

AWARE, Inc.
TYGH Anaconda
Helena, Montana

February 3rd and 4th,

2026

Site Inspection Conducted by the Mental Disabilities
Board of Visitors

Sean Thomas Conroe

Sean Thomas Conroe, Executive Director

INTRODUCTION

Mental Health Facility reviewed:

AWARE, Inc. Therapeutic Youth Group Homes, Anaconda (AWARE)

Jen Wihlborg, Senior Service Director

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

1. To learn about the services provided by AWARE.
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 AWARE for improvement of services.
5. To report to the Governor regarding the status of services provided by AWARE.

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 AWARE staff and clients
- Review of treatment activities, tour of AWARE 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 AWARE, Inc., Therapeutic Youth Group Homes in Anaconda, MT (AWARE), on February 3rd and 4th, 2026, pursuant to 53-21-104 MCA. During the review process, the Board inspected the physical treatment facilities of group home campus, including residential, treatment, and staff areas. The Board was also able to visit with multiple patients and staff during the inspection.

AWARE's therapeutic youth group homes are located a short distance away from the Noonan Center for Excellence in Anaconda, MT. The facility is private, 501(c)(3) organization overseen by a board of community members and experts. While the group homes and the Center for Excellence (CFE) are highly integrated, the group homes were the primary focus of the inspection.

Mission: "We help people live independent lives."

Values:

- Building on strengths is the key to success
- We take on- and stick with- the hardest challenges
- We are agents of change
- Everything is normal until proven otherwise
- Families are our most important resource
- I'm OK, you're OK
- It takes a team
- Our connection with our communities is vital
- We strive to the highest quality of care
- Lighten up and laugh

Organizational Planning and Quality Improvement

AWARE 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. The integration of the Noonan Center for Excellence (CFE) and the therapeutic youth group homes (TYGH) creates a unique opportunity for children in Montana to recover and gain the necessary skills to thrive.

AWARE has a comprehensive Strategic Plan that is well in motion. Featured is the requirement for each service line to develop at least one measurable delivery metric. The TYGH and CFE have developed several metrics in this spirit, all of which enable the program to quantitatively measure their impact. The Strategic Plan is currently in the tenth year of its life cycle and will probably see revision in the future.

Quality Assurance at AWARE is a continuous effort with multiple layers of redundancy and automation. During the course of the inspection, AWARE staff were easily able to provide metrics to the Board. While the Board did not interact directly with the Quality Assurance manager, the Senior Service Director was more than competent in the organization's process and directly answered the Board's questions to the Board's satisfaction. Other present AWARE staff were also educated in the process and metrics and were able to report on the intricacies of the program's effectiveness.

Rights, Responsibilities, and Safety

Prior to admission into the treatment services of AWARE, staff will complete all admission paperwork and review the individual patient rights and responsibilities with both children and parents/guardians, included in the Intake Packet. AWARE defines individual patient rights from responsibilities both verbally and in writing located in the client handbook. The Board did not receive intake materials prior to the inspection but were able to review them during the course of the inspection. Patient rights are detailed in their own document and posted in a conspicuous manner in the CFE. It is unclear if the patients' rights document given to parents and children references Section 53-21-107 MCA

RECOMMENDATION: Prepare a child-appropriate poster of patients' rights and display them conspicuously in the physical group homes.

RECOMMENDATION: If absent, 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.

Neither the CFE nor the physical group homes provided contact information for advocacy groups such as the Board or Disability Rights Montana. This information will be provided to AWARE and should be conspicuously posted near a phone utilized by the residents.

RECOMMENDATION: Post contact information for Disability Rights Montana, Mental Disabilities Board of Visitors, and OIG Licensing in the physical group homes. Also, provide this information to parents as a part of the intake process.

AWARE 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 CFE staff, group home staff, and the Department of Justice. In interviews, staff were generally aware of grievance procedures though some staff were uncertain about the particulars, only that it should be reported to a supervisor. Also, it appeared that grievances filed at the group homes would need to be completed digitally. While this is not outside of rules or regulations, it is the opinion of the Board that residents should be able to complete this on paper if that is their desire or comfort.

RECOMMENDATION: Explore the possibility of allowing residents to complete grievances independently through paper documentation, in privacy if desired.

Abuse and neglect documentation at AWARE appears to meet the letter of the law. It is the opinion of the Board, however, that the Abuse and Neglect statement signed by staff should feature the definition of both on the document itself, rather than referencing a different document

RECOMMENDATION: Include the definitions of abuse and neglect independently on the staff acknowledgment document.

The CFE and TYGH campuses both feature video monitoring. The TYGH campus does not utilize radios or any other communication devices aside from cell phones. There are staff concerns about reaction times to critical and emergent events but it appears that the system in practice meets the needs of the program. The staff are able to communicate effectively and cover down on the emergent needs of the residents.

AWARE utilizes its own, in-house de-escalation and restraint system called HELP. Staff are trained on this method annually. While physical holds are often utilized for patient safety, there is no use of mechanical restraint in the facility. Similarly, physical seclusion is not utilized, outside of asking a resident to go to their room, where they are not mechanically secured, such as by a door lock. Chemical restraints are not used as a policy and the Board found no evidence of the facility failing in this respect. As needed, PRN medications can be used but the program reports that these are usually medications like hydroxyzine, which fall well short of the definition of chemical restraint.

Individual, Family Member/Guardian Participation

Parents, guardians, and families are actively encouraged to participate in their children's treatment. This includes active efforts to have home visits for residents or to have parents come to the CFE to visit. Individuals are invited to actively participate in their treatment, with active consent sought. Clients have the right to decline treatment or participation.

Families participate in treatment as much as they are able, with access to the process directly or through telecommunication means. Staff also understand the difficult nature of such interactions for many of their clients and actively debrief and process them.

Cultural Effectiveness

While it is unclear if AWARE has a Cultural Effectiveness Plan in writing, it was clear to the Board that they have one in practice. AWARE's values, featured prominently in multiple handbooks make it evident that the organization values cultural enrichment and participation. Staff are sensitive to the cultural needs of patients at all levels and demonstrated competence in staff interviews. The CFE and group homes do not appear to have an on-site chaplain. Tehe CFE and TYGH are seeking to reestablish Native Cultural practices such as smudging through organizations in the immediate area.

Individual treatment plans do not have an active cultural component but engage individual strengths, resilience, and empowerment through the comprehensive biopsychosocial assessment. Similarly, it is evidenced by policy and executive action that the facility values its cultural engagement and does not shy away from such practice. Staff interviews did not reveal systemic cultural problems, nor did a review of policy and procedure.

Staff Competence, Training, Supervision, and Relationships with Residents

AWARE 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. AWARE 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 AWARE's target population, though staff interviews indicated that a great deal of education is done on-the-job. Staff interviews also revealed that staff feel ready for their jobs daily and that they feel supported by both coworkers and supervisors.

Staff appear to maintain good relationships with clients, subordinates, and superiors. Interviews conducted with staff support the idea that these staff feel highly fulfilled in their roles and that they can handily rely upon each other for professional support. Beyond this, clients appeared to have excellent relationships with staff, especially direct care workers and mid-level clinicians. 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.

During staff interviews, staff were able to describe their training and proficiencies and were able to comment competently on the general operations of the CFE and TYGH. 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 AWARE. 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. The treatment plan is qualitatively heavily supplemented by the biopsychosocial assessment each resident receives.

Discharge planning is an active component of treatment at AWARE. 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. AWARE actively links patients and their families/guardians to primary health services as well, ensuring access to continued care. This includes active planning for children transitioning into adulthood and out of the program.

AWARE 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. Staff are included in this trauma-informed practice, with a robust Employee Assistance Program.

The facility does not employ their clients nor require them to perform labor that involves the operation and maintenance of the facility, 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 incredible concern at the CFE and TYGH. Medications are prepared in bubble packs off-site and then delivered to the facility. The pharmacy is highly engaged with

the CFE and TYGH and are able to respond even after hours. 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 documents and reporting medications errors.

Access and Entry

While the CFE and TYGH feature separate campuses, both are easily accessible from inside and outside of the community. The CFE itself is at the edge of Anaconda and is easy to see from the road. The TYGH is integrated directly into the surrounding homes and is also easily accessible from neighborhood roads. The community is regularly informed of AWARE's services and the facility often engages with community stakeholders to maintain a place in the community with events such as their Open House, an annual event where the community is welcomed into the CFE for integration and socialization. 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

AWARE's focus on supporting children throughout development ensures that children and adolescents are able to simply transition from child to adult services. The top-to-bottom integration of AWARE's services means that children are able to transition into adulthood in other programs or even within AWARE's own services. The inter and intra-agency referral process has been honed over time into an excellent service for these emerging adults.

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 AWARE.

Overall

The Board thanks AWARE 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, resident interviews to interactions with community members indicated that AWARE is truly dedicated to their mission

All levels of AWARE are to be commended in their efforts, especially their highly motivated and passionate direct care workers. The trauma-informed care provided at the CFE and TYGH is a shining example of mental health care integrated into education.

Recommendations

- Prepare a child-appropriate poster of patients' rights and display them conspicuously in the physical group homes.
- If absent, 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.
- Post contact information for Disability Rights Montana, Mental Disabilities Board of Visitors, and OIG Licensing in the physical group homes. Also, provide this information to parents as a part of the intake process.
- Explore the possibility of allowing residents to complete grievances independently through paper documentation, in privacy if desired.
- Include the definitions of abuse and neglect independently on the staff acknowledgment document.