

Panhandle Behavioral Health Alliance Charter

Context

Through the work of community leaders, multiple stakeholders convened during 2016 to form the Panhandle Behavioral* Health Alliance (PBHA). This broad group of stakeholders has rapidly developed an impressive shared collaborative commitment to coordinate planning, efforts and resources. The aim is to improve behavioral health service delivery in 26 counties of the Texas Panhandle, 21 of which make up the Texas Panhandle Centers local mental health authority (LMHA), based in Amarillo, and five of which are part of the Central Plains Center (LMHA), based in Plainview.

The counties included in the PBHA are -- from northwest to south -- Dallam, Sherman, Hansford, Ochiltree, Lipscomb, Hartley, Moore, Hutchinson, Roberts, Hemphill, Oldham, Potter, Carson, Gray, Wheeler, Deaf Smith, Randall, Armstrong, Donley, Collingsworth, Parmer, Castro, Swisher, Briscoe, Hall and Hale.

Purpose

The Panhandle Behavioral Health Alliance (PBHA) engaged the Meadows Mental Health Policy Institute (MMHPI) to carry out an independent analysis of regional behavioral health systems to identify specific actionable strategies to support development of a highly responsive, clinically effective, and efficient community behavioral health system for the population of the entire region, including both insured and uninsured populations. The project objectives focused on evaluating current capacity and providing information on how to identify and prioritize opportunities for system improvement that could be accomplished with better leverage of available local, state, federal and private resources, and with the vision of developing a system of care for the region that:

- Is welcoming, accessible, vision-driven, recovery-oriented and integrated.
- Increases the quality and effectiveness of service delivery for populations with increasing complexity.
- Improves the efficiency of system operations, resource allocations and revenue generation processes across available federal, state and local funding streams.

To that end, the Panhandle Behavioral Health Alliance is tasked to convene as a policy-making body to improve the planning, coordination, oversight and implementation required to create sustained and effective system change leading to optimal positive impact for the Texas Panhandle region.

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**NOTE:* Because it is becoming more important that we utilize common vernacular that is recognized and understood and accepted amongst those we seek to engage; we shall use the term behavioral health. Behavioral health means mental and emotional well-being. From those struggling with mental illness such as depression or personality disorder to those with substance abuse disorders or other addictive behaviors.

Organizational Structure

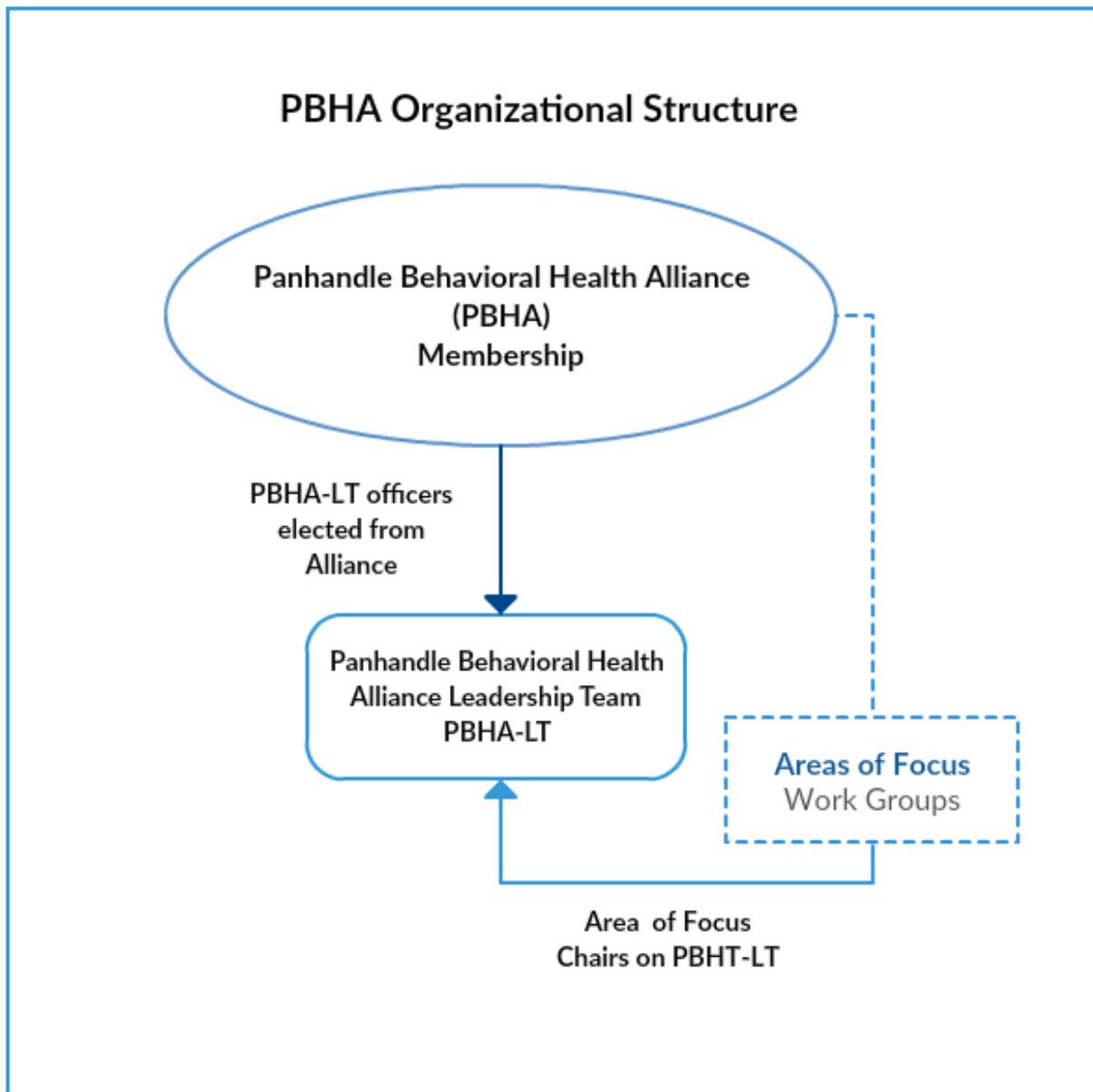
The PBHA is a collective effort of all organizations, agencies, networks, companies (for profit and nonprofit), foundations, municipalities, governmental and judicial branches, and medical entities, as well as consumers and their family members who are touched by mental, behavioral and addictive challenges. The PBHA operates in the top 26 counties of the Panhandle region of Texas. This includes the 21 counties of the Texas Panhandle Centers LMHA and the five counties of the Central Plains Center LMHA in partnership.

The PBHA is designed to have representative membership from across all key constituencies in the region. An initial list of 40 members has been/will be identified from the attached list of categories (Appendix A). One of the early tasks of the PBHA is to ensure that the membership is adequately representative of both the diversity of constituents, as well as the various "local regions" in the Panhandle. Consequently, the membership list may be modified by the initial group of members as the PBHA evolves. In addition, there will be opportunities for many more individuals to be "participants" in the PBHA workgroups and activities, as defined in this charter and further articulated in the development of our strategic plan.

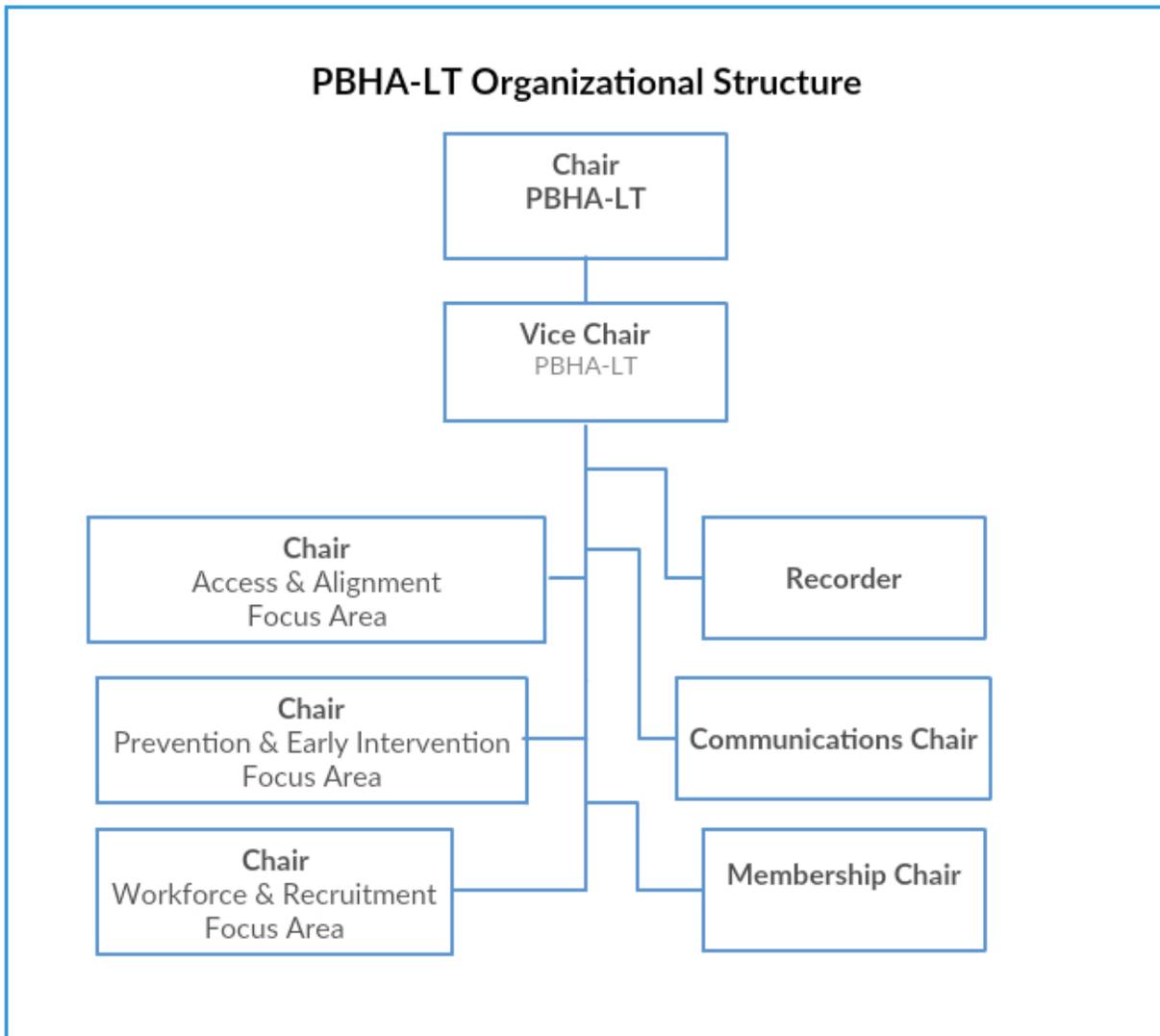
In addition, because of the size and complexity of the PBHA, there is a smaller PBHA leadership team (PBHA-LT). The PBHA-LT is selected by the PBHA members and includes a few representatives of each category of membership, plus the executive team.

By June 15, 2017, Rules of Procedure will be developed by PBHA members to determine the specific size and composition of the PBHA-LT, and further define methods for nomination, selection and terms. Procedures will also be developed for recommending and implementing changes in the representative membership of the PBHA itself to ensure the best possible representation for the region. The Rules of Procedure will also determine which decisions belong to the full membership, and which decisions may be delegated to the PBHA-LT and Executive Team.

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Officers

All officers shall be elected by the PBHA-LT and serve a one-year term.

Chair. The Chair shall preside at all meetings of the Alliance. Subject to the prior approval of the PBHA-LT, the Chair shall have general management of the affairs of the Alliance, shall see that proper accounting is made and shall perform such other duties as may be required by the PBHA-LT.

Vice-Chair. The Vice-Chair shall perform his or her duties as directed by the PBHA-LT in the absence of the Chair and assist the Chair in duties as needed to ensure general management of the affairs of the Alliance.

Recorder. The Recorder or designee shall give all notices and record all proceedings at the meetings of the Alliance.

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Membership Chair. The Membership Chair shall keep a record of all members of the Alliance and update records at least quarterly to ensure accurate contact information and representation.

Communications Chair. The Communications Chair shall ensure adequate communications within the Alliance, as well as communications to the community concerning the mission and work of the organization so that all are informed of proceedings and activities.

Chair of Access & Alignment; Chair of Workforce & Recruitment; and Chair of Prevention & Early Intervention.

The Chair of each of the three areas of focus for the Alliance shall organize and support the work groups that develop to fulfill the mission of the Alliance. Each Chair shall report proceedings to the PBHA-LT and ensure that all participants work collectively for optimal outcomes. Additional chairs may be added as additional work groups/focus area are formed.

Guiding Principles:

Consumer Voice & Choice: Intentionally elicit the individual's voice, choice and preferences, then prioritize this input throughout our work.

Mindset of the Whole: Act as part of collective effort, rather than representative of a constituency.

Sustainability: Think of place-based solutions.

Collaboration: Work together to advocate and promote policies, values, and norms that are supportive of whole health and wellness.

Outcome-based: Develop goals and strategies, link to observable indicators and metrics of success, monitor in terms of these indicators and plan revisions accordingly.

Culture Building: Cultivate can-do narratives in our organization and the community.

Environment of Trust: Respect confidentiality; if sensitive matters are shared, they stay in the room.

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Mission:

The PBHA collectively builds systems that improve the behavioral health life-cycle of care for all people of the Texas Panhandle.

Life-cycle of Care

- Prevention
- Early Intervention
- Treatment
- Recovery

Behavioral Health

- Mental Health
- Substance Use Disorder
- Other Addictions

Vision:

The PBHA envisions a Texas Panhandle which promotes behavioral health and wellness where all people have access to high-quality behavioral health care when and where they need it.

Values:

- Behavioral health is a critical part of our community's well-being.
- Behavioral health is an integral part of our community's health care.
- Behavioral health services are welcoming, honoring and accessible.
- Practitioners provide compassionate, competent, and high-quality services.
- Healing and recovery provide hope for all.
- A collective effort to improve the life-cycle of behavioral health care creates a streamlined, efficient system which benefits our entire community.
- Our life-cycle of care includes reducing stigma and engaging partners by educating and informing the public about behavioral health.
- The role of the PBHA includes advocacy for policies and practices supporting behavioral health care.

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Areas of Focus

Three areas of focus have been identified to provide for organization of resources and planning toward greater impact. The role of the PBHA in these areas of focus are to: Assess. Inform. Improve. Transform. These areas include:

1. Access and Alignment
 - a. Development of a resource guide for (proposal attached)
 - i. Primary care
 - ii. Emergency and crisis care
 - iii. Justice system
 - iv. Community
 - b. Development of interactive website of resources (proposal attached)
 - c. Development of basic assessment protocols
 - i. Primary care
 - ii. Emergency and crisis care
 - iii. Justice system
2. Workforce and Recruitment
 - a. Development of prioritized plan to support psychiatric residency in school of medicine
3. Prevention and Early Intervention
 - a. Educational forums and symposiums (increasing awareness through communication)
 - i. Community
 - ii. Providers
 - iii. Funders

Deliverables

Date of Completion

Development and Support Plan	March 15, 2017
Strategic Plan	May 1, 2017
Communications Plan	May 15, 2017
Rules of Procedure	June 15, 2017
Directory of Resources (Proposal attached)	July 15, 2017
Interactive Website of Resources (Proposal attached)	January 1, 2018

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Deliverables will be determined and prioritized within the strategic plan to further the mission of the PBHA upon consensus of the representative collaborative. This may include such work groups as

- crisis intervention
- veterans
- children
- elderly
- jail diversion
- regional resources
- educational updates for providers
- addiction
- data and outcome measures

Work will be done with all counties of the Panhandle to ensure optimal representation.

Reporting and Accountability

By July 1, 2017, representation will be ensured and organizational structure in place with initial deliverables described in an interim report available online through the website of the PBHA.

By February 15, 2018, an annual report will be published describing all activities and outcomes of the PBHA during its first year of existence.

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APPENDIX A

Behavioral Leadership Team

Panhandle Behavioral Health Leadership Team (PBHA-LT) initial membership shall be 29 members. Membership may be increased or decreased by action of the PBHA-LT and as determined in the Rules of Procedure

MEMBERSHIP CATEGORIES

A. BEHAVIORAL HEALTH SERVICE PROVIDER CATEGORY

Target Membership Examples:

- Texas Panhandle Centers and associated relevant collaboratives
- Central Plains Center and associated relevant collaboratives
- Veterans Administration and associated relevant collaboratives
- Northwest Texas Healthcare System – “The Pavilion”
- Northwest Texas Healthcare System – “J. O. Wyatt Clinic”
- Pampa Regional Medical Center – “Behavioral Health Services”
- Private Practice Psychiatrist(s) / Psychiatric Nurse(s) / Licensed Professional Counselor(s) / Licensed Social Worker(s)
- Addiction Provider (ARAD)
- Family Counseling Provider (Family Support Services)
- Children’s Services Provider
- Related Social Service Providers (Downtown Women’s Center, Salvation Army, Cal Farley’s, Amarillo Continuum of Care/Homeless Coalition, etc.)

B. HEALTH CARE SYSTEMS, PROVIDERS AND FUNDERS CATEGORY

Target Membership Examples:

- BSA Health System
- Northwest Texas Healthcare System
- Area Hospital(s)
- Rural Health Clinic(s)
- Coalition of Health Services
- Home Health Agencies
- Potter-Randall County Medical Society
- Panhandle Association of Health Underwriters
- Managed Care Interests

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C. LAW ENFORCEMENT/COURTS/CORRECTIONS CATEGORY

Target Membership Examples:

- Chiefs of Police (urban and rural)
- County Sheriffs (urban and rural)
- Crisis Intervention Team Officers
- Prosecutors (District/County/Municipal Attorneys)
- Judiciary (District/County/Municipal Judges)
- Community Supervision and Corrections (urban and rural)
- Juvenile Probation (urban and rural)
- Youth Center of the High Plains
- Texas Department of Family and Protective Service

D. GENERAL PURPOSE LOCAL AND STATE GOVERNMENT CATEGORY

Target Membership Examples:

- City of Amarillo (elected official or senior staff member)
- Rural Municipality (elected official or senior staff member)
- Potter and/or Randall County (County Judges)
- Rural Counties (County Judge)
- Amarillo Public Health Department
- State Representative and/or State Senator (or senior staff)
- Panhandle Regional Planning Commission

E. EDUCATION CATEGORY

Target Membership Examples:

- Amarillo College
- Area Community Colleges (Clarendon College/Frank Phillips College)
- West Texas A&M University
- Texas Tech University Health Sciences Center
(Department of Psychiatry/Institute for Rural and Community Health)
- Panhandle Area Health Education Center
- Local Independent School Districts (urban and rural)
- Region 16 Education Service Center

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F. PHILANTHROPIC INTERESTS CATEGORY

Target Membership Examples:

- Amarillo Area/Harrington Foundations
(Board Member or Senior Staff)
- Baptist Community Services
(Board Member or Senior Staff)
- Bivins Foundation
(Board Member or Senior Staff)
- Harrington Cancer & Health Foundation
(Board Member or Senior Staff)
- United Way of Amarillo and Canyon
(Board Member or Senior Staff)

G. CONSUMERS AND COMMUNITY INTERESTS CATEGORY

Target Membership Examples:

- Individual Consumers and Citizens (urban and rural)
- National Alliance on Mental Illness (local chapter)
- Amarillo Area Mental Health Consumers
- Amarillo Continuum of Care (Homeless Coalition)
- Faith-Based Representative
- Senior Ambassador Coalition
- Business Representative