



STATE OF RHODE ISLAND

Department of Children, Youth and Families
Division of Community Services and Behavioral Health
101 Friendship Street, 3rd Floor
Providence RI 02903

PRTF CARE & TREATMENT REVIEW

October 23, 2023

Agency: St Mary's

Site(s): 420 Fruit Hill Ave, North Providence, RI 02911

Documentation Review Dates: September 27, 2023 & September 28, 2023

Reviewers: Maria T. Kamara, Silifat A. Ainabe and Christine Jackson

Dear Ms. Casciano-McCann:

Based on the department's licensing actions, clinical social workers from the CSBH Medicaid Program Management unit visited St. Mary's again to review identified concerns and progress on communication, training, staffing and engagement and activities for youth. As part of this review, St. Mary's direct care staff, clinicians, Assistant Program Director Brianna McShane and Program Director Patty Olney Murphy were interviewed, and DCYF staff toured each PRFT unit, with the following findings:

Communication

Interviews with staff revealed the lines of communication between the clinical and direct care staff appeared to be more fluid, such as:

- Direct care staff reported having access to clinicians and feeling comfortable approaching them when needed.
- It was reported that communication among all levels of staff, including administration, has improved.
- Direct care staff reported utilizing the online communication logs in addition to written communication logs. Staff, however, stated that they exclude certain information from the online platform and vice versa.
- Clinicians and direct care staff reported regular interaction during staff meetings, clinical groups, rounds meetings and community/house meetings. It was noted that during the staff meetings, treatment plans and rounds notes were being reviewed, discussed, and initialed by each of the direct care staff after review.

- DCYF observed treatment plans with a summary of the youth's assessment in the staff offices on each unit; however, not all direct care staff were initialing the plans in accordance with what DCYF was told.
- Rounds notes were also in the staff office on each unit. Not all direct care staff were initialing the notes.

The morale among direct care staff and clinical staff appears to have improved. St. Mary's has hired additional direct care staff. With increase staff, St. Mary's can meet the staff to client ratio. Direct care staff reported feeling supported and expressed admiration for their assigned units and the team of staff they work with (i.e., supervisors, supervisor assistants and Clinicians).

Recommendations:

- Continue to work on simplifying the language in the treatment plans, making them simple, clear, concise, and always available to direct care staff.
- Continue to work on increased and efficient communication during transition times, such as shift changes and transitions back and forth between the school and residence, especially since it was found that this communication is not occurring uniformly.
- Continue to work on eliminating the written form of the communication log to foster consistent and time efficient transfer of shift notes to all staff involved in youth care and treatment.
- Ensure clinicians continue to be very active on the units, doing rounds daily and assisting supervisors and direct care staff in the day-to-day function of the milieu.
- Ensure direct care staff and supervisors are active participants in the development and execution of the treatment plan.
- Continue to support cohesive working relationships between direct care staff and their supervisors while also building those relationships between direct care staff and the clinicians, i.e., joint supervision with supervisors and clinicians for direct care staff.

Training

As an additional area of concern, DCYF addressed targeted areas regarding specific training: Missing & Exploited Children's (AWOL) reporting procedures, CSEC training, de-Escalation training and additional clinical training for all St Mary's staff working with youth were reviewed.

- While no mention of Missing & Exploited Children's AWOL reporting procedures was reported by direct care staff, clinicians for the Mauran, Hope and Horton Units, did report that incidents of AWOL behavior have decreased.
- All clinicians acknowledged that CSEC trainings have been implemented.
- Direct care staff reported utilizing self-acquired skills in response to youth who became dysregulated or difficult to de-escalate. Of concern, though, none of the direct care staff attributed their skills to any specific training, curriculum, or treatment plan intervention provided by St Mary's
- Clinicians reported that specific trainings on documentation, trauma and PTSD and depression were provided for direct care staff. Additionally, direct care staff

are present during clinical groups for youth, held 2 times per week, where a variety of topics are also discussed (i.e., self-discovery, art therapy and other topics the youth express interest in)

- Clinicians did not report receiving any specific trainings or clinical refreshers.
- During interview it was reported that staff did not have a schedule for trainings or a process to follow up on continued trainings staff.

Recommendations:

- Continue to provide ongoing training for direct care staff and clinicians alike. It is important to ensure both direct care staff and clinicians receive ongoing training.
- Determine which trainings should be done universally for all staff entering St. Mary's and which should be offered on PRFT programming level and ensure they are offered ongoing as refreshers.
- Develop and track staff trainings.
- Assist direct care staff with trainings and skill building to improve the understanding of how to de-escalate youth when they become dysregulated or agitated; staff shouldn't have to rely solely on the skills they have developed themselves.

Engagement and/or Activities for youth

During interviews with St. Mary's staff, it was reported that youth residing on campus have been engaging in more activities and have been able to provide feedback regarding desired activities. Currently, youth are engaged in youth counsel and have a youth coordinator who advocates on their behalf to promote being heard and validated.

- Activity calendars were visible on each of the units; these are newly painted chalk boards. It was reported that youth are given the opportunity to provide feedback in the development of the activity's calendars. Youth council and the youth coordinator are also involved in the process.
- Each of the units are equipped with sensory rooms for youth to utilize one at a time; reading nooks, activities rooms, and community rooms were present in each of the units.
- Staff reported that youth are more actively participating in group activities and able to voice their choice on topics covered in clinical groups and activities on and off campus.
- Staff reported more engagement in life skills activities and receiving incentives within each unit such as cooking a meal/snack and cleaning bedrooms.
- Per staff report, St. Mary's recently had a cooking contest where each unit participated in preparing a dish, which was a very positive event.
- Youth have access to age-appropriate gaming and music. Per clinician, mp3 players were reviewed and redistributed according to age appropriateness.


Recommendations:

- Continue to encourage and engage self-advocacy among the youth.

Regarding each of the targeted areas of concern, there has been observed improvement. Despite this, significant opportunity for further improvement remains. Each section of this letter outlines recommendations for this improvement. DCYF welcomes continued open and transparent communication to support St Mary's efforts to improve the quality of care and treatment.

Should you have any questions, comments, or concerns related to the above letter, please email Maria Kamara at Maria.Kamara@dcyf.ri.gov. You may also contact Natasha Soares, supervisor of the Medicaid unit, at (401) 528-3909 or by e-mail at Natasha.soares@dcyf.ri.gov.

Sincerely,



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