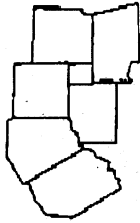


ATTACHMENT B



DANSA

DALLAS AREA NORTHSTAR AUTHORITY

THE LOCAL BEHAVIORAL HEALTH AUTHORITY REPRESENTING COLLIN, DALLAS, ELLIS, HUNT, KAUFMAN, NAVARRO, AND ROCKWALL COUNTIES

Dr. Phil Scheps
Budget Director
Dallas County
411 Elm
3rd Floor
Dallas, Texas 75201

Phil,

Thank for the opportunity to explore recommendations regarding staffing requirements/needs for the Dallas Area NorthSTAR Authority (DANSA). The initial year for DANSA has, similar to everyone else involved in NorthSTAR, been a learning and dynamic process. With no other entity such as DANSA from which to learn, we began the year on an un-chartered course. In any under-funded system, it is imperative that every dollar be expended wisely. I have for the past few weeks been examining the roles of each of the DANSA staff. My goal was so much to reduce staff but to insure maximum efficiency and productivity.

Our current staffing of 7.5 FTEs includes:

- Executive Director
- Administrative Assistant
- 4 Ombudsman who provide twenty-four hour coverage
- 1 consumer, triage Ombudsman who is also responsible for reports
- 1 part-time accountant

Due to the nature of the roll out, DANSA's role has been more reactive. As such, more energy has been devoted to resolving crises. Consequently, many of our other responsibilities have not received as much attention as they should have. These include: (1) community forums, (2) detailed follow-up on all activities of the Single Portal Authority, (2) development the local community plan which involves several steps including identification of gaps and additional needs and identification and coordination of resources to fulfill that need. Each of these activities is needed for each of the seven

counties, (3) coordination of services with other entities such as TDPRS and (4) forensic and consumer education.

During the course of the year, we learned that as the Local Behavioral Health Authority; DANSA was responsible for more than we were originally informed. These additional responsibilities were the impetus for examining the current roles of all staff. Some of these roles include: (1) nursing home placements and conduction of the PASSAR assessment on a routine and mandated schedule, and (2) coordinating discharge of non-NorthSTAR, yet residents of the NorthSTAR region, consumers in the state hospitals.

It is planned in the coming year to become more proactive. In doing so, primary responsibilities of individual staff will change. Although all staff will continue to respond to complaints, particularly those of an emergent nature, some changes in Ombudsman responsibilities are anticipated:

- One Ombudsman will assigned to responsibilities associated with nursing home placements and other tasks specifically reserved for the Local Behavioral Health Authority (Nursing home assessments, placements and follow-ups and coordination of discharge planning for non-NorthSTAR patients;
- One Ombudsman will be primarily assigned to monitoring SPA activities in all seven counties
- One Ombudsman will specialize in Provider complaints
- One Ombudsman will specialize in Consumer complaints

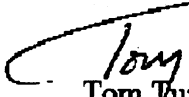
In addition, it doesn't appear that the contract with the Mental Health Association for CRCG coordination and family advocacy training will be renewed. Although the Board has not formally voted on this issue, some members are advocating for cancellation. In addition, Tim Simmons has indicated that they are unwilling to sign a contract without either an increase in funds or a decrease in responsibilities. Unless the State allocates additional funds, an increase in the amount of the contract is not possible. Part of the current contract was covered with lapsed funds from the start-up budget.

Initially, the contract with MHA funded 3 full time employees: one to focus on the CRCG of Dallas (CAST), one to focus on the CRCGs of the other counties, and one to focus on the family advocacy training program. Should the Board vote to discontinue the contract, coordination of the CRCGs will be assigned to the Ombudsman. The remainder the funds currently allocated to MHA may be used to provide assistance to each CRCG (i.e., providing transportation to families) and perhaps hiring a grant writer to seek and secure additional funding to facilitate *filling in the gaps*. This is a concept that has been endorsed by the consumers/family members/advocates, providers and the State.

Phil, I don't know if this answers you question: *Does DANSA need its entire current staff?* . I do hope that it provides some information to be considered as you arrive at your recommendation. Should you need additional information or specific budget numbers, please do not hesitate to call.

Thank you for the opportunity to have input. If NorthSTAR is to be truly successful, it will take everyone looking at everything.

Respectfully,


Tom Turnage, Ph.D.
Executive Director