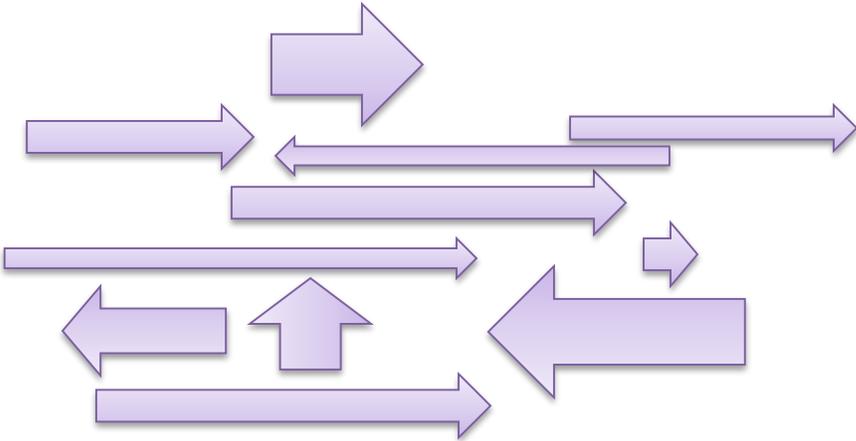


Antiretroviral Treatment and Access to Services (ARTAS)

NYLinks Implementation Manual



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Acknowledgements:

This manual was adapted from the ARTAS Linkage Case Management manual.
Centers for Disease Control and Prevention:
http://aidsetc.org/sites/default/files/resources_files/artas_implementation_manual.pdf
New York City Department of Health and Mental Hygiene:
<http://www.nyc.gov/html/doh/html/home/home.shtml>

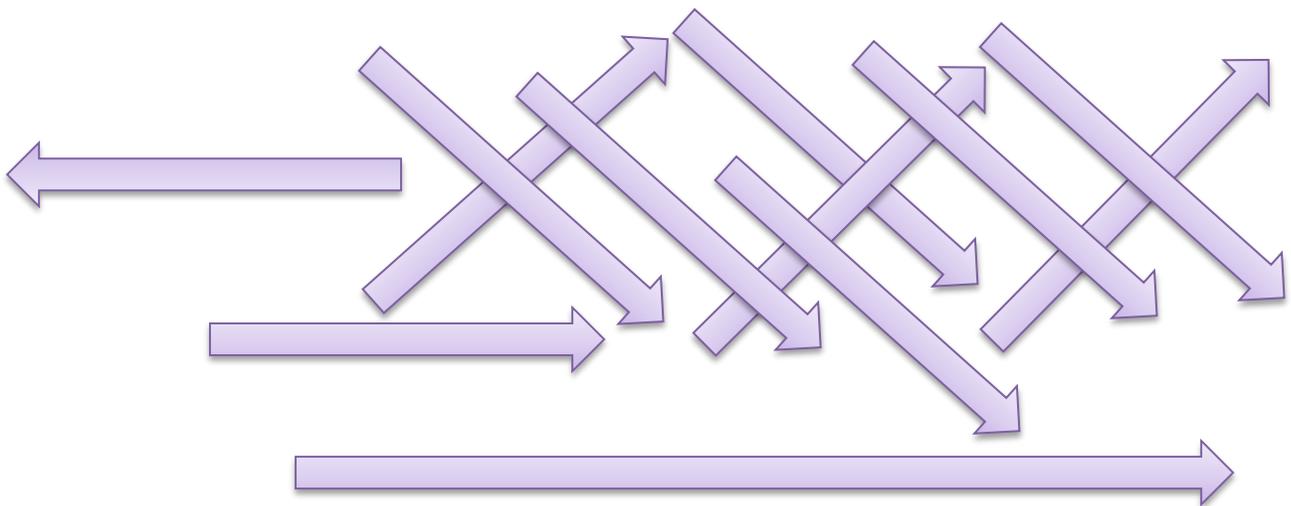
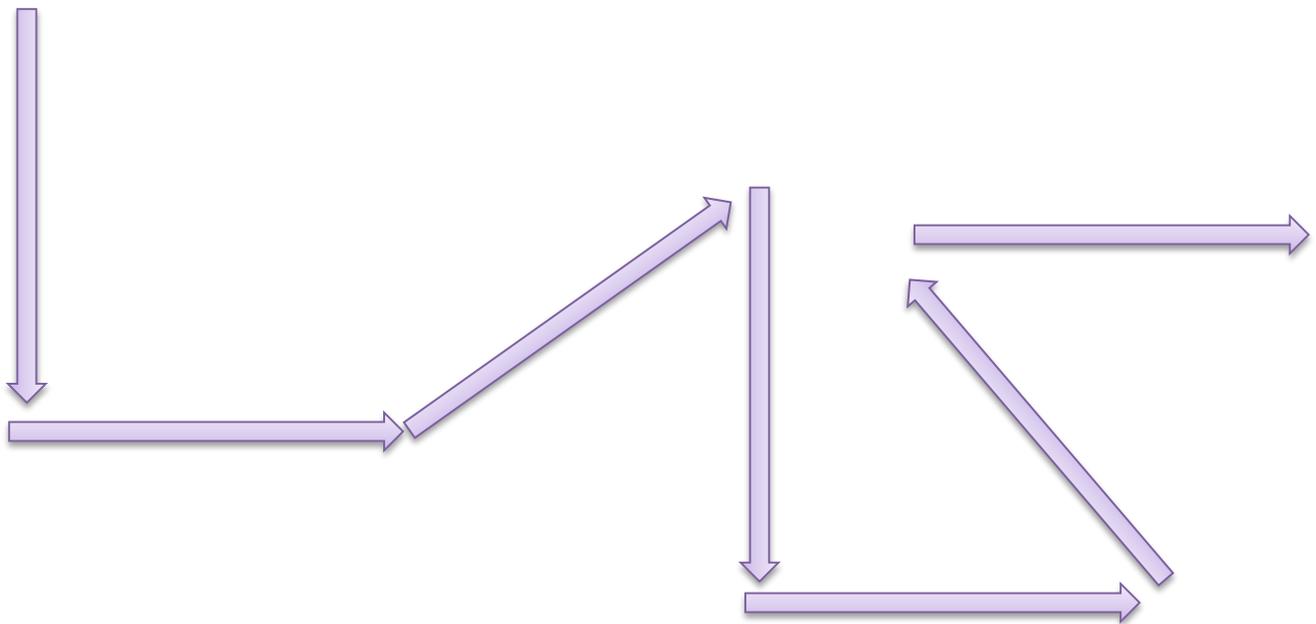


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A. What is the ARTAS intervention?

The Antiretroviral Treatment and Access to Services (ARTAS)^{1,2} was developed by the Center of Interventions, Treatment and Addictions Research (CITAR) at the Boonshoft School of Medicine at Wright State University and is built upon the Strengths-based Case Management (SBCM) model. This model encourages the client to identify and use personal strengths; create goals for himself/herself; and establish an effective, working relationship with a linkage coordinator. Staff performing linkage coordination may be case managers, front line staff, medical assistants, or whomever else the organization deems to be best suited to fulfill the functional responsibilities related to the intervention. This NYLinks manual is adapted from the original ARTAS manual.

ARTAS consists of up to five client sessions conducted over a 90-day period or until the client links to medical care - whichever comes first. Client sessions are encouraged to take place outside the office or wherever the client feels most comfortable.

Following the final client session, the client may be linked to a long-term case manager and/or another service delivery system to address his/her longer term barriers to remaining in care, such as substance use treatment and mental health services.

While the linkage coordinator should attempt to complete every activity listed for each session of ARTAS (refer to the ARTAS Manual for the list of activities), it is a client-centered intervention characterized by client-driven sessions that are flexible to permit addressing the client's needs. As such, the agenda, time, content, and forms must be adjusted to the client's needs.

The content within each of the five sessions is intentionally redundant in places. Because a client may be under a great deal of stress or at different stages of decision-making from one session to the next, repeating information and key points are important to ensure they understand and retain the information. As staff progress from one session to the next with the client, subtle differences emerge in the step-by-step procedures and key considerations. These differences are to remind staff to check in with the client to assess if unresolved barriers are present and to further explore why the client is not ready to link to medical care.

Note that for consistency in this document we use the client label rather than the patient label although we believe both would be appropriate.



B. Target population

The target population for ARTAS is any adult individual who is recently diagnosed with HIV and not linked to care as defined by having no HIV primary care visit within the past 6 months or longer. Individuals must be willing to participate in the intervention.



C. Core elements of the intervention

This section describes the essential components of the intervention. It is divided into those elements which must be in place prior to implementing the intervention and those elements which are required for implementation itself. Core elements are critical to the success of the intervention and must be implemented exactly as designed. If one or more of the core elements is altered or dropped, the intervention will be compromised resulting in reduced effectiveness of the intervention.

The core elements of the ARTAS intervention in NYLinks are as follows:

Pre-Implementation:

Staff implementing ARTAS and supervisors of those staff are trained in ARTAS

The organization develops a list of clients who are newly diagnosed and entering care (clients who have been out of care more than 6 months may also be considered for ARTAS)

Implementation:

The list of clients is given to the ARTAS team on a weekly basis

One of the ARTAS team members meets with the client to introduce them to ARTAS and to determine eligibility and interest. The purpose of ARTAS, as implemented, is:

1. Build an effective, working relationship between the linkage coordinator and each client.

¹ L.I. Gardner, L.R. Metsch, P. Anderson-Mahoney, A.M. Loughlin, C. del Rio, S. Strathdee, S.L. Sansom, H.A. Siegal, A.E. Greenberg, S.D. Holmberg, and the ARTAS Study Group, “Efficacy of a Brief Case Management Intervention to Link Recently Diagnosed HIV-Infected Persons to Care,” *AIDS* 19, no. 4 (2005): 423-431. - See more at: <http://www.effectiveinterventions.org/en/HighImpactPrevention/PublicHealthStrategies/ARTAS.aspx#sthash.WgTeCUNh.dpuf>

² J.A. Craw, L.I. Gardner, G. Marks, R.C. Rapp, J. Bosshart, W.A. Duffus, A. Rossman, S.L. Coughlin, D. Gruber, L.A. Safford, J. Overton, and K. Schmitt, “Brief Strengths-Based Case Management Promotes Entry into HIV Medical Care: Results of the Antiretroviral Treatment Access Study-II,” *Journal of Acquired Immunodeficiency Syndromes* 47, no. 5 (2008): 597-606. - See more at: <http://www.effectiveinterventions.org/en/HighImpactPrevention/PublicHealthStrategies/ARTAS.aspx#sthash.WgTeCUNh.dpuf>

2. Focus on the client's strengths by:
 - a. Conducting a strengths-based assessment
 - b. Encouraging each client to identify and use his/her strengths, abilities, and skills to link to medical care and accomplish other goals
(see sample assessment Appendix E.)
3. Facilitate the client's ability to:
 - a. Identify and pursue his/her own goals
 - b. Develop a step-by-step plan to accomplish those goals using the ARTAS Session Info Guide
4. Maintain a client-driven approach by:
 - a. Conducting between one and five structured sessions with each client
 - b. Conducting active, community-based case management by meeting each client in his/her environment and outside the office, whenever possible
 - c. Coordinating and linking each client to available community resources, both formal (e.g., housing agencies, food banks) and informal (e.g., friends, support groups, spiritual groups) based on each client's needs
 - d. Advocating on each client's behalf, as needed, to link him/her to medical care and/or other needed services

Sessions with the client are begun. Sessions should occur weekly. Refer to the ARTAS Manual for further detail on each session

Session 1: Building the Relationship

Session 2: Emphasizing Personal Strengths

Session 3: Learning to Make Contact

Session 4: Reviewing the Progress

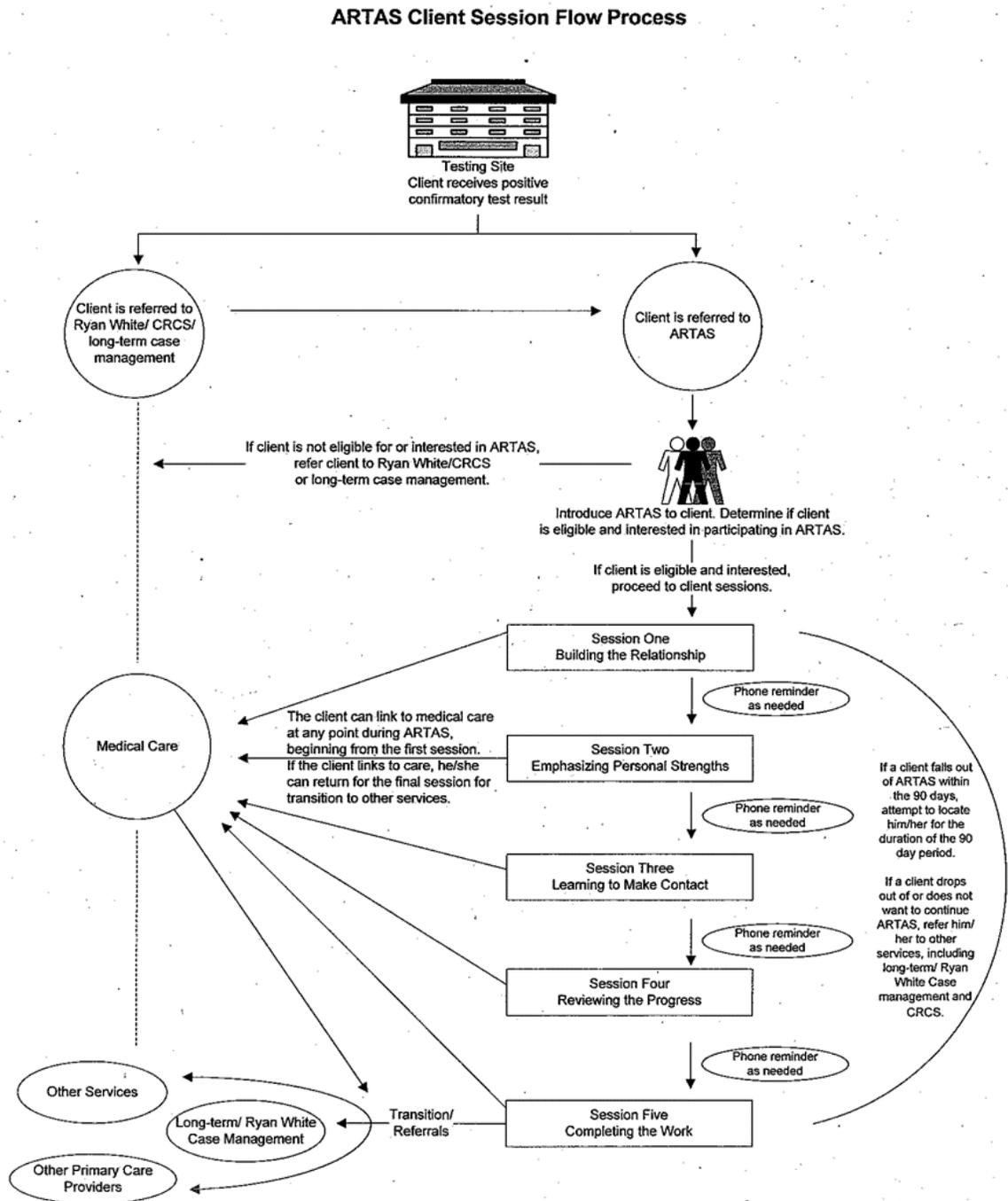
Session 5: Completing the Work

The client can link to medical care at any point during ARTAS, beginning from the first session. The Client however, must be linked to care within 90 days.

Clients who successfully complete ARTAS may be transitioned to referral sources and/or long-term case management as appropriate.

See the *ARTAS Client Session Flow Process*, below, for a visual representation of the client sessions.

Figure 1: ARTAS Client Session Flow Process





D. Adaptable elements of the intervention

Unlike the core elements of an intervention which must be implemented exactly as designed, adaptable elements are activities and delivery methods that can be tailored to meet the specific needs of an agency without compromising the integrity of the intervention.

The adaptable elements of the ARTAS intervention in NYLinks are as follows:

- ARTAS can be used to re-engage clients returning to care after >6 month lapse in treatment and care services.
- In case of safety concerns around meeting at the client selected location, the primary linkage coordinator may, with client consent, include a second linkage coordinator. The client should agree to this arrangement in advance. A supervisor should approve the addition of the second linkage coordinator in advance.
- Provide transportation to and from the client sessions and/or medical appointment.
- Provide incentives such as gift cards or food vouchers during the five client sessions and/or for completing evaluation forms.
- Attend medical and other appointments with the client if requested.



E. Length of time the intervention is delivered to each client

Up to five client sessions (see Appendix D), 1 1/2 - 2 hours each, conducted over a 90 day period or until the client has had at least one HIV medical visit with stated plans to return for the next medical care visit - whichever comes first.



F. Staffing requirements/roles and responsibilities

The organization may designate any staff they deem appropriate to fulfill the linkage coordination duties. This may result in several people assuming the role of linkage coordinator for clients. Note on staffing: For the purposes of consistency, we have utilized the title of “linkage coordinator” when speaking of the person who will carry out the duties related to this intervention. Any staff providing case management or engagement services could be a linkage coordinator or do the duties detailed here as part of this role. The linkage coordinator label refers to the duties being done rather than to the individual doing them.

The goal of ARTAS is to link people who are recently diagnosed with HIV to HIV medical care. The linkage coordinator will help the client identify benefits to being in care and resolve barriers to linkage. The client may also have other goals s/he would like to address; these goals should be achievable in a short time frame and should be addressed, and will not present a conflict with the Core Elements of ARTAS. Accomplishing the client's other goals may strengthen the relationship between the linkage coordinator and the client or eliminate a barrier and source of stress for the client. For example, the client may be interested in receiving case management services and facilitating a referral for this service may help with linking the client to and retaining them in care.

Many clients identify system-level barriers, such as restrictive service application hours, biases against people living with HIV/AIDS, and a lack of childcare. Addressing these barriers will help facilitate linkage to medical care. Linkage coordinators should be skilled in resolving common system-level barriers.

G. Staff training

Anyone who implements ARTAS must attend an ARTAS Training. The training is intended for individuals who will be responsible for conducting the ARTAS sessions with clients, (i.e., providing the linkage coordination). Linkage coordinators should have experience providing case management or social services. Ideally, those functioning as linkage coordinators will include experienced case managers, social workers, or HIV test counselors. There are different ways to receive ARTAS training (please see below). Additional training support may be identified and provided by the NYLinks Team. We also recommend that supervisors of staff who will be providing linkage coordinator services also attend the training.

For training through the Centers of Disease Control:

Completion of the ARTAS pre-course online module is required. The pre-course online module of the ARTAS Training of Linkage coordinators will provide you with an overview of the ARTAS training agenda, objectives, and instructional methods of the course. This training is being conducted in a blended learning format; you will complete a portion of the training on your own by reviewing the material in this module, and the remainder of the training will be conducted in a classroom setting.

- See more at:

CDC Effective Interventions website

<http://www.effectiveinterventions.org/en/HighImpactPrevention/PublicHealthStrategies/ARTAS.aspx>

For training through the New York City Department of Health and Mental Hygiene's Training and Technical Assistance Program (T-TAP): <http://www.cvent.com/d/7cq6hp>
HIV Training for Health Care Providers in New York City:
Contact: Bureau of HIV/AIDS Prevention & Control
Training - Technical Assistance Program (T-TAP): 347-396-7701 or TTAP@health.nyc.gov

The following is information about T-TAP (Training and Technical Assistance Program) Training eligibility:

HIV PREVENTION CLINICAL TRAININGS

T-TAP clinical trainings are designed to support NYC clinicians in the prevention, diagnoses and treatment of HIV and other STDs. T-TAP collaborates with the DOHMH HIV/STD Prevention Training Center, and other training centers throughout the five boroughs of New York.

Eligibility: All clinical staff that work directly with sexually active New York City residents are eligible to enroll in clinical trainings.

HIV PREVENTION NON-CLINICAL TRAININGS

T-TAP non-clinical trainings are designed to support staff that work in prevention, agencies that engage in the diagnosis or supportive care of those who are at risk or living with HIV or others STDs. The program includes eleven (11) courses in 2013 that provide a necessary foundation for staff who work with these populations.

Eligibility: Course enrollment priority is given to staff that provides the following services:

- HIV/STD testing, diagnosis and care
- HIV/STD prevention education and counseling
- Case management and referral services
- Community mobilization, community level interventions

Training for ARTAS will be available through T-TAP for any provider currently participating in NYLinks.

For training through other avenues:

New York State Department of Health AIDS Institute HIV Education and Training Programs, <http://www.hivtrainingny.org/>. Contact: HIVET@health.state.ny.us, (518) 474-3045

Optional Training:

It is also recommended that program staff be trained in Motivational Interviewing skills.

- See more at:

HIV Education and Training Programs, AIDS Institute
<http://www.hivtrainingny.org/>



H. Resources required for implementing the intervention

- Staff time to implement up to five client sessions, 1 1/2 - 2 hours each, conducted over a 90 day period or until the client has had an HIV medical visit - whichever comes first.
- Ability to provide client transportation to and from the client sessions and/or medical appointment.
- Referral and tracking form/template.
- ARTAS Training and Implementation Manual and related tools: Please visit www.effectiveinterventions.org and click on the “Training Calendar& Registration” tab for information about scheduled ARTAS trainings.
- Incentives for client participation (optional) - metro cards, bus tokens, food vouchers, etc. *No additional financial resources will be made available through NYLinks to implement this intervention.*



I. Implementation

Helpful points:

1. Start-up: determining whether your organization is capable of implementing this linkage to care program.
2. Initiating and implementing: establishing and strengthening essential partnerships for implementing a linkage to care program.
3. Differentiating linkage case management from long-term case management.
4. Marketing the program: communicating the benefits of the linkage to care program.
5. Sustaining referrals: successful strategies for obtaining and sustaining referrals to the linkage to care program.
6. Transportation for the linkage coordinator; the advantage of being mobile.
7. Transitioning clients from ARTAS linkage case management to long-term case management, if needed.
8. Support through supervision; providing consistent and ongoing support and supervision to the linkage coordinators.

Keys to help build an effective, working relationship between the linkage coordinator and each client.

Focus on the client's strengths by conducting strengths-based case management:

- a. Conducting a strengths-based assessment (see ARTAS Manual for assessment).

b. Encouraging each client to identify and use his/her strengths, abilities, and skills to link to medical care. Note that this is also an opportunity to encourage the individual to identify and accomplish other goals, although linkage to and retention in medical case should always be the first priority.

Maintain a client-driven approach by:

- a. Conducting between one and five structured sessions with each client.
- b. Conducting active, community-based case management by meeting each client in his/her environment and outside the office, whenever possible.
- c. Coordinating and linking each client to available community resources, both formal (e.g., housing agencies, food banks) and informal (e.g., friends, support groups, spiritual groups) based on each client's needs.
- d. Staff will attend medical and other appointments with the client if requested.
- e. Advocating on each client's behalf, as needed, to link him/her to medical care and/or other needed services.



J. Data to be routinely collected and reported

Process measures

Process measurements are an assessment of intervention related activity connected to a desired outcome. This type of measure involves basic counts of intervention related procedures. For example, the number of clients who were referred to a program, the number of staff trained etc. Process measures are used to identify areas where improvements can be made during implementation of an intervention or as a tool in on-going monitoring of an intervention.

The NYLinks team has developed process measures that will be used in the statewide evaluation of this intervention. Data collection tools have been developed to aid providers to systematically track process measure information (Appendix C). These tracking tools should serve as a guide and are not required to be used as long as the provider has an alternative tracking method in place. All providers implementing this intervention will be expected to collect and report process measure data to the NYLinks team on a monthly basis. Data should be reported by the 15th day of each month (or the next business day if the 15th falls on a weekend). Providers should develop a schedule to perform routine quality assurance on the data to ensure that information is being collected and recorded accurately and frequently.

The following naming convention may be used for the log in Appendix C to track process measures monthly.

Filename: ARTAS tracking tool_MMYYYY.xls

where MMYYYY represents the 2-digit month and 4-digit year of the data contained in the file.

Aggregate process measure data will primarily be used in the statewide and multi-state evaluation. In order for providers to report aggregate data to the NYLinks team, process measure data should be collected and recorded for each client affected by the intervention and then aggregated as a total for all clients every month. For example, whether or not a client accepted enrollment into ARTAS would be aggregated into total number of clients offered ARTAS and the total number of clients who accepted enrollment into ARTAS during that month.

Many of the client-level data elements for the process measures described below may already be routinely collected by providers. These include client name, unique client identifier and the date the client came in for a service. Although client-level data will not be reported as part of the NYLinks evaluation, all data elements that would need to be tracked to accurately report aggregate process measure data is provided below. Optional data elements are also suggested for providers who are interested in gathering additional information for their intervention. **No client/client identifiers should be included in any aggregate data process measure report that is sent electronically to the NYLinks team.**

The following data elements will need to be collected *each month* to create aggregate process measures for the ARTAS intervention:

Client/client-level data elements:

- Client/client name (unique identifier)
- Is client new to ARTAS this month
- Is the client newly diagnosed or returning to care
- Was the client offered opportunities to enroll (yes/no)
- Did the client accept enrollment into ARTAS (yes/no)
- Date client accepted or declined enrollment into ARTAS
- Whether client had 1-5 sessions and the date of each session
- Number of session client had during the month

Optional

- Did client complete a strengths-based assessment and date completed

Aggregate data elements:

- Number of new clients enrolled in ARTAS during the month (numerator 1)
- Number of clients eligible for enrollment in ARTAS during the month (denominator 1)
- Enrollment percentage (numerator 1 ÷ denominator 1)
- Number of new clients during the month who had at least 1 session during that month
- Number of old clients during the month who had at least 1 session during that month
- Total number of sessions for new clients during the month
- Total number of sessions for old clients during the month

Optional

- Number of enrolled clients who completed a strengths-based assessment during the month

Outcome measures

Outcome measures are used to evaluate the results of the intervention and help to identify whether current activities, processes and procedures are working to create the desired outcomes. The NYLinks staff will be using NYC and NYS HIV surveillance data to monitor the outcome and impact of implemented interventions to improve linkage, retention and viral load suppression across the state. Surveillance data collected to evaluate these interventions are not available in a timely manner for assessment of the impact of the intervention at facility level. Although not required to be reported to the NYLinks staff, it is highly recommended that providers collect outcome measures to assess whether the changes implemented are leading towards their improvement goals, and to share these results with other providers in their region at the NYLinks stakeholder meetings.

Here is a suggested list of data elements to construct outcome measures *each month* that can be used to monitor the progress and success of this intervention:

Client -level data elements:

- Did client link to care within 90 days after start of ARTAS
- Date of client's 1st attended HIV medical care appointment following enrollment in ARTAS/linked to care (if applicable)

Aggregate data elements:

- Number of clients enrolled in ARTAS (denominator 2)*
- Number of clients who were engaged in care** within 90 days of start of ARTAS (numerator 2)
- Percentage of clients engaged in care within 90 days of start of ARTAS (numerator 2 ÷ denominator 2)

*See aggregate process measure above. This number is an aggregate count of clients who were enrolled in the ARTAS intervention 3 months (90 days) prior.

**Engagement in/linkage to care is defined as a client having at least one HIV medical care visit with stated plans to return for the next medical care visit.

Using the Process Measure Data Tool:

Aggregate process measure data will be submitted each month to NYLinks.

The NYLinks ARTAS intervention may span more than one monthly reporting period. For example, a client may become eligible for the intervention at the end of a calendar month and would require tracking into the next month as he/she continues through the ARTAS sessions.

The tracking tool is intended to be a dynamic roster of clients. Therefore, client information for persons who have not linked to care and are continuing their ARTAS sessions should be carried from one monthly tracking period to the next until they have linked to care, or 90 days has passed since enrollment.

After the client has either linked to care within 90 days or 90 days has passed and client has not linked to care, they should be excluded from the aggregate numbers in the tracking tool after their outcome has been logged. Efforts to engage the client in care should continue.

There will be no outcome measures collected for the first 2 months of the intervention given that clients have 90 days to link to care. After 90 days from start of intervention implementation has passed, outcome measure data can be collect at the end of every month for clients in cohorts. For example:

Client enrollment date in ARTAS	Client outcome data collected/reported each month	Date aggregate data is reported
Start date of ARTAS: April 2014	N/A (client has 90 days to link to care)	May 7 th 2014
May 2014	N/A (client has 90 days to link to care)	June 7 th , 2014
June 2014	Clients whose enrollment date was in April 2014	July 7 th , 2014
July 2014	Clients whose enrollment date was in May 2014	August 7 th 2014

K. Assessing fidelity to the intervention

In program evaluation, fidelity examines the extent to which an intervention is conducted as it was originally designed. Monitoring fidelity ensures that specific elements of an intervention are implemented according to protocol. This maximizes the effectiveness of the intervention and the likelihood of seeing the desired outcome.

For the NYLinks Technical Assistance Staff to fully assess fidelity to the ARTAS intervention, supervisors at implementation sites would first need to monitor their staff and conduct their own fidelity assessments to ensure that there is adherence to the core elements of the intervention. We kindly ask that any general insights be shared with the NYLinks TA Staff.

How supervisors can monitor and assess fidelity:

ARTAS supervisors are tasked with supporting each linkage coordinator (LC) to maintain adherence to the core elements of the intervention. To do so, they should schedule all-staff and one-on-one staffing meetings to review client progress and discuss challenges. Case staffing provides an opportunity for supervisors and LC's to meet one-on-one to assess the

delivery of ARTAS to each client. The ARTAS Manual recommends using the Case Staffing Form³ to facilitate discussion during case staffing meetings, with a focus on maintaining a strengths-based approach and an emphasis on specific client capabilities. The Case Staffing Form is meant to be completed and updated after each client session by the LC and then may serve as a guide to further discussion with the supervisor. Additional support in administering this tool can be found in the Linkage Coordinator Supervisor Guide (Appendix A) of the ARTAS Manual.

In addition to one-on-one case staffing, monthly or bi-monthly all-staff meetings are recommended with participation by all ARTAS team staff. Meetings provide an opportunity to share common challenges and successes, and review core elements or other staffing and management issues that arise over the course of implementation.

Site supervisors may assess fidelity to the intervention by periodically shadowing each linkage coordinator during client sessions. Guided by the Shadowing Exercise Assessment tool⁴, supervisors are able to observe how well a linkage coordinator integrates the core elements of the intervention into the client sessions, focuses on client strengths and works with clients to overcome barriers and identify areas for improvement. Each agency should determine how often the shadowing exercise will occur depending on the schedule constraints of supervisors and linkage coordinators (at minimum, shadowing sessions are recommended on a monthly or quarterly basis per linkage coordinator). Client consent is required during each shadowing exercise as well as an explanation that the supervisor is there to observe and assess LC's, not the clients. Further information to guide these sessions can be found in the ARTAS Manual⁵.

On a quarterly basis, staff supervisors and LC's should complete an ARTAS Fidelity Assessment Quarterly Report⁶ to help monitor fidelity to the core elements throughout the intervention. By consistently updating this tool, sites are able to monitor and report whether effective working relationships are being built with clients, if both a strengths-based and client-driven approach are being maintained and if staff are linking clients to community resources and helping them to achieve personal goals. While the template provided serves as an agency-wide assessment, sites can adapt the tool to assess each linkage coordinator individually. Supervisors would then be able to determine whether some LC's are implementing the intervention as intended versus others who may not be incorporating all of the core elements.

Site supervisors may additionally choose to conduct periodic role play with staff to assess whether coordinators are able to maintain a strengths-based approach. Conversely, agencies could administer client satisfaction questionnaires⁷ to assess whether the core elements are being met from the perspective of clients enrolled in ARTAS. Client satisfaction questionnaires can be administered following each ARTAS session or following a client's completion of the intervention and a random selection of these can be used to assess whether case managers are fulfilling expectations during client sessions. The tools mentioned in this section can all be found in the ARTAS NYLinks appendix.

How NYLinks Technical Assistance Staff will monitor fidelity:

To monitor the fidelity of the NYLinks ARTAS intervention, the NYLinks Technical Assistance Group will conduct 2-3 site visits. The first visit will occur shortly after the start date of implementation to help identify if all core components are being implemented or delivered as planned. This will allow for early corrections and improvements to be made if any of the essential elements of the intervention are absent. Additional sessions may be conducted to assess if fidelity is maintained over time. This is primarily a time where technical assistance can be provided to any implementation site that needs it.

During site visits, interviews with the ARTAS team supervisor and linkage coordinators should take place to review the core components being implemented and to discuss any significant challenges associated with the delivery of NYLinks ARTAS. As the intervention is being rolled out, it will be necessary to ensure that all participating staff have undergone required ARTAS training and are prepared to begin working with clients. Ensuring that proper training of staff has occurred can be accomplished through checks of ARTAS certifications or other documents.

If sites choose to utilize the Fidelity Assessment Quarterly Report tool, then the NYLinks Technical Assistance Group may also ask sites to share those reports during site visits. NYLinks staff could review the reports with site supervisors to examine whether all of the core elements are being implemented and discuss any challenges or barriers to implementation.

Client satisfaction questionnaires are an additional source of information that could be monitored over time to ensure fidelity to the core elements of the intervention. Similar to the Fidelity Assessment reports, if made available by sites, NYLinks staff could review anonymous client satisfaction questionnaires during site visits to help monitor the client experience in relation to the core elements of the intervention. Documentation checks of data collection logs (including both process and outcome measures) can also be used to determine fidelity to the intervention.



L. Acronyms and key definitions

ARTAS - Anti-retroviral treatment and access to services

Motivational Interviewing - a counseling approach that facilitates and engages motivation within the client in order to change behaviors. (Motivational interviewing: Preparing people for change (2nd ed.), Miller, William R.; Rollnick, Stephen, New York, NY, US: Guilford Press. (2002). xx 428 pp.)

Linkage coordinator - direct program staff who implements the ARTAS intervention. Linkage coordinators include case managers, HIV test counselors, etc.

Strengths-based Case Management - a case management model that encourages the client to identify and use personal strengths to reach goals.

Teach-back - a method of communicating where the client is asked to explain information, key concepts, and instructions just discussed in their own words back to the counselor.

M. AIDS Institute staff contact information



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O. Appendices

Appendix A. Fidelity Assessment
Appendix B. ARTAS data collection tool
Appendix C. ARTAS Five Sessions Guide
Appendix D. ARTAS Sample Strengths Assessment Form
Appendix E. ARTAS Readiness Assessment Tool
