



**Austin State Hospital Redesign
Peer and Family Committee Recommendations
October 13, 2020**

Build a Collaborative Continuum of Care

- The Austin State Hospital System Redesign efforts, including committees, work groups, focus groups and surveys, should include the participation of a diverse range of critical stakeholders (such as law enforcement, providers, advocacy groups, etc.), in addition to people with lived experience and family members. These stakeholders should make recommendations that effect change in all areas of operations of ASH and necessary post-hospitalization community services and supports (e.g., peer services, housing, employment, social services, etc.). All Redesign recommendations should center the principles of self-determination and person-centered practices. The engagement of stakeholders should be recognized as essential to future discussions and deliberations.

Create alternative Peer Supported Programs for Competency Restoration

- Maximize best practices in diversion and restoration services and utilize the Sequential Intercept Model to identify gaps in diversion opportunities. Ensure that community competency restoration services are supported with appropriate community supports that promote recovery (housing, psychosocial services, medication, etc.). Ensure peer supports and services are incorporated into diversion and restoration programs and services.
- Support the Joint Committee on Access and Forensic Services (JCAFS) recommendation for the creation of a Office of Forensic Services at HHSC, where a strategic plan can be developed to give Texas the opportunity to collect data in a centralized location and allow for the opportunity to create data-driven change and implement evidence-based practices.

Establish Peer and Family Collaboration Programs

- Develop a collaborative that includes peers and family members to develop a peer-driven Assisted Outpatient Treatment (AOT) model. Explore best practices and other models that have shown success in using peer supports and person-centered practices, especially those that are not focused solely on medication compliance. Develop recommendations that support people living with mental health conditions to understand system requirements and educate all stakeholders on the importance of self-determination in the process of recovery.
- Peer support services should be continued post-hospitalization by using a proactive outreach approach. Policies should be established that make available community visits on a periodic basis to help support successful transition to the community.
- The Peer Services Unit at HHSC should be consulted throughout the development of recommendations and should help to standardize practices across the state hospital system. A community needs assessment of peer support services throughout the catchment area should be conducted.

Create Alternatives to Hospital Approaches that Complement and Extend the Medical Model

- Non-medical approaches to recovery including WRAP (Wellness Recovery Action Planning) and other peer-led models (e.g., individual support, peer-led groups, recreational therapies, community immersion supports, whole health approaches, etc.) should be emphasized and utilized.

Ensuring Diverse Representation of Family and Peers in Redesign Efforts

- Maximize and utilize the expertise of the Peer Services Unit at HHSC as a part of the ASH Redesign planning and implementation.
- Increase reimbursement rate for Medicaid peer services to more appropriately reflect the value of the work they do and the services they provide; prioritize the critical impact that peers can have in hospital care and in sustaining long-term recovery within the community.
- Encourage and ensure the involvement of peers and family members in all aspects of the process and strive for more diverse input beyond designated representatives of peer and family organizations.
- Engage and promote town halls featuring robust dialogue on community needs.