Resident A.V. was discharged early August.

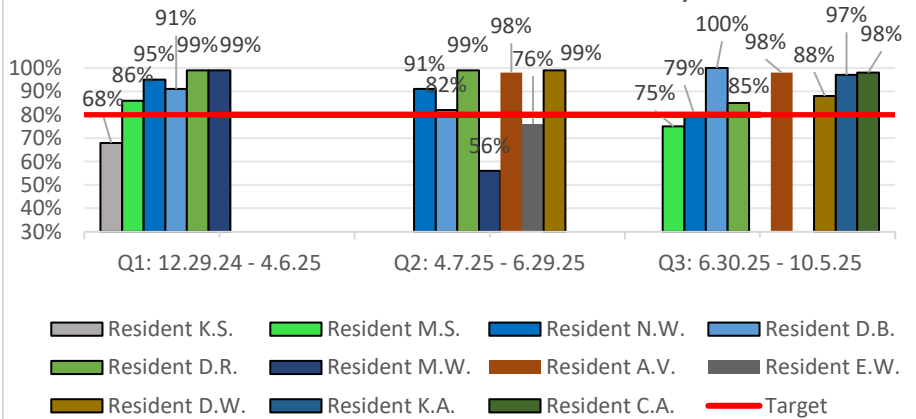
Plan

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.

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 5,740 points or 80% of all possible points, during the 3rd Quarter of 2025, from placement date. During the 3rd Quarter of 2025, 6 of 8 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 90%, an increase of 4% from the previous quarter.

Resident DPR Points - Quarterly



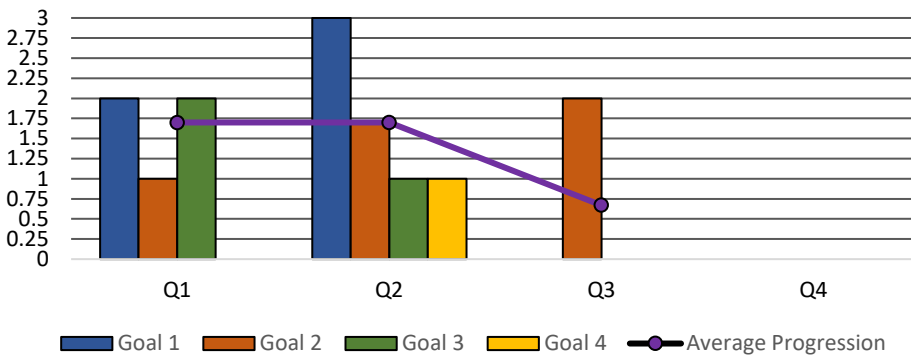
Plan

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.

Plan

Individualized goals help tailor each resident's experience and progression within the Lodge Program. During the initial 30-Day Master Care Plan meeting, 3-4 goals are set, through various team member's insight, guidance and recommendations, which are then tracked and measured each month for progression and achievement. Each month, the individual goals are given a score, based on the resident's progress and then averaged out for a quarterly average. While we celebrate any goal progression, the target goal each quarter is for each resident is to average at or above "Minimal Progress" for their overall goal progression average.

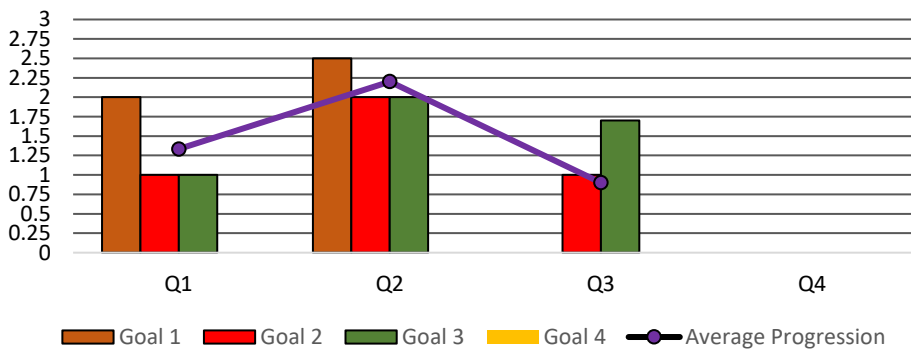
Individual Goal Progression & Achievement
Resident N.W.



On Target

Resident N.W. struggled to progress through her goals, this quarter, with 1 goal being averaging marginal progress, but the remaining having 0 progress. Overall, the average goal progression for the 3rd Quarter was .67, well below the "Minimal" goal and previous quarter's progression.

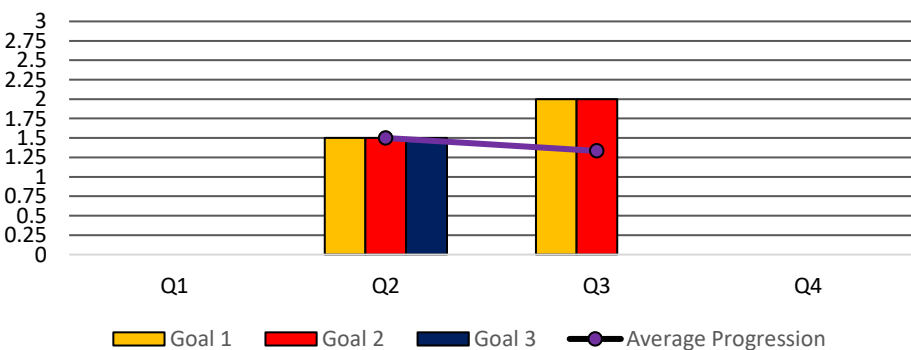
Individual Goal Progression & Achievement
Resident D.R.



On Target

Resident D.R. had a decrease in her progression through her goals this quarter, having 1 goals with marginal progress, 1 goal having minimal progress and 1 goal having no progress. Overall, the average goal progress for the 3rd Quarter was just below "Minimal" progress (.90), which is also a significant decrease from her progress during the 2nd Quarter.

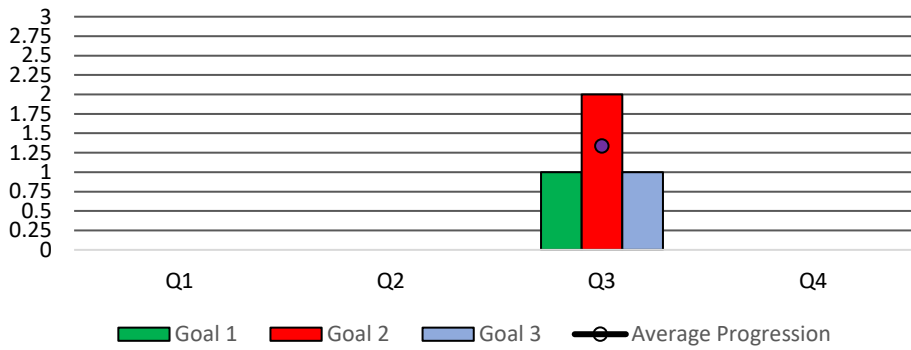
Individual Goal Progression & Achievement
Resident A.V.



On Target

Resident A.V. had a slight decrease in progression for her goals during the 3rd Quarter of 2025 but was only in the Lodge Program half of the quarter due to being reunified with family, early. A.V. averaged marginal/minimal progression through her goals (1.33).

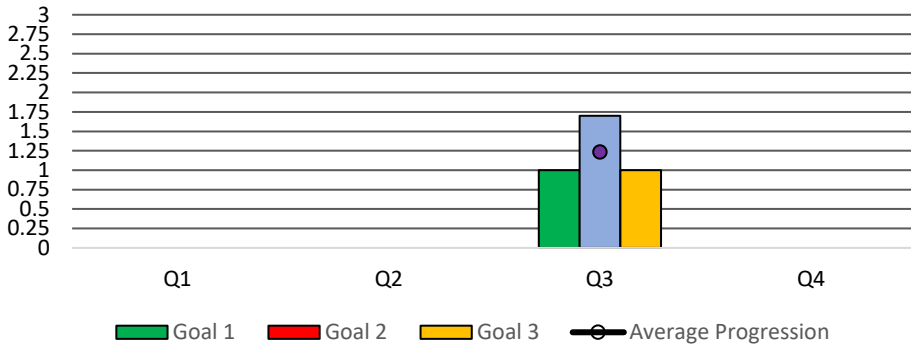
Individual Goal Progression & Achievement Resident D.W.



On Target

Resident D.W. was placed in the Lodge Program on 6.25.2025. During the 3rd Quarter, D.W.'s overall progression average was 1.33, between minimal/marginal progression. D.W. had minimal progression through two goals, while also having marginal progression through one goal.

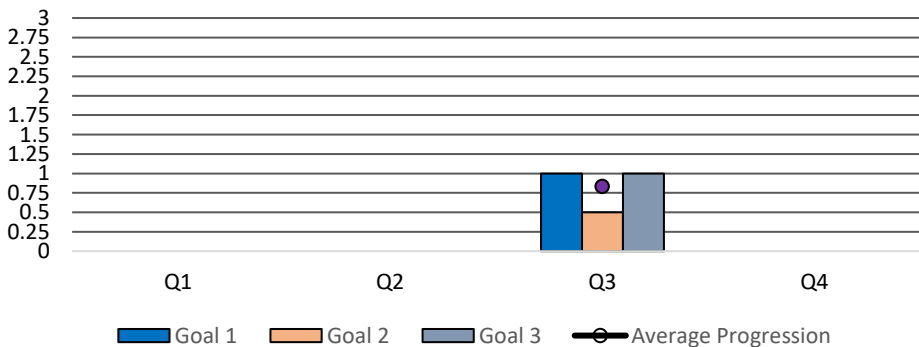
Individual Goal Progression & Achievement Resident K.A.



On Target

Resident K.A. was placed in the Lodge Program on 7.8.2025. During the 3rd Quarter, K.A. averaged just above "Minimal" progression through her goals at 1.23. K.A. had two goals at minimal progression and one goal average just below marginal progression.

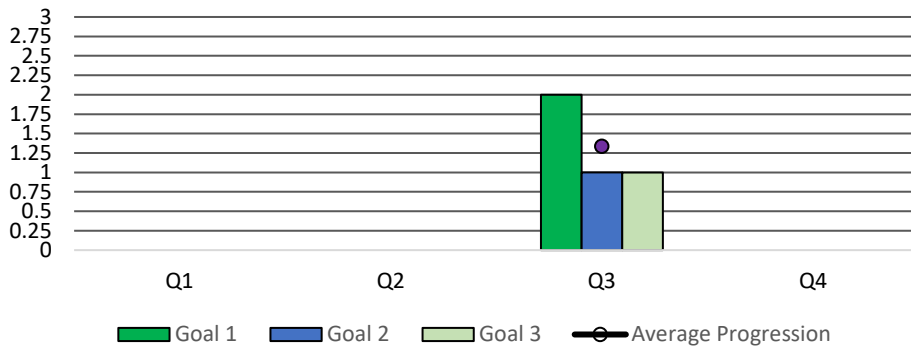
Individual Goal Progression & Achievement Resident M.S.



On Target

Resident M.S. was placed in the Lodge Program on 7.29.2025. During the 3rd Quarter, M.S. averaged just below "Minimal" progression through her goals at .83. M.S.'s goals were not established until the end of August, shortening her time of goal progression for this quarter to roughly 1 month, compared to 3 months.

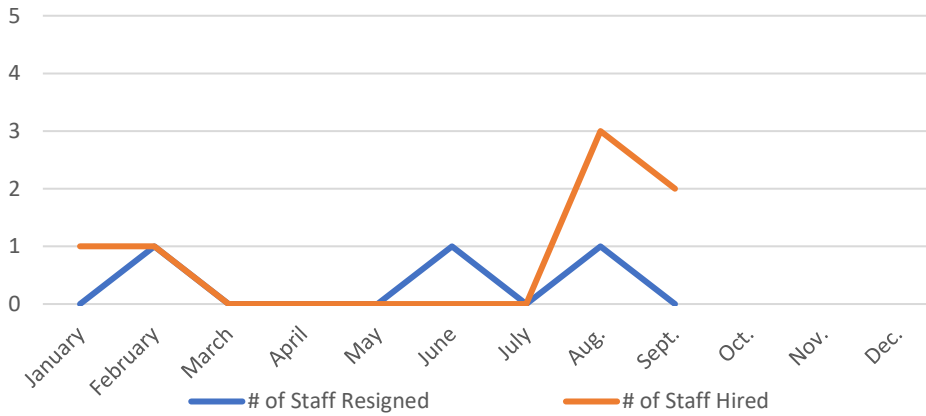
Individual Goal Progression & Achievement Resident C.A.



On Target

Resident C.A. was placed in the Lodge Program on 9.2.2025. C.A.'s goals were not established until her initial MCP, so her goal progression was significantly reduced, but included. C.A.'s average progression was 1.33, between Minimal/Marginal progress.

Staff Turnover



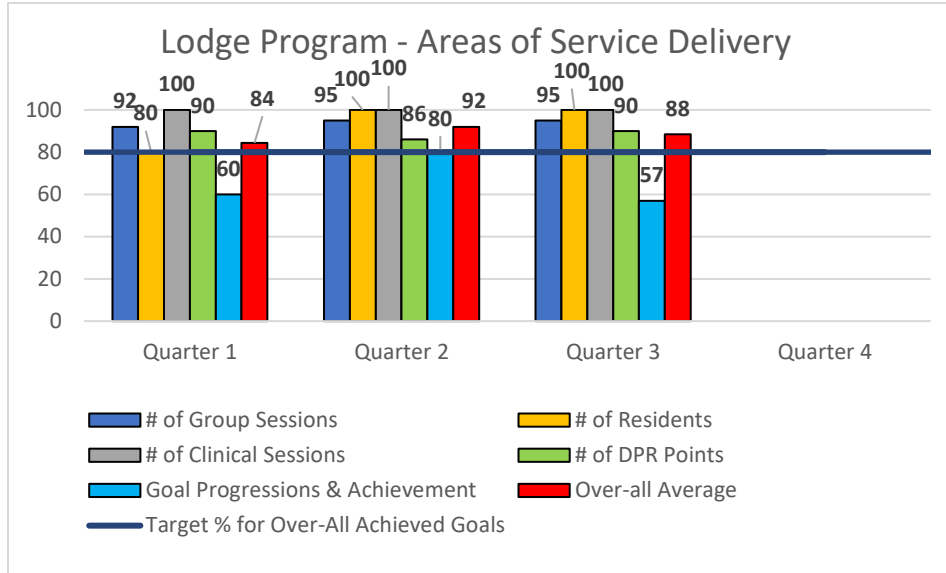
On Target

During this quarter, Clear Creek Farm had 1 staff member resign their position but did have 5 new hires, 2 Full-Time and 3 Part-Time. During the 3rd Quarter of 2025, the average turnover rate was 8%, lower than the 1st and 2nd Quarters of 2025, with the current 2025 turnover average being 8.7%. For comparison, in 2024, the average turnover rate after the 3rd Quarter was 11%.

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.

Areas of Service Delivery 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



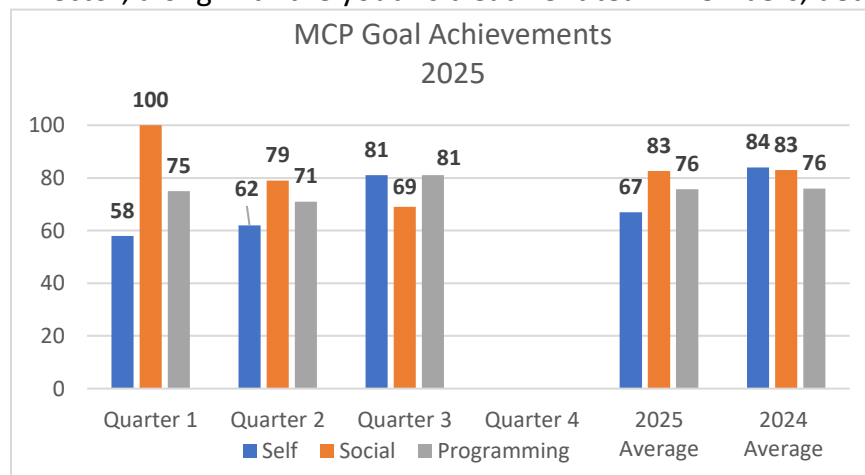
of service delivery include, Number of Group Sessions Provided, Number of Residents within the Lodge Program, Number of Clinical Sessions residents attend, Resident DPR earned points and Individual Goal Progression & Achievement. The targeted goal of the 5 areas of service

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 2025, the Lodge Program achieved the target goal in 4 of the 5 areas of service delivery, with an over-all average for the combined areas of service delivery being 88%, a decrease of 6% from Quarter 2, but right at the yearly average of 88%.

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.

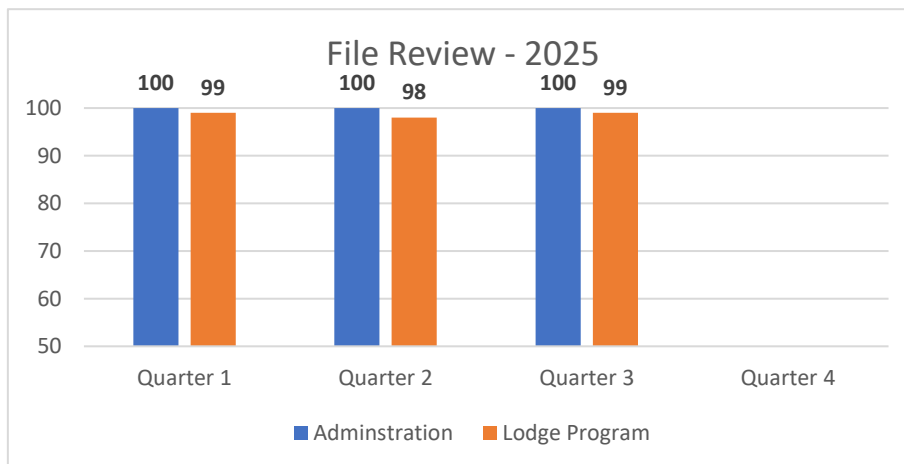
During this 3rd Quarter of 2025, Clear Creek Farm had 7 MCPs, providing data for tracking goals. Overall, total goal achievement during this quarter was 77%, an increase of 7% from the 2nd Quarter, 2025. For the “Self” category, residents achieved 81% (17/21) of goals, for the “Social” category, residents achieved 69% (11/16) of goals, and for the “Programming” category, residents achieved 81% (13/17) of goals.

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 2025, there were 7 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 purpose of providing insight into our stakeholders, as to how our residents feel. Data from the one Resident Health and Wellness Survey received indicated 100% “Yes” on “*Clear Creek Farm staff encourage me to use healthy coping skills to handle my daily problems/issues/stressors.*”

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 2025, Clear Creek Farm conducted a file review for the administration office, as well as 6 current open resident files, 2

closed resident files, during this quarter. The administration office achieved a 100% compliance, while the Lodge Program achieved 99% compliance, only missing 1 monthly mentoring form and an initial physical.

Section Five – Stakeholder Survey Satisfaction

Clear Creek Farm values stakeholders' 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 2025, we received 7 of 7 (100%) Resident Health and Wellness Surveys. All other surveys are administered bi-annually (April & October) or annually (October).

Section Six – Improvement Plans

For the 3rd Quarter of 2025, 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 December 17, 2025.

Section Seven – Recognition

Clear Creek Farm would like to recognize a few new staff members within the Lodge Program, Andrea Stoltz, Angela Hageman, Imoen Carder, and Lauren Barhorst. We would also like to welcome back, Sonia Selanders, who has almost 8 year in total within the Lodge Program!

Clear Creek Farm would also like to recognize and congratulate all of our graduates of the Lodge Program, as well as those that have been reunified with family!

Section Eight – Future Plans

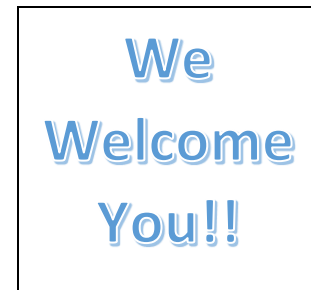
Clear Creek Farm's new website is up and running. Please check it out! Also, follow along for updates pertaining to our House 2 transformation into an Art & Recreation Center for our youth!

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, 2025



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 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 7 maintenance reports, during the Quarter 3, 2025.

For the Lodge Program, there was an issue with the AC unit that was fixed, the camera's needing looked at due to black screens, the van windshield needing sealed due to a crack and oil change, the office toilet needed fixed, as well as the pond fountain not working and needing replaced.

Grievances/Complaints

Clear Creek Farm did receive 0 grievances/complaint forms during Quarter 3, 2025.

Accidents

Clear Creek Farm had 0 vehicle accidents during Quarter 3, 2025.

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, 2025, Clear Creek Farm had a total of 21 incidents of medical emergency, with 0 being identified as Critical Incident Reports. 6 incidents included non-routine medical appointments for various medical concerns such as illnesses, x-rays, labs, minor burns, dental and bee sting. There was a total of 3 incidents for missed medications or medication errors due to pharmacy shortage, 2 regarding needing the medication approved by prescribing physical to restart, and 7 were resident refusal. There was 1 incident of a resident throwing up their medications. There were 3 incidents of ER visits due to suicidal threats/attempts.

Incident of Resident Misbehavior

During Quarter 3, 2025, Clear Creek Farm had a total of 16 incidents of resident misbehaviors, with 0 being identified as a Critical Incident Report. There were 7 incidents of self-harming attempts/behaviors, 8 for behaviors such as; punching walls, screaming, cussing and threatening staff/others, giving/receiving "tattoos" during the night, sneaking a cell phone, as well as self-piercing. There was also 1 regarding the return from an in-patient stay.

Incident of Passive Physical Restraint (Behavioral Management Interventions)

Clear Creek Farm had 0 situations that resulted in behavioral management interventions and/or incidents of passive physical restraints during Quarter 3, 2025.

Critical Incident Report (See Below).

Incident of Suspected Child Abuse or Neglect

Clear Creek Farm did not have any incidents of suspected child abuse or neglect during Quarter 3, 2025.

Incidents of Community Engagement

Clear Creek Farm did not have any incidents of community engagement during Quarter 3, 2025.

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, 2025, Clear Creek Farm had 0 incidents identified as critical incidents.

Critical Incidents – Incident of Medical Emergency

There were 0 incidents identified as a critical incident during the 3rd Quarter of 2025.

Critical Incidents – Incident of Resident Misbehavior

There were 0 incidents identified as a critical incident during the 3rd Quarter of 2025.

Critical Incidents – Incident of Passive Physical Restraint

There were 0 incident identified as a critical incident during the 3rd Quarter of 2025.

Conclusion

During the PQI Subcommittee and PQI Committee meetings for Quarter 3, 2025, there were 0 trends identified. It is noted that during the 2nd and 3rd Quarters of 2025, there were a total of 17 medication refusals by residents. Clear Creek Farm staff and administration will be monitoring the number of refusals closely for any further issues or trends.