Regional Office Review

Recommendation Number	Completed	Not Completed
Identify the vision, priorities, role, and function of the MRDD system, including the role of Central Office, the Regional Centers, and roles/expectations of providers; clearly communicate that to leadership, staff, providers, and consumers and their families. Build on this to define the structure to facilitate meeting the roles, functions and priorities—including, but not limited to: staffing patterns, expertise, configuration and relationship of RC to CO, size and number of Regional Centers, and utilization of resources. This may provide opportunity for redirection of positions and/or funds but can otherwise be done within existing resources.	Currently complete through DD restructure of RO system. Currently being reviewed for functions that could be done by an administrative entity. Perceived duplication of staff functions by community providers.	
Establish standardized staffing patterns for the Regional Centers, based on appropriate caseload measures. The highest priority positions in this regard are the Service Coordinators and Registered Nurses, but staffing standards should be set once the Regional Center roles have been clarified. The short term recommendation is to gain additional funding to get Service Coordinator caseloads down to no higher than a 50:1 average at each Regional Center, while working with interested SB40 Boards to increase their service coordination capacity to the point of establishing 40:1 as the standard average caseload for each region. This recommendation will require additional funding and a budget request has been submitted.	Partially completed. CM open to SB40 boards or their designees. RN's increased at RO and provider level.	
Review the Division's QA Directives and revise them to eliminate overlaps, standardize the review processes, and re-emphasize quality enhancement as a priority. A task force including staff involved first hand in the review processes should be utilized as part of this standardization. A longer term component of this recommendation is to begin piloting QA processes in partnership with accredited providers, using their own Quality Management reporting data as input and with Regional Center staff performing periodic validation reviews. These pilot projects are to provide valuable input to the accreditation recommendation below. This recommendation can be done within existing resources, since the staffing costs and accreditation costs are assumed within other items.	Quality Framework Document developed and under review by QE workgroup.	

Regional Office Review

Recommendation Number	Completed	Not Completed
Pursue accreditation of residential providers as a long term enhancement of our QA and certification procedures. Whichever accreditation body is selected as a standard for the division, providers previously accredited via equivalent standards should be grandfathered as in compliance with this strategy. To the extent that this will release certification staff from scheduled survey duties they should be redirected towards unscheduled (random and for cause) safety reviews. We estimate that full implementation of this strategy will be a three year project, and will require additional funding by the second or third year, and ongoing funding beyond the third year. Consideration of accreditation possibilities beyond residential services should be delayed pending evaluation of the impact on the quality and safety of residential services.	Encouraged by the Division but not required.	
Verify the gaps in service identified by the staff, consumers and families, and providers who participated in the review. Although some gaps were mentioned statewide, others are regional or the priority of the gap may vary by region. Promote participation of local providers in development or expansion of services to address the gaps. This is currently being done to address crisis intervention services.		Not sure this has been done by a workgroup. Good idea to inventory what is available in various parts of the state.
Develop relationship with psychiatric services and providers at both the central office and the local level. Promote partnerships that link the two systems.		CO discussions. Relationship not formalized.
Assess the effectiveness and consistency of the Utilization Review process. Evaluate the individuals on the waiting lists periodically for changes in status/need. The goal has been set to eliminate one-third of the waiting lists and a budget request has been submitted.	Partially complete. New PON process for PFH waiver is done at local level. Should be explored for expansion to other waivers	
Examine the definitions of services and current rates for those services; establish uniform rates for those services, adjusting inequities over time.	SIS data being examined for relevancy to funding. Partially complete.	
Address staff turnover at the Regional Center level, identifying strategies for retention of staff as well as effective recruitment methods. Work with Human Resources to assess current salary for classifications with high turnover compared with the market. Assess the feasibility of contracting		Not sure this has been done. State economic conditions not healthy at the current time.

Regional Office Review

Recommendation Number	Completed	Not Completed
for some functions currently being done by employees.		
Identify the overall needs for orientation and continuing education, and develop an education plan to address those needs. Regional Centers can then supplement that plan with needs specific to the individual area or plan jointly for needs in common with other regions, but not necessarily state-wide. The plan would be reviewed annually for accomplishments and any needed revision.		Not sure.
Establish a core orientation curriculum for service coordinators, consistent and standardized. Consider bringing groups of new service coordinators to a central area for the training. Include methods of mentoring and supervision during the orientation period.	Training curriculum complete and functioning.	
Promote training and mentoring for current management staff, supervisory staff, and individuals whose skills and goals may make them good candidates for future leadership positions. Identify those areas where joint efforts and sharing of resources with community providers are feasible.		Not sure that a combined state/County case management mentoring in place. Each does their own thing.
Participation in the development and pilot of the College of Direct Support is an important and innovative project to address the needs of front line staff in the community.	In place with 29 training sites and over 3300 staff/learners enrolled.	
Explore resources internally, with other Divisions and with providers to identify those that have the specialty expertise to address identified needs. Relationship building with colleges/universities may assist in finding the personnel with the specialty expertise needed. Consider contracting for some of these areas where feasible; two areas where this concept is in process are crisis intervention and behavior analysis.		Not sure what has been done.
Develop relationships with college and universities to increase awareness and interest in working with the MRDD population and presenting public service in a positive light. This is a potential untapped resource for many of the issues identified in this report.		Not sure where this effort stands. Division Director has had some interface with Colleges and Universities.

Notes:

1. These recommendations are from the Regional Office Review source document developed in August 2006.
   1.Responses in the completed/not completed sections are comments from Roger Garlich as of 12/8/10.
   2. The Regional Office Review document was completed in August, 2007.