

A communication periodical for our clients, staff & the community at large

The Chronicle

A Paterson Counseling Center Newsletter

Special points of interest:

- Client Surveys Are Back
- Staff Implements improvements in outcomes management tracking
- New online calendar is opened to the public
- Women's Services helps at risk pregnant mothers get a fresh start
- PCC develops new analytical tools in support of robust mental health assessments

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Rewind: Technology At PCC

Rewind several years ago and you have to admit that in some ways we have come a long way when it comes to the use of technology at the center. Remember our very first website, a kind of awkward representation of the center with lots of cartoon like clip art pasted throughout the site. Hit ratios against the site were low and we really didn't have a value added presence on the web.

Fast forward to today and look at where we are tens of thousands of hits later, an assortment of tools, a multitude of resumes and an infinite number of inquiries about our services and you have to admit we have one of the best in class websites in our field. That doesn't even include new tools that we use internally to support clients and perform services across the organization that we have come to depend on.



In order to deliver on the value proposition proposed by the Executive Director, Robert J Alexander, we had to get to a place where we could transform the way we conduct business. We moved away from just a focus on files and paper work to a more electronic vision of how to communicate and deliver services more effectively across all departments.

Other clinics visit our site regularly and agencies out of Trenton come to the site to see what is going on at the center. Our outcomes management analysis and illustrations have been requested by CARF surveyors as examples to share with others from a best in class perspective.

Our counselors have visibility into caseloads and phase progression of our clients from a historical perspective and we are incorporating what we learn into corrective action and process improvement efforts. In addition, our new medication dispensation software helps us more effectively monitor and audit dosing in line with regulatory requirements.

A mainstay in driving changes has also been the feedback we have

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received from our clients and the community at large. Our electronic surveys benchmarked over three years gives us insight into what is working and what is not at the center and we get the opportunity to address specific client concerns. Many of you have been involved in supporting these efforts which have really been about coming in to the office and making today better than yesterday for our clients and for ourselves. As we move into 2010 we encourage those who may have not had an opportunity to be part of change to get involved and help out. Imagine if we look back on today and find that we have leaped ahead even further than where we are now.

Services

At PCC we have a tremendous amount of services available to clients. Many of them are featured on our website.

Clients should be sure to reach out to our counselors for the latest information on what we have to offer at the center and individuals can certainly reach out to our website for a response. As well.

Our number is 973-523-8316 and we are open 7 days a week for those of you who need additional information about our services.

You can also request information through our site as well by filling out the contact us form.

HIV: The History

When was HIV discovered, and how is it diagnosed?

In 1981, homosexual men with symptoms of a disease that now are considered typical of the acquired immunodeficiency syndrome (AIDS) were first described in Los Angeles and New York. The men had an unusual type of lung infection (pneumonia) called *Pneumocystis carinii* (now known as *Pneumocystis jirovecii*) pneumonia (PCP) and rare skin tumors called Kaposi's sarcomas.

The patients were noted to have a severe reduction in a type of cell in the blood that is an important part of the immune system, called CD4 cells. These cells, often referred to as CD4 T cells, help the body fight infections. Shortly thereafter, this disease was recognized throughout the United States, Western Europe, and Africa.

In 1983, researchers in the United States and France described the virus that causes AIDS, now known as the human immunodeficiency virus (HIV) and belonging to the group of viruses called retroviruses. In 1985, a blood test became available that measures antibodies to HIV that are the body's immune response to the HIV. This blood test remains the best method for diagnosing HIV infection. Recently, tests have become available to look for these same antibodies in blood and saliva, some providing results within 20 minutes of testing.

How is HIV spread (transmitted)?

HIV is present to variable degrees in the blood and genital secretions of virtually all individuals infected with HIV, regardless of whether or not they have symptoms. The spread of HIV can occur when these secretions come in contact with tissues such as those lining the vagina, anal area, mouth, or eyes (the mucus membranes), or with a break in the skin, such as from a cut or puncture by a needle.

The most common ways in which HIV is spreading throughout the world include sexual contact, sharing needles, and by transmission from infected mothers to their newborns during pregnancy, labor (the delivery process), or breastfeeding. (See the section below on treatment during pregnancy for a discussion on reducing the risk of transmission to the newborn.)

Sexual transmission of HIV has been described from men to men, men to women, women to men, and women to women through vaginal, anal, and oral sex. The best way to avoid sexual transmission is abstinence from sex until it is certain that both partners in a monogamous relationship are not HIV-infected. Because the HIV anti-

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body test can take up to six months to turn positive after infection occurs, both partners would need to test negative six months after their last potential exposure to HIV.

If abstinence is out of the question, the next best method is the use of latex barriers. This involves placing a condom on the penis as soon as an erection is achieved in order to avoid exposure to pre-ejaculatory and ejaculatory fluids that contain infectious HIV. For oral sex, condoms should be used for fellatio (oral contact with the penis) and latex barriers (dental dams) for cunnilingus (oral contact with the vaginal area).

A dental dam is any piece of latex that prevents vaginal secretions from coming in direct contact with the mouth. Although such dams occasionally can be purchased, they are most often created by cutting a square piece of latex from a condom.

The spread of HIV by exposure to infected blood usually results from sharing needles, as in those used for illicit drugs. HIV also can be spread by sharing needles for anabolic steroids to increase muscle, tattooing, and body piercing. To prevent the spread of HIV, as well as other diseases including hepatitis, needles should never be shared.

At the beginning of the HIV epidemic, many individuals acquired HIV infection from blood transfusions or blood products, such as those used for hemophiliacs. Currently, however, because blood is tested for both antibodies to HIV and the actual virus before transfusion, the risk of acquiring HIV from a blood transfusion in the United States is extremely small and is considered insignificant.

There is little evidence that HIV can be transferred by casual exposure, as might occur in a household setting. For example, unless there are open sores or blood in the mouth, kissing is generally considered not to be a risk factor for transmitting HIV. This is because saliva, in contrast to genital secretions, has been shown to contain very little HIV. Still, theoretical risks are associated with the sharing of toothbrushes and shaving razors because they can cause bleeding, and blood can contain large amounts of HIV.

Consequently, these items should not be shared with infected people. Similarly, without sexual exposure or direct contact with blood, there is little if any risk of HIV contagion in the workplace or classroom.

Source: Medicine Net