

Shodair Children's Hospital

Helena, Montana

August 27th & 28th,

2025

Site Inspection Conducted by the Mental Disabilities
Board of Visitors

Sean Thomas Conroe

Sean Thomas Conroe, Executive Director

INTRODUCTION

Mental Health Facility reviewed:

Shodair Children's Hospital (Shodair)

Craig Aasved, Chief Executive Officer

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

1. To learn about the services provided by Shodair
2. To assess the degree to which the services provided by Shodair are humane, consistent with professional standards, and incorporate Mental Disabilities Board of Visitors standards for services.
3. To recognize excellent services.
4. To make recommendations to Shodair for improvement of services.
5. To report to the Governor regarding the status of services provided by Shodair.

Site Review Team:

Board Members:

Tyson Schumacher

Melissa Ancel

BOV Staff:

Sean Conroe, Executive Director

Craig Fitch, Legal Counsel

Vera Good, Legal Assistant

Review process:

- Interviews with Shodair staff and clients
- Review of treatment activities, tour of Shodair facilities
- Review client treatment plans
- Review policy and procedures, organizational structure

Overview

The Mental Disabilities Board of Visitors (Board) conducted a site review of the Shodair Children's Hospital (Shodair) on August 27th and 28th, 2025, pursuant to 53-21-104 MCA. During the review process, the Board inspected the physical treatment facilities of Shodair campus, including residential, treatment, and staff areas. The Board was also able to visit with multiple patients and staff during the inspection.

Shodair Children's Hospital is located on a campus immediately adjacent to St. Peter's Hospital in Helena, MT. The facility is private, 501(c)(3) organization overseen by a board of community members and experts. Shodair Children's Hospital offers a variety of services oriented towards children's mental health. The Acute Psychiatric Inpatient Program and Adolescent Residential Treatment program were the subject of the Board's site inspection, though the facility does offer other educational and out-patient services. Shodair is licensed for 72 total beds, split between the two in-patient programs, with the capacity to treat children as young as three and as old as eighteen.

Mission: "To heal, help and inspire hope."

Vision: "To be Montana's leading resource in children."

Values: Non-Violence, Social Learning, Emotional Intelligence, Democracy, Social Responsibility, Open Communication, Growth and Change.

Organizational Planning and Quality Improvement

Shodair provided the Board with extensive documentation regarding the planned operations of the facility, including treatment and administrative tasks. This included a policy manual and employee handbook that accurately reflect professional industry standards, best practices, relevant law, and administrative rules. These documents, combined with the organization chart, sets forward a structure upon which child and adolescent Montanans can be appropriately treated and returned to the community and their families to live a self-directed life in the least restrictive environment possible.

Shodair possesses an updated and remarkably robust Strategic Plan, developed by their Board of Directors and Executive Leadership. The most recent iteration was presented to their Board of Directors on March 28th, 2025. It includes imperatives to serve as a regional industry leader, provide national and international resources for genetic services, remain a regional employer of choice, and enable maximal resources for the community. This strategic plan has an operational layer with target dates and executive sponsors, though it is unclear if the strategic plan surveyed stakeholders and service consumers for input.

Quality assurance and improvement at Shodair is a continuous effort led by a competent and trusted manager with associated staff responsible for different aspects of the process. While there is a quality assurance team, the effort is shared among all levels of the organization. From direct care workers to executive leadership, all facets of the organization are aimed at the continuous improvement of services to individuals, family members, and guardians. This process leads directly to functional outcomes for their consumers and clients.

Rights, Responsibilities, and Safety

Prior to admission into the treatment services of Shodair, staff will complete all admission paperwork and review the individual patient rights and responsibilities with both children and parents/guardians, included in least four different handbooks and acknowledged by client signature. Shodair defines individual patient rights from responsibilities both verbally and in writing located in the client handbook. Missing from the documents, however, are direct references to Section 53-21-107 MCA.

RECOMMENDATION: Actively reference Section 53-21-107 MCA in rights and responsibilities documentation to reinforce the superior nature of the topic, that these are rights by law.

Information regarding advocacy agencies is conspicuously posted in treatment areas on durable material. Some of the information was incorrect but Shodair is not at fault for this matter, as different state media have outdated information in some instances.

RECOMMENDATION: On an annual basis, review treatment area information boards for accurate, up-to-date advocacy agency contact details, including direct contact with such agencies for verification.

Shodair has policies and procedures which implement the requirements of Section 53-21-107 MCA for detecting reporting investigating and resolving the allegations of abuse and neglect of individuals. All reported concerns of abuse or neglect are addressed by unit management, facility administration, and the Department of Justice. In interviews, staff were generally aware of grievance procedures though the Quality Assurance Manager reported that uses of the procedure were very limited. Despite this, it was clear that all levels of treatment were dedicated to such advocacy. Though limited in use, the grievance procedure is fair, responsive, and simple to access.

In the development of their new facility, Shodair has a modern video surveillance and recording system which allows staff to quickly and easily review alleged instances of abuse and neglect. This is supplemented by top-tier training and procedures that limit the opportunities for abuse and neglect. Individual and team innovation have led to better procedures and a safer facility. Of particular note are the ligature-oriented and tear resistant shower curtains that have been specifically tailored to the needs of the facility. This, combined with shower and hygiene timers, creates a safer environment for children in the care of the facility.

Employees receive training for restraint/seclusion. While physical holds are often utilized for patient safety, there is no use of mechanical restraint in the facility. Similarly, seclusion is a last resort and is closely monitored and evaluated for maximal safety. All such uses are clinically justified, properly monitored, and utilized only when other less restrictive methods have failed. Chemical restraints are not used as a policy and the Board found no evidence of the facility failing in this respect. When more restrictive means are accessed, multiple levels of treatment are engaged to review the incident.

Individual, Family Member/Guardian Participation

While it is unclear if the facility identifies in treatment plans each child's parameters for family communication, the facility positively includes family members and guardians as much as possible, especially upon discharge. Individuals are invited to actively participate in their treatment, with active consent sought. Clients have the right to decline treatment or participation and the facility has robust policies when parent/guardian intent conflicts with that of the patient, to include the use of preferred pronouns or dietary restrictions.

Families participate in treatment as much as they are able, with access to the process directly or through telecommunication means. The newly updated building has taken this participation into consideration by designing sallyports into each individual treatment unit so that families can participate without interaction with other clients or families. Staff also understand the difficult nature of such interactions for many of their clients and actively debrief and process them.

Cultural Effectiveness

While Shodair does not appear to have a Cultural Effectiveness Plan in writing, it was clear to the Board that they have one in practice. Staff are sensitive to the cultural needs of patients at all levels and demonstrated competence in staff interviews. Dietary customs are respected, as are spiritual customs. Shodair has a competent chaplain on staff part-time and has a dedicated space for spiritual activities. In particular, Shodair engages with Native spirituality for their clients, with the ability to sage smudge items of importance for clients. Room smudging is unavailable due to fire safety concerns.

Individual treatment plans do not have an active cultural component but engage individual strengths, resilience, and empowerment without it. Similarly, it is evidenced by policy and executive action that the facility values its cultural engagement and does not shy away from such practice. While some staff report problems outside of the workplace, staff interviews did not reveal systemic cultural problems, nor did a review of policy and procedure.

Staff Competence, Training, Supervision, and Relationships with Residents

Shodair job descriptions define job knowledge and competency expectations. All staff receive superlative training on the core competencies of their positions, including behavioral de-escalation and crisis management. Shodair maintains their own in-house trainers for staff and they participate in continuing education to maintain proficiency. Prior to working with any clients, staff undergo rigorous education specific to Shodair's target population. Staff interviews revealed that staff feel ready for their jobs daily, though sometimes communication between shifts misses details of activity for patients.

Staff appear to maintain good relationships with clients, subordinates, and superiors. Though nursing staff appeared to be widely unhappy with recent executive changes, there were strong relationships both up and down the hierarchy. Beyond this, clients appeared to have excellent relationships with staff, especially nurses and direct care workers. Clients interviewed were able to recall a variety of staff that they appreciated and appeared to respect and confide in them. Client and staff interviews revealed no critical areas of relational distress, aside from the nursing staff previously mentioned.

RECOMMENDATION: Currently, units are given a sterile numbered title. Consider utilizing a team-based naming scheme related to the murals and colorways of each unit.

During staff interviews, staff were able to describe their training and proficiencies and were able to comment competently on the general operations of the facility. Staff were also able to comment on the communication between staff and leadership, especially as it related to the children's well-being. Though direct supervision was not a topic of staff interviews, the regular process of the site investigation revealed that supervisory staff took their roles seriously with an eye towards patient rights and continuous improvement of services.

Treatment and Support

A written treatment plan is in place and implemented for all individuals receiving services at Shodair. Treatment plans are developed by an interdisciplinary team, primarily led by the psychiatric provider. The treatment planning process starts nearly immediately upon admission and appears to be thorough. Admissions receive a thorough medical examination upon entry and are afforded a private entrance to the facility to do so, including space for families/guardians.

Discharge planning is an active component of treatment at Shodair. Discharge staff work diligently with staff to ensure that children leaving the facility are maximally prepared for success at home and in their communities. This includes transitional medication prescriptions and supplies. Shodair actively links patients and their families/guardians to primary health services as well, ensuring access to continued care. While at the facility, clients have access to

dental care if necessary, though it is unclear if clients are connected with further dental resources at discharge.

Shodair readily and competently conforms to trauma-informed care and evidence-based practice. Top-level engagement is ensured and education is on-going and relevant. Treatment plans are also motivated in a similar direction. It is of particular note that even details such as the colors of paint used on the treatment floor were selected with such concerns in mind. Staff are included in this trauma-informed practice, with an extensive Employee Assistance Program. Educational programs for clients are also included in this practice.

The facility does not employ their clients nor require them to perform labor that involves the operation and maintenance of the plant, though clients do participate in tasks of a personal housekeeping nature.

The facility follows protocols established by the Montana Department of Public Health and Human Services, often engaging with such necessity. The facility lacks dually-licensed therapists but this is not indicative of poor recruiting and retention but rather a dearth of such professionals in the area.

Medication protocols are of the highest concern at Shodair. The facility maintains terminal degree pharmacists as well as certified support staff and medical providers. Clients are encouraged to engage with the process and are helped to understand the therapeutic need of all medications. PRN medications are used only as a part of a continuum of strategies for resolving an individual's distress and/or risk. As a part of this, the facility accesses the safest and most appropriate medications. Policies and procedures are in place for documenting and reporting medication errors and such errors are vanishingly rare.

Shodair does lack dually licensed therapist staff, specifically those that are Licensed Addiction Counselors. While they are not constantly needed, the recruitment and retention of such staff should be a high priority for the staff. The Board does recognize, however, how few dually licensed therapists there are state-wide.

RECOMMENDATION: Maintain recruitment and retention efforts for dually licensed therapist staff.

Access and Entry

While Shodair is not centrally located in the city of Helena, it is easy to access both from in and out of town. It is also conveniently co-located with the local hospital, St. Peter's Health. The community is regularly informed of Shodair's services, and the facility often engages with community stakeholders to maintain a place in the community beyond simply providing a treatment service. Staff, especially executive leadership and board members, often participate in local meetings and advisory councils.

Upon admission, clients have immediate access to qualified and experienced staff and are assessed quickly. Treatment plans are developed in a reasonable timeframe by the multi-disciplinary team. Family members receive direct contact information for the treatment team.

Continuity of Services through Transitions

Shodair's focus on supporting children throughout development ensures that children and adolescents are able to simply transition from child to adult services. Age is not a hard cutoff for the facility; developmental period is just as important to services. Shodair maintains excellent

relationships with community providers to ensure that their clients continue to receive age-appropriate services as they transition into adulthood.

Transitions between in-patient and community-based services are also treated with due concern in the facility. Such transitions are planned well in advance, including family members and guardians throughout the process to ensure maximal potential for healing and care. Community services have voiced no concerns when receiving clients from Shodair.

Overall

The Board thanks Shodair Children's Hospital for their direct, open, and transparent efforts in accommodating the recent inspection. The process was clear and without issue. When visiting the site, it was evident that all staff were oriented towards excellent, superlative service in helping Montana's children live the lives they deserve. Everything, from direct care worker interviews to available food options indicate that Shodair is a place of healing.

All levels of Shodair are to be commended in their efforts. The trauma-informed care provided at the facility is top-notch, with a highly motivated staff and a beautiful campus. Though Shodair is one of only two Psychiatric Residential Treatment Facilities for children in the state, it is clear to the Board that quality treatment and community re-integration are top priorities for Shodair.

Recommendations

- Actively reference Section 53-21-107 MCA in rights and responsibilities documentation to reinforce the superior nature of the topic, that these are rights by law.

- On an annual basis, review treatment area information boards for accurate, up-to-date advocacy agency contact details, including direct contact with such agencies for verification.
- Consider utilizing a team-based naming scheme related to the murals and colorways of each unit.
- Maintain recruitment and retention efforts for dually licensed therapist staff.