A communication periodical for our clients, staff & the community at large
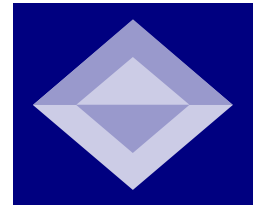
The Chronicle
A Paterson Counseling Center Newsletter

Special points of interest:

- PCC brings services to the community via mobile van services

- PCC meets the strict credentialing requirements of CARF

- PCC connects with the community via periodic open house events and inter agency meetings when necessary

Why Technology Matters in Social Service Agencies

There are many in the field of socials services who continue to debate the need or usefulness of technology in the workplace. After all how can you help people if you have to spend time using a computer. A good point when the impetus for many professionals in the field centered around using their empathy and counseling skills to make a difference in the lives of others.

Well the reality of 2009 is that technology is slowly but surely becoming a mainstay for agencies that have become accustomed to mounds of paperwork and ink to manage the business of serving others, if you will.

The main challenge for those who advocate expanding technology in the field is convincing others to not treat the idea as a lessening of the human factor when it comes to persons served. People in the field are especially sensitive to the Orwellian notion of big brother and the mechanization of tasks that they see as a move to replace counseling and client touch points that are essential to fostering sobriety and adherence to treatment plans.

According to Gary Garris, Founder of Ventura Management, "people have concerns about privacy and confidentiality in the field but will go home and enter their credit card information via the web or hand it over to a cashier without a second thought"

The true value proposition that he asserts is the inherent value in data collection and the resulting analytics that either affirms what is working or identifies failed techniques." At the end of the day, agencies will have to align their internal tools and approaches under a single view to allow for grant studies and funding analysis so they might as well start preparing for that inevitability today.

Technology and social interaction within the context of treatment and healthcare can coexist in the same environment as long as it is understood that technology enables the execution of a well grounded process—it can never become the process in and of itself.

So to all those hold outs and doubting Toms come into the 21st century and join the technology revolution that is about to come to town. Gary can be reached at glgarris@aol.com if you have any questions or would like advice on a technology strategy for your organization.

Half Full

Sometimes life can throw us some tough curve balls. In some cases there will be some people who can still hit that ball and get to base but for a lot of us we often swing and strike out.

Each strike out comes with a little less confidence and greater fear the next time we are presented with a challenge.

We quickly become uneasy when those opportunities arise again. That's right they are opportunities not challenges and that's how you should look at them.

You have to become comfortable with being uncomfortable when fear of the outcome creeps into your mind. Success can be defined as many things but failure is universal in every situation.

Giving up or resigning yourself to defeat or a negative result can only be done by you and you alone. I have encountered some tough challenges in my life. I have won some and I have lost others but what I have not done nor will I ever do is—give up. Neither should you.

Fight for a better day knowing that it will come in spite of forces that might get in the way. After all. its just another opportunity knocking.

New Mental Health Tools

The **Mental Health** Services Evaluation Department at McLean Hospital, the largest psychiatric affiliate of Harvard Medical school, announced today that it has released an improved application that allows mental health care providers to measure patient outcomes. An online application, WebScore 2.0, is used by mental health providers to score the BASIS-24 survey (Behavior and Symptom Identification Scale) and report on the progress of patients undergoing psychiatric treatment.

The BASIS-24 survey measures outcomes of psychiatric care from the patient perspective and is used by more than 200 mental health care providers throughout the United States, Canada and Australia. The new WebScore 2.0 application offers several new features for use by program and clinical directors, quality managers, and others who regularly assess patient outcomes in psychiatric settings using BASIS-24.

"WebScore's seamless, automated capability will facilitate analysis and interpretation of treatment outcomes data," said Susan Eisen, PhD, developer of the BASIS-24 survey and research psychologist at the Center for Health Quality, Outcomes & Economics Research at Edith Nourse Rogers Memorial Veterans Hospital in Bedford, MA.

"This new version of our online application advances the scoring and reporting capabilities for the BASIS-24 survey tremendously," said Thomas Idiculla, PhD, director of Mental Health Services Evaluation.

WebScore 2.0 users can now display immediate BASIS-24 results for a group of patients. Results can be computed and shown in a graph for patients treated at any of four levels of psychiatric care: hospital inpatient programs, residential care programs, partial care programs, and outpatient programs.

Users can also view results by time period, sex, age group, or a combination of any of the three categories. Additionally, the application lets users set up report groupings for categories such as program, unit, geographic location, diagnosis, and so forth and then view average scores for patients in those groupings. An improved format for downloaded data has also been added.

The new version also enables users to view results on the same graph for the multiple times in which a patient has completed the BASIS-24 survey. This is helpful for clinicians who want to review progress over time from a single one-page graph.

Mental Health (continued)

The use of web-based technology has allowed McLean to offer aggregate reporting capabilities at a far less cost and with much more efficiency than when McLean compiled aggregate reports for providers using data analysts on staff.

"We're pricing the new version so it's affordable for even small **mental health** organizations. Many small providers cannot afford to purchase expensive customized software programs or to hire data analysts to compile results," said Idiculla. The cost for WebScore 2.0 ranges from $595 to $2,195 per year.

The Economy & Stress on Children

As the economy continues to falter, a poll released today shows that parents must make harder choices about how to spend what money they have, and children – especially those who are uninsured or who are among the lowest income bracket - are more at risk because of it.

The C.S. Mott Children's Hospital National Poll on Children's Health taken in May 2009 shows 44 percent of families' financial situations have worsened in the last six months. To make ends meet, many have cut back on extras (65 percent), applied for government health coverage (24 percent), applied for free or reduced lunch programs (27 percent), and delayed taking their children to the doctor (11 percent) or dentist (16 percent).

"In particular, we found that if a family's financial situation had worsened over the last 6 months and their children were uninsured, 40 percent of those parents had delayed taking their children to the doctor," says Matthew M. Davis, M.D., director of the poll. "This is a particularly concerning statistic when we consider that some of these kids whose care is being delayed may be particularly vulnerable or at risk for serious health problems."

The poll also showed that 40 percent of parents indicate their children ages 5 - 17 have some or a lot of stress as a result of worries about their family's finances. Fifty-three percent of parents report their teens, ages 13 – 17, have stress due to the family's financial situation.

Common symptoms of stress in children include acting out, abdominal pain and headaches.