



## RO INVOLVEMENT IN HRP IMPLEMENTATION

### A. Executive Staff Level

1. Direct representation; constant or floating.
2. Surrogate representation via ORA (e.g., Kelso, Duncan).

### B. Who from ROs

1. RD's office or level.
2. RHAs.
3. Develop Health Resource Development directors.
4. Planning and facilities program representatives or consultants.

### C. Kinds of Involvement

1. Direct participation RO staff in work groups.
2. Assign certain tasks or sub-tasks to ROs.
  - a. on an inter-RO basis
  - b. differing ones to sub-groups within specific ROs.
3. Meetings.
  - a. regular RHA mtgs. here
  - b. specially called mtgs. here and/or out there
4. Circulate draft materials for RO comment.
5. Informal solicitations of views, recommendations, and advice from certain RO staff.

### D. Specific Tasks

1. Area designation process.
2. Agenda for Sept.-Oct. meetings.
3. Bureau organization and staffing.
4. TA development.

E. Routine Communications and Liaison with ROs

1. ROs have no single voice.
2. RO involvement not a substitute for inputs from constituent agencies and interest groups.
3. General concept decentralization gets translated into specific issues and problems, authorities and responsibilities, etc.