MINUTES
ASH Redesign Peer and Family Work Group
Thursday, August 26, 2021 • 2:00 PM – 3:00 PM • Conference Call

Agenda
1. Welcome and introductions
2. ASH Redesign Background
3. Logistics
4. Phase III Peer and Family Work Group Goals
5. ASH Peer Services
6. Next Steps
7. Close

Attendees
Noah Abdenour, Darrin Acker, Lauv Bruner, Sonja Burns, Dulce Gruwell, Greg Hansch, Sydney Harris, Parker LaCombe, Felicia Mason-Edwards, Cory Morris, Daniel Owens, Peggy Perry, Karen Ranus, Jody Shulz, Francela Williams

Minutes
Welcome and Introductions
Group was welcomed, agenda was reviewed and each member introduced themselves. Shared who the co-chairs would be and who the DMS and HHSC support team is.

ASH Redesign Background
Group reviews ASH Redesign principles, background, and progress. It was suggested to get more details regarding the project to go to ashredesign.org for full details. A brief overview was provided on state-wide hospital redesign efforts. For more information on all hospital redesigns, please go HERE.

Logistics
Expected timeline for the workgroup was briefly reviewed.

Phase III Peer and Family Group Principles & Goals
Co-Chairs reviewed group principles and goals:

Principles
• People first
• Strive for diversity and coordinated efforts with HHSC and ASH Redesign

Goals:
• Research peer and family collaborative programs to integrate into the campus (Aug 21 – Jan 22)
• Develop specific expansion of peer services and propose to legislature, as necessary (Aug 21 – Jan 21)
• Recommend alternative practices to hospital approach (Feb 22 to July 22)
Member asked if the group would be able to focus on any other goals besides the three goals identified. Confirmed that committee could create goals beyond these initial goals, as they were put forward in the last phase. Group consensus could lead to adding further recommendations. The phase 2 identified goals are a way to focus on specific, potential actionable items. Member recommended that instances of “peer services” language in the goals should distinguish “family services” as well.

**ASH Peer Services**
Co-chair gave update on peer services today with respect to ASH, with a quick overview of the peer support program. Member comment that strategic statutory items with respect to HHSC could align with ASH peer service and committee goals. Member could provide update on HHSC peer services unit next meeting.

**Next Steps – Brainstorming Goals 1 & 2**
Reviewed next steps to brainstorm for addressing goals 1 and 2. DMS team will create a Qualtrics survey to collect input on Next Step questions so that members can input throughout the time before the next meeting. This input can also be emailed. It was explained that next meeting will also have a jamboard process for input.

**Questions and Discussion for Goal 1 – Peer and Family Collaborative Programs:**
**Questions:**
- What programs are currently in the ASH service area (campus and continuum) that successfully use peer supports and person-centered practices?
- If we were to dream of the possibilities, how could we expand or add to what currently exists?
- Are there best practices from programs across the state or country that can be integrated into our current programs or that we can create for the ASH service area?
- Is there data to confirm these “best practices”?
- What are the barriers to bringing new or expanded practices to ASH (besides expense)?

Member asked question regarding whether the first question for Goal 1 meant external to the hospital. Clarification to that question was that external programs could be partnered on campus, in partnership with the hospital. The hope is that the campus provides area and space to show best practices, and that can be duplicated to other areas of the catchment. Member noted that there are a lot of state strategies rolling out, where pilots are possible, particularly with respect to peer-based efforts.

Member noted that it is important that this group have a say in what happens with other groups, and take advantage getting data – looking at what we don’t fund as much as what we do fund; money not being spent on care contributes to homelessness and incarceration. Member indicated data collection is critical, and where state peer office has more say. Member highlighted that another critical issue is staff and workforce barriers to pay. What else could be introduced that Medicaid could reimburse? Member indicated that for the ASH academic group, it might be helpful to consider UT Law as a partner, particularly for IDD advocacy.

**Questions and Discussions for Goal 2: Expansion of Peer Services**
**Questions:**
• Where is peer expansion needed (hospital, campus, continuum)?
• What are the barriers to expansion?
• What type of approaches currently have been proven effective in outreach after discharge ensuring peers stay connected?
• Are there models/best practices elsewhere that can be integrated at ASH? What are the barriers?
• Are there AOT models that incorporate peer supports for people to access or AOT programs that are more person-centered anywhere that should be considered?
• How does HHSC receive feedback from peer and family?
• What can we do to ensure better communication with HHSC as we engage in this next phase of work?

In discussion of Goal 2, a member asked, “is ASH collaborating with Harris County and SASH.” The answer to this question is that HHSC brought the efforts together, and on a casual level there has been communication; it is a great suggestion to bring the teams back together. Member further indicated with respect to collaboration and data, as there are data subcommittees to the JACFS and JCMH. Member further noted that the Housing Choice Plan addressed gaps in housing, and could be further useful to this committee in connecting efforts across ASH efforts. Follow up with HHSC after housing committee is that the Choice Plan is still routing through review.

Question around ensuring input and voice from people with lived experience to ensure true diversity prompted discussion. Member asked with respect to Qualtrics input survey if it could be shared with networks. This question will be run by DMS team to see if this can be shared with others, as there is value to the survey being disseminated for a diverse perspective.

Close
Co-Chairs and DMS support team will review meeting suggestions and provide next steps for the group. Notes and PP will be sent out early next week, and we will look at scheduling extended session for addressing Goals 1 & 2.

Resources
• ASH Redesign Project Website
• All HHSC Hospital Projects
• Work Group Timeline