



# The University of Texas at Austin Dell Medical School

## **MINUTES**

### **ASH Redesign Campus & Continuum Clinical Strategies Work Group**

Monday, February 17, 2020 ▪ 1:00-2:00pm ▪ HDB 2.126

---

#### **Agenda**

- 1) Introductions
- 2) Project Overview
- 3) Work Group Goals
- 4) Timeline for deliverables
- 5) Deliverable on best practices: continuum
- 6) Deliverable on best practices: ASH campus
- 7) Deliverable on campus acute care workflow
- 8) Parking lot for other ideas

#### **Attendees:**

- Robert Reed – Director of Behavioral Health Operations, MHMRA Brazos Valley
- Rishi Sawhney – Community Behavioral Health Medical Director, HHSC
- Dawn Hanley – COO, Integral Care
- Jim Baker – Associate Chair of Clinical Integration & Services, Dell Medical School, Systems Chief Medical Officer, Integral Care
- Alison Barajas – Executive Assistant to Steve Strakowski and Sydney Harris
- Sydney Harris – Director of Mental Health Redesign
- Sarah Cook – Central Health, Planning for special populations

#### **Minutes**

##### *Introductions:*

Chair welcomed everyone to the group. The group introduced themselves and provided some detail about their background.

##### *Project Overview:*

A member reviewed the “Timeline” PowerPoint (attached), including information on the start of the project, highlighting key milestones and expected completion of the construction of the new hospital. Discussed creation of work groups and what the work group structure looks like.

##### *Work Group Goals:*

Chair discussed the work group goals as laid out on the agenda and specified that deliverables are related to recommended strategies to obtaining goals going forward in redesign process. The other work groups that have been established were reviewed including their goals and a discussion was had with how they interrelate with this work group. Chair provided a list of previous work group recommendations to provide a starting point for this group. The group

discussed where the system needed to be bolstered, which of the original strategies would carry over well and what they saw as primary topics for this group.

*Timeline for Deliverables:*

A member provided a timeline to the group, stating that all work groups would be turning in their recommendations to the steering committee in the fall of 2020 so that the steering committee may then make amendments to the ASH Masterplan and present it to HHSC.

*Deliverable on Best Practices: Continuum:*

The group discussed the need for a step-down process and expressed ASH would provide a good centralized location for this to be set up. The main focus was on providing transitional housing to patients who were not yet ready to be released but no longer needed full time care. A member expressed specific concerns over the need for specialized care for IDD patients and those with complex medical needs. It was suggested that ASH could house a specialist to be used throughout the service area for IDD, as well as potentially identifying specialized housing for these patients. Chair suggested a strategy to mix specialization that's centralized on ASH campus while utilizing additional resources, like Telehealth, to supplement needs in more rural areas. The group has focused on how to get transitional housing onto the ASH campus, what the cost would look like, and how it could be potentially funded. The group also discussed the idea of training centers which would facilitate both training and dissemination of best practices.

*Closing:*

Chair stated that his previous strategy for the group was to take comments and develop a series of strategy statements for the group to review and hone in on at their next meeting. The group agreed this would be an acceptable process. Chair asked that if others have any ideas to share them with him so he could incorporate them into the strategy statements.

Action Items:

- 1) A member will find out how many current patients have not obtained guardianship because of a financial burden.