Brain Health Continuum v3.3

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Brain Health Continuum

Brain health conditions are lived through the process of recovery, not quick fixes.

Optimal Pathway

Crisis Loop

AUSTIN STATE HOSPITAL - ASH Brain Health System Redesign

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HEALING & Treating INPATIENT CARE

A person's need to engage with coordinated inpatient care that includes treatment, services, and support.

INTERVENING

The need to take control of a crisis situation when the potential for danger is imminent, while recognizing the need to respect the safety and dignity of all involved.

Optimal Pathway

UNDERSTANDING & Preventing

The need for people to be aware of brain health and brain diseases, including prevention, risk factors, and where to find answers, care and support across the ASH service area.

IDENTIFYING & Detecting

A person's need to address the early signs of a brain health condition with the help of an informed and trusted provider, including diagnosis and connections to care.

HEALING & Treating OUTPATIENT CARE

A person's need to engage with care from trusted, trauma-informed providers including treatment, services, and support as part of an overall care plan aimed at addressing and sustaining the individual's health.

RECOVERING & Sustaining

A person's need to maintain a routine that sustains brain wellness, builds life skills, and actively manages the signs/symptoms of a brain health condition in order to live their best possible life.

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Ecosystem

The individuals, groups, and organizations involved in brain health across the ASH service area.

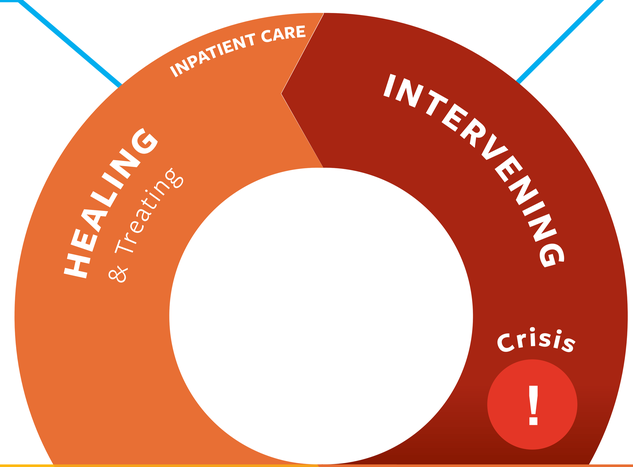
PEOPLE SERVED:

Children, Adolescents, and Adults with:

- Brain health condition +
  - Intellectual disability
  - Other medical conditions
  - Substance use disorder
  - Custody of the state
- Families/caregivers of people with brain health conditions

INPATIENT PROVIDERS:

- State hospital psychiatric care teams, administrators, staff
- Contracted private hospitals psychiatric care teams, administrators, staff
- Health & Human Services
- Contracted rehabilitative brain health providers
- Peer & Family Groups
- Recovery Coaches



CRISIS PROVIDERS:

- First responders (EMT, Fire, Police)
- Local Sheriffs and jails
- Mobile Crisis Outreach Teams, Crisis Intervention Teams
- Emergency Room providers
- Criminal & probate court judges & counselors
- Probation directors
- County court officials
- Contracted rehabilitative brain health providers
- Child protective organizations

UNDERSTANDING & Preventing → **IDENTIFYING** & Detecting → **HEALING** & Treating → **RECOVERING** & Sustaining

COMMUNITY & OUTPATIENT PROVIDERS:

- Clubhouses
- Donors
- Faith-based organizations
- Health & Human Services
- Housing organizations
- Local intellectual & developmental disabilities authorities
- Local brain health organizations
- Local Mental Health Authorities
- Managed care organizations
- Peer & family groups (certified peer specialists)
- Peer-run community organizations
- Primary care providers
- Private psychiatric care providers
- Public & private schools (school counselors, school nurses)
- Recovery coaches
- Recovery community organizations
- Social services organizations
- Statewide Behavioral Health Coordinating Council
- Substance use providers
- Universities and colleges
- Veteran organizations
- Workplace health & wellness
- Work training & employment organizations

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Mental Health Services Delivered - Examples & People Served

1 in 5 people experience a mental health condition. Roughly half seek care.

In the ASH Service Area, this means:
980,000 people are experiencing a mental health condition
490,000 people are actively seeking care

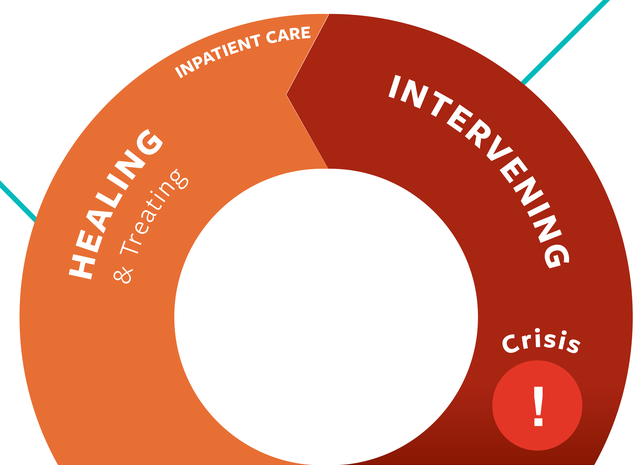
Service Area Population: 4.9 Million (3.7 Million Adults and 1.2 Million Adolescents/Children)

150,324 SERVICE DELIVERIES

- MCOT calls (FY17): 26,358
- 24/7 Crisis Calls (FY17): 87,054
- IDD Crisis Response Team Calls (FY17): 972
- Mental Health Deputies (FY17): 11,831
- ED visits: 3,985
- Crisis Stabilization Unit (FY17): 1,069
- Peer Crisis Residential Unit (FY17): 84
- Crisis Residential Unity (FY17): 1,342
- Psychiatric Emergency Center Provider (FY17): 4,356
- Crisis Respite (FY17): 1,349
- Extended Observation Unity (FY17): 2,138
- Crisis Telehealth Provider (FY17): 7,212
- Booked in Jail: 2,574

25,678 SERVICE DELIVERIES:

- ASH Year Avg: 1000
  - ASH Civil and Voluntary (2017): 626
  - ASH Justice-Involved/Forensic: 376
- LMHA Purchased Inpatient Bed (FY17): 24,149 days
- Long Term Psychiatric Utilization: 529
- Private Psychiatric Inpatient Bed: 51,882 days/year



23,128 SERVICE DELIVERIES

- Mental Health First Aid: 12,557
- NAMI Training: 10,359
- Person-Centered Recovery Training: 93
- LMHA Mental Health Outreach: 119

UNDERSTANDING & Preventing → **IDENTIFYING** & Detecting → OUTPATIENT CARE **HEALING** & Treating → **RECOVERING**

77,563 SERVICE DELIVERIES:

- LMHA Screening (FY17): 39, 187
- LMHA Psych Diagnostic Eval (FY17) 28, 585
- ED triage (2015): 9,791

174,888 SERVICE DELIVERIES:

- YES Waiver (FY17): 565
- Outpatient Competency Restoration (FY17): 43
- LMHA Served (FY17): 117,821
- Co-occurring Psychiatric + Substance Use Disorders Program (2016): 28,096
- Clubhouse Services (FY17) 1,001
- LMHA Adult Day Programs; Acute Needs (FY17): 1,281
- LMHA Adult Supported Employment (FY17): 619
- LMHA Adult Supported Housing (FY17): 717
- LMHA Adult Respite Services (FY17): 1,147
- LMHA Residential Living (FY17): 7
- LMHA Adolescent Respite (FY17): 7

AUSTIN STATE HOSPITAL - ASH Brain Health System Redesign

System Blueprint Overview v3.3

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Continuum of Care

Key moments that shape how people experience brain health, defined by the needs of the individual rather than the services available to them.

OUTPUTIENT CARE

INPATIENT CARE

CATEGORIES	UNDERSTANDING & Preventing	IDENTIFYING & Detecting	HEALING & Treating	INTERVENING	HEALING & Treating	RECOVERING & Sustaining
Communication, Education, Outreach & Care	Campaigns Community Trainings Consistency through shared communication assets	Screenings Education & Communication Accessible Appointments Care Coordination	Community Meeting Spaces Social Services Integration Family and Caregiver Trainings Integrated Complex Care	Mental Health Hotline Mobile Crisis Outreach Team Brain Health Witness Crisis Communication Crisis Stabilization	Hospital Intake and Inpatient Care Plan Justice-Involved Psychiatric Evaluation Justice-Involved Competency Examination Communicate Care Plan Create Discharge Plan **ASH TODAY**	Family and Peer Support Reintegration Support and Life Skills Training Recovery Monitoring Continuity Across Inpatient & Community Providers Preventative Stabilization
Digital Tools & Innovations	Brain Health Resource: Conditions	Brain Health Resource: Provider and Support Registry Telehealth and Virtual Collaborations Shared Plan	Brain Health Resource: Evidenced-Based Treatment Resource Telehealth and Virtual Collaborations Shared Plan	Online Bed Registry Telehealth and Virtual Collaborations Shared Plan	Telehealth and Virtual Collaborations Shared Plan	Brain Health Resource: - Provider & Support Registry - Evidence-Based Practices Telehealth and Virtual Collaborations Shared Plan
Evaluation & Metrics	Evaluation of Early Detection & Outreach	Evaluation of Diagnostic Effectiveness	Evaluation of Evidence-Based Practice Measure Time to Treatment **FUTURE ASH CAMPUS**	Evaluation of Crisis Intervention Measure Time to Treatment	Evaluation of Competency Restoration Measure Experience and Quality of Care	Evaluation of Practices to Prevent Setbacks Measure Financial and Economic Impact Measure Longitudinal Outcomes

AUSTIN STATE HOSPITAL - ASH Brain Health System Redesign

System Blueprint Details v3.3

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CATEGORIES

Communication, Education, Outreach & Care

Service Intent

Campaigns
Launch, provide and support campaigns and messaging around brain health (including co-occurring substance use and intellectual disabilities) and the stigma around it to populations across ASH service area, especially at-risk and vulnerable communities.

Community Trainings
Conduct orientations and trainings for general public and civil servants to learn about brain health and wellness, brain health conditions, substance use disorders, intellectual disabilities, and substance use disorders; feature people with lived experience and trauma-informed care providers.

Consistency through shared communication assets
Ensure people are provided consistent information across different community venues and providers to reinforce key brain health community-based messages, including co-occurring substance use and intellectual disabilities.

Service Intent

Screenings
Conduct screenings for early detection of brain health conditions and substance use conditions emerging in people 14-25 years old. Integrate screenings into primary care and across the community through collaborations between Local Mental Health Authority, providers, and schools (middle school, high school, colleges, and universities).

Education and Communication
Communicate and educate each person about their brain health condition(s) along with care options and/or follow up testing/evaluation, regardless of ability to pay. Connect the person and their family/caregivers with resources that provide condition specific information and standards of practice.

Accessible Appointments
Provide an easy way for persons seeking care, family members, care givers, primary care providers, and schools to schedule an appointment, screening, or referral with a brain health provider in a safe and secure way.

Care Coordination
Provide care coordination and referrals to help people navigate to recommended care and providers, in coordination with Local Mental Health Authority. Share information with other/next providers regarding a person's evaluation and their care plan.

Service Intent

Community Meeting Spaces
Provide shared spaces that can be used to host peer and family support programs across ASH counties.

Social Services Integration
Coordinate with social services to support a person's ability to engage and sustain brain health treatment options.

Family and Caregiver Trainings
Provide families and caregivers training for how to better support a person with a brain health condition. Develop planning tools and provide guidance for a person's support network to address common concerns and to navigate transitions inherent to brain conditions.

Integrated Complex Care
Provide complex treatment options for people with higher acuity or multiple diagnoses across medical, brain health needs, including substance use and intellectual disabilities; services to coordinate medical prescription reconciliation and dosing adjustment.

Service Intent

Mental Health Hotline
Provide easy to access, single point of contact, multi-channel (mobile text, online chat, in person phone) 24/7 response center to consistently address emerging brain health event across ASH service area; coordinate next level of care with LMHA, ASH, private psychiatric hospital

Mobile Crisis Outreach Team
Provide mobile emergency care triage of a brain health crisis or trauma on site and in coordination with police, first responders, and LMHA.

Brain Health Witness
Provide expert brain health witness for people being processed by the judicial system (criminal or probate courts) while at ASH.

Crisis Communication
Educating each person about their brain health condition(s) and how it became a crisis, including any early warning signs and steps to prevent it from reaching a crisis.

Crisis Stabilization
Provide multi-county short-term, monitored stabilization of brain health episode where an individual can be dropped off for a voluntary 48-72 hour observation and an evaluation that will triage them to the next level of appropriate care, including medical prescription reconciliation and dosing adjustment. For brain health events that happen outside of the hospital, prioritize short-term, monitored medical stabilization before legal action, except in situations involving severe justice-involved activity.

Service Intent

Hospital Intake and Inpatient Care Plan
Assess, admit, confirm diagnosis, and create plan for inpatient brain health services, set goals and care plan, which may include competency restoration. Provide evidence-based rehabilitative and treatment for a person's condition that consider their level of motivation and engagement.

Justice-Involved Psychiatric Evaluation
Psychiatric evaluation of people in state custody and coordination, as needed, to next level of brain health care through ASH intake services or Local Mental Health Authorities, as approved by clinical lead or courts.

Justice-Involved Competency Examination
Provide competency examination at distributed and non-institutional sites across ASH service area for people in state custody and present and/or file findings with relevant court.

Communicate Care Plan
Clearly communicate any changes to individual and the impact, if any, to their diagnosis, inpatient care plan and goals, eventual discharge plan, and ongoing care plan.

Create Discharge Plan
Coordinate an individual's transfer to step-down care, residential options, or state custody venue (jail, detention ctr.) with Local Mental Health Authorities, ASH, and/or courts according to person's care plan, ensuring that the incoming provider team is presented the specific discharge material and recovery plan to ensure continuity of care. Assess and source social and medical services that will enhance a truly integrated holistic recovery model.

Service Intent

Family and Peer Support
Provide peer and family support programs to support longterm recovery, living with a mental health condition, and the prevention of recurrence.

Reintegration Support and Life Skills Training
Provide independent living and social skills training to people living with a brain health condition (and co-occurring substance use and intellectual disability) to reintegrate back into their community. Provide housing and/or assisted living support, guidance around applying for financial support, work training, education, mentorship and work placement.

Recovery Monitoring
Provide more intense case management to help people stay on care and recovery plans so that they can sustain recovery. Provide a safety net of close monitoring and support by providers, LMHAs and probate courts to address emergent cases where people lapse in therapy or medication.

Continuity Across Inpatient & Community Providers
Provide continuity and build longitudinal relationships between individuals and their ASH/inpatient care team and their community providers through planned periodic check-ins to exchange knowledge about their history and their ongoing status and recovery efforts.

Preventative Stabilization
Develop a mechanism within crisis stabilization for short-term, rapid stabilization when a person lapses off medication or therapy, begins to experience recurrence, or enters early stages of crisis to prevent going into major crisis.

Digital Tools & Innovations

Brain Health Resource: Conditions
Provide a way (website, app, brochure) for the community to access current information on brain health, brain health care, and illnesses/conditions, including co-occurring conditions, in a safe and secure way.

Brain Health Resource: Provider and Support Registry Develop and maintain a provider and support resources registry across ASH service area. Include feedback, ratings, and outcomes-based scores. A trusted, expert entity will conduct regular inventory and assessments of providers to maintain registry.

Telehealth and Virtual Collaborations
Provide ASH service area providers with a secure forum to connect with a virtual panel of psychiatric experts from an ASH telehealth center; also, provide video visits to jails, schools, and ER's across the service area.

Shared Plan
Establish and maintain a standard electronic interface/format for a person-centered care plan and history that is common across providers (medical, brain health, therapists), easy to access, and allows the person and caregivers to input updates, preferences, outcomes, and early signs of relapse. Allow essential parts of the plan (diagnosis, medications, primary provider, emergency contacts) to be accessible to law enforcement, jails, and judicial system as needed.

Brain Health Resource: Evidenced-Based Treatment Resource
Provide and maintain a resource of condition specific evidence-based brain health rehabilitative and treatment practices (nationally and in ASH service area); written in accessible language and searchable by a person's level of motivation and engagement, location, preferences for in-person or video visits, insurance, etc.

Telehealth and Virtual Collaborations

Shared Plan

Online Bed Registry
Establish and maintain an ASH service area registry of psychiatric intensive care beds accessible to the public that is updated every 4 hours.

Telehealth and Virtual Collaborations

Shared Plan

Telehealth and Virtual Collaborations
Provide a secure forum for a person and the ASH/inpatient providers to connect with community providers, family, caregivers from an ASH telehealth center.

Shared Plan

Brain Health Resource: Provider and Support Registry

Brain Health Resource: Evidenced-Based Treatment Resource

Telehealth and Virtual Collaborations

Shared Plan

Evaluation & Metrics

Evaluation of Early Detection & Outreach
Evaluate and assess ways and means to reduce stigma around brain health conditions and to raise knowledge for how to identify and recognize people in need. Convene and coordinate cross-institution studies to advance how to communicate brain health topics and awareness to a broad audience.

Evaluation of Diagnostic Effectiveness
Assess effectiveness of screening programs and diagnostic tools across ASH service area. Convene and coordinate cross-institution longitudinal studies with people providing and receiving care on how to better detect, diagnose, and communicate a brain health condition diagnosis.

Evaluation of Evidence-Based Practice
Convene and coordinate evaluation of evidence-based practices and rehabilitative brain health programs in use across the ASH service area, especially the outcomes.

Measure Time to Treatment
Measure and publish the time it takes for state-funded services, LMHAs, and providers to connect a person with the appropriate level of brain health care, especially during crisis.

Evaluation of Crisis Intervention
Convene and coordinate studies to measure the capacity and capability of state-funded brain health crisis services across the ASH service area.

Measure Time to Treatment
Measure and publish the time it takes for state-funded services, LMHAs, and providers to connect a person with the appropriate level of brain health care, especially during crisis.

Evaluation of Competency Restoration
Convene and coordinate cross-institution studies on how to evaluate and restore a person under state custody to legal competency.

Measure Experience and Quality of Care
Collect feedback from public, providers and persons receiving care in ASH service area around overall experience, quality of care, outcomes, time to reach outcomes, and understanding of care plan for services provided while at ASH or state-funded inpatient facility.

Evaluation of Practices to Prevent Recurrence
Convene and coordinate cross-institution studies to understand why people experience recurrences, how to best prevent them, and which services most effectively support and sustain brain health stability.

Measure Financial and Economic Impact
Evaluate and disseminate a comprehensive financial analysis of the ASH brain health system that includes economic impact of brain health and brain health care across of the ASH service area.

Measure Longitudinal Outcomes
Measure and publish longitudinal performance on outcomes for state-funded brain health services, including LMHAs, inpatient hospitals, and collaborations with private providers and justice-involved cases.