

**Saint Mary's Home for Children  
Consultant's Report for DCYF  
11/1/23**

**Introduction**

Consultant William Martone, MS, from WPM Consulting, Inc., entered into an agreement on 7/18/23 with Saint Mary's Home for Children to provide consultation services. The engagement was at the behest of DCYF and Mr. Martone was approved by DCYF to be Saint Mary's consultant. Mr. Martone began the engagement by conducting a series of phone calls with the Executive Director, Carlene Casciano-McCann, to discuss the issues Saint Mary's was facing and the corrective action steps that had been taken to date. Mr. Martone reviewed the report DCYF had issued as well as the steps Saint Mary's had taken that were identified in their Corrective Action Plan (CAP).

**Initial Activities with Saint Mary's Staff**

Executive Director Carlene McCann identified a number of staff for Mr. Martone to interview to learn more about the organization. Interviews were conducted between July 27<sup>th</sup> and August 1<sup>st</sup> with Mike Burgess, Manager of Residential Services, Arianna Dolock, Assistant Manager of Residential Service, Linda Mobriant, Director of PQI & Operations, Patty Olney Murphy, Clinical Director of Residential Services, Brianna Nardowy, Assistant. Clinical Director of Residential Services, Shaun Bramble, Supervisor, Horton House (PRTF), Izzy Rainer, Supervisor, Harding House (Acute Residential Treatment Services) and Nicole Forment, Nursing Supervisor.

Each interview began by establishing that whatever staff told the consultant would not be attributed to any one specific individual to assure their confidentiality. Everyone seemed genuinely open to sharing information and many noted that whatever they said they would have already told the Executive Director. The consultant then asked a series of questions to establish some initial comfort for staff to answer and also begin to establish a relationship with the consultant. Below are the questions that were initially planned to be asked, but not all of the interviews followed the script and additional questions arose during the interview:

1. Briefly tell me how long you've been at SMHFC and your role and responsibilities
2. What do you enjoy about working at SM's & what are your biggest frustrations - what keeps you up at night?
3. Do you and other staff feel supported by leadership?
4. Tell me about your department and how it interacts with other departments.
5. Is there good communication with and between departments and leadership at SM's?
6. What role do youth and families have at SM's in policy setting/decision making?
7. What is the staff attitude toward families?
8. From your perspective, what factors contributed to the agency's challenges (both internal and external)?
9. What could have been done differently to prevent programmatic "drift" or decline?
10. What are your thoughts about the improvements the agency is making?
11. How do you feel about your role in making the necessary changes?
12. What do you need in your role to be successful?
13. What do you think needs to be done to sustain and strengthen the improvements?
14. What does excellence in residential care look like?
15. What additional training is needed for staff?
16. With unlimited resources what would you change?

Overall, the consultant was very impressed with the staff and found them to be open, caring, and motivated for change. There was a great deal of consistency in their responses, although there are some conflicting opinions on various issues. There are a number of areas where additional attention and focus could be helpful in continuing to improve and strengthen the agency. Some of those areas for possible further discussion and improvement are as follows:

1. Training needs
2. Process for hiring staff
3. Communication within and across departments
4. More interactions with leaders and leadership and possibly board members
5. Better relationships between departments – more support
6. Career ladders for some staff positions
7. Use of data – how not to be data rich and information poor – how to effectively use data
8. Physical plant opportunities
9. More frequency of leadership meetings – how to structure differently
10. Communication around youth treatment plans by everyone
11. Role of families and family involvement opportunities - contact with families
12. How to enhance Family Finding Search and Engagement
13. Future opportunities for growth

### **Activities with DCYF Staff**

A number of DCYF staff were identified for the consultant to interview and a series of interviews occurred between August 11<sup>th</sup> and September 13<sup>th</sup>. The DCYF staff interviewed included: Lori DAlessio, Heather Warner, and Chris Strnad (together), Winsome Stone and Deb Buffi (together), and Vincent (Vin) McAteer. The interviews were open ended in nature focusing on Saint Mary’s strengths and challenges as well as gathering information they felt was important for the consultant to know about the agency. Many key issues were identified and discussed during each of these interviews.

### **On Site Visit to Saint Mary’s**

An on-site visit was made by the consultant on September 28<sup>th</sup> and 29<sup>th</sup>. The site visit consisted of an opening session with the Executive Director followed by a tour of the campus and a series of staff interviews and an opportunity to spend time on two of the units. The two-day schedule was as follows:

<b>Activities Day 1</b>	<b>Activities Day 2</b>
Opening Session with Executive Director	Meeting with PQI and Operations Director
Site Tour	Meeting with Entire Leadership Team
Document Review	Meeting with HR Director
Meeting with Unit Supervisors	Meeting with Training Director
Meeting with DCYF	Meeting with Nursing Team
Meeting with Clinical Director & Asst. Clinical Director	Meeting with Residential Staff
Meeting with Clinical Staff	Meeting with PQI Team
Meeting with Nursing Director	Tour of School
Meeting with BBI Youth Advocate	House Observations
Meeting with Youth Council	Wrap-up Session with Executive Director
Meeting with BBI Parent Advocate Staff	
Meeting with Parent Council	

The interviews conducted over the two days included opportunities to meet with staff from various departments, meet and spend time with youth as well as an opportunity to meet with Director Ashley Deckert and Lori D'Alessio from DCYF. The discussions with staff focused on asking them from their vantage point to describe the impact the residential program's report from DCYF has had on the agency as a whole, or their specific departments. Following these initial discussions, staff were asked to write down what they saw as the most important steps that they or their departments could take to assure improvements are made and maintained on an immediate, intermediate, and long-term basis, to support the residential program and the agency. These recommendations were shared with the Executive Director.

### **OCA Interviews**

At the request of Director Ashley Deckert the consultant scheduled a call with the Office of the Child Advocate (OCA). A call was held with Kathryn Cortes and Katelyn Medeiros who provided an overview of their role and responsibilities, their interactions with Saint Mary's to date and the various systemic issues currently faced by Rhode Island.

### **Consultant Recommendations to Saint Mary's**

The following recommendation were made by the consultant to the Executive Director and are currently being discussed. These recommendations will be reviewed during our scheduled calls over the next several months.

### **Communication Recommendations**

- The Executive Director to convene immediately a series of listening/learning sessions with each RTX unit and all agency departments to review the feedback from the consultant's site visit with the goal of staff engagement, clarifying issues raised that need clarification and identifying any new issues that surface.
- The Executive Director to conduct quarterly listening/learning sessions with the same units and departments during the next year. These sessions can also be opportunities to provide agency updates on the organization
- Create an agency SMART group (Saint Mary's Action Response Team) to review all staff recommendations in the consultant's report. The team should make recommendations to the senior leadership team on recommended actions the agency should consider taking along with the costs associated with the actions recommended. Membership should include members of the senior leadership team, including CFO for fiscal analysis, but ideally would include other members outside of the senior leadership team including direct care staff, support staff, etc. The SMART group should be a standing item on the agenda of the leadership team.
- The DCYF Corrective Action Plan" (CAP) should be review and monitor for compliance on a weekly basis, and status updates should be included in the plan reported monthly to DCYF. Consider the template provided by the consultant for at least internal monitoring even if the report out to DCYF is in a different format
- Hold an Annual All Staff Meeting(s), structured so all staff can participate in at least one of the scheduled meetings, discussing positive results achieved by departments during the past year, strategic plans and initiatives for the coming year, an overview of the fiscal status of the agency and any COLA's, salary, or benefit changes, etc. the agency might be offering for the coming year

- Reestablish the PRTF meeting with the Behavioral Health Unit of DCYF
- Engage the Rhode Island Coalition for Children and Families (RICCF) to work on SMHFC behalf on issues that are also impacting other agencies as well around DCYF
- Develop outreach plans to engage the CASA, OCA, DCYF & Family Court with information about SMHFC e.g., Impact Reports, Annual Reports as well as direct personal contacts
- Find ways to enhance communication between all departments by having the SMART group study your meeting structure and make recommendation for improvements

### **Programmatic Recommendations**

- Enhance permanency efforts for every youth with an increased sense of urgency, more significant family finding activities, and greater outreach to DCYF when efforts are stalled
- Reevaluate how the Child and Family Team (which should include the youth, family members, significant others, natural supports, DCYF worker, a person from the agency who is trained in facilitation, primary staff, therapist, youth counselors, psychiatrist, parent partner etc.,) process is utilized at SMHFC ensuring every child have a CFT meeting at intake and at least monthly there after
- While the PQI team currently does a very good job collecting and analyzing data it should evaluate and prioritize with the leadership team the most important data for SMHFC executive team to be continuously monitoring. This process should also determine which data is currently not collected that should be reviewed by the leadership team; review how data is disseminated and distributed to the right people and departments beyond the executive team; review how feedback is obtained and incorporated into enhancing agency improvements; develop creative ways to display the data both internally and externally; and develop a methodology that ensures that gains are maintained (what is monitored by the Executive Director is what is paid attention to the most).
- Create by unit a weekly clean room/best decorated room contest within each unit, judged by a neutral party, with appropriate rewards for the youth
- Create a best looking/decorated unit contest between the units for best looking unit, judged by a neutral party, with a monetary reward to be used for unit activities
- Create opportunities for Board members to have greater interaction with the youth, e.g., meals on the units, participation in family day activities etc.
- Find ways to enhance communications between the school and residential units
- Find ways to integrated BBI into all residential the units and not run it as a stand-alone activity/program
- Ensure program consistency is being maintained
- Ensure youth have a regular opportunity to express their desired foods to the Culinary food service manager and consider an annual food likes/dislikes survey
- Ensure nursing staff have a way to obtain basic equipment while exploring funding opportunities for the additional equipment desired
- Have the SMART group explore the current use of cameras, how footage is reviewed, and potential enhancements to existing equipment
- Study current training program and have the SMART group make recommendations for improvements

### **Staffing Recommendations**

- Implement a career ladder system for direct care and clinical positions as soon as possible and consider career ladders for other positions in the agency along with the introduction of stay interviews conducted by the immediate supervisor.
- With your benefits provider create a compensation total report for each staff that shows the value of all compensation the agency provides
- Enhanced campus floater model to utilize as an entry door for all new direct care staff with assignments to units then coming from this staff pool allowing for supervisors to see where staff may work best
- Continue exploring various bonus systems for new hires and staff retention
- Evaluate the current training program, look for enhanced training opportunities and create mentors for new staff with refresher courses for all to assure contents is retained
- Create self-care events for staff and consider your benefits vendors sponsoring these events

### **Longer Term Recommendations**

- Expand service mix, potentially reducing the number of beds over time to phase out inadequate facilities
- Consider developing foster care services or independent living services
- Consider developing contracts with managed care organizations to provide new services
- Create an opportunity to do a deep dive on your budget with financial staff and department heads

**Submitted by:**



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