

# 2020 Golden Light Bulb Award

***for Best Practices in the Clinical Arena***

***This year, CBHC will be utilizing a virtual platform for our conference. We will still accept nominations for the Golden Abacus Award; however, we will acknowledge the winner after the conference in a special ceremony****.*

We encourage you to submit your nomination not only to CBHC but also to include information on your project in our Poster Hall within the virtual platform. Please review the following information:

The CBHC Operations Committee is accepting nominations for the Golden Light Bulb Award. Nominees must pertain to programs within the community behavioral health system. The award will be granted to a project, methodology, technology, system, or procedure that **demonstrates best practice in the clinical arena.** All nominations will be evaluated on the following criteria:

* **Innovation**
* **Integration**
* **Transferable**
* **Usefulness**
* **Patient/Client Experience**
* **Data-driven Solution**

The winning program will be one that is ***easily replicated at any community behavioral health center or provider organization***. Its implementation will result in a superior service/process/product (i.e. cost reduction, outcome improvement, and enhanced patient/client/staff experience). Results must be data-driven. The committee will consider proposals that demonstrate innovative approaches to systems, organization, clinical management, and/or programming. Submissions may be in the areas of:

* **New methods/Approaches in behavioral health**
* **Systems/services/Program integration**
* **Partnerships/Alliances**
* **Prevention/Early Intervention**

***All proposals must include a fifty (50) word Abstract and a Program Description (limited to 2 pages) that includes program development information, innovative aspects, and pertinent data. Please use the following form.***

***We also encourage you to UPLOAD YOUR PROJECT TO OUR CONFERENCE’S ONLINE PLATFORM POSTER PAGE TO SHOWCASE YOUR TALENT. Please note that we do not require an actual “poster.” You are welcome to simply upload the information provided in this nomination form.***

**Please submit your nomination no later than SEPTEMBER 1, 2020** to: Tracy O’Shaughnessy, Conference Planner, at [tracyhmsr@gmail.com](mailto:tracyhmsr@gmail.com). She will follow up with instructions on how to upload your information to the site. It must be uploaded no later than SEPTEMBER 7, 2020. We are very excited to be able to offer this opportunity to you this year. Questions: Call Tracy at 303-525-2811.

**Program Title: Experiential Intensive Outpatient Program**

**Organization: Health Solutions**

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**Contact Email: heatherh@health.solutions**

***Program Abstract*** *(50 words max, please)****:***

Experiential Intensive Outpatient Program (IOP) designed for clients ages 4-18, teaches clients to express feelings and reactions in a prosocial way through various experiential and traditional therapies aiming to increase self-worth and self-esteem. Our goal is to provide recovery-oriented services with structured support to maintain and improve clients’ functional abilities.

**Program Description** (*Include program development, program information, staffing requirements, pertinent data and start-up costs.): \*Please limit to 2 pages, and remember to address all criteria specified.*

**Program Development:**

Health Solutions recognized an unmet need in the Pueblo region for intensive outpatient programming for children and youth as early as pre-school age up through high school. Pueblo County does not have a Residential Treatment Center, a day treatment center, nor do we have a partial hospitalization program. The youth of Pueblo County in need of these services are required to go to another county to find treatment. We have youth that do not meet level of care for hospitalization and yet outpatient services was not the right level of care either. Health Solutions wished to offer a lower level of care for those that are transitioning out of inpatient or residential mental health treatment or needing a higher level of care that was not hospitalization. Through meetings with community partners, it was apparent that there is a substantial number of students assigned to alternative school schedules due to their mental health conditions. These students may have required an inpatient or residential treatment episode and are in the process of returning to their traditional school placements, however, they may be unable to complete a full-day school schedule without experiencing an increase in mental health symptoms.

Conversely, some youth on alternate or modified school schedules may be at risk for inpatient or residential treatment programming and may benefit from an intensive outpatient treatment program in an effort to avoid out of home placement or hospitalization. Many of these youth reportedly are struggling with significant issues related to emotional dysregulation often associated with childhood trauma exposure. Health Solutions wanted to provide an option for youth that experience behavioral or emotional difficulties and Intensive Outpatient Psychiatric (IOP) Programming at our center was born.

**Program Information:**

Health Solutions IOP program blends both traditional and experiential therapeutic services to serve the needs of youth in our community. The clinical programming offered in IOP takes a trauma-informed care approach, focusing on improving emotional regulation skills, distress tolerance, interpersonal effectiveness and resiliency, through experiential therapies.

Utilizing experiential therapy allows our clinicians to guide the therapeutic process through expressive tools and activities to help youth build resilience and skills. HS IOP uses arts and crafts, music, equine assisted activities, and various forms of recreation including a rock-climbing wall to allow youth to experience emotional situations. The client focuses on the activities and, through the experience, begins to identify emotions associated with success, disappointment, responsibility, and self-esteem. The rock-climbing wall is a perfect example of how children can regain self-esteem, success and responsibility through experiential therapy. The youth are cheered on, and cheer on each other as they explore how high they can climb, how long they can climb and/or how many times they go up and down. Experiential therapies tap into a variety of sensory modalities geared toward engaging clients using techniques that match their learning styles. These therapies work to enhanced learning and retention, all while building rapport and opportunities for youth to open up about their experiences and learn skills to cope through difficult times. When our youth are dysregulated, we offer a quiet spot to sit in a rocking chair and/or offer to go for a walk, as we have learned through Dr. Bruce Perry’s trauma research that repetitive, rhythmic motion is a nice way to help youth re-regulate.

An example of the benefits gained in IOP is illustrated in this youth story:

When N came to IOP he would come dysregulated, he would be completely non-verbal, crying, shouting profanities, and covering his ears and eyes while hiding in a corner. During this time, he did not make eye contact and would break faceplate covers off of outlets and switches. Other behaviors he exhibited were inappropriate language, hitting, spitting, and aggression towards different members of the staff.  During this time, he has engaged in experiential art, equine, and recreation therapy. Now, flash forward 8 weeks; he is able to use his words to express some of his feelings. He no longer shouts profanities, makes direct eye contact, and no longer breaks items in IOP. N is able to talk to other members of the IOP staff and make connections with them. N can identify coping skills and will requests to take a walk when he is beginning to feel dysregulated and will talk with staff about why he is feeling a particular way. N no longer spits, fights hits or kicks, and uses language that is more age appropriate. He has greatly increased his self-esteem and success through the use of experiential IOP program and more specifically the rock-climbing wall.

**Staffing Requirements:**

Staffing for the Family Center’s Intensive Outpatient Program include a combination of licensed and unlicensed master’s level mental health clinicians, creative arts therapists, recreation therapists, and case managers. The number of staff utilized in each program is dependent on the acuity and age of the clients.

**Pertinent data:**

We are currently using the DECA-C for our youth under 6 and the DLA-20 all youth 6 and older. An initial score is obtained and then follow up scores are completed at 3 month intervals and discharge. Our initial combined average intake the DLA -20 scores went from 3.69 at intake to 5.24 at date of transfer to lower level of care. This shows growth in the youth that are attending across all life domains.

**Start-up costs:**

Start up costs for IOP was $71,650 for the climbing wall (including installation), a scissor lift to maintain the wall, training staff to use the wall, arts and craft materials, and outdoor recreational equipment.