HIV Support Services in Ontario:

RESOURCE GUIDE

Revision Date: Feb. 2024

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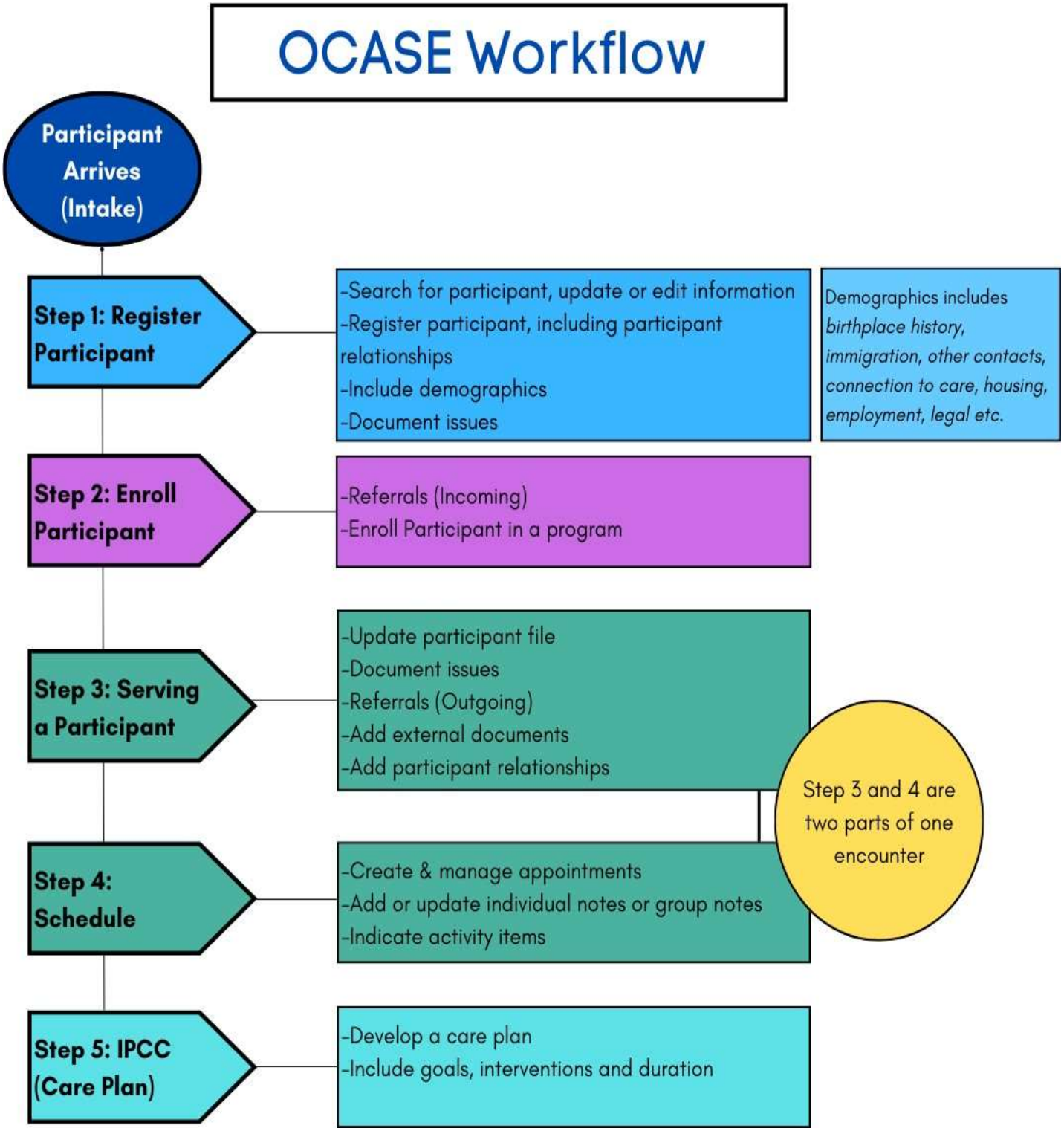
I. OCASE WORKFLOW

This is a sample workflow and can be adapted to your agency. See the Appendix for a fillable workflow chart.



II. INTRODUCTION

Since 2015, the Ministry of Health (MOH) has focused its funding on delivering support services to people living with, at-risk, and/or affected by HIV in Ontario. The report sent to the Ministry of Health by each of the funded programs serving the communities is called OCHART (the Ontario Community-based HIV/AIDS Reporting Tool). The basis of the report reflects funder priorities, community feedback, and analysis of previous data reported in OCHART. This reference guide highlights the minimum data collection requirements and procedures for how to record support services, using the provincially mandated client (participant, community member) database system (OCASE-TREAT)[1] and how that data is used for OCHART reporting. For more information about OCHART, visit www.ochart.ca.

> Note: Where discrepancies exist between this guide, the OCASE-TREAT system, and OCHART; OCHART and the OCASE-TREAT system have precedence. All changes are effective August 1st, 2022.

III. OUR PROVINCIAL STRATEGY

Building on the current provincial strategy, the revised support services framework moves in the direction of a more integrated model of HIV care. HIV support services continue to be an important component of an evidence-informed, community-based response to HIV/AIDS in Ontario. The framework emphasizes two strategic approaches that affect how, why, and to whom we deliver support services.

Approach 1: Focus on populations most at-risk or affected by HIV in Ontario
This means we plan and deliver support services to the key populations most affected by HIV in Ontario; which are:

- People living with HIV (PHAs)
- Gay, bisexual, and other men who have sex with men (including trans men)
- African, Caribbean, and Black communities
- Indigenous peoples
- People who use drugs
- Women* (cis and trans women, including women who are members of the other priority populations at highest risk, and other women who face systemic and social inequities, and are more likely to be exposed to HIV through a sexual or drug-using partner).

Approach 2: Shift from a 'focus on treatment' to a more coordinated model of 'prevention, engagement, and care'
This means we:

- Tailor our prevention efforts to reach the key populations most at-risk or affected by HIV
- Diagnose people early (through HIV testing) and engage them in care quickly; and
- Provide support services to help people stay in care, and on treatment and link them with other health and social services to improve their access to community and clinical supports

In the long-term, the goals of Ontario's HIV/AIDS response (as reflected in OCHART) are to:

1) Improve the health and well-being of populations most at-risk or affected by HIV
2) Promote sexual health and prevent new HIV, STI, and Hepatitis C infections
3) Diagnose HIV infections early and engage people in timely care
4) Improve the health, longevity, and quality of life for people living with HIV
5) Ensure the quality, consistency, and effectiveness of all provincially funded HIV programs and services

IV. HIV SUPPORT SERVICES: CORE PROGRAM AREAS

[1] These changes are reflected in the new OCASE-TREAT system that is currently in use by the majority of AIDS service organizations.

Currently, AIDS Service Organizations (ASOs) provide, collect, and report information about eighteen activities related to support services to the funder using OCHART (Ontario Community HIV/AIDS Reporting Tool). Historically, the agencies and the funder developed this list of support services collaboratively allowing ASOs to collect data about and highlight the unique activities and services they deliver. Over time, differences in program delivery models resulted in some ASOs having a different understanding of the outcomes from support services, the expectations for the range of services delivered, and how to record this work. Furthermore, an environmental scan in 2012 revealed several sector-wide issues related to definitions and the scope of support services.

To further our understanding of the epidemic in Ontario, the people we serve, and the intended outcomes of our services, the Ministry of Health has revised the OCASE-TREAT minimum data collection requirements as well as some of the OCHART questions. For information about OCHART, see www.ochart.ca.

PURPOSE OF THE OCASE-TREAT MINIMUM DATA COLLECTION REQUIREMENTS

i) To document information that workers need to provide timely and responsive care to their clients (participants, community members)
ii) To collect information that agencies use for program planning
iii) To collect information that is required for mandatory reporting in OCHART
iv) To collect information that is used to identify and analyze regional and provincial trends in service utilization and client (participant, community member) outcomes
    - This information is not currently reported in OCHART but may be analyzed at the provincial level in the future.

All four functions of OCASE-TREAT are important. Agencies should use the OCASE-TREAT system to collect all this information and not limit their data entry to OCHART reporting requirements.

PURPOSE OF OCHART REPORTING

The data and information provided through OCHART give funders the information they need to:

i) review the range of services provided
ii) identify emerging issues and trends
iii) inform planning
iv) account for the use of public resources

Note: These requirements change to reflect funder priorities and requirements as needed.

1. INTAKE

Intake is the process of reaching out and accepting new clients (participants, community members) coming to, or contacting the agency for support. Intake begins when a new client (participant, community member) comes through the door and ends when the ASO links the client (participant, community member) with one or more of their programs/services.

The purpose of intake is to build relationships with new service users, gather information (demographic, medical, social, other) about the client (participant, community member) to determine their eligibility for services, and identify their need for additional referrals (internal and external). This process can include providing information to the client (participant, community member) about the agency, their rights and responsibilities, agency confidentiality procedures and their limitations, and the agency's client (participant, community member) consent process (explicit and informed).

Whereas intake procedures are agency-specific and depend on the programs offered and their requirements, **all funded programs/services are expected to fulfill a minimum set of reporting requirements for the Intake program area**.

MINIMUM REQUIREMENTS FOR DATA COLLECTION IN OCASE-TREAT

For the Intake process – there are two stages. First, basic demographics and then record the delivery of this intake service using either a Progress Note or Individual Appointment.

BASIC DEMOGRAPHIC AND PROFILE INFORMATION

As part of the intake process, agencies record the following basic information about their support services clients (participants, community members):

Demographics:

- Client group
- Sex/gender
- Sexual orientation (male, trans-man)
- Date of birth or year of birth collected; age ranges reported
- Ethnicity

For details about these items, see Figures 1&2 (p10-11)

Connection to Care (Profile):

- HIV status (verified)
- clients (participants, community members) Living with HIV – access to a primary care physician and HIV specialist (PHA clients (participants, community members))
- The year of diagnosis is collected to determine the length of diagnosis reported (PHA clients (participants, community members))

Presenting issues (IPCC):

- Presenting issues (new clients (participants, community members))

Note: The Demographics and Profile in OCASE-TREAT contains **other information that agencies are expected to complete as part of their intake process**. The items listed above are the fields used for OCHART reporting to the MOH.

Other Demographics can include employment, housing, medication coverage, immigration status, and contacts.

Some clients (participants, community members) could also be involved in service delivery and service navigation acting as a – see the Demographics screen at the "**Type**" field to select an option:

- Peer
- Placement Student
- Volunteer

Your agency can request these "**Type**" details in an ad hoc [for a specific purpose] data request so that you can add this to a narrative on your OCHART report, but only if the data has been entered into TREAT.

PRIORITY POPULATIONS IN ONTARIO

Priority populations are automatically calculated, using an algorithm, and it is based on the demographic information you collect from your client (participant, community member). Here is the list and definitions for the Priority Populations in the province of Ontario.

- **People living with HIV/AIDS (includes cis and trans men and women)**
  - People who are HIV Positive
  - Would also include people who are co-infected with "HIV (Hep C or Hep B)"
    - *Demographic information utilized: Client group and HIV status*
- **Gay men, bisexual men, and other men who have sex with men, including trans men**
  - Trans men are persons assigned "female" at birth who identify as men
  - Note: female or trans-women even those who are bisexual, or lesbian are not included in this priority population
    - *Demographic information utilized: Sex/gender, sexual orientation*
- **African, Caribbean, and Black communities (includes cis and trans men and women)**
  - Black Ontarians and people from Africa and the Caribbean
    - *Demographic information utilized: Ethnicity*
- **Indigenous peoples (includes cis and trans men and women)**
  - Includes First Nations, Inuit, or Métis peoples
    - *Demographic information utilized: Ethnicity*
- **People who use drugs (including cis and trans men and women)**
  - People who disclose that they inject, inhale/snort, or smoke 'substances'
    - *Demographic information utilized: Presenting issue, client (participant, community member) disclosure of this information to you*
- **Women***
  - Women* (cis and trans women, including women who are members of the other priority populations at highest risk, and other women who face systemic and social inequities, and are more likely to be exposed to HIV through a sexual or drug-using partner).
  - Trans women are persons assigned "male" at birth who identify as women
    - *Demographic information utilized: Sex/gender*
    - Client group and HIV status are no longer used in calculating this information.

TYPES OF SERVICE ACTIVITIES:

As part of their regular practice, workers carry out and record the following six activities within the Intake Program Area.

- Assess the priorities for the client (participant, community member)
- Set up the client (participant, community member's) file (this includes completing the required fields on the Demographics screen and Profile – Medical tab)
- Determine a client's (participant, community member's) eligibility for agency services
- Provide orientation to the agency
- Engage with the client (participant, community member) (building rapport)
- Conduct program-specific intake (if required)

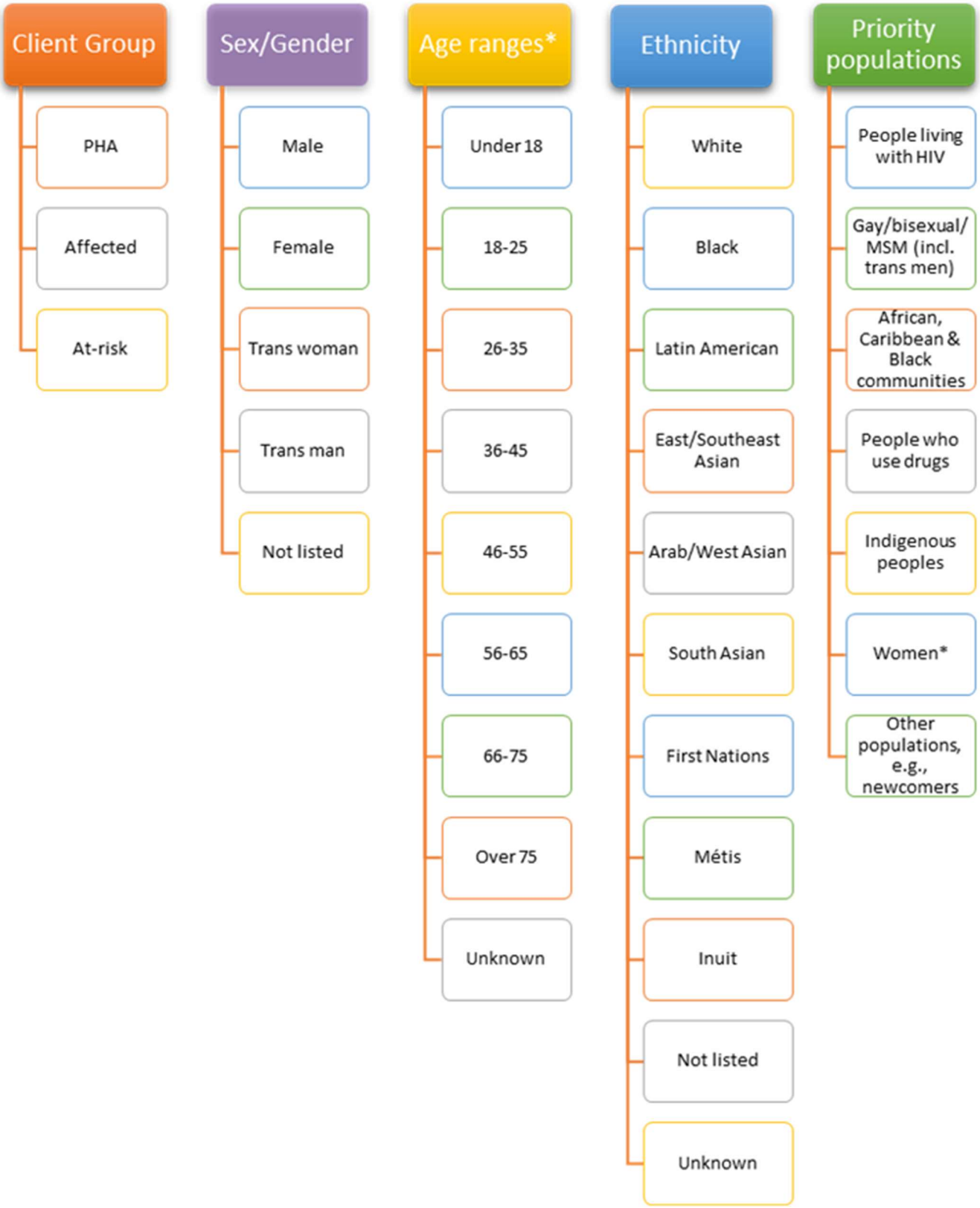
Workers may provide intake services during one or more sessions with a client (participant, community member). However, each of these sessions requires completing another progress note or appointment to indicate which intake service activity item(s) the worker delivered.

Question: Can agencies record an Intake service for existing clients (participants, community members) who are being enrolled in a separately funded program?
Answer: Yes

HOW THIS INFORMATION IS USED FOR OCHART

For OCHART, agencies report on the overall delivery of the **Intake** services. They do not report a detailed list of specific intake activities. In addition, information for Intake services such as age, ethnicity, etc. is used to report about clients (participants, community members) receiving support services.

FIGURE 1: DEMOGRAPHIC/PROFILE INFORMATION – DATA COLLECTION & REPORTING ELEMENTS



(*) Age ranges derived from Known, Estimated, or Unknown date/year of birth in OCASE-TREAT

FIGURE 2: DEMOGRAPHIC/PROFILE INFORMATION – DATA COLLECTION & REPORTING ELEMENTS (CONTD)

(*) Presenting Issues are located under 'IPCC' in OCASE-TREAT. Interdisciplinary Plan Client Care (IPCC) – this feature can be used for issued based Case Management
(*) Length of diagnosis is calculated from the year of HIV diagnosis

2. HIV Supportive Case Management

Case management is a **time-limited process** that involves understanding vulnerable clients (participants, community members) complex needs, helping to coordinate services to meet those needs, referring them to other appropriate services, perhaps service navigation, service coordination, and advocating on behalf of them for the services they need. The process begins with an assessment that aims to identify the client's (participant, community member's) health goals, works with them to develop a care plan to achieve those goals, and then follows the case management cycle.

Note: Only clients (participants, community members) who are formally enrolled in HIV Supportive Case Management receive this service. Otherwise, the majority of clients (participants, community members) receive a combination of the general support activities that make up the other Program Areas. Please refer to the HIV Supportive Case Management service model (currently under development) for more details.

Minimum Requirements for Data Collection in OCASE-TREAT

Type of Service activity:

As part of their regular practice, for each case management session, workers should identify and record the elements of the case management cycle addressed at the meeting.

- Assessment
- Planning
- Implementation
- Evaluation
- Transition

HIV case management services are provided to support clients (participants, community members) with connecting to HIV care, staying in care, and managing HIV. Workers should also record the focus of each case management session they provide by choosing one of the following four options:

- Connection to HIV care
- Retention in HIV care
- HIV management
- Other (please specify) - notes

How This Information is Used for OCHART

For OCHART, agencies report on the overall delivery of HIV Case Management Services. They do not report on the session focus or the individual elements of the case management cycle.

3. Practical Assistance

This Program Area includes three main services that provide clients (participants, community members) with access to basic need items and services for which they face challenges in accessing (i.e. they would not be able to or would have difficulty accessing at their own expense).

Minimum Requirements for Data Collection in OCASE-TREAT

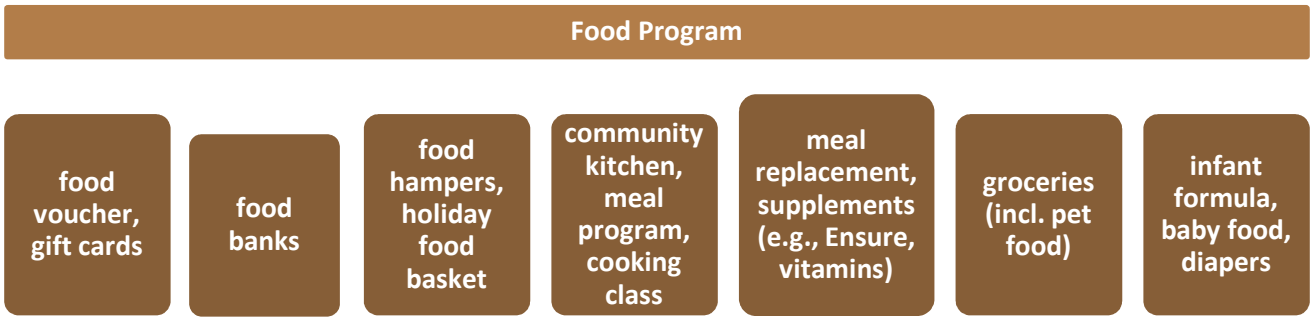
As part of the Practical Assistance Program Area support workers deliver and record these services:

Service Activity Types:

Complementary Therapies

Includes the following treatments, which may reduce stress, boost the immune system, or have other beneficial effects:

Food Programs



Practical Assistance Distribution

There are three main groups of practical assistance items distributed:

Practical Assistance – Financial	• financial assistance (application fees, tuition) • assistance with Trillium premiums • child care subsidy
Practical Assistance – Transportation	• transportation (tickets) • transportation (rides provided) • transportation (taxis)
Practical Assistance - Other	• free service/event (e.g., haircuts, event tickets, internet) • gift cards (non-food) • holiday/general gift basket (non-food) • household items (e.g., kitchen supplies) • clothing (e.g., bedding, toiletries) • assistance with wills, insurance, tax & legal info.

How This Information is Used for OCHART

For OCHART, agencies report on the overall delivery of:

- complementary therapy as one service. They do not report a detailed list of types of therapies provided.
- food programs as one service. They do not report a detailed list of types of food programs provided.
- the main groupings of practical assistance distribution. They do not report on the individual items distributed within each group.
    - Financial
    - Transportation
    - Other

4. COUNSELLING AND SUPPORT SERVICES

This Program Area includes activities where a client (participant, community member) receives specific services directly from a support worker who may be a certified professional, non-professional, volunteer, or peer.

MINIMUM REQUIREMENTS FOR DATA COLLECTION IN OCASE-TREAT

As part of the Counselling & Support Services Program Area support workers carry out and record the following:

TYPES OF SERVICES:

Bereavement Services – These services are provided on a wide range of grief and loss issues including counselling and assistance with memorial/funeral arrangements.

Clinical Counselling – Includes a one-on-one session with a client (participant, community member) to talk about specific issues or concerns for which the individual is seeking assistance. A trained and certified professional delivers these sessions using a structured form of therapy (e.g., cognitive behavioural therapy, etc.). The sessions can be delivered in person, over the phone, or by using videoconferencing technology.

HIV Pre/Post-Test Counselling - Counselling provided to individuals/couples considering HIV testing or taking the test.

Interpretation/Translation – This includes both written and spoken services provided in the client's (participant's, community member's) mother tongue (e.g., accompany clients (participants, community members) to appointments, arrange and/or provide interpretation).

ODSP Employment Support Services – This is a government-sponsored employment support program specifically funded by ODSP.

Treatment/Medication Adherence – This is focused on teaching the client (participant, community member) strategies to increase their level of adherence to their medication or to discuss treatment options and decide upon the best choice for them.

Settlement Services – These services are targeted towards new immigrants (newcomers). Services may be provided in the areas of health, mental health, housing, legal, employment, English as a Second Language, childcare, assisting clients (participants, community members) with the immigration system, etc.

General Support Session - A general support session* includes financial/money management counselling or emotional support. Usually, non-clinical counselling is practical and short-term, where the worker needs to engage with clients (participants, community members), encouraging them to share information while demonstrating great interest in building a trusting relationship.

When providing general support sessions workers record the main focus of the session, choosing from the following standard list of activity items [best fit]:

- Aging
- Disclosure
- Early years counselling
- Emotional well-being
- Employment services (interview skills, resume writing)
- Financial counselling (budgeting, debt management)
- Harm reduction (substance use)
- Hepatitis
- HIV symptoms management
- Housing
- Incarceration issues/release planning
- Mental health
- PEP / PrEP
- Physical health
- Relationships, social supports
- Risk reduction (safer sex)
- Smoking cessation intervention
- Stigma / Discrimination

* These sessions do not involve treatment for a mental health issue (i.e., thought, cognition, mood, emotional regulation, perception, or memory that may seriously impair the individual's judgment, insight, behaviour, communication, or social functioning).

Wellness Check – This is a quick check-in over the telephone or an in-person friendly visit (by a peer or staff person) to the client's (participant's, community member's) home to reduce isolation and identify if further scheduled support sessions are needed.

Support Groups – These can be either closed/formal or open/informal support groups. Formal or closed groups have a set number of sessions, require pre-registration, and consistent attendance, and have the same participants at each session. Open/informal groups are drop-in-style programs that do not require pre-registration or consistent attendance for the sessions. If the community member (participant or client (participant, community member)) is not registered with your agency then use the OCHART Tracking Tool to record these education workshops.

How This Information is Used for OCHART

For OCHART, agencies report on the following categories of counselling and support services, which are a combination of the items listed above:

- bereavement services
- clinical counselling
- employment services
    - includes general support sessions focused on employment services and ODSP employment services
- financial counselling services
    - general support sessions focused on financial counselling
- general support
    - wellness checks and all other general support sessions excluding those focused-on employment, financial counselling, and HIV symptom management
- managing HIV
    - treatment/medication adherence and general support sessions focused on HIV symptom management
- HIV pre/post-test counselling
- settlement services
    - settlement services and interpretation/translation
- support groups

5. Service Coordination

Best Practices for Data Collection in OCASE-TREAT

This section involves service coordination activities, indirect services, and third-party contacts, that workers routinely conduct on behalf of their client (participant, community member) during, in preparation for, or follow-up to their support sessions. Workers may record any one or more of the following activities in almost every interaction.

Types of Service activities:

- advocated for the client (participant, community member)
- contacted other service providers on the client's (participant's, community member's) behalf
- discussed the case with other professionals (internal and external)
- filled in forms, applications, or documents
- searched for information
- having a case conference (with or without the client (participant, community member) being present)
- staff travels to/from client (participant, community member) appointment
- accompaniment (accompany client (participant, community member) to other appointments)

How This Information is Used for OCHART

All this information is reported as service coordination sessions in OCHART

6. AGENCY-SPECIFIC SERVICES

This Program Area includes two agency-specific services: Support within Housing and Traditional Support Services.

SUPPORT WITHIN HOUSING

This section **only pertains to those agencies that provide supportive housing** to their clients (participants, community members). **Agencies that do not provide supportive housing do not record or report these activities:**

MINIMUM REQUIREMENTS FOR DATA COLLECTION IN OCASE-TREAT

TYPES OF SERVICE ACTIVITIES:

Agencies that provide supportive housing record the following activities provided to their clients (participants, community members):

- medication management
  - directly observed treatment/therapy (DOT)
  - medication reminders
  - medications refused
- housekeeping
- personal care
- cooking
- palliative care

HOW THIS INFORMATION IS USED FOR OCHART

For OCHART, agencies report on the overall delivery of support within housing as one service. They do not report a detailed list of the types of support within housing provided.

TRADITIONAL SERVICES

This section **only pertains to those agencies that provide traditional services** to their clients (participants, community members). **Agencies that do not provide traditional services do not record or report these activities:**

MINIMUM REQUIREMENTS FOR DATA COLLECTION

TYPES OF ACTIVITIES:

Indigenous-focused agencies provide these culturally specific support services to Indigenous communities. The services are organized into two groups.

Personal Ceremonies

- Crafts
- Medicines
- Pipe Ceremony
- Smudging ceremony
- Talking/sharing circle
- Teachings

Community Ceremonies

- Drum Circle
- Pow wow/Social
- Sweat lodge

HOW THIS INFORMATION IS USED FOR OCHART

For OCHART, agencies report on the overall delivery of traditional services as one service. They do not report a detailed list of types of traditional services provided.

7. SERVICE ACTIVITIES RECORDED ACROSS ALL PROGRAM AREAS

All services delivered within the Program Areas include providing **Service Coordination, Simple client (participant, community member) contacts,** and **Referrals,** which are an integral part of the Provincial HIV Support Services Program**.** In addition, workers record **Appointment Characteristics** (listed below) and/or **Case/Progress Notes** for all services delivered.

Activity item(s) for Services Provided are required for each session to count the services delivered. This information will populate the agency www.ochart.ca report.

refer to Appendix IV in OCASE TREAT User Guide for a full listing and see YouTube video #6

APPOINTMENT CHARACTERISTICS

MINIMUM REQUIREMENTS FOR DATA COLLECTION IN OCASE-TREAT

NOTES & APPOINTMENTS:

This section of TREAT includes recording the encounter type and other service coordination information:

- whether the appointment was scheduled, or the client (participant, community member) dropped in
- the type of contact held with the client (participant, community member) (in-person, phone call, etc.)
- location of appointment (e.g., at the client's (participant's, community member's) residence, a community agency, correctional institution, government office, in the community, a medical facility, or satellite site)
- if other workers were present at the session
- if a case conference (without client (participant, community member) present) took place
- service coordination, if applicable, refer to page 17

There is a separate field on the Profile, Medical tab to record the following information – Hospitalizations or ER Visits

- if the client (participant, community member) used emergency healthcare services since their last appointment

HOW THIS INFORMATION IS USED FOR OCHART REPORTING

This information is not directly reported in OCHART but some aspects may be used to inform the overall data reported in OCHART.

Missed Appointments and Simple Client Contacts

Best Practices for Data Collection in OCASE-TREAT

A **Missed Appointment** note is a space for support workers to record when clients (participants, community members) miss or need to cancel and reschedule their appointment.

A **Simple Client Contact** note is a space for support workers to record when they call clients (participants, community members) to provide a reminder, book an appointment, leave a message, or send them a letter or email. Workers can also record whether these attempts at contacting the client (participant, community member) were successful (e.g., phone not in service, email bounced back, etc.).

How This Information is Used for OCHART

OCHART does not ask for this information. Agencies use this information for internal program planning and review of service delivery practices.

Consent Management

Best Practices for Data Collection in OCASE-TREAT

Demographics:

During the intake process when the worker is setting up and editing the file in OCASE-TREAT, they have the opportunity to record if a participant client (participant, community member):

- informed consent to record their identifying information in the agency database
- verbal, email, signed, not provided or withdrawn consent to release their personal information to a third party solely for the purpose of service delivery

Referrals (Outgoing):

- written, verbal, and telephone consent in these cases. Details can include the name of the third party (agency) address and contact details.

How This Information is Used for OCHART

OCHART does not ask agencies to report this information.

Case Notes

Best Practices for Data Collection in OCASE-TREAT

Types of Service Activities:

The individual progress note contains a section for workers' case notes. As part of the overall policies governing support work, each agency needs to have a specific policy for case noting. This policy should outline the timeframe for recording case notes and also explain the type of information they should contain.

NOTE: Case notes summarize services provided, but individual Activity Items are required for data reporting to the Ministry of Health.
Case notes should not be used to record changes in client (participant, community member) demographics or presenting issues. Data reports are not available this way.
For better data quality and accuracy for recording issues, use the IPCC feature in TREAT and use the Profile information widgets for changes in Demographics. Data reports are easily available this way.

How This Information is Used for OCHART

OCHART does not ask for this information. Agencies record case notes to comply with specific professional standards and agency practices and protocols. This information will not be shared with or analyzed at the provincial level.

REFERRALS

MINIMUM REQUIREMENTS FOR DATA COLLECTION

TYPES OF ACTIVITIES:

Referrals involve connecting individuals with appropriate services (internal and external) to meet their needs. Agencies refer clients (participants, community members) to a wide variety of service providers that are organized within eight main categories:

1) Addiction services	•addiction services
2) Harm reduction services	•harm reduction services
3) Clinical service providers (HIV care)	•HIV clinical care
4) Clinical service providers (PrEP & PEP)	•PrEP & PEP
5) Clinical service providers (non-HIV specific)	•health care facility / hospital •health care professional (non-HIV) •Hep C testing / clinical care
6) Mental health service providers	•community mental health agency •counselling service
7) HIV/STI testing	•HIV testing •STI testing / sexual health clinic
8) Community-based service providers (HIV care and support)	•other AIDS service organization or HIV program
9) Other community-based service providers	•community food bank •continuing education •day programs (seniors, brain injury) •employment support •faith-based organization •housing provider •legal aid / legal service agency •online resources •population specific services •public health •settlement agency •smoking cessation program •social services (incl. EI, OW, ODSP)

How This Information is Used for OCHART

For OCHART, agencies report on outgoing referrals (external) by the nine main categories of service providers. They do not report on the separate service providers within each main category.

i) Addiction services
ii) Harm reduction services
iii) Clinical service providers (HIV care)
iv) Clinical service providers (PrEP & PEP)
v) Clinical service providers (non-HIV specific)
vi) Mental health service providers
vii) HIV/STI testing
viii) Community-based service providers (HIV care and support)
ix) Other community-based service providers

TIPS ABOUT PROVIDING REFERRALS (OUTGOING) – WARM VS. COLD REFERRALS

Referrals can be categorized as either 'cold' or 'warm'

A **'cold referral'** involves providing information about another agency or service so that the client (participant, community member) can contact them on their own.

- **Note:** Track these cold or simple referrals in TREAT by simply adding the [REF-] service activity item(s) to your Individual Appointment or Progress Note, one by one. A good example is referring a parent to a Community Centre for youth activities, i.e., Population-specific services

A **'warm referral'** involves contacting another service on the client's (participant's, community member's) behalf and may also involve writing a report or case history on the client (participant, community member) for the legal service and/or attending the service with the client (participant, community member).

- **Note:** Track these in TREAT by using the Profile, Referral (Outgoing) module. This allows you to tie each referral to a specific issue, and enter dates for follow-up, contact details, notes, consent, and status from issue identification to successful completion. Furthermore, you can archive resolved referrals, look back at historical data and easily locate information years later, use the on-screen filter, and request a report to draw conclusions enabling you to gauge the effectiveness of your programs.
- Upon request, this information can be exported into a report for you to complete the narrative for www.ochart.ca, Section 5, Questions 8a and 8b

People with complex needs benefit more from warm referrals, with service navigation and check-ins:

- Speaking directly to the service/agency/professional you are referring the client (participant, community member) to and checking it's appropriate for them
- Introducing yourself and the client (participant, community member) to the referring agency and providing a verbal and/or written handover (with the client's (participant's, community member's) consent)
- Setting up joint meetings with the client (participant, community member) and the new service for initial appointments
- Following up with the client (participant, community member), remaining involved to see how the referral is working out. You can also quickly learn about new issues that arise.
- Getting support from colleagues to help identify appropriate services for referrals in particular locations or for specific issues.
- Developing shared assessment or referral tools and processes for services that you regularly refer to (and those that regularly refer to you)
- Developing a referral pathways list for your service that identifies and shares useful contacts
    - Use the search filter at https://whereto.catie.ca/

THESE ARE SOME ACTUAL RESPONSES OF BEST PRACTICES FOLLOWED BY YOUR COLLEAGUES, CHAMPIONS OF CASE MANAGEMENT SERVICES IN OTHER ASOS:

Intake/Update information for the new and existing community member (participant, client (participant, community member)), when you learn about new or recurring issues:

1. How do you discuss the issue with the client (participant, community member)?

- *During the Intake or the next appointment, we talk about general information about the client (participant, community member). As the discussion continues, we hope to identify any issues. With not-so-new clients (participants, community members), the issues just seem to come to us via the client (participant, community member) as needs arise.*
- *We do regular check-ins with clients (participants, community members) via phone/email/text/at agency events. The check-in will touch on the physical/mental/emotional/social aspects of their lives, as well as HIV medication/adherence. It gives us a chance to see if there is any rising issue, as well as a chance for clients (participants, community members) to ask for support on certain issues. We listen to their issues and see what kind of support/resources they might need. This is done mostly on the phone during the pandemic. We then try to connect them to resources/refer them to appropriate services. The interaction is strength-based, and we try to utilize our peers to provide support if appropriate.*

2. How do you determine which issue should be addressed first?

- *I usually leave this up to the client (participant, community member). As we discuss the issues, people generally decide what needs to be dealt with. If not, I try to guide clients (participants, community members) to think about addressing the issues in a priority sequence.*
- *We listen and identify issues, and try to prioritize the issue with clients (participants, community members). We also check in with their basic needs as sometimes these needs are quite urgent and important.*

3. Do you always try to address issues internally first?

- Yes. As often as possible.
- We practice a strength-based approach, we try to find answers with clients (participants, community members) together before we do referrals, for example, what resources are around them, what resources did they use before, etc.

4. Do you refer clients (participants, community members) to other organizations/professionals?

- *Yes.*
- *We do warm referrals to other organizations, for example, other ASOs, clinical, legal, pharmacy, palliative care, Compassionate pharma coverage, etc. If clients (participants, community members) are not in our vicinity, we also try to refer them to different ASOs/social services in their vicinity.*

5. Do you obtain the standard consent from the client (participant, community member)?

- *Yes. We have forms specific to different agencies as well as blank ones. Sometimes, we obtain verbal consent if the issue is immediate or the client (participant, community member) is far away.*
- *We obtain the standard consent when doing intake, and when we do referrals, we request oral consent or written consent by email.*

6. Do you contact the other organization to make it a warm referral?

- *Sometimes. Not always.*
- *We do warm referrals to other organizations, for example, ASOs, clinical, legal, pharmacy, palliative care, Compassionate pharma coverage, etc. If clients (participants, community members) are not in our vicinity, we also try to refer them to different ASOs/social services in their vicinity. If needed, we will accompany clients (participants, community members) to access their services or be present on the phone call.*

7. Do you follow up with the client (participant, community member) to get updates and outcomes?

- *We try to as often as we can.*
- *We do follow up with clients (participants, community members) to get updates and outcomes, especially after referrals. We will check in with them and see if they are comfortable/happy with the services, and if they still need support from us along the way.*

8. Do you follow up with the other organization to get updates and outcomes?

- *We try to as often as we can.*
- *We will follow up with workers from other organizations.*

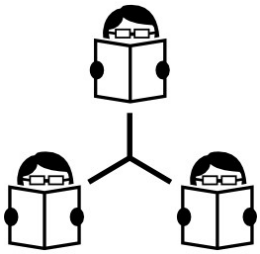
9. How do you stay connected with the client (participant, community member) over the longer term?

- *Most often, we allow clients (participants, community members) to contact us. If a significant amount of time has passed, we will connect with them. For those who are unhoused...we message other programs in our agency to let them know we're looking to meet with them if they see them.*
- *We organize social events and training for clients (participants, community members) to keep connected to the agency as well as to their peers. We also train peer coaches to better support the community. We have been asking them to help check in with their peers during the pandemic. We also provide agency updates/HIV treatment updates from time to time to all clients (participants, community members)*.

V. DATA COLLECTION PROTOCOLS

The following items are the recommended best practices for using OCASE-TREAT when delivering support services to your clients (participants, community members). They are based on peer-driven and peer-developed documentation procedures, tailored to the way support workers deliver services across Ontario.

BEFORE YOU BEGIN . . .



MAPPING AGENCY ACTIVITIES TO OCASE-TREAT SERVICE CATEGORIES

Agencies should create a guide and have all their activities linked to the available OCASE-TREAT categories in an ***agency-wide reference guide*** that is updated as needed. Individual workers should not complete this mapping on an ad-hoc basis. All workers who deliver the same activity should record it the same way as their colleagues each time they deliver the service activity.

CORE TRAINING FOR SUPPORT WORKERS

Each agency should ensure that all support workers receive:

- take some time to create and update your **internal agency reference guide** that has all agency activities mapped to available OCASE-TREAT categories.
- develop a system where a system where staff work to support each other for cross-training and to establish and retain organizational knowledge.
- take some time to attend the monthly Q&A drop-in session
- mandatory, **in-house training** to use OCASE-TREAT in general and job-specific training for entering the support services (TREAT demographics, Issues [IPCC], service activity items) to ensure consistency across the agency
- internal training in **writing case notes** and updating **Demographic & Presented Issues,** according to the agency policy and practices
- training and regular reminders for practicing good privacy and security behaviours
- regular program **supervision (i.e. coaching)** on timely and consistent entry of data (best practices and deadlines for data entry)
- the **Provincial HIV Support Services Resource Guide** https://www.ohtn.on.ca/ocase-resources-training/
- the link to the **online OCASE-TREAT training materials** https://www.ohtn.on.ca/ocase-resources-training/
- the contact information for the **agency OCASE-TREAT designate** (assign your in-agency first point of contact for OCASE-TREAT questions from your staff)
- provide approx. 2 weeks advance notice for ad hoc [for a specific purpose] data requests
- the link to TREAT [https://www.treat.ca/treat/logon]
- How to set up your answers to the security questions and use the Forgot Password? feature, i.e., self-serve

Mapping Services to Program Areas

- Mapping links activities delivered by staff to the appropriate categories for reporting.

Each support service session with a client (participant, community member) is viewed as a unique and specific count of service delivery that falls within one of the five Program Areas.

- If a client (participant, community member) receives more than one service during the same session, all of these services (delivered by the same worker) can be recorded at the same time in one entry.
- A new or separate session between a worker and a client (participant, community member) (even on the same day) requires creating a new Types of Service Activities document.
- To ensure consistent data entry, ASOs will need to look at the whole spectrum of support services they deliver and attribute each service to a specific Program Area (e.g., Practical assistance) and category (e.g., food programs) by looking at the definitions above and matching them with the work they do and recording them.
- These instructions must be consistent across the agency, documented, and shared with all staff members (i.e., new staff member(s) orientation and existing staff members during team meetings).

For example:

Meeting with a client (participant, community member) to discuss how to look for a new job and ways to update their resume should be recorded as a General support session with a focus on employment services.

FIGURE 3: WORKFLOW WITH NEW CLIENTS

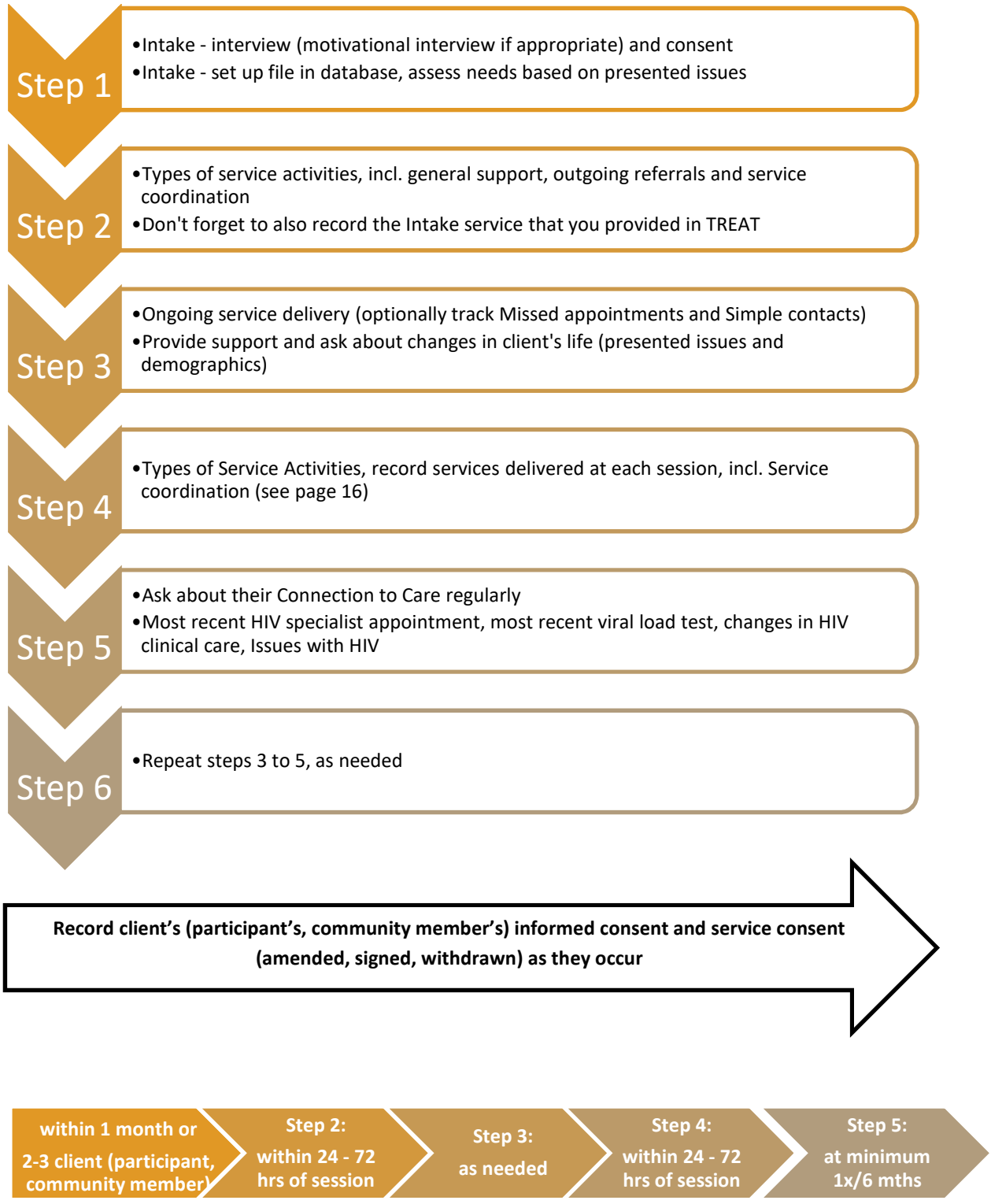


FIGURE 3: WORKFLOW WITH NEW CLIENTS

1) Complete their Demographic, Profile, and IPCC Information, within 1 month or the first 2-3 visits with the agency.
2) Record all Types of Service Activities including the delivery of intake service in the client's file
3) Provide ongoing services to the client (participant, community member)
4) For each session with a client (participant, community member), add information and Activities to record all of the services that were delivered incl. service coordination, refer to pg. 17
5) At each session, ask your client (participant, community member) about their connection to HIV care (at minimum)
6) Record changes in a client's (participant's, community member's) life (demographics and presented issues) as they happen using the Demographic & Profile areas, and update Presented Issues using IPCC.
7) Refer to Figure 3

FIGURE 4: WORKFLOW WITH EXISTING CLIENTS

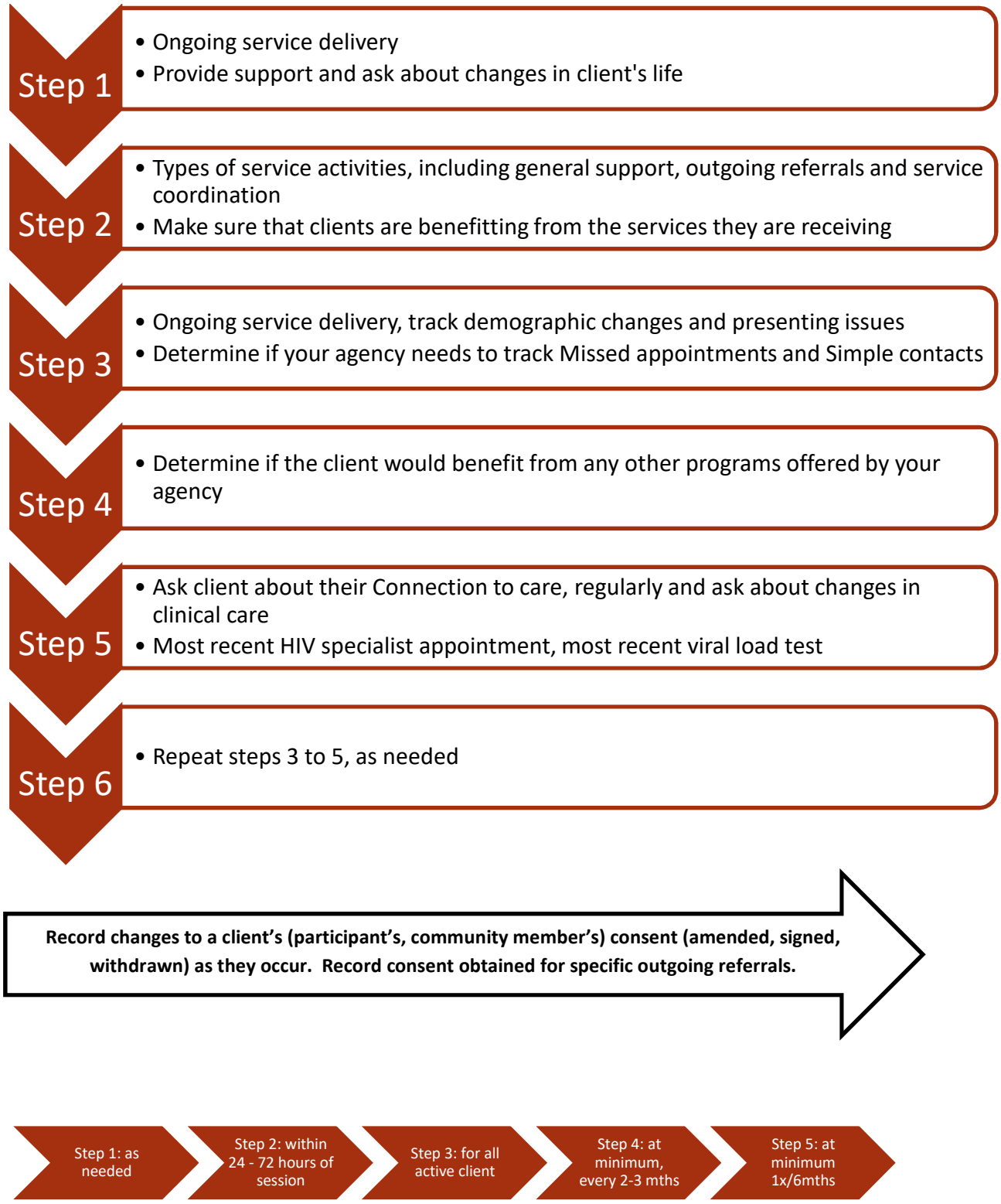
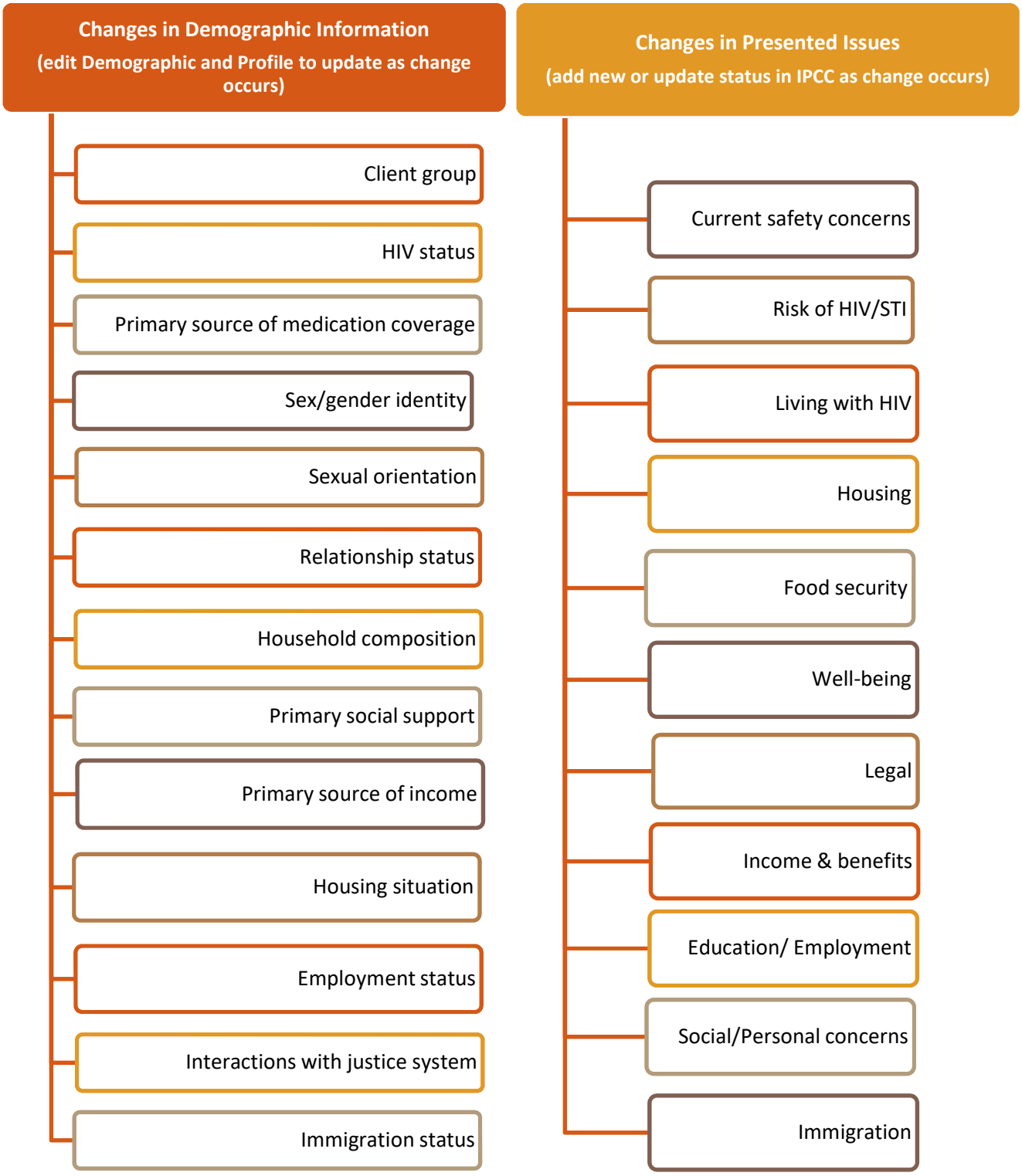


FIGURE 4: WORKFLOW WITH EXISTING CLIENTS

WORKFLOW WITH EXISTING CLIENTS

1) Provide ongoing services to clients (participants, community members)
2) At each session, ask your client (participant, community member) about their connection to HIV care (at minimum)
3) Record delivery of services using the Types of Service Activities to document each session with the client (participant, community member) incl. for service coordination, refer to pg. 17
4) Check to make sure you have the minimum client (participant, community member) information
    - If 'no', complete the Demographic screen, Profile – Medical tab, and Presenting issues on IPCC
    - If 'yes', record changes in the client's (participant's, community member's) life as they happen, using the Demographic screen, any of the Profile tabs, and Presenting issues on IPCC
        - In particular, ask about (at minimum) their connection to HIV care (Profile – Medical tab)
5. Refer to Figure 4

FIGURE 5: DEMOGRAPHIC AND PRESENTED ISSUES UPDATES DATA ELEMENTS



UPDATING CLIENT DEMOGRAPHICS AND PRESENTED ISSUES

- It is recommended that workers update demographics and client (participant, community members) presented issues at each session, as changes occur, using the Demographic, Profile, and Presenting issues (IPCC) screens.
- At a minimum**,** this should be updated once every six months for active clients (participants, community members), in preparation for OCHART reporting.
- We recognize that these changes may or may not be the direct result of the support services provided by the agency since many changes in a client's (participant's, community member's) life relate to broad factors outside of a worker's control (e.g., social determinants of health). However, agency support may have contributed to these outcomes and/or life changes.
- It is important to track changes in a client's (participant's, community member's) life so that agencies and the funder can use this information to identify new and emerging trends in demand for services as well as client (participant, community member) outcomes from support services.
- Refer to Figure 5

FIGURE 6.1: PRESENTED ISSUES DATA ELEMENTS DEFINITIONS

Living with HIV

- access to medications
- adherence to medication
- symptoms management
- connection to HIV care
- disclosure
- stigma/discrimination
- POZ prevention/baby formula

For updates:

- new symptoms/side effects
- progressed to AIDS-defining illness

Well-being

- access to healthcare
- alcohol/substance use
- client (participant, community member) disclosed injecting or inhaling substances
- physical health
- smoking
- emotional/mental health
- personal care

Risk of HIV/STIs

- *Note: this is a stand-alone presenting issue category on the report*

Food Security

- difficulty affording enough to eat
- difficulty meeting dietary requirements
- difficulty having access to healthy food choices
- require food/life skills
- difficulty accessing culturally appropriate food
- difficulty accessing food stores

Current Safety Concerns

- domestic violence
- physical violence (robbed, mugged)
- sexual abuse
- child abuse
- emotional abuse
- unsafe living conditions
- self-harm

Social/Personal Concerns

- relationships
- family issues
- isolation
- discrimination
- sexual orientation/gender identity
- grief/loss

FIGURE 6.2: PRESENTED ISSUES DATA ELEMENTS DEFINITIONS

Immigration Issues

- sponsorship issues
- removal/deportation
- settlement issues
- refugee claim in progress
- no status

Income and Benefits

- debt
- delay in the application process
- lack of income
- money management/budgeting
- need to apply for a benefit
- poverty

Education and Employment

- need high school equivalency (GED)
- need foreign credentials recognized
- language barrier (ESL)
- need to upgrade
- recent job loss
- skill development/training needed
- unemployment
- work-related stress
- capacity building
- community building
- community connection/engagement

Housing

- risk of homelessness
- homelessness
- difficulties paying rent
- supportive housing required
- accessible housing required
- appropriate housing unit required

Legal issues

- arrest
- detention
- charge
- conviction
- incarceration
- on bail
- probation/parole

- ***For updates:***
- charges dropped
- released

ACCOUNTABILITY (REPORTING AND EVALUATION)

Support workers should routinely record the services they provide to clients (participants, community members). Documentation is an integral part of service provision that informs client (participant, community member) care planning, supports program development, and demonstrates accountability.

To achieve a high level of service for clients (participants, community members) and meet accountability requirements, support workers and their agencies are expected to:

- Record activities in a timely fashion and perform regular reviews of service reports according to the agency's record-keeping policies
- Maintain sufficient data to complete reports (e.g., OCHART semi-annual reporting, etc.)
- Gather feedback on their services to identify areas for improvement, measure client (participant, community member) satisfaction, and assess program outcomes.

All support workers should receive formal, in-house training on documentation and the agency's established record-keeping policies, within the first month of hiring. Agencies can follow training checklists to ensure all support workers are properly trained to record their work.

The Evidence-based Practice Unit (EBPU) at the Ontario HIV Treatment Network (OHTN) can provide support with tools for documentation/record keeping, best practices for data administration procedures, reporting to the funder, and developing evaluations for your support program.

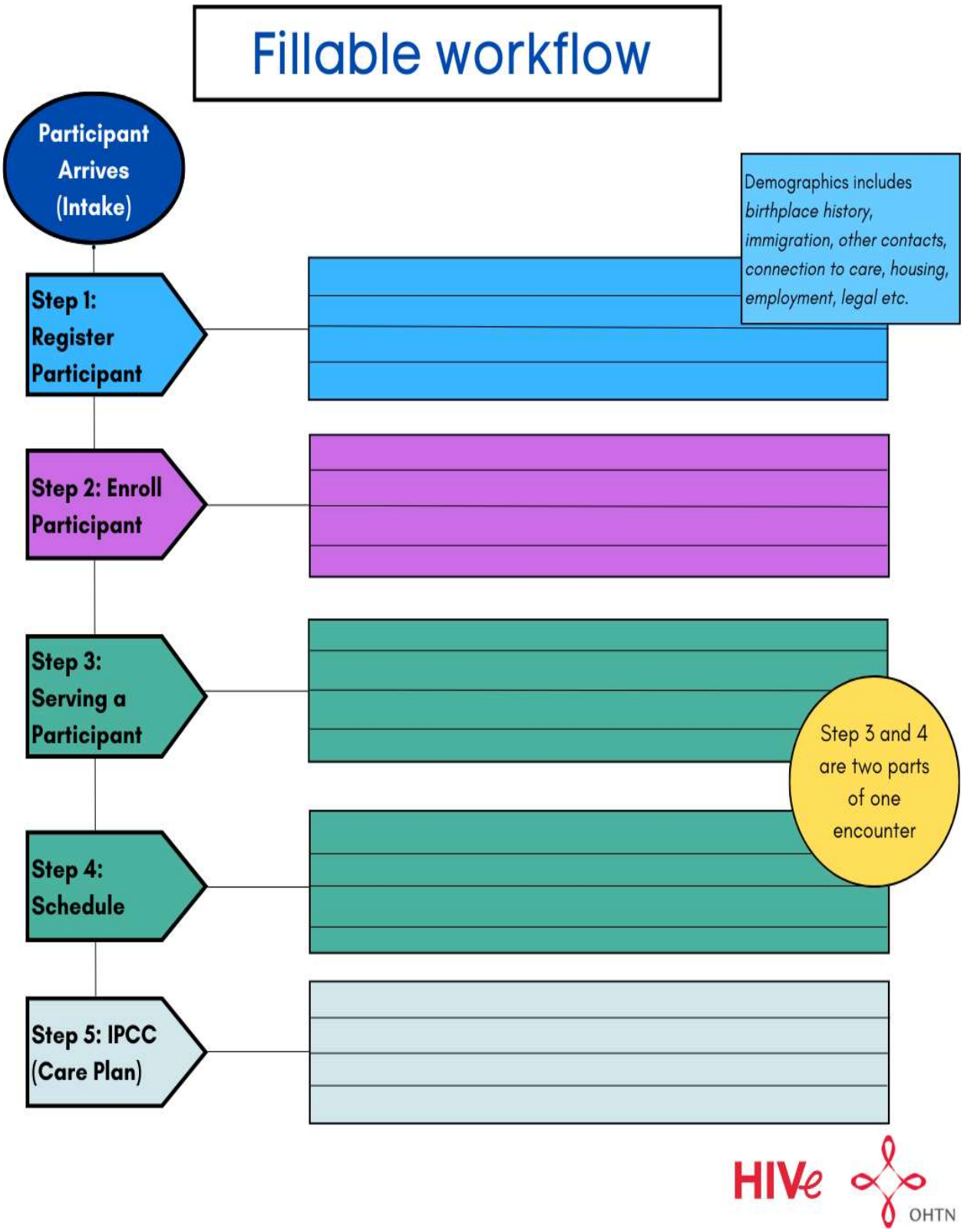
Source: https://www.ohtn.on.ca/services-for-asos/evidence-based-practice-unit-ebpu/evaluation/
Evaluation requires staff members and agencies to consider questions such as:

What are the outcomes I'm expecting for a specific program?
What do I need to know to deliver better services?
How do I know whether my program or service has delivered its desired outcome?
How do I collect the most relevant information about a program, and who has this information?
How does evaluation help people living with HIV and/or Hepatitis C in Ontario?
Evaluation practices help ASOs determine the effectiveness and impact of their work. Evaluation helps an agency assess whether a program is achieving its intended outcome or reaching its intended audience. Evaluation can also help an agency understand how to improve programs and services to meet client needs.

- OCHART tracking and reporting support: ochart@ohtn.on.ca
- OCASE-TREAT support: ocase@ohtn.on.ca
- OCASE-TREAT training materials: https://www.ohtn.on.ca/ocase-resources-training/
- OHTN staff are currently working remotely 60% of each week. Email is the easiest way to contact us
- The reception telephone line is open 2-3 days per week and you can call 1-877-743-OHTN
- https://www.ohtn.on.ca/

VI. CLOSING REMARKS

This resource guide is a living document that reflects the adaptive and responsive nature of Ontario's HIV Support Services Program. It will be revised and updated as required.


Fillable workflow
Participant Arrives (Intake)
Demographics includes birthplace history, immigration, other contacts, connection to care, housing, employment, legal etc.
Step 1: Register Participant
Step 2: Enroll Participant
Step 3: Serving a Participant
Step 3 and 4 are two parts of one encounter
Step 4: Schedule
Step 5: IPCC (Care Plan)
HIVe
OHTN

Referrals (Outgoing) – Agency Category	Search for Agency Types using the **Profile, Referrals (Outgoing)** tab
Addiction services	ADD-Addiction services
Clinical service providers (HIV Care)	CLIN-HIV Clinical Care
Clinical service providers (PrEP & PEP)	CLIN-PEP/PrEP
Clinical service providers (non-HIV specific)	CLIN-Health care facility/hospital
	CLIN-Health care professional
	CLIN-Hep C clinic/testing
Community-based HIV Service Providers	COMM-Other ASO
Harm reduction services	HARM-Harm reduction services
HIV/STI testing	TEST-HIV testing
	TEST-STI testing/Sexual health clinic
Mental health service providers	MH-Community mental health agency
	MH-Counselling service
Other community-based service providers	COMM-Community food bank
	COMM-Correctional Institution
	COMM-Day programs (seniors, brain injury)
	COMM-Employment support
	COMM-Faith-based organisation
	COMM-Housing provider
	COMM-Legal aid/Legal service agency
	COMM-Online resources
	COMM-Outreach
	COMM-Population-specific services (women's services, youth, Indigenous, etc.)
	COMM-Public Health
	COMM-Settlement agency
	COMM-Smoking cessation program
	COMM-Social service (including EI, OW, and ODSP)
	COMM-Bathhouse
	COMM-Non-ASO Shelter
	COMM-Immigration clinic

ISSUES Category	Search for Presenting Issues using the **IPCC** feature
Education/Employment (EDU/EMP)	EDU/EMP – Capacity building
	EDU/EMP – Community
	EDU/EMP – Community building
	EDU/EMP – Language barrier (ESL)
	EDU/EMP – Need foreign credentials recognized
	EDU/EMP – Need high school equivalency (GED)
	EDU/EMP – Need to upgrade
	EDU/EMP – Recent job loss
	EDU/EMP – Skill development/training needed
	EDU/EMP – Unemployment
	EDU/EMP – Work-related stress
Food Security (FOOD)	FOOD – Difficulty accessing culturally appropriate food
	FOOD – Difficulty accessing food stores
	FOOD – Difficulty affording enough to eat
	FOOD – Difficulty having access to healthy food choices
	FOOD – Difficulty meeting dietary requirements
	FOOD – Require food/life skills support
Living with HIV (HIV)	HIV – Access to medications
	HIV – Adherence to medication
	HIV – Connection to HIV care
	HIV – Disclosure
	HIV – POZ prevention/baby formula
	HIV – Stigma/Discrimination
	HIV – Symptoms management
Housing (HOUS)	HOUS – Accessible housing required
	HOUS – Appropriate housing unit required
	HOUS – Difficulties paying rent
	HOUS – Homelessness
	HOUS – Risk of homelessness
	HOUS – Supportive housing required
Immigration (IMM)	IMM – No status
	IMM – Refugee claim in progress
	IMM – Removal/Deportation
	IMM – Settlement issues
	IMM – Sponsorship issues
Income and benefits (INC)	INCOM – Debt
	INCOM – Delay in the application process
	INCOM – Lack of income
	INCOM – Money Management/Budgeting
	INCOM – Need to apply for a benefit
	INCOM – Poverty
Legal issues (LEG)	LEGAL – Arrest/Detention
	LEGAL – Charge
	LEGAL – Conviction
	LEGAL – Incarceration
	LEGAL – On bail
	LEGAL – Probation/Parole
Current Safety Concerns (SAFE)	SAFE – Domestic violence
	SAFE – Physical abuse (robbed, mugged)
	SAFE – Sexual abuse

ISSUES Category	Search for Presenting Issues using the **IPCC** feature
	SAFE – Child abuse
	SAFE – Emotional abuse
	SAFE – Unsafe living conditions
	SAFE – Self-harm
Well-being (WELL)	WELL – Access to healthcare
	WELL – Alcohol/Substance use
	WELL – Client disclosed injecting or inhaling substance(s)
	WELL – Emotional/mental health
	WELL – Personal care
	WELL – Physical health
	WELL – Smoking
Risk for HIV/STIs	WELL – Risk for HIV, Hep C & STI
Social/Personal Concerns (SOC/PER)	SOC – Relationships/Family issues
	SOC – Social isolation
	SOC – Discrimination
	SOC – Sexual orientation/Gender identity
	SOC – Grief/Loss