New Jersey
Successful Linkage to Care Plan
Rapid/Rapid HIV Testing Sites

Both Rapid Tests are Positive

Medical testing begins; assess for ART

If Refuses Immediate Linkage
ARTAS trained counselor
(1-5 Sessions)

Immediate linkage to care

If Refuses ARTAS, Education and Referrals to Prevention, RW-CM, TX, Partner SVS, etc.

MOAs must be obtained between Testing Agency and Medical Care Facility

Incentives to be determined

HIV Testing Counselor - Linkage to Care:
• Recruit HIV Impact Populations for HIV Counseling and Testing
• Deliver ARTAS Strategy to HIV+ persons who are not yet linked to care
• Partner Services
• Ultimate goal is to link to care – ARTAS ends
• Linkage to Care – Linkage Navigator = engagement, retention, adherence, re-engagement
• F/U on those who test HIV+ and do not return for ARTAS or Care
• Navigator to collaborate with CBO for those lost to care
New Jersey
Successful Linkage to Care Plan
Non-Clinical Sites

First Rapid test HIV

$ +

Successful Linkage to Medical Care
(by Tester at Medical Site)

Immediate

Successful Linkage to Care Site for Second Rapid* Test

*Different Rapid must be used to confirm positive

Immediate

If Refuses Second Rapid Test, Referred to ARTAS trained Tester – ultimate goal confirmation and linkage (1 -5 Sessions)

If Refuses All Services, Referrals given for prevention, CM, TX, Partner SVS, etc.)

MOAs must be obtained between CBO and Medical Care Facility

$ = Incentives to be determined

HIV Tester’s Role:

• Recruit HIV Impact Populations for HIV Counseling and Testing – refer to narrative
• Deliver A2 Strategy to persons who have a preliminary HIV+ test
• Partner Services
• Link to medical site for confirmatory testing
• F/U on those who test preliminary HIV+ and do not return for A2
Training

• Motivation Interviewing (MI) – August 1\textsuperscript{st} and 2\textsuperscript{nd}

• ARTAS – August 7, 8 and 9

ARTAS – Anti-Retroviral Treatment and Access to Services