MINUTES
ASH Redesign Campus Planning-Partnerships Work Group
Monday, August 3, 2020 • 2:00-3:00pm • Conference Call

Agenda
1) Welcome
2) Discuss phased approach with “Grey Box List”
3) Close

Attendees:
Sydney Harris, Vincent Creazzo, David Evans, Lynn Sherman, Greg Hansch, Karen Ranus, Brandy Hart

Minutes
Welcome
A member welcomed the group and reviewed the agenda. Provided an update on status of the RFI and that this will most likely be the last meeting for this group. The group was thanked for their work on the RFI. Reviewed request from Steering Committee for a recommendation of phased approach on ASH campus.

Discuss phased approach with “Grey Box List”
Review that there is a limit to the number of construction crews able to operate on the campus at the same time. The group was asked to identify which organizations they would recommend to fall into each phased section.

Phase I
The group started with Phase I. A member expressed the need for housing, long term care facilities, outpatient brain healthcare, and peer support services based on feedback received from peers and families. The group discussed needs in Travis county as opposed to the rest of the ASH catchment area, and what programs could be replicated across the region. The group asked for clarification on whether these recommendations are aspirational or rhetorical in nature. The group agrees that housing is imperative not just on campus but across the state, and discussed how something like this would work. Discussed attempting to get some kind of assurances to include housing with this project. It was also suggested to have a process for interested parties to begin moving forward on the housing needs. Housing has been mentioned and prioritized in all ASH workgroups and meetings. The group agreed to the list of Phase I suggestions and added family services and supports. A member will provide the group an update on the exemption process to the RFI/RFP for government to government agencies.

Phase II
A member suggested that inpatient acute psychiatric care and other behavioral health and wellness recovery be included in phase II. The group agreed to both of these items. The group discussed where behavioral health crisis services should be included. A member shared that HHSC has been holding meetings to look at some priorities and asked if that’s been taken into
consideration. The group discussed what crisis services would look like and how it could potentially serve the community. A member suggested that behavioral crisis services may be better suited to local control instead of centralized on the ASH campus. It was suggested that crisis services may look different, be more innovative, utilize technology in order to provide those services throughout the catchment area. The group agreed to put behavioral health crisis services in phase II.

Phase III
The group reviewed the remaining grey list box items of ambulatory care, academic research, physical healthcare services, and housing for visiting family and/or support system. The current family housing is still on campus; however, it is outdated. The group asked for data on the usage if possible. Based on feedback, this item may need to be moved to a different phase. The group clarified what ambulatory care means. Discussed potentially removing ambulatory care and adding it to the outpatient brain healthcare. Discussed importance of physical healthcare due to heightened rate of comorbidities. The group agreed to move this to Phase II.

Final Phased Approach List
Phase I
- Supported housing
- Long-term care facilities
- Outpatient brain healthcare
- Peer led services and supports
- Family services and supports

Phase II
- Inpatient acute psychiatric care
- Behavioral health crisis services
- Physical healthcare services
- Other behavioral health and wellness recovery-oriented services, features and innovative uses

Phase III
- Academic Research
- Housing for visiting family and/or support system (pending usage data)