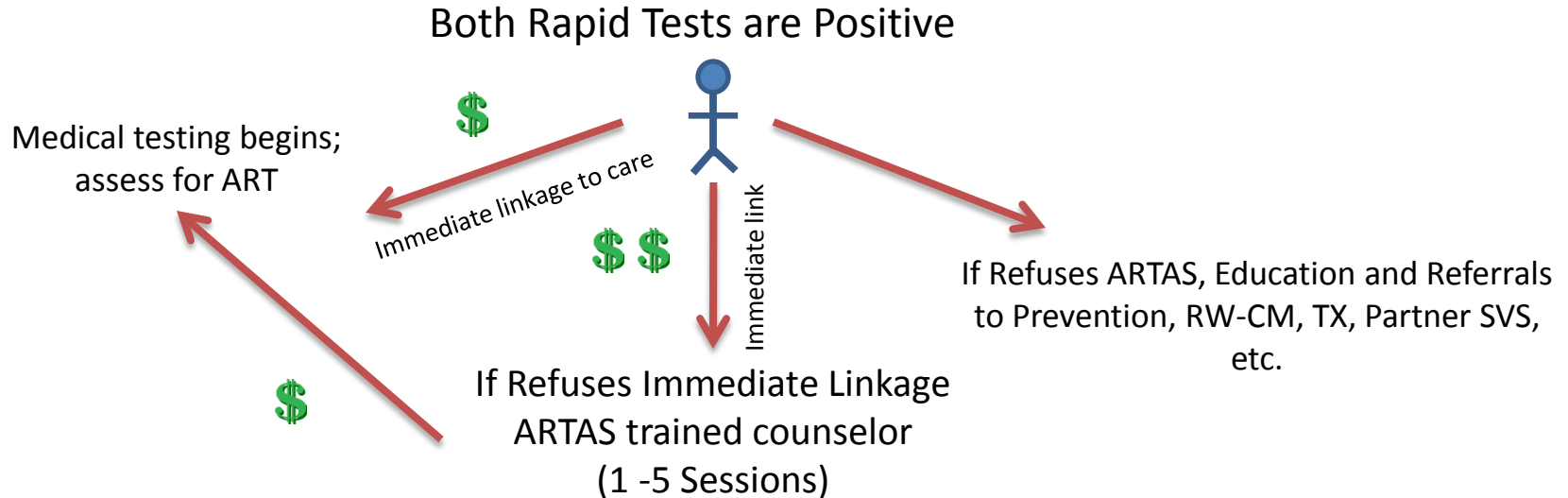



New Jersey Successful Linkage to Care Plan Rapid/Rapid HIV Testing Sites



MOAs must be obtained between Testing Agency
and Medical Care Facility

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

 Incentives to be determined

New Jersey Successful Linkage to Care Plan Non-Clinical Sites

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

First Rapid test HIV



+



Immediate



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

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



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 1st and 2nd
- ARTAS – August 7, 8 and 9

ARTAS – Anti-Retroviral Treatment and Access to Services