

2021 Panhandle Behavioral Health Alliance – Organizational Logic Model					
GOALS	RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
<i>The goals that we are aiming to accomplish are:</i>	<i>In order to accomplish our set of activities we will need the following:</i>	<i>In order to address our problem or asset we will accomplish the following activities:</i>	<i>We expect that once accomplished these activities will produce the following evidence or service delivery:</i>	<i>We expect that if accomplished these activities will lead to the following ST changes in 1-3 years: (Changes in knowledge)</i>	<i>We expect that if accomplished these activities will lead to the following LT changes in 4-7 years: (Changes in attitudes)</i>
<p>1. Improve Access to Care and Coordination of Behavioral Health (BH) Services (in 27 counties) by:</p> <p style="background-color: #fff9c4;">1.1 Reduce stigma by connecting people to resources, and promoting/supporting early-intervention</p> <p style="background-color: #ffe0b2;">1.2 Reduce the criminalization of BH issues by addressing diversion and continuity of care for justice involved issues with Mental Illness (MI) /Addiction.</p> <p style="background-color: #e6ffe0;">1.3 Support a learning community (LC) on resources and practices related to integrated care practices, trauma-informed care, and person-centered care around Mental Illness and Substance Use Disorders.</p> <p style="background-color: #e6f2ff;">1.4 Improve the recruitment and retention of BH providers in our region.</p>	<ul style="list-style-type: none"> <li>• PBHA Staff (3 FTEs)</li> <li>• Meeting spaces</li> <li>• Financial Resources</li> <li>• Technology</li> <li>• Speakers and industry experts</li> <li>• In-kind Support</li> <li>• Community Partners who Train and Educate (BH Employers, Providers)</li> <li>• Justice System representatives</li> <li>• Consumers/Peers</li> <li>• Community Stakeholder representation—civic leaders, community members, peers, and community organizations — Churches, Schools, Employers, Service Providers, Amarillo College, WT A&amp;M U.</li> </ul>	<ul style="list-style-type: none"> <li>• PBHA is a CAPACITY BUILDER, FACILITATOR, RESOURCE CONNECTOR, AND KNOWLEDGE BROKER! A Change Agent!</li> <li>• Maintain/foster collaboration between local and regional stakeholders</li> <li>• Convene stakeholders around our 4 issues (see goals) to improve coordination and collaboration (stakeholders will report partnerships have been strengthened)</li> <li>• Educate community members and providers about BH resources, early-intervention, practices. (POM/Angst/PMHG/other—satisfaction)</li> <li>• Outreach to surrounding communities in Texas Panhandle. (Community taskforce will report satisfaction)</li> <li>• Develop and sustain a learning community to encourage and enable trauma-informed care, person-centered care and integrated care practices. (Satisfaction scores)</li> <li>• Provide TA/Consultations to organizations and communities in the Texas Panhandle to improve or increase the capacity for access to care.</li> <li>• Provide project management support to organizations and communities.</li> <li>• Increase the region’s capacity for improved access with the development of tools (Panhandle Mental Health Guide) and other BH services/resources.</li> </ul>	<ul style="list-style-type: none"> <li>• # of Stakeholders engaged</li> <li>• # of unduplicated engaged</li> <li>• # of PBHA members</li> <li>• #/types of WG meetings</li> <li>• # of Learning Community (LC) meetings</li> <li>• # of communities engaged geographically</li> <li>• # of executive leaders/providers to the action items meeting (attendance)</li> <li>• # of HS and College students/employers attending the BH Careers Presentation</li> <li>• # of MHFA or other prevention/early intervention trainings are offered on a frequent basis (monthly) in our region</li> <li>• Types and numbers of stakeholder groups engaged.</li> </ul>	<p style="background-color: #fff9c4;"><b>1.1.1</b> Increased early intervention practices/services <i>as measured by</i> # of schools and other organizations that adopt/train staff in MHFA*/other (ex: TCHATT Echo+).</p> <p style="background-color: #fff9c4;"><b>1.1.2</b> Develop and/or use tools that address stigma reduction and promotes early intervention <i>as measured by</i> (PMHG) <a href="http://www.PanhandleMentalHealthGuide.org">www.PanhandleMentalHealthGuide.org</a> Went live in Feb 2021: As of Jun 2021: 3,041 unique visitors. Yr. 1 target is 250/2,000 to 4000 unique visitors</p> <p style="background-color: #fff9c4;"><b>1.1.3</b> Active engagement with PBHA by orgs and surrounding rural communities to address access to care issues via trainings, taskforce convenings (AMA/HC) or partner on outreach/training events <i>as measured by rural or stakeholder satisfaction surveys.</i></p> <p style="background-color: #ffe0b2;"><b>1.2.1</b> Sequential Intercept Mapping (SIM)* workshop (held in 2019) <i>as measured by</i> Specialty MH Court development (from docket) and increased knowledge about Diversion resources in the community (the SIM).</p> <p style="background-color: #e6ffe0;"><b>1.3.1</b> Increased knowledge about—integrated care, Trauma informed, and person-centered care—trainings/attendance <i>as measured by post event surveys.</i></p> <p style="background-color: #e6f2ff;"><b>1.4.1</b> Increased BH recruitment activities and resources <i>as measured by</i>, but not limited to, # of BH Careers Presentations &amp; surveys or other activities that target High School and Post-secondary students.</p> <p style="background-color: #e6f2ff;"><b>1.4.2</b> Increased knowledge and support of BH workforce retention <i>as measured by</i> <a href="#">Retention Factors Report and workforce pipeline graphic</a>, and <a href="#">Labor Market Information (LMI) data</a> regarding the sector (pending).</p>	<p style="background-color: #fff9c4;"><b>1.1.1.1</b> Increase # of organizations supporting stigma reduction and early-intervention activities. ex: DWC, HTC, DPH, PCS, Hutchinson County taskforce, Potter County Sheriff’s Office.</p> <p style="background-color: #fff9c4;"><b>1.1.2.1</b> People connecting comfortably/willingly with others/Communities/Organizations regarding services/resources (PMHG widget usage/placement; MHFA) <i>as measured by</i>: annual PMHG metrics and widget placement/usage.</p> <p style="background-color: #fff9c4;"><b>1.1.3.1</b> Counties outside of Potter/Randall will actively partner with PBHA on programming or other activities <i>as measured by</i> # of counties engaging PBHA’s services—TA/facilitation/program/other offerings.</p> <p style="background-color: #ffe0b2;"><b>1.2.1.1</b> Increased resources and services for the Justice system’s involved population as measured by: – HTC Community Case Manager (grant pending), – Specialty Court capacity building (increased knowledge/comfort on diversion/treatment), – SIM Intercept 0 development (Peer Workforce Dev, warm lines, LPHAs?). – Provide generic drug pricing/info for Potter &amp; Randall County jails.</p> <p style="background-color: #e6ffe0;"><b>1.3.1.1.</b> Development of tools/resources based on LC interaction (e.g. Worksheets) and annual LC participant surveys. Increased early intervention practices as measured by CPAN and TCHATT data and other tool usage developed/refined thru LCs.</p> <p style="background-color: #e6f2ff;"><b>1.4.1.1 &amp; 1.4.2</b> Development of workforce programs (MH Technicians, Certified Peers, or others) that increase the quality and supply of local workforce. Also measured by Careers Presentation employer data/feedback and increased # of providers.</p>

***PBHA IMPACT—We expect that if accomplished these activities will lead to the following changes in 7-10 years plus:  
(Changes in behaviors)***

- 1% of population is MHFA certified
- PBHA Gaps Survey (trends in annual data)
- Reduced suicides
- More services and resources will be readily available to community members (Ex: Local Outreach to Suicide Survivors (LOSS), NAMI/Grief support groups, Trauma Healing Groups, Faith based services/groups, Workplace MH)
- Reduced recidivism and Increased diversion as well as continuity of care resources and services for the justice involved population. (HTC community case manager?, Specialty MH Court)
- Provider Shortages will improve thru retention and recruitment activities (increase in # of MHTs, Peer Workforce, Psychiatrists, and other BH professionals)
- Improved cultural competencies within the system when working with diverse populations.
- Increase in the # of ISDs offering Teen MHFA or training staff on other Youth BH curriculum as measured by # of schools with Teen MHFA or other curriculum. Only Canyon ISD offers Teen MHFA (2020)

Notes:

1. \* indicates evidence-based programs

2. PBHA Stakeholders are defined as: Individuals or organizations that are impacted by Mental Illness/Addiction and/or have an impact on the delivery of services (access) for healthy outcomes as well as the stigma (and criminalization) around this issue. They are categorized into the following categories: *Behavioral Health (includes MH) providers, Physical healthcare providers, Service Providers, Schools, Higher education, Criminal justice, Funders, Faith-based communities, Community volunteers, Consumer/peer groups, Veterans, Youth* (youth engagement is challenging and varies).

3. A PBHA Member is classified as either an Individual or Organizational upon payment of annual fees (April to March) and receives voting rights as well as expectations of supporting or aligning with PBHA’s mission and activities as described in the PBHA Membership Agreement. “PBHA” refers to its staff and leadership. “Alliance” refers to PBHA Members and Stakeholders.

4. PBHA’s role is to FACILITATE change, CONVENE (maintain neutrality) and be a CATALYST. A catalyst is someone or something that “precipitates/encourages/causes/transforms” change. Facilitation involves providing leadership without taking reins. PBHA incorporates systems knowledge such as gaps, interactivity and fit to design and implement solutions that address rural access. "Technical Assistance (TA)" is broadly defined as any specialized service or skill that a nonprofit organization or a community does not possess but may be needed in order to operate more effectively. (Feedback from 2021 PBHA Summit and Logic Model TA)