



Anti-Retroviral Treatment and Access to Services (ARTAS)

An individual-level, multi-session intervention for people who are recently diagnosed with HIV

Program Overview

Anti-Retroviral Treatment and Access to Services (ARTAS) is an individual-level, multi-session, time-limited intervention to link individuals who have been recently diagnosed with HIV to medical care. ARTAS is based on the Strengths-based Case Management (SBCM) model, which is rooted in Social Cognitive Theory (particularly self-efficacy) and Humanistic Psychology. SBCM is a case management model that encourages the client to identify and use personal strengths; create goals for himself/herself; and establish an effective, working relationship with the Linkage Coordinator (LC).

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. ARTAS views the community as a resource for the client and 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/Ryan White case manager and/or another service delivery system to address his/her longer term barriers to remaining in care, such as substance use treatment, mental health services.

Core Elements

The Core Elements are:

1. Build an effective, working relationship between the Linkage Coordinator and each client
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
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 Plan
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



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Key Characteristics

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1. Build and maintain effective relationships with community partners, and, whenever possible, sign a Memorandum of Agreement (MOA) between the implementing agency and community partners to facilitate the referral process.
2. Conduct a client session with two LCs if the LC is uncomfortable with the client-selected location. The client should agree to this arrangement in advance.
3. Implement a strengths-based approach to supervision.
4. Provide transportation to and from the client sessions and/or medical appointment.
5. Provide incentives such as gift cards or food vouchers during the five client sessions and/or for completing evaluation forms.
6. Attend medical and other appointments with the client if requested.

Target Population

The target population for ARTAS is *any individual* who is recently diagnosed with HIV, typically defined as within 6–12 months, and willing to participate in the intervention.

Program Materials

- Implementation Manual

Research Results

In the first ARTAS study, there was a higher proportion of successful linkage to medical care among the intervention participants (78%) than the standard of care participants (60%) within 6 months. In the ARTAS-II study, 79% of the participants (497 out of 626) attended at least 1 HIV medical care appointment in the first 6 months of enrollment.

Training of Facilitators

Please visit www.effectiveinterventions.org and click on the “Training Calendar& Registration” tab for information about scheduled trainings.

