

ASH Brain Health System Redesign Communications Strategy Plan, **version 4.0**

Executive Summary

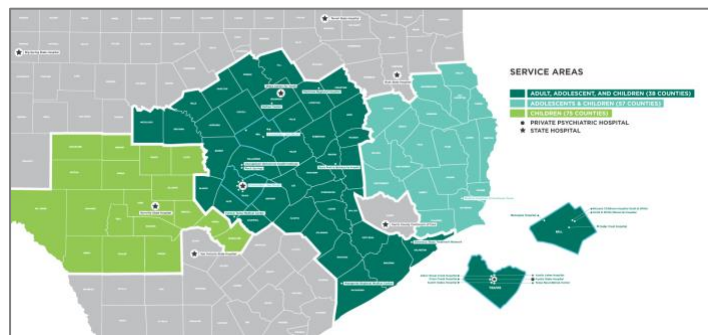
The Design Institute for Health, in collaboration with the Communications Subcommittee, has prepared a Communications Strategy Plan for the preplanning and planning phases of the ASH Brain Health System Redesign. The plan identifies seven communications objectives and two core audience segments: internal and external. The internal audience focuses on project leadership and their networks. The external audience segment prioritizes five groups for these early phases: public officials, law enforcement, professional organizations and associations, mental health justice system, and media. Three core communications strategies are identified to reach the audiences and meet the objectives using modern methodologies. A digital toolbox will serve to align the internal audience. For the external audience, a set of outreach opportunities coupled with an online final report are designed to inform the five key audiences across the large service area. Next steps are to build and launch the components in November and December 2018. The plan includes the current version (4.0) of approved initial messages and FAQ's which will continue to be updated.

Introduction

One in five Texans – more than five million people – experience a mental health condition each year, requiring increasing investment by Texas to help to address these conditions and improve the lives of its citizens. As part of that response, the Texas Legislature invested \$300 million during the last legislative session for improvements to the state’s psychiatric hospitals. The Texas Health and Human Services Commission (HHSC) contracted with Dell Medical School at the University of Texas at Austin (Dell Med) to lead a collaborative, \$15.5 million preplanning and planning phases of redesigning the Austin State Hospital (ASH) that serves 38 counties for adults, 57 counties for adolescents, and 75 counties for children. ([Appendix A](#)).

The Austin State Hospital Brain Health System Redesign (Redesign ASH) is a unique opportunity to reimagine not just a hospital, but the entire continuum of care for brain health for the Austin State Hospital (ASH) service area and beyond. From a communications perspective, it is an opportunity to do what has not been done for brain health conditions: talk about it openly and share information. The communication of this work is poised to help demystify mental health and address the stigma of mental health conditions through understanding, information, and knowledge. It is also an opportunity to see this complex challenge together – as a community – across the dozens of counties served by ASH.

Figure 1: Austin State Hospital Service Area - Appendix A



Dell Med has convened a steering committee of key stakeholder groups from across the region ([Appendix B](#)) who see the ASH Brain Health System Redesign (ASH Redesign) as a unique opportunity to reimagine not just a hospital, but also the entire continuum of care for brain health. Using a patients-first approach, the ASH Redesign aims to optimize the overall operational budget through efficiencies that serve more people per tax dollar by delivering the right care at the right time in the right place. This approach is especially useful in redesigning how we care for mental illness, these brain disorders are among the most misunderstood and stigmatized sets of medical conditions affecting humankind.

Dell Med’s primary task of the preplanning and planning phases is to deliver a master plan and recommendation for the Austin State Hospital to HHSC in advance of the 86th legislature in order to secure support to continue into the next phases of the project. As such, this communication strategy plan is focused on the audiences and goals of the planning phase, which will go through the final months of 2018 and into the 86th Legislature. This plan has been collaboratively created by the Communications Strategy Subcommittee (listed in [Appendix B](#)) and will be presented to the Steering Committee for approval and next steps.

ASH Planning Phase

Communication Objectives

On June 5th, the Design Institute for Health hosted a Communications Workshop ([Appendix C](#)). At the workshop, we reviewed proposed communications objectives and synthesized feedback ([Appendix D](#)). Below is the revised set of objectives.

ASH Brain Health System Redesign communications will:

1. Continue to emphasize the importance of putting people first – the right care at the right place at the right time.
2. Establish a voice, shared language, and messages that use plain and empowering language.
3. Align project leadership around a consistent message.
4. Engage stakeholders in a conversation that elevates mental health for everyone.
5. Reframe the opportunity from a facility redesign to a system redesign.
6. Share the vision and project status with stakeholders in a manner that is transparent and timely.
7. Make visible the whole continuum of mental health needs and services.

Audiences

In the June 5 workshops, key audiences for communication were identified based on the following goal for the planning phase, which served as a guide:

Planning Phase Goal: Funding the Next Phase

Across ASH Service Area, who are the community stakeholders (to inform about our work) who are the credible sources of information on the topics of mental health and its policies and funding?

A list of key audiences for the project are sorted relative to their role on this project as “Internal” or “External” noting that many of the “Internal” audiences come from many different organizations who are contributing to the leadership of this project.

“Internal” audience (project leadership and their networks)

This audience is comprised of key segments who will **deliver communications and information**. This audience will need more in-depth information about the project based on their leadership role and work on the project. From an educational standpoint, we want project leadership to be in a position to speak consistently on behalf of the work and provide an informational resource to stakeholders and the “External” audience. As such, we will provide this audience with information, to consistently communicate about ASH Brain Health System Redesign. The “Internal” audience is primarily comprised of the ASH Brain Health System Redesign steering committee and its subcommittees, working groups, and engagement groups ([Appendix B](#)).

Figure 2: Steering Committee Structure



Media Contacts have been identified as:

- Carrie Williams, HHSC Chief Press Officer: carrie.williams@hhsc.state.tx.us, 512-497-5230 (Alternate: Christine Mann christine.mann@hhsc.state.tx.us 512 424-6951)
- In coordination with: Shahreen Abedin, Dell Medical School Media Relations: shahreen.abedin@austin.utexas.edu, o: 512-495-5062, c: 347-419-2657

Approved Media Spokespersons:

- Steve Strakowski, Dell Medical School Chair of Department of Psychiatry, Chair of ASH Redesign
- Mike Maples, Texas HHSC Deputy Executive Commissioner, Health & Specialty Care System

General Communications/Outreach Contact (speaking and briefing requests, etc.):

- Kat Jones: katherine.jones@austin.utexas.edu, c: 512-633-6979

Below is a matrix of communication infrastructure provided by these leaders and their organizations. Updates will be available for these organizations to use with their networks. Designated spokespersons for media are Steve Strakowski and Mike Maples.

Communications Resource Matrix

Organization	Communications, Media, Social Media Leads	Newsletter Name, Frequency, Size	Social Media (twitter, FB), followers
Communities in Recovery	Valerie Milburn (Communications Contact) valeriemilburn@mac.com Sapna Aggarwal (Social Media) sapna.aggarwal@gmail.com	n/a	FB 1.6k likes
Dell Medical School	John Daigre (Communications Lead) john.daigre@austin.utexas.edu Shahreen Abedin (Media) shahreen.abedin@austin.utexas.edu Kim Berger (Social Media) kimberly.berger@austin.utexas.edu Hannah Jane Collins (Newsletters) hannahjane@austin.utexas.edu	Need to Know (Internal Dell Med, ~2k, every other Tues) Dell Med Newsletter (External, ~200k, monthly)	@DellMedSchool - 11.8k followers FB DellMedicalSchool 7.5k likes
Hogg Foundation	Kate Smallwood (Communications Manager) kate.smallwood@austin.utexas.edu Ike Evans (Public Affairs Representative) imani.evans@austin.utexas.edu	Mental Health Headlines (External, ~3.5K, every Saturday) Hogg News (External, ~4500k, every other month)	@HoggFoundation – 1951 followers FB hoggfoundation – 2573 likes
Integral Care	Anne Nagelkirk (Communications, Media and Newsletters) anne.nagelkirk@integralcare.org Elliot Mayo (Social Media) elliott.mayo@integralcare.org	All Things Integral (Internal Integral Care, ~800 monthly) Transparencies (External, ~2500 monthly)	@IntegralCareATX – 1.1K followers FB IntegralCareATX – 2.3K likes
Meadows Mental Health Policy Institute	Allison Castle (Communications) acastle@texasstateofmind.org Stephanie Cunningham (Social Media) scunningham@texasstateofmind.org	n/a	@TXMind – 2387 followers FB Texas State of Mind – 1541 likes
NAMI Austin	Christina Schneider (Community Relations Coordinator) christina.schneider@namiaustin.org	NAMI Austin eblast 2x/month	@NAMIAustin – 3010 followers FB – 2574 likes
Senator Kirk Watson	Communications lead: Kate Alexander kate.alexander@senate.texas.gov	biennial to about 200,000 (next one in late summer/fall after 2019 session) Watson Wire email newsletter: frequency varies (whenever) to about 18,400	@KirkPWatson – 26,000 followers FB: 39,250 likes

“EXTERNAL” Audience

This audience is comprised of key segments who will **receive communications and information**. This audience will need higher-level information about the project based on their roles in the community at large/system overall and are the key audiences to educate and inform about this work. The key external audiences include five audience segments noted below are further profiled and described in [Appendix G](#): Key “External Audience” Segment Personas/Descriptions.

- Public officials
- Law enforcement
- Professional organizations and associations
- Mental health justice system
- Media

These five audiences received the most “votes” at the June 5, 2018 communications strategy workshop. Other audiences considered included: donors, business and chambers of commerce, peers (lived experience), government agencies, mental healthcare providers, school districts, historical societies, family (of people with mental illness), faith-based organizations, people with mental illness, non-profit and advocacy organizations, neighborhood associations, healthcare providers, self-insured employers/insurers, colleges and universities, and first responders/EMS.

Communication Strategy and Methods

CORE STRATEGY: Align and equip project leadership (primarily designated spokespeople and steering committee, but also subcommittees, work groups, engagement groups) to be the primary mechanisms of consistent communication to their networks about information regarding the ASH Brain Health System Redesign Planning Phase. Dell Med will develop a set of core messages/talking points/FAQ about the project to be pre-approved by HHSC, which will then be provided to project leadership. Communication will center around three core resources to support and execute on this strategy:

1. Digital Toolbox: Create and deliver communication resources, assets, tools, content, for project leadership to communicate consistently
2. Outreach Opportunities: Identify and coordinate opportunities (conferences, briefings, media interviews, etc.) for project leadership and designated spokespeople to inform and educate key audiences about ASH Brain Health System Redesign.
3. Online Final Report: Present the final report delivered to HHSC online as a website that is easy to read, convenient to access, and also easy to download and print portions or all of the report.

	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Editorial Themes	<i>Introduction + The Need</i>	<i>Introduction + The Need</i>	<i>The Solution</i>	<i>The Ask</i>	<i>86th Legislature Active</i>					
Resources	<i>Design Institute, Communications Subcommittee, Project Leadership</i>				<i>Project Leadership (Sydney Harris, Lauv Bruner)</i>					
Digital Toolbox	<i>Plan</i>	<i>Create</i>	<i>Create Launch</i>	<i>Iterate Support</i>	<i>Update Support</i>					
Outreach Opportunities	<i>Coordinate /Plan</i>	<i>Coordinate /Plan Outreach</i>	<i>Active Outreach</i>	<i>Support</i>						
Online Final Report		<i>Plan</i>	<i>Create</i>	<i>Create Launch</i>						

Strategy 1: Digital Toolbox:

ASHredesign.org (Internal Audience Landing Page) – a password protected digital hub for project leadership to access assets, plans, and communications tool. (August-Nov create base and launch in November). The Digital Toolbox may contain:

CALENDAR (Nov 2018-June 2019)

- Committee Meetings
- Key Conferences
- Communication Opportunities/Briefings, etc.

CONTENT (Digital)

- Messages, FAQ, Talking Points (pre-approved by HHSC)
- Presentations
- Visual Assets (maps, logos, photos, images, illustrations, etc.)
- Project Updates:
 - Social Media Assets
 - Newsletter/Email Assets

PROJECT RESOURCES

- Committee Updates/Key Deliverables – Appendices to Final Report
- News/Media Archive – Links to media covering this project
- Meadows Quantitative Data: Link to Dropbox Paper
- Design Institute Qualitative Fieldwork Report
- Design Institute Integrated Service Design Blueprint
- References/Seminal Papers

REQUESTS/QUESTIONS/NEEDS

- General Communications Contacts
- Designated Spokespersons
- Media Contacts

Strategy 2: Outreach Opportunities

Below is an initial list of opportunities identified for outreach consideration (noting that some have already occurred):

- **Conferences**

Below is a list of relevant conferences where leadership may be speaking or could seek speaking opportunities to communicate to key external audiences.

- Texas Tribune – Festival 9/27-29
- Texas Hospital Association – Regional Legislative Town Halls: 8/29, 9/5, 9/20/10/10,10/23/10/30
- NAMI Texas – Speak Your Mind Conference 10/26-27; NAMI Austin Walk 9/29
- Texas Medical Association – 9/28-29 Fall Conference; 11/30-12/1 Advocacy Retreat
- Texas Psychological Association – 2019 Annual convention 10/31 – 11/2
- Correctional Management Institute of Texas – Mental Health Conference 10/23-26
- Texas Council of Community Centers – Conference June 20-22, 2018 – group meets quarterly (*Kate Smallwood has a connection to Lee Johnson + Integral Care can connect*)

- **Informational Briefings: 1:1 Conversations**

Below is a list of key audiences to inform and educate about our project work.

- Public Officials 1:1 briefings
 - Appointed and elected officials across ASH Service Area ([see maps](#))
 - Gov. Abbott/staff (Heather Fleming)
 - Lt. Gov. Dan Patrick/staff (Jessica Olson)
 - Speaker (TBD)
 - Senate Health and Human Services
 - Senate Finance – Chair Jane Nelson + Committee members from ASH service area; Senate Finance Article II staffer Stacy Gilliam
 - Senate HHS Committee Director Jonathan Connors
 - House Appropriations: Chair John Zerwas, Rep. Sarah Davis (chair Article II subcommittee) in addition to committee members that represent catchment area.
 - House Public Health Committee - Chair Four Price
 - House Select Committee on Opioids & Substance Abuse - Chair Four Price, Vice-Chair Joe Moody, Senfronia Thompson

- House Rep. Darby
 - Austin City Council Mayor Pro Tem Kathie Tovo (District 9* ASH)
 - Austin City Council member Alison Alter (District 10* ASH)
 - Austin City Council Member Leslie Pool (District 7 – near ASH, lives in Rosedale)
 - Austin City Council Member Delia Garza (Interested)
 - Austin City Council Member Greg Casar (Interested)
 - Travis County Judge Sarah Eckhardt + all county judges/commissioners in catchment area
 - Texas System of Care (*Consortium focused on children and adolescents that advises HHSC, established by the legislature and composed of individuals from agencies across HHSC, Department of Family and Protective Services, Texas Education Agency, Texas Department of Criminal Justice, Texas Juvenile Justice Department, etc.*)
 - HHSC Behavioral Health Advisory Committee
- Law Enforcement
 - Local police chiefs and departments
 - Texas Municipal Police Associations
 - Texas Association of Counties
 - Texas Justice Court Training Center
 - Police Chiefs (75)
 - Local Sheriffs
 - Sheriff’s Association of Texas + TCSO Crisis Intervention Team Leadership
 - Sheriffs (75) - Prioritize Republicans, areas with the most people, highest rate of admission to ASH and/or most powerful local leadership
- Associations/Professional Organizations (noting that some statewide organizations may not be as interested since ASH does not serve all their constituencies across the state)
 - Texas Council of Community Centers
 - NAMI (Chapters throughout ASH service area)
 - Texas Medical Association
 - Texas Hospital Association
 - Texas Association of Counties
 - Texas Counseling Association

- Texas Sheriffs' Association
- Correctional Management Institute of Texas
- The National Child Traumatic Stress Network
- Texas Rural Health Association
- American Psychiatric Nurses Association – Texas Chapter
- Texas Psychological Association
- Texas Crisis Intervention Team Association
- Behavioral Health Advocates of Texas
- Texas Nurses Association
- Texas Society of Psychiatric Physicians
- Federation of Texas Psychiatry
- TORCH
- Texans Care for Children
- Center for Public Policy Priorities
- Texas Coalition for Healthy Minds
- Via Hope/ Texas Mental Health Resource
- Travis County Medical Society

- Judicial
 - Municipal Judges for Mental Health in ASH Service Area
 - Bexar County Judge Polly Jackson Spencer
 - Judge Nancy Hohengarten, Austin
 - Judge Guy Herman, Austin
 - Judge Dan Prashner, Austin
 - Judge Needles (Chair, Travis County Behavioral Health Criminal Justice Advisory Committee)
 - Travis County DA Margaret Moore
 - Judicial Commission on Mental Health (in ASH Service Area)
 - Camille Cain, Austin
 - Jerry Davis, Austin
 - Dr. Tony Fabelo, Austin

- Sonja Gaines, Austin
- Adrienne Kennedy, Austin
- Mike Maples, Austin
- Dr. Octavio Martinez, Austin
- Hon. Stacey Matthews, Round Rock
- Beth Mitchell, Austin
- Hon. Harriet O'Neill, Austin
- Reginald Smith, Austin

- **Community Events + Neighborhood Associations**

- 6/18 4:30pm Travis County Psychiatric Stakeholders
- 7/30 4:30pm Travis County Psychiatric Stakeholders
- 12/3 4:30pm Travis County Psychiatric Stakeholders
- 12/3 7pm Hyde Park Neighborhood Association
- Rosedale Neighborhood
- NAMI Austin monthly meeting

- **Traditional Media and Op-Ed's**

1. Local news

- The Daily Texan
- Blanco County News
- Brenham Banner Press
- Bryan College Station Eagle
- Burleson Star
- Burnet Bulletin
- Cameron Herald
- Fayette Country Record
- Fort Bend Sun
- Gulf Coast Tribune
- Hays Free Press

- Killeen Daily Herald
 - Lampasas Dispatch Record
 - Temple Daily Telegram
 - Waco Tribune Herald
2. Local news stations & shows
- KUT
 - Austin Chronicle
 - KXAN
 - KVUE
 - FOX7
 - CBS Austin
3. Texas Tribune: Marissa Evans (reporter); Edgar Walters (reporter)
4. Regional news in ASH Service Area
- Austin American Statesman; Julie Chang (reporter); Mary Huber (reporter); Andrea Ball (reporter); Mark Wilson (reporter)
 - Austin Monitor
 - Austin Business Journal
 - Houston Chronicle: Mike Ward (bureau chief)
 - San Antonio Express News
 - Dallas Morning News: Bob Garrett (bureau chief)
 - Community Impact
 - Texas Observer: (Ike Evans has an interested contact)
 - Texas Standard - David Brown
 - Decibel-short online pieces created for KLRU by Judy Maggio
5. National/State Media
- New York Times
 - Washington Post
 - Wall Street Journal
 - Kaiser Health News

Strategy 3: Online Final Report

The final report will be delivered as an online resource accessible from desktop or mobile devices. The online report may be a freestanding website: ASHredesign.org or be presented on a subdomain of Dell Medical School (ASHredeisgn.dellmed.utexas.edu). The report will be viewable on the website with links to appendices and maps dynamically available. There will be a print menu that allows either the report or any of the appendices to be printed as PDFs. Analytics will capture site visits, unique users, page views, time on site, and downloads.

Measures of Success

Objectives						
1	2	3	4	5	6	7
Continue to emphasize the importance of putting people first – the right care at the right place at the right time.	Establish a voice, shared language, and messages that use plain and empowering language.	Align project leadership around a consistent message.	Engage stakeholders in a conversation that elevates mental health for everyone.	Reframe the opportunity from a facility redesign to a system redesign.	Share the vision and project status with stakeholders in a manner that is transparent and timely.	Make visible the whole continuum of mental health needs and services.
Milestones						
Talking Points and FAQs	Talking Points and FAQs	Digital Toolbox Usage	Outreach/Briefings	Talking Points and FAQs	Final Report + Outreach	Final Report + Outreach
Measures						
Message alignment in usage: media, presentations, leadership	Empowering and plain language usage: media, presentations, leadership	Toolbox analytics Message alignment in usage: media, presentations, leadership	Briefings and presentations to external audiences identified	Message alignment in usage: media, presentations, leadership Funding beyond the hospital	Online report analytics and downloads	Message alignment in usage: media, presentations, leadership Funding beyond the hospital

Messages

Project Name: Austin State Hospital Brain Health System Redesign
Shorthand: ASH Brain Health System Redesign
ASH Redesign

Coordinated Lexicon of Empowered, Plain Language (see [Appendix H](#))
Also includes list of commonly used acronyms.

Principles

1. **Patients first:** The right care at the right time in the right place
2. The best evidence-based models for care
3. A platform for brain healthcare innovation and delivery across the service area
4. Collaboration among academic, public and private partners
5. Elimination of the over-reliance on jails, hospitals and ERs
6. Programs and facilities in which cost reflects needed level of care
7. Optimization of the operational budget in the ASH service area, enabling more people to be served per tax-dollar

Qualitative Fieldwork Key Insights (see full Qualitative Fieldwork and Stakeholder Findings Report [Appendix E](#))

1. Mental illness is lived through the process of recovery, not quick fixes.
2. Individual people cannot be the only bridges to the continuity of care.
3. Not attending to people's needs outside of crisis is interpreted as a shortage of beds.
4. The opacity of how we care for people with mental illness leaves everyone in the dark.
5. Anticipating and planning for relapse is a better strategy than waiting for crisis.
6. Without the guidance of a shared plan, the revolving door of fragmented care erases individual progress.
7. Stigma and fear isolate people, when they most need connection and information
8. The focus on security during crisis holds back the transition to the healing care necessary for recovery.

Project Overview/Description

Brief version:

Reimagining Mental Healthcare

Texas lawmakers are investing in new and better ways of caring for the mental health of all Texans. Texas Health and Human Services is embarking on a multi-year project to expand, renovate and transform the state psychiatric hospital system. HHSC is partnering with Dell Medical School at The University of Texas at Austin to bring its fresh approach to redesign the Austin State Hospital. In collaboration with a range of partners, Dell Med aims to make the ASH Redesign the cornerstone for an improved system of person-centered brain healthcare delivery, positioning Texas as a leader in brain health system transformation.

Standard version:

Reimagining Mental Healthcare

One in five Texans – more than five million people – experience a mental health condition each year, requiring increasing state investment by Texas to help to address these conditions and improve its residents' lives. As part of that response, the Texas Legislature invested \$300 million during the last legislative session for improvements to the state's psychiatric hospitals. The Texas Health and Human Services Commission (HHSC) contracted with the Dell Medical School at The University of Texas at Austin (Dell Med) to lead a collaborative, \$15.5 million preplanning and planning process to redesign the Austin State Hospital (ASH), a facility that serves 38 counties for adults, 57 counties for adolescents, and 75 counties for children.

Dell Med has convened a steering committee of key stakeholder groups from across the region – all of whom see the ASH Brain Health System Redesign (ASH Redesign) as a unique opportunity to reimagine not just a hospital, but also the entire continuum of care for brain health. Using a patients-first approach, the ASH Redesign aims to optimize the overall operational budget through efficiencies that serve more people per tax dollar by delivering the right care at the right time in the right place. The priority on patient care guides every aspect of the design of the physical structure and delivery of care services, for example: single rooms, outdoor access, better sightlines for nurses, evidenced-based models of care, and care that is sensitive to a person's life experiences. This approach is especially useful in redesigning how the state cares for mental illness. Brain disorders are among the most misunderstood and stigmatized sets of medical conditions.

Dell Med's primary task in the preplanning and planning effort is to deliver a master plan and recommendation for the Austin State Hospital to HHSC in advance of the 86th Legislative Session in order to secure support and funding for the next phases of the project.

Frequently Asked Questions

1. What has the first \$15.5 million paid for?

"If we are going to build this, be sure to do something great."

The current preplanning and planning efforts go beyond simply replacing the hospital. As part of a larger system, we are looking at the entire brain health continuum of care serving Texans. The planning phases ensure that we will fully understand what is required to fulfill the vision – at a size to accommodate the need, and with forward-thinking models that allow for future developments. As part of this process, we want to determine how to optimize the investment in brain health care for our fellow citizens, positioning Texas as a leader in brain health system transformation.

More detail:

- The Legislative Budget Board has set aside \$2.5 million for pre-planning and \$13 million for the full planning process.
- Phases include Pre-planning (the exploratory phase where community need, resources, master planning, and specific building design features are considered) and the Planning phases (planning, design, and construction preparation for the new hospital and supporting systems).
- Dell Med has convened a steering committee of key stakeholder groups from across the region that are contributing a wide range of perspectives to this process.

2. Why does this need to happen?

The time has come for not just a new building, but also a new vision of brain healthcare for Texas. ASH has many buildings that are outdated, no longer adequately serving their intended purpose. We are striving to invest smartly in the campus' redesign through a robust, efficient planning phase that will optimize taxpayers' investments in this new hospital, and make Texas a leader in brain healthcare.

More detail:

The Austin State Hospital (ASH) has served Texans for more than 150 years. ASH sits on an aging campus with extreme infrastructure limitations, presenting challenges for patients and staff. The majority of the buildings actively used for patient care are more than 60 years old and generally in disrepair. Many of the buildings on the ASH campus are out-of-date and unsafe for use. These issues also jeopardize Joint Commission accreditation and Medicare certification. In addition, updated buildings would facilitate the use of best practices in the provision of evidence-based services.

Reductions in state hospital capacity have resulted in lengthy waits for hospital beds, which creates pressure on jails and emergency rooms. ASH serves a mixture of civil and justice-involved patients — these patients have separate and unique needs that all must be addressed efficiently. The State of Texas has committed to replacing ASH with a modern brain healthcare facility as part of a larger redesign of the brain healthcare delivery system, both in the ASH Service Area and the state more generally.

3. What is the timing?

- Pre-planning phase: February 2018- December 2018
- Planning phase: December 2018- November 2020
- Construction phase: October 2019 – May 2023 – *This timeline is dependent upon additional legislative appropriations.*
- Move-in phase: June 2023 - The actual date hospital can begin admitting patients. *This timeline is dependent upon additional legislative appropriations.*

4. What are the plans?

The core guiding principle of the ASH redesign is “Patients First.” We are currently in the planning phases, and we will not have specifics about the exact site plan and new hospital until 2019 or 2020. The ASH Redesign team is partnering with the community and a diverse set of stakeholder groups to work together in this effort. The ASH campus will remain state-owned and part of a larger hospital system; HHSC is not planning to sell any part of the 90-acre campus at this time.

5. Why Brain Health (rather than mental health or behavioral health?)

Mental illnesses are among the most misunderstood and stigmatized medical conditions affecting people worldwide. Stigma and fear isolate people who most need connection and information. This redesign is an opportunity to change the way we perceive mental health and reduce stigma. These conditions are now widely recognized as brain dysfunctions. Through our planning phase research, we have learned that the term “brain health” does not hold the existing stigma that *mental health* often carries. Brain health appropriately expresses these issues as the medical conditions they are, rather than just sets of behaviors that are often judged, feared and misunderstood.

More detail:

Mental illnesses are the leading cause of disability worldwide — they are among the most common major medical conditions affecting humankind. A mental illness is a brain disease that disrupts thought, emotions and behavior, sometimes resulting in significant suffering for affected individuals and families, premature death and suicide, and an inability to thrive socially and at

school or work. Many mental illnesses are recurrent or chronic, requiring lifelong management and care.

6. What are the core principles guiding the effort?

HHSC established three guiding principles for the state hospital improvement projects:

- Unparalleled care
- Easy access
- Systems-based continuum of care

Dell Med established seven guiding principles for the ASH Brain Health System Redesign

1. **Patients first:** The right care at the right time in the right place
2. The best evidence-based models for care
3. A platform for brain healthcare innovation and delivery across the service area
4. Collaboration among academic, public and private partners
5. Elimination of the over-reliance on jails, hospitals and ERs
6. Programs and facilities in which cost reflects needed level of care
7. Optimization of the operational budget in the ASH service area, enabling more people to be served per tax-dollar

7. Where will the new hospital be located on the ASH Campus?

The master plan work is ongoing. Generally, the southwest area of campus, along Lamar has been identified as the best choice for placement of the new hospital.

8. Will any existing buildings be removed?

It's likely that some buildings will be removed; which ones will be determined in the next phase of work (to be conducted with the architecture/engineer firm selected to design the hospital). There are several buildings in that area that are no longer in use or that are in need of repair and others that are being considered for integration into the new hospital's structure and/or operations.

9. What will happen to the existing hospital and patients?

During construction of the new hospital, all current ASH hospital buildings and operations will remain in place. Construction work will be designed to create the least amount of disruption to current operations on the campus. In the future, after the new hospital is built, it is likely that the existing hospital structures — those in need of replacement — will be taken down, but the master planning work is still ongoing.

10. Will utilities be relocated?

We do not know at this point.

11. What size building is planned?

The steering committee and HHSC are currently planning to construct an adult hospital with a minimum of 240 beds (preferably designed as single patient rooms) that may be two or three stories. The final size of the hospital depends on how much legislative funding is secured in the 86th session.

Key Facts

- Brain Disorders
 - 1 in 5 people experiences mental illness

- 1 million Texans experience serious mental illness each year
 - 7 million (1/4 of all Texans) have some level of mental illness
 - 1.6 million live with substance use disorders
 - Teen suicide rate in Texas is 12%, national average is 7% [NPR](#)
 - Suicide rates are surging and in 90% of cases, there is an underlying untreated/undiagnosed/undertreated mental health issue.
<https://www.cdc.gov/vitalsigns/suicide/index.html>
 - 75% of Texas voters have a friend or family member who has experienced a mental health need [Meadows](#)
 - Over half of all adults who are incarcerated in U.S. prisons and jails have at least one mental health condition. [Hogg Foundation](#)
- Austin State Hospital
 - ASH service area serves 38 counties for adults, 57 for adolescents, 75 for children.
 - ASH service area is the size of the state of Washington
 - 27% of Texas land is within the ASH service area
 - 3.7 million population in ASH Service area; 28.30 million Texas population as of July , 2017
 - ASH serves ~250 patients with inpatient care for adult psychiatric services, specialty adult services, and child and adolescent psychiatric services; generally split 50/50 between forensic and civil patients. The adult wait list has ~80 people.
 - Primary Diagnoses of ASH patients: Schizophrenia, Bipolar Disorders, Schizoaffective Disorders, Major Depressive Disorder
 - ASH Service Area: # Counties w/o psychiatrists
 - All but 15 of the ASH counties are designated Full Mental Health Professional Shortage Areas. http://hogg.utexas.edu/wp-content/uploads/2016/07/2016_policybrief_workforce.pdf
 - In Texas 185 counties of our 254 did not have a single psychiatrist (<https://news.utexas.edu/2016/07/07/there-is-a-mental-health-workforce-shortage-in-texas>)
 - Forty of our 254 counties did not have social workers (<https://news.utexas.edu/2016/07/07/there-is-a-mental-health-workforce-shortage-in-texas>)
 - "Texas has 76 psychologist per 100,000 residents, compared to the national average of 402" (<https://www.tribtalk.org/2015/05/13/behavioral-health-emergency/>).
 - As of June 30, 2018, Texas would need 433 more mental healthcare professionals to be removed from the Designated Health Professional Shortage Area list (https://ersrs.hrsa.gov/ReportServer?/HGDW_Reports/BCD_HPSA/BCD_HPSA_SCR50_Qtr_Smry_HTML&rc:Toolbar=false).
- Costs
 - \$2 Billion spent by Texas ER's, jails and prisons
 - Over half of all adults who are incarcerated in U.S. prisons and jails have at least one mental health condition. [Hogg Foundation](#)
 - 70% of youth in juvenile justice have mental health needs
 - More than \$10 billion in lost Texan work days
 - 2018-2019 state budget appropriated \$2.9 billion in General Revenue-Related Funds (\$4 billion in All Funds) for non- Medicaid behavioral health services. Funding includes \$62.6 million in All Funds to address current and projected waitlists for community mental health services for adults and children.

Future

In future phases, we imagine the communications team will create a brief to frame up an education effort to launch the new model of care emanating from the redesigned ASH campus. This brief would inform funding requests needed to support this work as part of the larger ASH Brain Health System Redesign.

Acknowledgements

Sincere thanks to the Communications Strategy Subcommittee and other volunteer expert advisors who contributed to the collaborative creation of this plan. This body of work could only be realized by the work of many individuals and organizations contributing their expertise, insights, and relationships to a collective goal larger than any one of us.

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