2024 Panhandle Behavioral Health Alliance – Organization Level Logic Model

GOAL {Systems Change}: To serve as backbone[1] organization for mental health[2] and wellbeing in our PBHA footprint[3] for increased access to care[4] capacity, specifically around the quality and quantity of care.

RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
In order to accomplish our set of activities we will need the following:	*In order to address our problem we will accomplish the following activities:*	*We expect that once accomplished these activities will produce the following evidence or service delivery:*	*We expect that if accomplished these activities will lead to the following ST changes in (knowledge):*	*We expect that if accomplished these activities will lead to the following LT changes in (attitudes, procedures, policies, services):*
• Funding for staff (backbone role); • Technology tools, internet, meeting space • Funding for PBHA Programs (Community Wellness and Access (CA), Justice (J), Provider Shortages (PS); • Subject Matter Experts (SME)/Trainers • Engagement with leadership (Counties & Communities); • Cross-sector engagement with Community Based Organizations (Treatment Providers, Service Providers, Schools, Employers, Churches, Community Colleges, Universities, Law Enforcement (LE) and Justice), governmental entities, and others that make up the "System"; • Engagement with community members, family members, peers • In-Kind Support (grant writers, fundraising, administrative, SME, other) • Other In-Kind	1.1.a. Shared Agenda/Vision for increased access to care capacity: Identify & engage stakeholders, strengthen organizational network/alliance (for systems change) via Zoom and in-person meetings 1.1.b. Continuous communication[5] with stakeholders and communities. {Ex: regarding funding/collaborative opportunities, progress updates, challenges, education or other resources, and stakeholder programs/activities. (mtgs, Emails, Social Media, PBHA, PMHG)} 1.2.a. Align Activities/Promote Collaboration: Convene and Facilitate[6] relationships, trust and respect among stakeholders for mutually reinforcing activities. 1.2.b. Align Activities: Provide TA, Project Support, and other opportunities such as trainings that incubate positive change and care coordination. 1.3.a. Continue to conduct monthly measurement WG meetings to research and identify key metrics, measurement tools and conduct process, outcome, and impact evaluations for continuous improvement activities by providers. 1.3.b. Facilitate data sharing for data-informed decision making; Collect, analyze and share data for capacity building activities. 1.4 Mobilize funding for PBHA and Alliance members (identify grant/funding opportunities, grant reviews, fiscal sponsorships, partnership agreements, etc.) around access and focus areas.	1.1.a. Shared vision as measured by: **a.1**. Four Stakeholder Meetings/yr and one Annual Meeting **a.2.** # of PBHA Stakeholders[7] # of PBHA Members[8] 1.1.b. Annual PBHA & PMHG site traffic 1.2 **# of Technical Assistance (TA) /consultations** with PBHA staff or consultants. (one-on-one or targeted consultations or guidance requested for the recipients' benefit) • **# of new members** • **# of trainings conducted** 1.3.a. Conduct 9 Measurement WG meetings annually. 1.3.b. Increased data sharing as measured by • **MH page analytics** (annually) • **# of partners** posting data/assessments on page. • **At least 1 stakeholder meeting** will be focused on data. (Ex: Healthy Minds Study) 1.4 **# of Grants** reviewed[9] (identified and pursued) • # of grants with letters of support issued • # of times local funders have aligned with PBHA goals (PBHA advocates for projects: 2024 AAF—Aspire and 211)	1.1.a. At least 50% will have **increased knowledge** as measured[10] by Mini Survey question (Q#1 and Q#2). 1.1.b. **Increased communication and engagement** as measured by **b.1.** Increase in new users to PBHA and PMHG websites (by 5%) **b.2.** Increase in # (5%) of repeat users to PBHA and PMHG websites. 1.2 **Increased coordination** between counties and stakeholders as measured by • # of WG projects (Ex: Training/workshop, Symposium, PMHG, Frontier, other/etc.); • #signed/active MOUs; • #signed/active partnership agreements. • Mini Survey Q#5 (networking)—at least 50% will agree that they had the opportunity to connect and build relationships. 1.3 **Use data to identify gaps/barriers** as measured by • Data focused Stakeholder Mtg will have increased knowledge gain of at least 30% (# also). • Increase by 1 additional organization sharing data each year as measured by PBHA MH Data Page posting. • increase traffic by 5% to MH data page. 1.4 Increase in #/% of grant applications submitted from PBHA grant prospecting • Increase in #/% of letters issued;	1.1 **Expanded access to care capacity** as measured by: at least 50% or more of Annual Stakeholder Satisfaction (SS) Survey respondents will agree (on Q#6). 1.2 **Improved the quality of access to care services** as measured by SS Q#7: at least 25% of SS Survey respondents will agree. **Improved community collaborations** as measured by • At least **30%** of SS Q#22 (partnerships) respondents agree that partnerships have been strengthened. • At least **30%** of SS Q#23 respondents agree that barriers have been reduced. 1.3 Data is used to increase utilization/improve program design, as measured by: • At least **30%** of **SS Q 24** respondents agree that there is improvement in program or service delivery/utilization. • At least **30% SS Q #9** respondents agree there is improved policies; • At least **30% SS Q #10** respondents agree there is improved procedures. 1.4 Increased capacity for coordination or collaboration as measured by • Increase in the # of grants funded related to BH access.

PBHA IMPACT--We expect that if accomplished these activities will lead to the following changes in 7-10 years plus: *(Population Level Changes in behaviors)*
Since 2018, increased capacities/services/access to care by counties: 1. Hutchinson County (HC)—increased private practice clinical providers, increased peer services, increased Wellness Recovery Action Plan (WRAP)[11] trainers, increased community awareness and education Tea and Me, Tee and Me, new non-profit outpatient mental health services provider organization in 2025 (Aspire). 2. Moore— Increased coordination with LE, Justice, and Service Providers (Behavioral Advisory Taskforce (BAT), Increased community awareness & education (988 billboards, Moore Miles for MH, Mental Health First Aid (MHFA)), transportation supports, decreased ER wait time for transfers from Moore County Hospital to NWTH and Oceans). Increased WRAP trainers (1), LOSS Team 3. Potter/Randall—TPC providing Jail based competency restoration services in both Potter and Randall County Jails, Project Safe Neighborhood Reentry Night, MHFA[12] as an accepted training/onboarding curriculum by community orgs. BH focused community/career fairs. Mental Health Technician Course at Amarillo College. CISD Hope Squad replaces Teen Mental Health First Aid, LOSS Team 4. Deaf Smith—Increased community awareness/education, increased clinical providers (# of counseling sessions have increased from 25/month to 60/month in 2024), increase WRAP* trainers (1), HISD adds SUD prevention specialists (3), Hereford ISD programming: Hope Squad, Youth Prevention Universal (substance use prevention grant-5 years), and Stronger Connections Grant (Mental Health prevention grant) 5. Dallam/Hartley—Increased clinical providers (Psychiatric Nurse Practitioner) 6. Regional— Increased awareness and education activities by PBHA and the Alliance stakeholders, transportation supports for Potter County Specialty Court, Increased coordination, and collaboration between BH providers, Service Providers, and LE/Justice entities, MMHPI Center for the Panhandle, PBHA and AHEC Supporting Frontier Communities in Mental Health Symposiums, and localized data and assessments. ▪ *Other access to care improvements:* ▪ *Increase in the # of services and programs that address mental and behavioral health (Warm line by Agape Center)* ▪ *Increased prevention, early-intervention, and recovery practices (WRAP trainings (regional), MHFA trainings (regional))* ▪ *Increase in the # of clinical providers. (Count and ratio of providers per county; Borger, Hereford, etc.)* ▪ *Increased/improved diversion and continuity of care to the justice involved. (TPC Diversion center (regional))*

[1] Backbone organization = the backbone is the support infrastructure for a collective impact initiative. *PBHA is a regional community collaboration of service providers/organizations and individuals impacted by mental health services or lack thereof to address access and coordination of mental health care in the Texas Panhandle. PBHA offers a neutral supportive infrastructure for collaboration among stakeholders and serves as systems change catalyst by cultivating trusted relationships among stakeholders to reduce silos and identify the root causes of a complex problem; convening stakeholders to collaboratively design solutions for improved access; providing technical assistance to frontier communities; and supporting a learning culture through education.*

[2] Mental Health (typically referred to as BH) includes: MH, Substance use/misuse, SUD/addiction (ATOD--Alcohol, Tobacco, and Other Drugs). Cycle of Care--Prevention (before engaging); early intervention (after engaging) activities; Treatment; Recovery (Maintenance)

[3] PBHA Footprint and focus areas: Counties of Armstrong, Briscoe, Carson, Castro, Childress^, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, and Wheeler. *Seven (7) Counties: Dallam, Deaf Smith, Hartley, Hutchinson, Moore, Potter, and Randall*. We focus on {workgroups}:

- Working with rural communities to help them address their own unique needs around community wellness and access to care. (CA)
- Collaborating with the justice system to improve care for those with mental health and substance use issues. (J)
- Attracting and retaining mental health professionals throughout the region. (PS)

[4] Working Definition of Health Equity for PBHA = Every person in the Texas Panhandle with a mental health or substance use issue will get the help they need when and where they need it (4 cycles of care: Prevention, Early Intervention, Treatment, and Recovery). PBHA will engage with underserved populations such as people with lived experiences and family members, frontier communities, and other historically underserved populations. “a fair and just opportunity to attain access to care”

[5] Continuous Communication in Collective Impact involves frequent, open, and structured communication between many stakeholders. This can include emails blasts from PBHA to Alliance, one on one meeting between PBHA and Alliance members/stakeholders, stakeholders/members requesting resource info or connecting with others to address a need.

[6] 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 to operate more effectively. (Feedback from 2021 PBHA Summit and Logic Model TA). Other CATALYST roles: *TA, creating connections, relationship/trust building, pilot projects, educate/train, incubate Alliance leaders/services.*

[7] 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. Stakeholders may fall into one or more of (but not limited to) 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* (varies). Community also refers to a geographical representation (i.e. Amarillo, Surrounding Frontier Communities, etc.)

[8] 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.

[9] Review = Assessing the RFA if it is a good fit to be pursued by PBHA or Alliance and if it needs to be a collaborative application (i.e funding and responsibilities are shared) or a solo application (the eligible organization would be the sole recipient of the funding)

[10] **Questions from Annual Stakeholder Satisfaction (SS) Survey**

- Q#6 Because of PBHA activities, have you improved/expanded your organizational capacity or individual ability to address Behavioral Health (including mental health and addiction)?

- Q#7 Were you able to improve the quality of services because of your interactions with PBHA?
- Q#9 Have you improved your organization's policies because of your interactions with PBHA?
- Q#10 Have you improved your organization's procedures because of your interactions with PBHA?
- Q#22 Because of PBHA, **partnerships** have been formed and/or strengthened regarding Behavioral Health Care access.
- Q#23 Because of PBHA, **barriers** have been reduced regarding Behavioral Health Care access.
- Q#24 Because of PBHA, you were able to use data to **improve your program or service delivery/utilization?**

Questions from Stakeholder Mini Survey (max bi-monthly). The goals of the meeting include: *· Informational: Awareness, training and learning; · Relational: Networking, strengthening partnerships and collaboration; · Strategic: Identifying needs, decision making and strategy implementation*

- Mini Survey Knowledge Gain questions (Q1 and Q2)
  - **Before this meeting/training,** my level of knowledge regarding this topic(s) was...
    - NONE (Have no knowledge of the content);
    - LOW (Know very little about the content);
    - MODERATE (Have basic knowledge but there is more to learn);
    - HIGH (Consider myself very knowledgeable)
  - **After this meeting/training,** my level of knowledge regarding this topic(s) is
- Mini Survey Networking Q#5-- This meeting gave me the opportunity to **network** (connect and build relationships) with other stakeholders to achieve a mental health related goal(s).

Community MH Grant (9/2024 to 8/2026) Gaps to be addressed by PBHA based on the Texas Statewide BH Plan:

Gap 1: Increase Access to appropriate BH services for underserved populations. (Gap 1) Underserved populations include people with substance use disorders; people with co-occurring psychiatric and substance use disorders; people with SMI; and those who are frequently booked in jails and admitted to emergency rooms and inpatient services. Depending on each person's needs and preferences, they may face challenges accessing services that address these needs.

Gap 5: Enhance continuity of care and systemic coordination for justice-involved individuals.

Gap 8: Increase access to Peer Services.

Gap 11: Support expansion of Prevention and Early Intervention Services. Early identification of and intervention for behavioral health needs can improve and mitigate the impact of disabling and serious conditions. Implementation of largescale prevention strategies can abate the factors that contribute to mental health crises or substance use. Services such as Coordinated Specialty Care support prevention and early intervention efforts, however continued expansion of more upstream efforts are needed.

[11] *Indicates evidence-based programs*

[12] *Indicates evidence- based programs*