

**2020 Golden Abacus Award**

***for Best Practices in the Non-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 Committee of Data, Finance and Budgeting is currently accepting nominations for the Colorado Behavioral Healthcare Council’s (CBHC) annual Golden Abacus Award. Nominees in this category 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 non-clinical arena****.* All nominations will be evaluated on the following criteria:

* **Innovation**
* **Integration**
* **Quality Improvement**
* **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, or 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 the management of, or implementation of, systems or organizations. Submissions may be in the areas of:

* **Research/Research Findings**
* **Finance**
* **Personnel**
* **Quality improvement**
* **Systems/services/program integration**
* **Use of technology**
* **Partnerships/alliances**

***All proposals must include a fifty (50) word Abstract, 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: Using Technology and Research during the COVID-19 Pandemic**

**Organization: Aurora Research Institute**

**Contact Name: Antonio Olmos, Ph.D. Contact Phone # 303-217-0682**

**Contact Email: AntonioOlmos@aumhc.org**

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

The Aurora Research Institute in partnership with the Aurora Mental Health Center (AuMHC), has created highly innovative technical and research alternatives to provide data-driven solutions that can help AuMHC’s programs maintain and even improve its high level of quality and service during these challenging times

**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.*

As the Pandemic hit Colorado, most programs were forced to implement a quick reaction to remote work. In addition to concerns about telehealth, and the ability to maintain engagement/re-engage clients, centers were hit with the reality of providing information and outcomes to both the staff and their clients, as well as exploring new ways to conduct business and be ready for what may come in terms of mental health needs as a result of the pandemic.

The Aurora Research Institute (ARI), a subsidiary of the Aurora Mental Health Center, with its vast experience in program evaluation, as well as its knowledge of Research, provided help not only on the program evaluation side, but also as a partner in Research.

* + In relationship to **program evaluation**, ARI developed a very focused approach to collect information --including outcomes-- and feed it back using as many automated tools as it was possible. As time progressed, we were able to add more tools and strategies to serve not only staff, but also clients as needed. Some of the tools that were implemented/developed by ARI included:
  + Use of survey platforms ([Survey Monkey](http://www.surveymonkey.com)) to develop client/staff friendly forms that will collect data with minimum disruption. The surveys were provided to clients/staff using multiple approaches: from weblinks, to targeted emails to clients with email addresses. ARI is currently testing the use of text-messages to target clients with cellphones, but who do not use smart-phones.
  + Use of video ([zoom](http://www.zoom.us)) to conduct focus groups/face-to-face interviews. With permission from clients/staff, interviews/focus group were taped for transcription/analysis. ARI has been using dictation features available in smartphones to facilitate transcription of those interviews/focus groups.
  + Use of some specific features of zoom (webinar option) to provide simultaneous interpretation in four languages concurrently to allow clients to continue participate in meetings.
  + Use of [remote-assist](https://support.microsoft.com/en-us/help/4026516/windows-quick-assist-remote-connection) software to help individuals with minimal experience in technology to connect to zoom, and participate in virtual meetings. As time progressed ARI staff has helped these clients (some who have never used a computer before the pandemic) learn basic computer skills.
  + Use of video to facilitate description/learning of some of the products we generate for staff/other stakeholders. Using zoom and [screencast-o-matic](https://screencast-o-matic.com/), we have developed instructional videos that staff/other stakeholders can use to review materials/learn how to access some of the new features we have developed ([video link](https://www.youtube.com/watch?v=VuBcH6j-Io8))
  + Automated delivery of dashboards using a combination of several tools such as survey-monkey, tableau, excel, and some programming in python/visual basic. Dashboards based on data collected in survey-monkey are downloaded into excel and converted into dashboards using tableau. Using scripts created in python/visual basic, those dashboards are delivered to the recipients as soon as the data is processed, or on a scheduled basis. ([video link](https://youtu.be/NhRPB7nLoU0))
  + In relationship to Research, ARI provided support to the Aurora mental Health Center by:
  + Conducting qualitative in-depth interviews with clinical staff who have been successful at engaging clients. Developed a series of handouts extracting telehealth tips to better engage clients, and tips to work from home.
  + Created protocols for After-Action Review (AAR) to assess the effectiveness of the initial response to COVID-19 work from home mandate.
  + Developed and analyzed quantitative and qualitative surveys targeting different groups of AuMHC stakeholders to assess areas such as: a) client’s satisfaction with services during the pandemic, b) staff thoughts about returning to work, and c) client’s interest/ability to receive telehealth services
  + Conducting literature reviews to determine the effect of pandemics (H1N1, SARS, Ebola; COVID-19) on the behavioral health needs of the general population, individuals affected by mental health illness, and first responders. The rationale being that a retrospective look into past pandemics will help predict potential areas of need in the future.
  + Conducted research and created a comprehensive document outlining different rapid response screeners and/or interventions for behavioral health conditions --su<https://aurora-research-inst.slack.com/files/U72TL98CX/F012EHVHTTR/recording__7.mp4?origin_team=T71GVU1U5&origin_channel=D7FH28P2N>ch as PTSD, depression, and suicide ideation among others—that have either been adopted or utilized within similar organizations as a response to COVID-19.

Through the partnership between the Aurora Research Institute and the Aurora Mental Health Center as well as the programs involved in ARI’s evaluations, ARI has created highly innovative solutions, using tools that are easily transferable to other centers and has provided data-driven solutions to staff and other program/center stakeholders. In addition, ARI has provided research-based solutions to prepare for the future needs of the actual and future clients. The use of technology-driven solutions and research is preparing the Aurora Mental Health Center and other programs served by ARI to maintain the high level of quality and service during these challenging times.