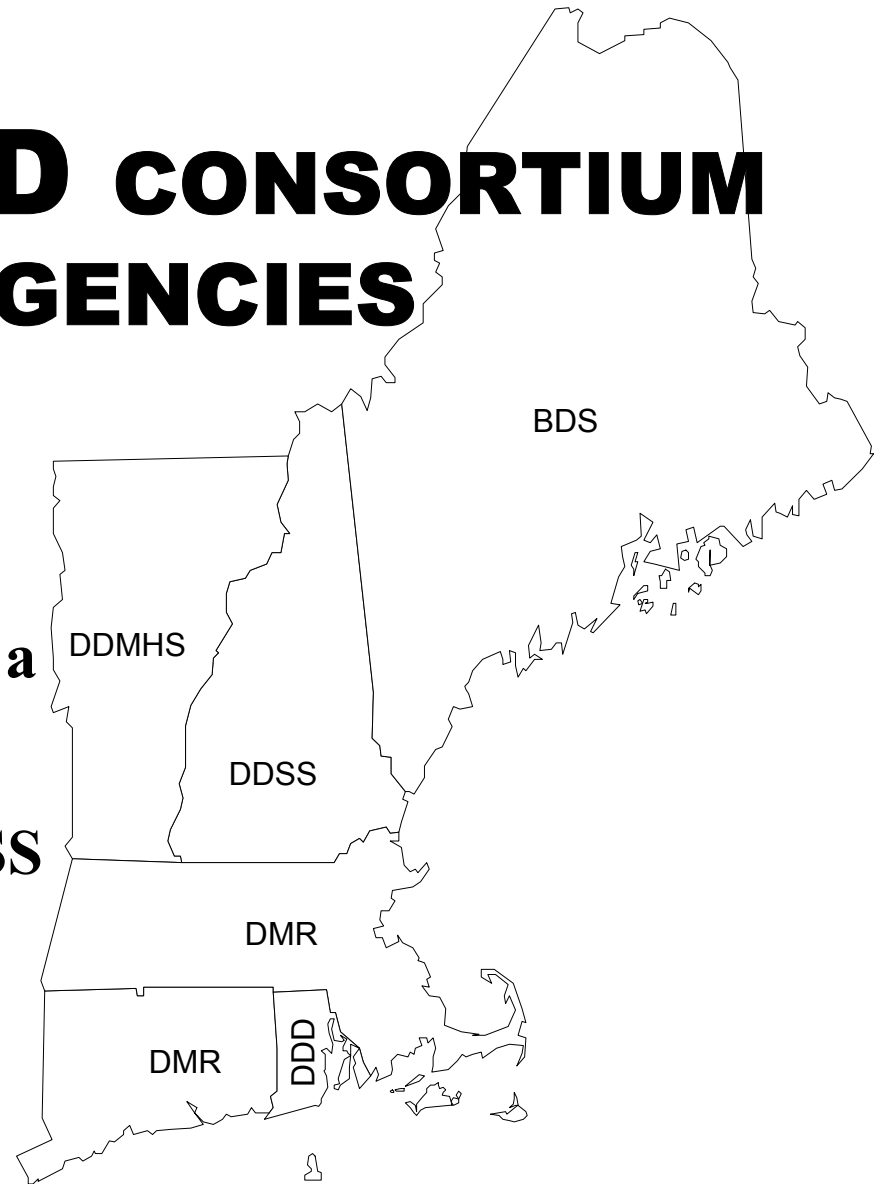


A Modest Proposal for a

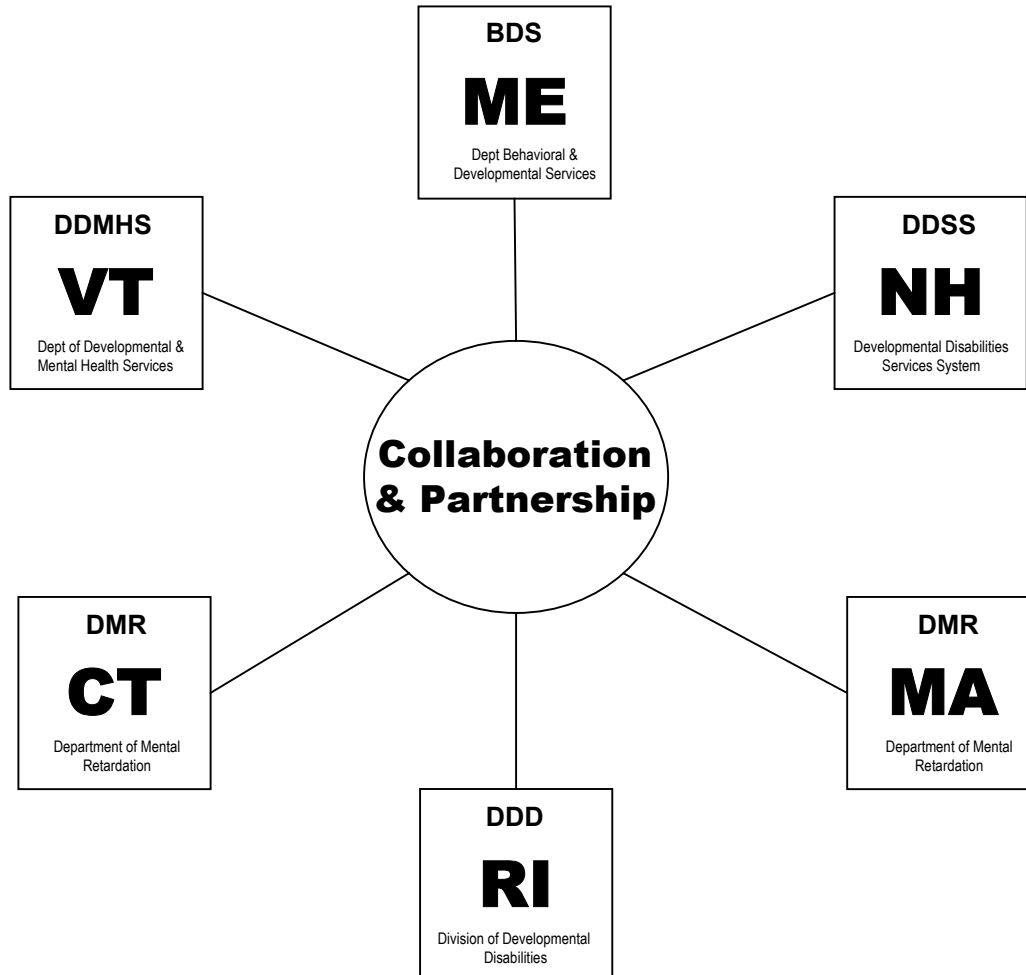
NEW ENGLAND CONSORTIUM OF STATE MR/DD AGENCIES

**A Brief Proposal on Establishing a
Six State Collaboration of
Developmental Disabilities State
Systems Supported by the UMASS
Medical School**



New England MR/DD Collaborative

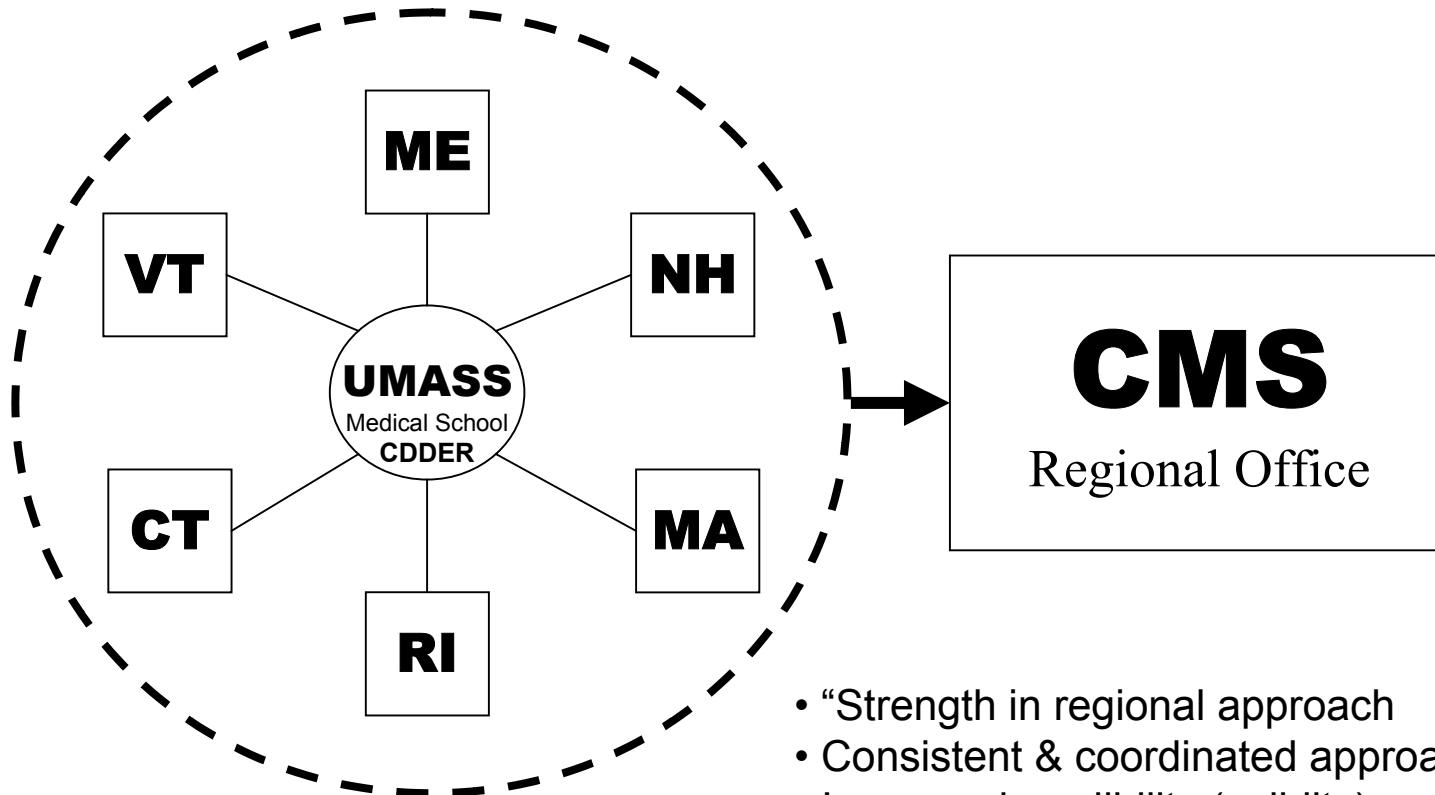
Concept: *Working in Partnership to Enhance Services and Supports to Persons with Mental Retardation and Developmental Disabilities.*



Purpose of Partnership

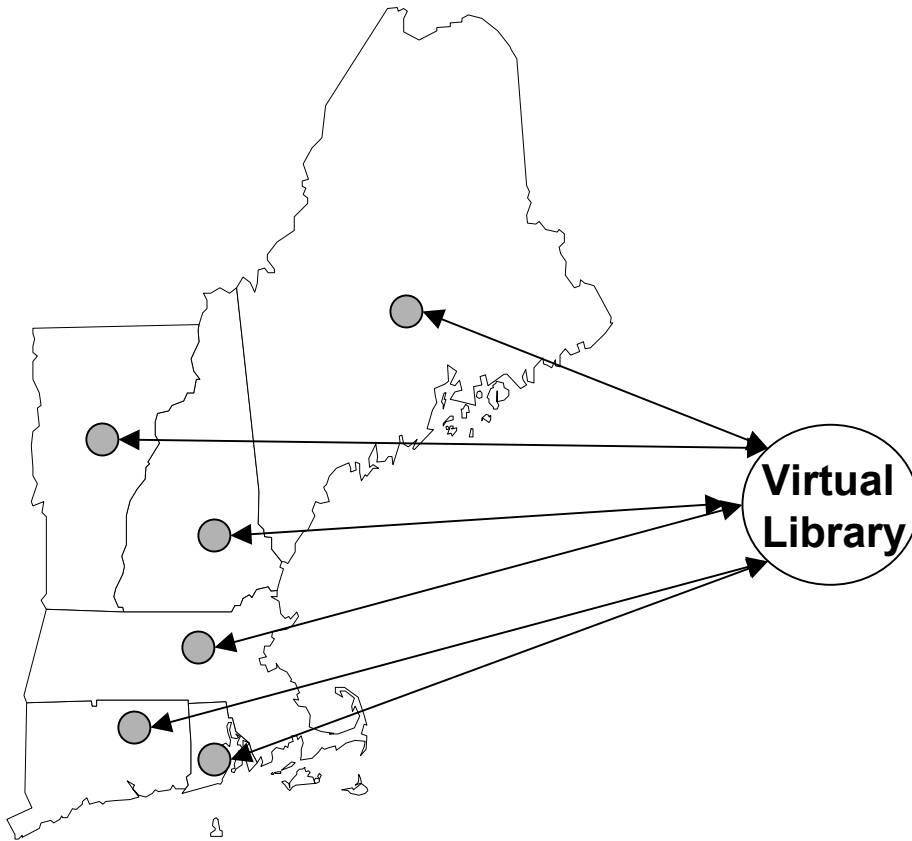
1. Creating Unified and Stronger “Voice” with CMS
2. Enhancing Quality by Sharing Best Practices & Resources
3. Sharing Learning Opportunities
4. Strengthening Information Management and Analytic Capacities - Establishing Benchmarks
5. Improving Efficiencies by Sharing Costs
 - a. R&D
 - b. Virtual Training Institute
 - c. Specialized Assessment (e.g., Forensic, Behavioral Health)
 - d. Web-based Resources for Families
6. Developing Regional Service Consortia to address Special Populations

Important to Develop a Coordinated Approach to CMS



- “Strength in regional approach
- Consistent & coordinated approach to CMS
- Increased credibility (validity)
- CMS familiarity with practices
- Expedited communication and information sharing re: CMS activities

Sharing Best Practices & Resources



Each State Provides Materials

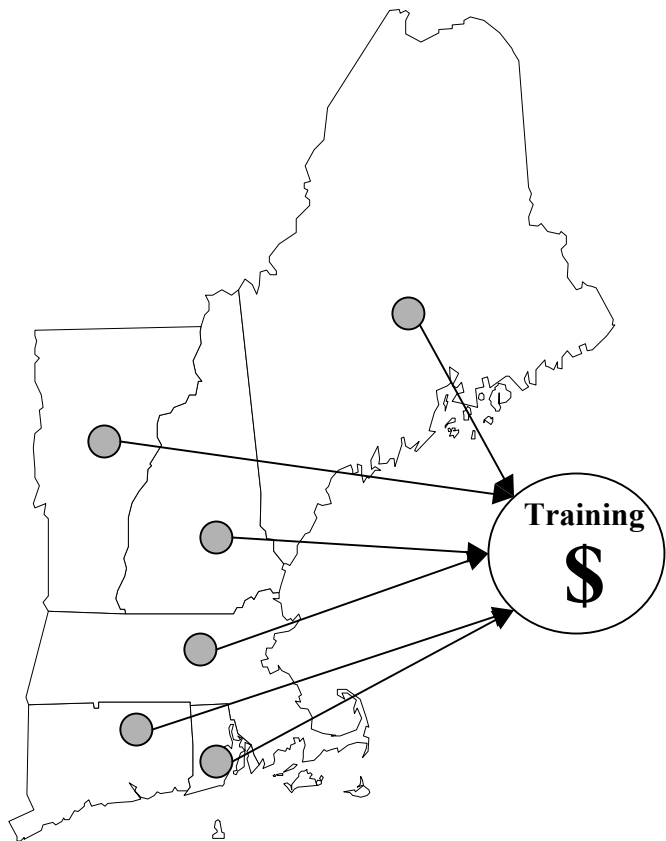
- Policies & Procedures
- Quality Management Practices
- Waiver Information
- Behavioral Practices & Information
- Health Services Practices & Information
- Guidelines & Protocols
- Training Curricula & Materials
- Resource Materials (Families/Staff)

Every State has Access

BENEFITS ➔

- Ability to reference your practices to those of other states
- Save time and development costs
- Ready access to resource materials
- Generate ideas for systems improvement

Sharing Learning Opportunities



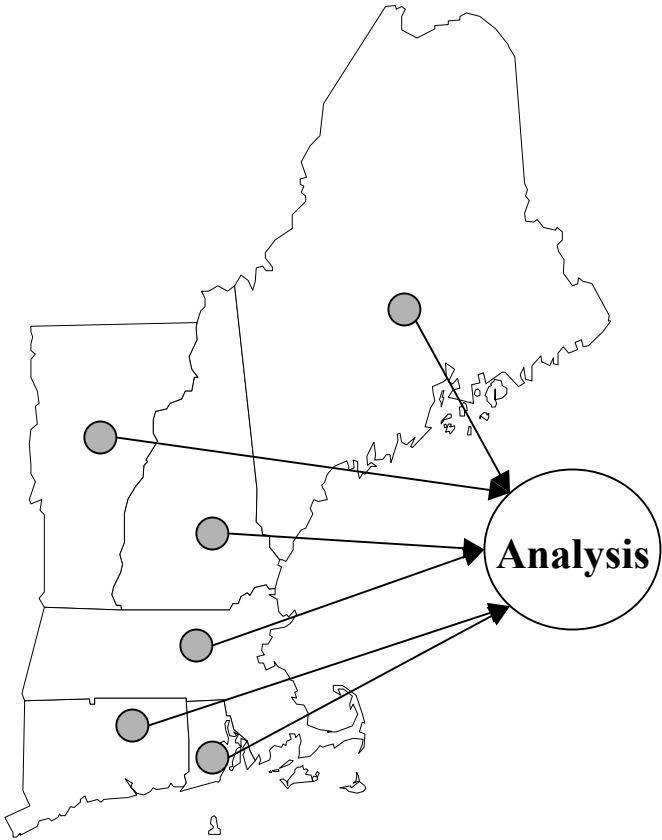
The basic needs for training are similar across states. Yet, every year each of the NE states must dedicate separate funds for ongoing and specialized staff training, resulting in substantial duplication of effort and limitations on new training initiatives. Money and staff time and effort could be reduced – and access to a wider array of training opportunities increased – through partnership in a wide variety of content areas, including:

- Case Management & Service Coordination
- Positive Behavioral Intervention
- Psychopharmacology
- Promoting Health and Safety
- Risk Management
- Forensic Services
- Supervision Techniques
- Person-centered Planning
- Many other topics and content areas

- Share costs of special consultations & workshops
- Partner for training conferences
- Coordinate curricula and content – set standards
- Share access to web-based training opportunities/resources
- Share training calendars

BENEFITS ➔

Analysis & Benchmarking



Each of the NE states spends considerable time and staff effort devoted to information management, data analysis and the development of internal and public reports. Each of the states uses different criteria and approaches to these activities, severely limiting the potential for establishing meaningful benchmarks that can help evaluate performance and progress. The development of common approaches to the collection of information and its analysis could yield significant benefits to the management of services and help focus strategic planning activities. A few examples include:

- Mortality Reports
- Quality Management Analysis & Reporting
- Incident Analysis
- Service Capacity Analysis
- Other

- Develop NE Region Benchmarks and Standards
- Improve methods of analysis
- Shared organizational learning
- Greater public trust in self-evaluation
- Opportunity for establishing a NE Region Center for Analysis

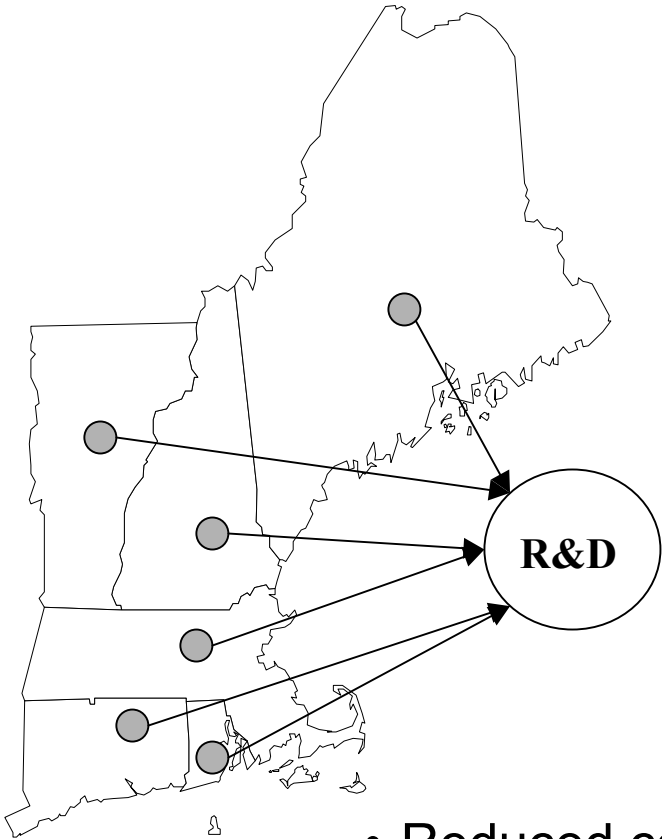
BENEFITS ➔

Partnering for Change

The need to continually introduce new ways of doing business is common to all of the NE states and brings with it substantial costs for research and development, consumer, family and staff orientation and training, and the generation of new policies, procedures and practice protocols. While there is variability in the cultural, political and economic “readiness” of states to embrace new trends, there are a wide variety of areas where common needs already exist or soon will. Partnering can help reduce costs and validate the “need” for change in areas such as:

- Self directed supports
- Systems of enhanced family support
- Internet-based on-line training
- Staff recruitment and retention
- Culturally appropriate intervention
- Supporting high risk populations

- Reduced costs for Research and Development
- Web resource materials for families and consumers
- Shared development and validation of support protocols
- Opportunity for establishing a NE Virtual Training Institute (on-line distance learning)
- Increased public acceptance of new approaches

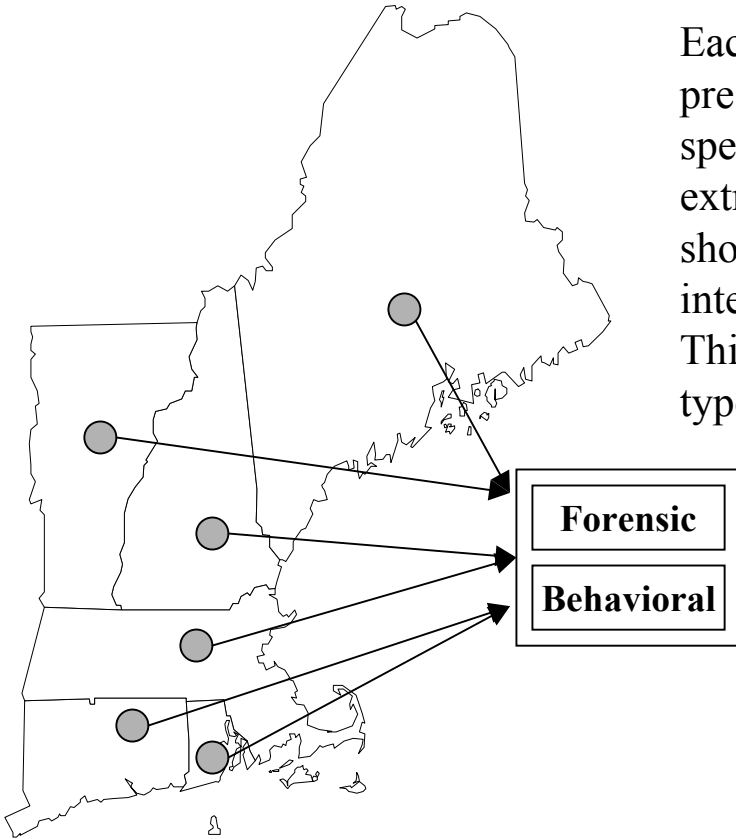


BENEFITS ➔

Special Services

Each of the states has a relatively small number of persons who present very unique and specialized challenges. Developing special services/supports and programs for these individuals is extremely resource intensive and costly. There is also an acute shortage of highly trained specialists who have the ability and interest to provide timely and expert assessments and treatment. This already results in the need to cross state lines to secure certain types of clinical service. The development of a collaborative approach for persons with very specialized needs could help reduce costs and significantly improve the quality of services, particularly in the areas of

- Forensic Services
- Behavioral Health (Intense)



- Greater access to experts
- Reduced costs for specialized residential settings
- Timely access to specialized treatment settings
- Standards for assessment and treatment
- Opportunities for cross-state consultation and learning

BENEFITS ➔

WHY UMASS Medical School?

It doesn't have to be, but....

- **UMASS Medical School (UMMS) already hosts NESCO – can leverage the relationship and strengthen linkage with State Medicaid Directors**
- UMMS is strategically located & easily accessed - it can serve as a home for hosting NE MR/DD Directors' activities
- It is familiar with needs of NE MR/DD agencies
- Through CDDER, UMMS is already assisting the MA DMR – can facilitate opportunities for sharing
- Capacity to assess potential for and assist in getting FFP for many of the activities
- UMMS is a State agency devoted to this type of activity: Mission of Commonwealth Medicine is to *serve and support “vulnerable” populations served by public agencies*
- Vast array of resources within Medical School and Commonwealth Medicine that can serve as a foundation
- History of “delivering” excellent service to state agencies
- Linkage to Shriver Center and training and grant development competencies
- *Interest – Experience - Mission*

