

**Office of the Inspector General for Behavioral Health and
Developmental Services**

**Southwestern Virginia Training Center
Hillsville, Virginia
Inspection**

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Section I - Introduction

The Office of the Inspector General (OIG) conducted an unannounced inspection at the Southwestern Virginia Training Center (SWVTC) on May 21, 2009. The purpose of the visit was to review a program operated by SWVTC that serves persons with dual diagnoses of intellectual disabilities and mental illnesses – the Pathways program.

The Pathways program was selected for review because it is the only special unit in the 14 facilities operated by DMHMRSAS that addresses the needs of persons with concurrent conditions of intellectual disabilities and mental illnesses or severe behavioral problems (ID/MI). Previous reports by the OIG have highlighted many issues and gaps in both community and facility services in this area, including the lack of resources and poor coordination of services to help meet the needs of this population and unclear responsibilities to provide services in emergencies. A review of the Pathways program was undertaken to determine whether this program is responsive to some of the issues documented in these reports.

Recent OIG findings and recommendations concerning ID/MI issues:

- In the OIG review of CSB-operated emergency services (#123-05, 10/21/05) significant gaps in emergency services resources for persons with dual diagnoses were found. The OIG made the following findings:
 - **Access Finding 3:** Most communities do not have access to appropriate crisis intervention for consumers with mental retardation^{*}. In addition, the

^{*} Note: The term mental retardation was acceptable for use at the time of this report and others quoted here. It has been superseded by the term intellectual disabilities in most professional use. The term mental

role of state hospitals and training centers in serving these persons is not clear. As a result: 1) consumers and staff are placed in dangerous situations, and 2) consumers are referred to services that are not appropriate.

- In the OIG Review of Community Residential Services for Adults with Mental Retardation (#126-05, 5/5/06) the following finding was made:
 - **Demographic Finding 4:** Approximately 25% of individuals served in community residences have at least one co-occurring psychiatric diagnosis in addition to mental retardation. A mood disorder is the most common co-occurring psychiatric disorder (25%), followed by psychotic disorder (18%) and anxiety disorder (17%). Many individuals have more than one co-occurring psychiatric disorder.
- In the OIG Systemic Review of State-Operated Training Centers (#127-05, 6/5/06) the following finding was made:
 - **Demographic Finding 5:** A significant portion (34%) of the residents served at the training centers has at least one psychiatric diagnosis.
- In the OIG Review of Community Services Boards Mental Retardation Case Management (#142-07, 10/23/07) the following finding was made:
 - **Quality of Care Finding B.3:** Case managers encounter significant problems in providing or securing the therapy, supportive counseling, and psychiatric services needed by the persons they serve who have dual diagnoses of mental retardation and mental illnesses and/or behavioral challenges.

Section II –Description of the Pathways Program

Pathways is a program of the Southwestern Virginia Training Center that is designed, according to its program description, “to provide a continuum of care for persons diagnosed with intellectual disabilities along with a diagnosis of mental illness.” The Pathways program began August 10, 2003. The program is located in Cottage 7C and is certified as an intermediate care facility for mentally retarded persons with a maximum bed capacity of eight.

Pathways is overseen by an MR/MI Council consisting of representatives from each Community Service Board served by SWVTC (see below), Southwestern Virginia Mental Health Institute (SWVMHI), and SWVTC. The SW Regional MR/MI Council manages admissions to the program (as well as all admissions to SWVTC). CSB members interviewed by the OIG say that the Director of SWVTC is usually present at the monthly meetings, and the psychiatrist and psychologist who serve in Pathways often attend.

retardation or abbreviation M.R. are only used when citing or quoting an earlier document. In all contemporary references intellectual disabilities is used.

Persons referred to the Council are quite often first served by Pathways in their home community. Members of the Council report that they often brainstorm to prevent placement and share in the provision of services when possible, but the majority of the consultation is provided by Pathways staff, often on site in the family or group home.

Individuals considered for admission must meet the following criteria:

- Pathways must be the least restrictive environment to meet the person's current needs.
- Persons must have concurrent diagnoses of intellectual disabilities and mental illness.
- Admission is limited to residents of the catchment area for SWVTC, consisting of the communities served by the following Community Service Boards: Mt. Rogers, Cumberland, New River Valley, Planning District 1, Dickenson County, and Highlands.
- The medical/health care needs of the resident must be able to be met in a non-hospital intermediate care setting.
- Prospective residents must be between the ages of 18-64.
- Prospective residents must meet the criteria of having their continued community placement threatened due to behavioral issues.
- Each person must have an identified, appropriate discharge placement plan prior to admission. Pathways staff provide follow up services and consultation in the community for 90 days following discharge.

Admissions and programs:

- The CSBs are the point of entry.
- The basic Pathways program is 90 days. Extensions must be approved on a case-by-case basis.
- Emergency and (planned) respite care admissions are also available and are handled on a case-by-case basis. Persons previously served at Pathways are admitted immediately following approval of the Director of SWVTC. Persons not previously served at Pathways are admitted on an emergency basis at Pathways on weekdays during business hours, with the approval of the director, or referred to SWVMHI for admission, followed by immediate referral to Pathways.
- The Pathways Program has 8 beds. The cottage contains 10 beds. Two residents with dual diagnoses were transferred from the SWVTC population upon formation of the unit and they have been there continuously since. The other 8 beds are considered available for the Pathways program.

The following services are indicated by Pathways as available for residents:

- Self care skills
- Domestic skills
- Socialization skills
- Leisure skills

- Music therapy
- Speech therapy
- Gross motor development
- Behavioral management
- Medication evaluation and treatment
- Work skills
- Occupational therapy
- Physical therapy
- Technical assistance is provided to families and community programs to assist in discharge planning and community placement resilience.

Community Consultation Services

Pathways also provides consultation by phone and on site for families, CSBs, and private providers who provide supports to persons with severe behavioral needs.

- In the current fiscal year (up to May 21, 2009) 83 persons received a total of 1,777 hours of case consultation from Pathways staff.
- Ten individuals were served by Pathways and community program staff in their home communities, in some cases deferring admissions to Pathways.
- An additional 522 hours of psychiatric consultation were provided to support individuals in crisis in the community. In these instances, the Pathways psychiatrist saw persons directly or consulted with their primary care physicians.
- Pathways staff and the MR/MI Council consider these community consultation services to be very valuable.

Residential Program Utilization

Admissions, discharges, and length of stay were reviewed for the last three fiscal years, including most of FY2009 (July, 1, 2006 – May, 26, 2009).

Average* Bed Occupancy: FY2007-FY2009			
	90 Day	Respite/Emerg	Total
FY2007	5.5	2.5	8.0
FY2008	6.4	2.3	8.7
FY2009	4.1	1.5	5.6

*totals reflect monthly averages.

During this period there were 51 admissions to Pathways.

- Approximately 30% of admissions are to the 90 day program, 70% are to the respite or emergency program.
 - Calculation of types of admissions and length of stay is complicated by the following factors:
 - The admission status of persons may change over the course of their stay, with transfers to the general population for longer term medical care, or transfers from emergency to 90 day status within Pathways, as needed.
 - Many extensions of the 90 day program were due to medical or dental needs or the lack of community programs appropriate for the residents' return as planned.
 - Many persons (about 30%) have had more than one admission during this period.
- The average length of stay for “regular” Pathways admissions (called 90 day admissions by the program and this term is used hereafter) was 337 days. Three persons had lengths of stay that were four or more times higher than the next highest length of stay. If these persons are removed from the total, the average length of stay was 196 days.
- The average length of stay for respite/emergency care admissions was 24 days.

Utilization of Pathways beds has declined in FY2009. Interviews with program staff and the director of SWVTC suggest improved and expanded outreach and on-site consultation to the community, a record of having successfully served some of the persons with the most consistent and difficult behaviors, and the development of new waiver programs at CSBs, private providers, and family homes have all contributed to reduced use of Pathways placements. The Director and the regional MR/MI Council are considering adapting Pathways to anticipated increased referrals of person with autism spectrum disorders, now that DMHMRSAS has been designated as the service “home” for persons with these disabilities.

Section III – Qualitative Review of the Pathways Program

Record Reviews

- A sample of 11 records was selected at random. 4 were of emergency/respite stays; 7 were of 90 day admissions.
- Residents in the sample were from the catchment areas of the following CSBs: Cumberland Mountain (2), Highlands (4), New River Valley (1), Mount Rogers (3), Planning District 1 (1)
- Nine of the 11 persons in the sample were men.
- The intellectual disabilities level of functioning was distributed as follows:
 - mild – 4
 - moderate – 4
 - severe – 2
 - profound – 1

- Psychiatric diagnoses existed for all residents in the sample upon entry to the facility. Few were highly specific, many described behaviors.
 - mood disorders – 3 (depression, adjustment disorder with depression, mood disorder NOS).
 - anxiety disorder NOS – 1
 - personality disorder – 1
 - atypical psychosis – 1
 - diagnoses that described behaviors – 5 (disruptive behavior disorder, disruptive behaviors NOS, stereotypical movement disorder with self injurious behavior, intermittent explosive disorder, personality change due to static encephalopathy).
 - Autism - 2 (pervasive developmental disability disorder NOS, stereotypical movement disorder).
- The behaviors that were presented were severe, unacceptable challenges to the family or group home in which the persons resided prior to placement. Summaries follow for each person in the sample:
 - “cutting self”, multiple SWVMHI admissions, behaviors beyond control of group home
 - increased behaviors, group home could not manage
 - numerous admissions to SWVMHI, behaviors targeted at parents, could not handle
 - aggression, self injury, destruction of property, rolling on ground
 - hitting, biting, pulling hair, tantrums
 - property destruction, theft, physical aggression
 - aggression, self injury, wandering
 - resists authority, rebellious, smears feces, explosive temper
 - aggressive toward parents, attacks at school
 - aggression toward staff, intentional toileting problems
 - screaming, tantruming, non-compliant, escapes
- In most cases the family home or group home placement was in danger or had collapsed. In respite placements, families or staff needed a break or chance to regroup. In 1 case of the 11 reviewed, the respite care was planned as an opportunity to provide training to family and staff, while the resident was referred for specific behavior and skills training. In many cases a complete neurological and psychiatric work up was requested or determined to be necessary.
- For 90 day admissions the clinical records were extremely complete, comprehensive, and person-centered. Each of the 90 day records that were reviewed could serve as an exemplar for person-centered planning and comprehensive, integrated team effort. Characteristics of these records included
 - a primary focus on the person’s strengths, interests, and expressed preferences
 - clear statements of the person’s own life goals and goals for treatment at Pathways
 - a careful and thorough examination of supports systems at the person’s residence and the needs that must be met to enable successful return or selection of a new residence

- a holistic, complete view of the person, rather than a focus on his behaviors or problems to be corrected.
- For respite and emergency records, documentation was much more limited and basic, as regulations do not require comprehensive program planning for admissions of this length and purpose. Nevertheless, they included essential information about the client, his former placement, the needs that brought him to Pathways, medical needs, and training or behavior management plans.
- Of 11 persons in the sample, 6 were documented as showing none of the behaviors that required admission to Pathways (some on an emergency basis). The problem behaviors simply did not occur in the Pathways setting. Records describe a seemingly different person than presented at admission.
- The remaining 5 persons in the sample all showed behaviors such as those that warranted admission, at varying levels and intensity while at Pathways. Improvement was documented for 4 persons. In these records, greater structure, behavioral consistency from staff, and attempts to understand what the behaviors were communicating were evident. One of these persons had extensive dental work while at the training center, after which his behaviors improved. Only 1 resident in the sample displayed little progress despite extensive and thorough efforts over a significant period of time.
- The behavioral plans of the residents in the 90 day program were assessed by OIG staff as individualized, detailed, strength and preference-based, and consistently applied and documented. By report from the psychologist and in evidence in the records, staff interviews, and observation of interactions, the behaviors are interpreted as communications of needs, frustrations, or preferences by the residents. Interventions are as non-intrusive and subtle as possible. Redirection is the primary tool used in the plans and in action.
- In some cases the resident was removed from all psychotropic medications and started over on a more restrained regimen.
- Dialogue and involvement with the family and/or CSB during the placement was not always documented clearly, but some cases showed close involvement and communication.

Unit Observation

OIG staff visited the unit for an observation of approximately one hour. Staffing was virtually 1:1 due to reduced census (3 residents were in the cottage). Staff were actively involved with residents, offering supports and re-direction. The behaviors that were in evidence did require skillful management. Staff made an effort to separate and engage residents, minimizing distractions and stimulations. There were some environmental adaptations that helped individuals manage their behaviors with minimal staff intrusion (a cardboard table shield that minimized distraction for one person, a belt with handles that was mostly hidden under a resident's shirt, by which staff could re-direct with light touches). Consistency in treatment of residents among staff was observed over one shift change. Staff were observed as being very closely involved with residents and evidently quite comfortable with difficult behaviors and clearly fond of the persons with whom

they work. They were proud of their skills and the setting, praising the team approach and the support of unit and facility management.

OIG staff also observed residents in a community work site. The residents were serving as a janitorial crew at a local search and rescue squad headquarters. They were paid minimum wage (or higher) by contract with the organization. Staffing was 1:1, with close supervision, engagement by staff, constant gentle, but effective re-direction and focus on tasks. The behaviors, if not managed skillfully, were such that would make the work placement impossible. Staff report that the jobs and income give the residents great satisfaction. Staff were very conscious of minimizing stigmatizing behaviors and appearances when working with residents out in community settings.

Pathways Staff Interviews

- Ten Pathways staff were interviewed – half the total staff (there is a total of 19 persons identified in staff rosters, including the Pathways director, psychologist, and psychiatrist). Most staff completed written questionnaires in private on the unit with OIG staff present. The psychiatrist and psychologist were interviewed by OIG staff by telephone.
- Pathways staff have good tenure and continuity in the program. Total tenure at Pathways of staff sample was 37.5 years (aggregate), 3.7 years (average). The program has only been open for 5.5 years.
- Eight of 10 staff had prior professional experience in the intellectual disabilities field before joining Pathways. Six of 10 had prior mental health experience.
- Training on dual diagnosis topics since joining Pathways was limited to pre-service training in the program for 7 of the 10, and on behavior management for 6 of the 10. More specialized, advanced training (conferences, continuing medical education, etc.) was received by the professional staff.

Staff were asked “What are the main things you do differently here at Pathways to help people with dual diagnoses that are different – if any – from what is done here at SWVTC and elsewhere when working with people who only are diagnosed with intellectual disabilities?”

Staff responses included the following:

- We emphasize skillful behavioral programming, focusing on specific behaviors, intense focus; staff have good expertise in behavioral programming (4 mentions).
- We emphasize person-centered planning, try to understand resident’s behavior as communication, individualize his/her program (3 mentions).
- We focus on rapid return to community living, help prepare for community environment, work with community to deal with behaviors (3 mentions).
- Staff are experienced, knowledgeable, consistent, and we don’t have to float to other units or have other staff come to this unit – consistency (2 mentions).

When asked “What are the main reasons that make it necessary for people to have to come to Pathways?”

- Most staff responses described behaviors that had exacerbated to an unacceptable level, endangering the stability of the resident's placement in his or her home or community program.
- Three staff made comments that focused on positive goals: "Improve person-centered planning," "Increase skills, train for success in community living," "Help reduce need for re-direction," "Planned respite for families."
- Other comments included "community psychiatrists are not familiar with cognitive disability issues," and are "not interested or willing" to work with people with these needs, community settings are much less structured and consistent than Pathways.

The question "What do you think it would take to keep people in the community, to keep them from having to come to Pathways?" elicited a focus on improved staff and parent training from 6 of 10 respondents. Two comments mentioned increased supports to families. Better staff to client ratios, improved access to psychiatrists, and more consultation and support from Pathways were also mentioned.

Staff were asked, "Of all the things you do to help people who need to be at Pathways, what is it that you think helps most?" Five staff members focused on person-centered planning and seeing behaviors as a communication of what the resident needs or wants that he or she cannot otherwise express. Three responses emphasized the communication, structure, and consistency among staff, across shifts. Experience, not being afraid, and "having seen it all" were also stressed.

When asked, "What are your 3 favorite things about working at Pathways?" 6 comments focused on appreciation of the persons served and celebration of their successes. Four comments addressed satisfaction with consulting with community programs to reduce or avoid behavior problems. Three comments mentioned teamwork, fun, enjoyment of colleagues. There were 2 positive comments about management. Other comments included satisfaction in consistency, reduction of one's own fear and growth in skills, appreciation of diversity, glad to not have to float, ability to increase staffing when needed, helping people find good homes, short term focus.

Staff were also asked what their least favorite things about working at Pathways are. There were fewer responses to this question than the preceding one concerning positive aspects about working at Pathways. Four comments were client centered (miss the folks who leave, sad to see people struggling, wish that earlier intervention could have prevented difficulties, sad to see failure of community to follow through). Four comments addressed limits of resources for pay, staffing, training, etc. Two comments related to lack of time off. Two addressed jealousy or strain with other units (the other units are said to envy Pathways' resources, high staffing ratios). Three people said "nothing," no complaints.

When asked what the one thing they would change about Pathways if they could, 4 persons wished for increased capability to serve more persons at the training center and in the community. Two said they would not want to change anything, 1 called for a larger

space with more separation, 1 said a van (just for Pathways) would allow more community trips, and 1 said emergency admissions are disruptive.

Stakeholders Interview

The Pathways program serves 6 CSBs in the region. OIG staff interviewed the persons currently serving as director of intellectual disabilities services at each CSB by phone.

Five of the 6 CSBs have used Pathways at least once, some many times. A near unanimous level of agreement existed about the reasons persons were forced to resort to a Pathways admission. In almost every case, respondents described a situation in which the behaviors of a resident had tested and strained a family or group home staff to the breaking point, with the placement in severe jeopardy. Most of those interviewed were successful operators of group homes and waiver-based placements, knowledgeable about behavioral management techniques, and clear that all other less restrictive alternatives had been explored and found inadequate. A few cases of planned respite for evaluation of a resident and staff or family training were noted.

One question asked “What are the main things that Pathways does to help people with dual diagnoses that are different – if any – from what is done in your family/programs?” Answers included the following:

- Four persons noted the security and control offered by the unit, mentioning their perception that the cottage is locked and that uniformed security officers are available 24/7. (The unit is not in fact locked.) Some noted that residents have commented on behaving because the “police” are there.
- Three mentioned placement at Pathways providing a “fresh perspective” or “new set of eyes.”
- Three noted the experience, continuity, and skill of the staff, and their ability to provide a structured, consistent environment – “they have seen it all.”
- Two persons mentioned the close involvement and ready availability of medical, dental, psychiatric, psychological, neurological backup that is knowledgeable, comfortable, and interested in working with persons with intellectual disabilities and severe behaviors.

When asked what things it would take to be able to serve persons in the community, without having to go to Pathways, most of the responses focused on improved staff training (on behavioral management), greater and faster availability of psychiatric and behavioral specialists, and improved staffing ratios.

Interviewees were asked, “Of all the things Pathways does to help people who need to be at Pathways, what is it that you think helps most?” The range of responses included

- Gives us breathing time, planning time.
- Gives resident a change in environment.
- Program has good structure and consistency.
- Program has skilled and readily available professional involvement.
- Staff are experienced, not afraid, can add extra staffing if need be.

- Close cooperation and consultation with CSB.

CSBs were asked about the use of Pathways for emergencies. Not all CSBs reported experiences with either of the two paths available for emergency admissions:

1. direct admission of persons to Pathways who were previously known to the Pathways staff
 2. evening/weekend admissions to SWVMHI of persons not previously served by Pathways, followed by transfer to Pathways.
- Respondents (CSBs, SWVMHI, and SWVTC) who had used the SWVMHI option voiced support that the process exists, but noted delays and the need for contacts with multiple persons and processes to determine appropriateness of admissions and facilitate admissions first to SWVMHI, then to SWVTC.
 - Processes noted that must be successfully completed to achieve crisis placement included overcoming occasional poor cooperation within the CSB between ID programs and emergency services, the ECO/TDO/commitment process, reaching agreement with SWVMHI that the admission is suitable and will lead to transfer or discharge in relatively short order, followed by consultation, transfer agreement, and admission requirements to SWVTC.
 - The paperwork required by Pathways for new admissions was the subject of 2 complaints.
 - SWVMHI leadership estimated that approximately 4 cases occurred in the last year, involving consultation at SWVMHI by SWVTC staff, followed by transfer to SWVTC. SWVMHI noted that the admission of persons with intellectual disabilities and significant behavioral issues sometimes presents challenges to the admissions unit milieu, but that cooperation with SWVTC was good.

The positive dialogue at the regional MR/MI Council has allowed all these potential difficulties and conflicts to be addressed, though not necessarily resolved, in a constructive manner.

When asked to state what criticisms they have of the Pathways program or changes they would like to see, not many comments were offered and none were mentioned by more than one person. The criticisms noted below were all mentioned just once:

- The program's distance from (one) CSB inhibits involvement.
- Technical assistance provided by Pathways for residents in their community programs is "sometimes off the mark."
- There is an "occasional lack of professionalism with some direct service staff."
- The program has sometimes been full when needed.
- One person wondered how their programs and Pathways will cope with more persons with autism presenting for services.
- One person said "no problems"

- When asked what they would like to see changed about Pathways, 4 persons said “nothing,” 1 person said the paperwork for a new admission is too demanding, but hopes it may improve when CSBs and the facilities are all using the same person-centered planning approach.

All respondents stated that they (or a designee) regularly attend the monthly meetings of the “MR/MI Council” that manages admissions to Pathways and SWVTC. They all praised the process as one that allows and encourages ownership of the facility resources and cooperation among the CSBs and facilities. The leadership of SWVTC was noted by many as a positive, cooperative force. Some noted that they enjoy helping each other by providing ideas and even offering placements when they can and think it may be helpful to a resident or family or program.

Programs at other state facilities

Each of the other training centers was surveyed to see if any had special programs or units for dual diagnosis residents or any provision for emergency admissions.

Southeastern Virginia Training Center (SEVTC):

SEVTC developed a proposal for central office funding of a special unit 4-5 years ago, but it was not funded. Facility leadership estimates that 55% of residents at SEVTC have psychiatric diagnoses and are receiving psychotropic medications. Many of these persons are placed in Unit 1A, and in that unit staff have received training on ID/MI issues, but it is not considered a specialized program. The facility has established a protocol with the region’s CSBs and private psychiatric hospitals for direct admission of eligible persons. Three such emergency admission of persons with dual diagnoses occurred in FY2009, but overall admissions to the facility were frozen midway through the fiscal year as the facility at first was slated to be closed and has since functioned under a downsizing plan.

Central Virginia Training Center (CVTC):

No special unit exists. Leadership reports 200 persons in the facility are on psychotropic medications. Units with a higher concentration of persons with these needs (Transitional Care Unit, Shenandoah Center, autism unit) have received additional training. The director reports that there is a protocol for transfers of persons between Western State Hospital and CVTC, but this does not operate on an emergency basis.

Southside Virginia Training Center (SVTC):

SVTC leadership report that a facility/CSB regional workgroup had just completed 8-9 months of work on a proposal to develop a crisis stabilization center at SVTC. The proposal has been submitted to central office for consideration of funding. There is cooperative regional utilization management of admissions with the CSBs. A memorandum of understanding exists with Central State Hospital for emergency

admissions of persons with dual diagnoses and/or challenging behaviors, followed by transfer to SVTC 24-48 hours later, and this process is considered to be working well. SVTC has designated 4 beds for emergency/respite use for this population. At any given time about 2-3 residents may be at SVTC in this status.

Northern Virginia Training Center (NVTC):

There is no special ID/MH unit. Facility leadership estimates that perhaps 40% of residents have psychiatric diagnoses and are prescribed psychotropic medications. The director reports that the management of difficult behaviors is addressed as part of that facility's person-centered planning approach. The facility and regional CSBs have addressed the findings of the OIG concerning lack of response to crises involving persons with dual diagnosis by developing a proposal for a Regional Crisis Response Team (CRT) with the purpose of preventing emergency placements. The CRT has not received full funding, but elements of this regional approach are in effect and are based by agreement at the Alexandria CSB. With psychiatric and behavioral specialists from NVTC employed by contract with the Alexandria CSB, the regional CRT offers community consultation and intervention on behavioral issues. NVTC also reports that it "offers psychiatric, neuropsychiatric, and psychopharmacological consultations to support community-based treatment of individuals with intellectual disabilities, who have mental health needs" through its Regional Community Support Center (RCSC) – a set of facility-based and community services offered to residents in the NVTC catchment area. An agreement for cross-consultation and transfer of residents exists between Northern Virginia Mental Health Institute and NVTC.

Section IV – Findings and Recommendations:

Findings:

1. The Pathways program is an effective response to the needs of persons with dual diagnoses of intellectual disabilities and psychiatric disorders whose behaviors have presented challenges for their community residential arrangements. Positive outcomes reported by those with whom the OIG has made contact include:
 - remediation of behavioral issues in all but a few cases
 - effective community/facility collaboration in managing utilization of the program and adapting services to needs in the community
 - effective provision of respite services to allow re-invigoration of family, residential services, or other community supports to better serve individuals after difficult periods.
 - diminished use of the program due to effective work with most difficult, frequently admitted clients and effective community consultation prior to admission and after discharge is seen as an opportunity to respond to a community need to provide services for persons with autism.

2. The capability of the program to respond to emergencies is welcome and valued by stakeholders, but it is limited and at times the process of gaining admission is more complex and slower than desired.