
HIV Support Services in Ontario:

RESOURCE GUIDE

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Resource Guide for HIV Support Services in Ontario

(Adopted: April 2015, Revised: April 2016, July 2020)

I. INTRODUCTION

In 2015, the AIDS Bureau revised the framework for delivering support services to people living with and affected by HIV in Ontario along with moving OCHART (the Ontario Community-based HIV/AIDS Reporting Tool) to a new online platform. The revised framework 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 database system (OCASE)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 documents and OCHART; OCHART and the OCASE documents have precedence. All changes are effective April 1st, 2016.

II. OUR PROVINCIAL STRATEGY

Building on the current provincial strategy, (as of April 2015 when this document was first developed), 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 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 people
- 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 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, 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 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

¹ These changes are reflected in the new OCASE documents that agencies will use after they submit their H2 2015/2016 OCHART report.

III. HIV SUPPORT SERVICES: CORE PROGRAM AREAS

Currently 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 collaboratively developed this list of support services 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 ASO 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 a number of sector-wide issues related to definitions and the scope of support services.

In order to further our understanding of the epidemic in Ontario, the people we serve and the intended outcomes of our services, the AIDS Bureau has revised the OCASE minimum data collection requirements as well some of the OCHART questions. For information about OCHART, see www.ochart.ca.

PURPOSE OF THE OCASE MINIMUM DATA COLLECTION REQUIREMENTS

- i) To document information that workers need in order to provide timely and responsive care to their clients
- 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 outcomes
 - This information is not currently reported in OCHART but may be analyzed at the provincial level in future.

All four functions of OCASE are important. Agencies should use the OCASE 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 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 coming to the agency for support. Intake begins when a new client comes through the door and ends when the ASO links the client 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 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 about: the agency, their rights and responsibilities, agency confidentiality procedures and their limitations and the agency's client consent process (explicit and informed).

Whereas intake procedures are agency-specific and depend on the programs offered and their individual 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

For the Intake process – there are two stages. First, complete the Intake Form and Baseline Information document and then record the delivery of this intake service using the Service Record document.

INTAKE FORM/BASELINE INFORMATION

As part of the intake process, agencies record the following information about their support services clients:

- Client group
- Sex/gender
- Sexual orientation
- Date of birth collected; age ranges reported
- Ethnicity
- HIV status (verified)
- Priority population
- Presenting issues (new clients)
- Living with HIV – access to a primary care physician and HIV specialist (PHA clients)
- Year of diagnosis collected, length of diagnosis reported (PHA clients)

For details about these items,
see Figures 1&2 (p6-7)

Note: The Intake Form/Baseline Information document in OCASE 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.

NOTE: Intake documents must be dated earlier or have the same date as the first Service Record for the client.
(e.g., Intake Form & Baseline Information document dated April 1st, 2016,
Service Record showing Intake service was delivered, dated either April 1st, 2016 or later)

SERVICE RECORD:

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

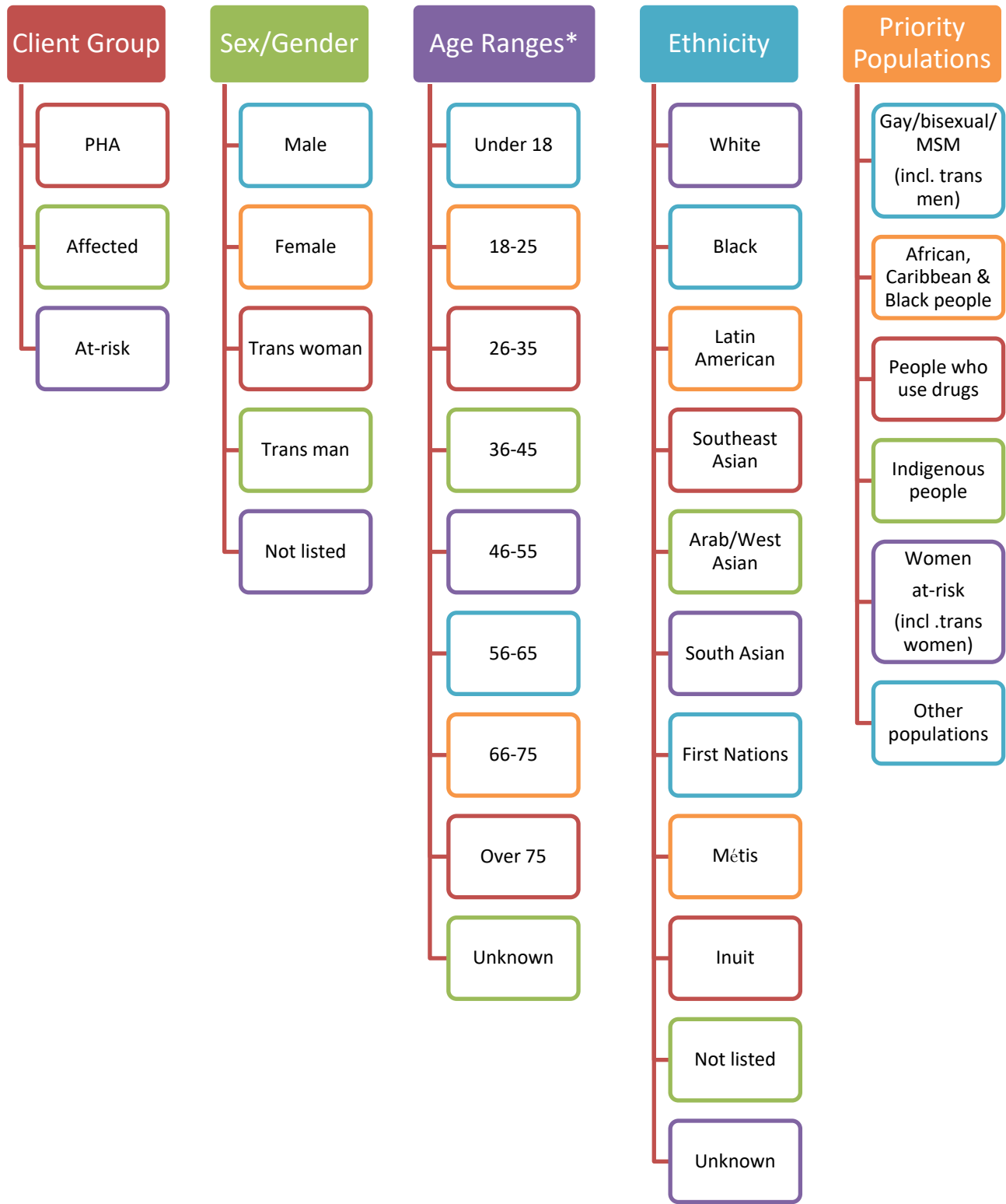
- Assess the priorities for the client
- Set up the client's file (this includes completing the intake form/baseline information)
- Determine a client's eligibility for agency services
- Provide orientation to the agency
- Engage with the client (building rapport)
- Conduct program specific intake (if required)

Workers may provide intake services during one or more sessions with a client. However, each of these sessions requires completing another service record to indicate which of the intake activities the worker delivered.

HOW THIS INFORMATION IS USED FOR OCHART

For OCHART, agencies report on the overall delivery of the intake service. They do not report a detailed list of specific intake activities. In addition, information from the Intake Form such as age, ethnicity, etc. is used to report about clients receiving support services.

FIGURE 1: INTAKE/BASELINE INFORMATION – DATA COLLECTION & REPORTING ELEMENTS



(*) Age ranges derived from date of birth in OCASE

FIGURE 2: INTAKE/BASELINE INFORMATION – DATA COLLECTION & REPORTING ELEMENTS (CONT'D)



2. HIV SUPPORTIVE CASE MANAGEMENT

Case management is a **time-limited process** that involves understanding the client's complex needs, helping to coordinate services to meet those needs, referring clients to other appropriate services and advocating on behalf of clients for the services they need. The process begins with an assessment that aims to identify the client's health goals, works with the client to develop a plan to achieve those goals and then follows the case management cycle.

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

MINIMUM REQUIREMENTS FOR DATA COLLECTION IN OCASE

SERVICE RECORD:

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

- Assessment
- Planning
- Implementation
- Evaluation
- Transition

HIV case management services are provided to support clients 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)

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 services that provide clients 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

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

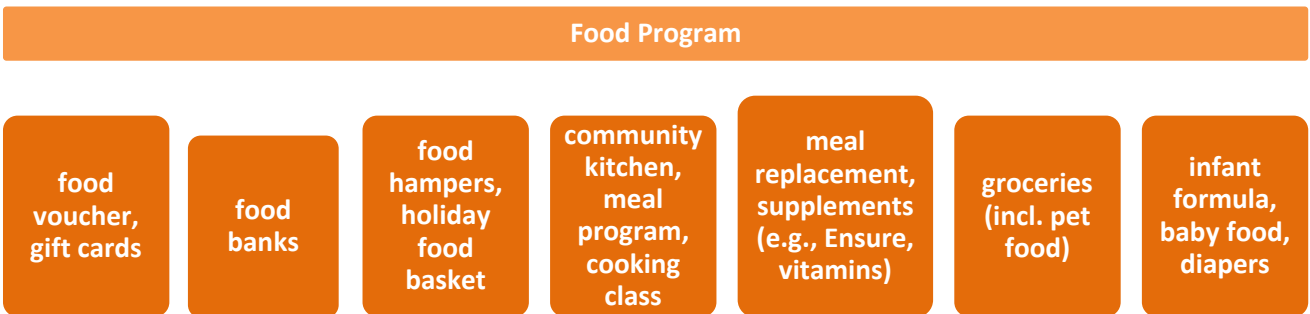
SERVICE RECORD:

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 – Financial, Transportation and Other. They do not report on the individual items distributed within each group.

4. COUNSELLING AND SUPPORT SERVICES

This Program Area includes activities where a client receives specific services directly from a support worker that may be a certified professional, non-professional, volunteer, or peer.

MINIMUM REQUIREMENTS FOR DATA COLLECTION IN OCASE

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

SERVICE RECORD:

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 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 using videoconferencing technology.

HIV Pre/Post-Test Counselling - Counselling that is provided to individuals/couples who are considering HIV testing or have taken the test.

Interpretation/Translation – This includes both written and spoken services provided in the client’s mother tongue (e.g., accompany clients 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 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. Services may be provided in the areas of health, mental health, housing, legal, employment, English as a Second Language, childcare, assisting clients with the immigration system, etc.

General Support Session - A general support session does 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). Examples include financial/money management counselling or emotional support. Usually non-clinical counselling is practical and short-term.

When providing general support sessions workers record one main focus of the session, choosing from:

- 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

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 home to reduce isolation and identify if further scheduled support sessions are needed.

GROUP LIST / INFORMAL SERIES (OCASE FEATURE):

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, 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.

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 symptoms management
- managing HIV
 - treatment/medication adherence and general support sessions focused on HIV symptoms management
- HIV pre/post-test counselling
- settlement services
 - settlement services and interpretation/translation
- support groups

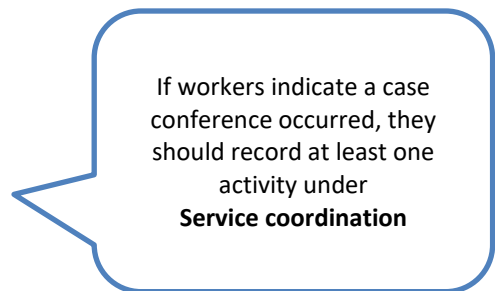
SERVICE COORDINATION (*SHOWN AS 'INDIRECT SERVICES/THIRD PARTY CONTACT' ON THE 2-SERVICE RECORD*)

BEST PRACTICES FOR DATA COLLECTION IN OCASE

This section involves activities that workers routinely conduct on behalf of their client during, in preparation for or in follow-up to their support sessions. Workers may record any of the following activities.

SERVICE RECORD:

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



HOW THIS INFORMATION IS USED FOR OCHART

All of this information is reported as service coordination sessions in OCHART

COMMONLY ASKED QUESTIONS - OCHART REPORTING & OCASE DATA COLLECTION

Q: How do I record accompaniments in OCASE? Where do I report this in OCHART?

A: OCHART does not ask about accompaniments as a distinct service. Report the type of service provided.

A: In OCASE -

Location of service: record the location where the session took place (i.e., where you went with the client). For example, choose a medical facility if you went to the doctor's office or medical appointment with the client or choose government office if you went to the OSDP or OW offices with the client.

Type of service provided: record a general support session with the focus that best matches the purpose of the session. For example, choose mental health if you accompanied the client to visit their doctor and discuss feelings of depression. For a complete list of possible areas of focus for a general support session, refer to the counselling and support services program area on page 12.

Type of service provided: if appropriate, also record when transportation practical assistance is provided (e.g., a ride or bus tickets/tokens).

Service coordination: if applicable, also record staff travels to/from client appointment, refer to page 12

Q: How do I record home/hospital visits and work in prisons in OCASE? Where do I report these in OCHART?

A: OCHART does not ask about home/hospital visits as a distinct service. Report type of service provided.

A: In OCASE -

Location of service: record the location where the session took place. For example, choose a medical facility for a hospital visit, client's residence for a home visit and correctional institution for work in a federal or provincial institution or municipal detention centre.

Type of service provided: record the type of counselling and support service activity delivered during the visit. This will most likely be:

- general support sessions with a specific focus (e.g., emotional well-being, physical health, etc.)
- wellness checks when the session was a short visit for social support and to check-in with the client
- bereavement services to offer support with grief and loss
- services to support HIV treatment and medication adherence
- practical assistance sessions – food programs to deliver meals or groceries or distribution of household items, clothing, or assistance with wills/insurance/tax/legal forms

Service coordination: if applicable, also record staff travels to/from client appointment, refer to page 12

5. 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. **Agencies that do not provide supportive housing do not record these activities nor use this section of the Service Record.**

MINIMUM REQUIREMENTS FOR DATA COLLECTION IN OCASE

SERVICE RECORD:

Agencies that provide supportive housing record the following activities provided to their clients:

- 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.

Q: How do I record home visits where workers help clients with cooking, housekeeping, shopping, and reminders to take their medication, if our agency does not provide supportive housing? How do I report this in OCHART?

A: OCHART does not ask about home visits as a distinct service. Report the type of service provided.

A: In OCASE -

Location of service: record the location where the session took place. Choose client's residence for a home visit.

Type of service provided: record the type of counselling and support service activity delivered during the visit. See pages 8 – 10 for a list of practical assistance and counselling and support service activities.

This will most likely be one or more of the following:

- general support session with a specific focus (e.g., emotional well-being, physical health, etc.)
- wellness check when the session was a short visit for social support and to see how the client is feeling
- bereavement services to offer support with grief and loss
- treatment/medication adherence services
- practical assistance session – food programs to deliver meals or groceries (i.e., help with shopping or cooking) or distribution of household items, clothing (i.e., shopping, laundry, etc.)

Service coordination: if applicable, also record staff travels to/from client appointment, refer to page 12

TRADITIONAL SERVICES

MINIMUM REQUIREMENTS FOR DATA COLLECTION

SERVICE RECORD:

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.

COMMONLY ASKED QUESTIONS - OCHART REPORTING & OCASE DATA COLLECTION

Q: How do I record a case conference? How do I report this in OCHART?

A: OCHART does not ask about case conferences as a distinct service.

A: In OCASE -

Service Record

Client contact: record 'yes' a case conference (without client present) took place

Service Coordination: select 'yes', then at minimum, select 'discussed the case with other professionals (internal and external)', refer to page 12

In addition, select any other activities that took place during the case conference, such as:

- advocated for client
- searched for information
- filled in forms or documents
- contacted other service providers on client's behalf

6. SERVICES RECORDED ACROSS ALL PROGRAM AREAS

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

APPOINTMENT CHARACTERISTICS

MINIMUM REQUIREMENTS FOR DATA COLLECTION IN OCASE

SERVICE RECORD:

This section of the service record document includes recording the following information:

- information about the funding stream for this service
- whether the appointment was scheduled or the client dropped in
- the type of contact held with the client (in-person, phone call, etc.)
- location of appointment ((e.g., at client's resident, a community agency, correctional institution, government office, in the community, a medical facility or satellite site)
- if the client used emergency healthcare services since their last appointment
- if other workers were present at the session
- if a case conference (without client present) took place
- service coordination, if applicable, refer to page 12
- if a peer was involved in delivering service (Yes/No above case notes)

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

The **Missed Appointment** document provides a space for support workers to record when clients miss or need to cancel and reschedule their appointment.

The **Simple Client Contact** document provides a space for support workers to record when they call clients to book an appointment, leave a message or send them a letter or email. This section also allows workers to record whether or not these attempts at contacting the client were successful (e.g., phone not in service, email bounced back, etc.).

NOTE: These activities are not recorded as services using the Service Record.
This information is captured using the Missed Appointment or Simple Client Contact documents.
The Simple Client Contact & Missed Appointment documents also include space for workers to record case notes and follow-up information.

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

SERVICE RECORD:

For each session, workers have the opportunity to record if a client:

- signed, amended or withdrew a consent to release their personal information to a third party
- details include the name of the third party (agency) and expiration date.

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

SERVICE RECORD:

The service record contains a section for worker's 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 explain the type of information they should contain.

NOTE: Case notes should not be used to record changes in client demographics or presenting issues. For better data quality and accuracy for reporting, use the Demographic & Presented Issues Updates document. (see page 24)

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 analyzed at the provincial level.

REFERRALS

MINIMUM REQUIREMENTS FOR DATA COLLECTION

SERVICE RECORD:

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

1) Addiction services	<ul style="list-style-type: none">• addiction services
2) Harm reduction services	<ul style="list-style-type: none">• harm reduction services
3) Clinical service providers (HIV care)	<ul style="list-style-type: none">• HIV clinical care• PEP and PrEP
4) Clinical service providers (non-HIV specific)	<ul style="list-style-type: none">• health care facility / hospital• health care professional (non-HIV)• Hep C testing / clinical care
5) Mental health service providers	<ul style="list-style-type: none">• community mental health agency• counselling service
6) HIV / STI testing	<ul style="list-style-type: none">• HIV testing• STI testing / sexual health clinic
7) Community-based HIV service providers	<ul style="list-style-type: none">• other AIDS service organization or HIV program
8) Other community-based service providers	<ul style="list-style-type: none">• 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

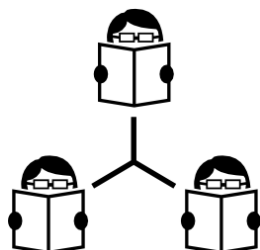
For OCHART, agencies report on referrals by the eight main categories of service providers. They do not report on the separate service providers within each main category.

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

IV. DATA COLLECTION PROTOCOLS

The following items are the recommended best practices for using OCASE when delivering support services to your clients. 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 SERVICE CATEGORIES

Agencies should have all their activities linked to the available OCASE 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 that deliver the same activity should record it the same way as their colleagues each time they deliver the activity.

Mapping Services to Program Areas

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

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

- If a client 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 (even on the same day) requires creating a new Service Record 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 program) by looking at the definitions above and matching them with the work they do and clearly 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 to discuss how to look for new work and ways to update their resume should be recorded as a General support session with a focus on employment services.

THE PROCESS AS WE MOVE FORWARD → APRIL 1ST, 2016 . . .

Refer to Figures 3 & 4 for the workflow diagrams and Figure 5 for the Demographic and Presented Issues Updates.

Intake Form & Baseline Information document

- All new clients should have a completed Intake Form and Baseline Information document within 1 month or the first 2-3 visits with the agency.

Updating Client Demographics and Presented Issues

- It is recommended that workers update demographics and client's presented issues at each session, as changes occur, using the Demographic and Presented Issues Updates document.
- At **minimum**, this should be updated once every six months for active clients, 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 life relate to broad factors outside of a worker's control (e.g., social determinants of health). However, agency supports may have contributed to these outcomes and/or life changes.
- It is important to track changes in a client'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 outcomes from support services.

WORKFLOW WITH NEW CLIENTS

- 1) Complete an Intake Form & Baseline Information document
- 2) Complete a Service Record document to record the delivery of intake services
- 3) Provide ongoing services to the client
- 4) At each session, ask your client about their connection to HIV care (at minimum)
- 5) For each session with a client, complete a Service Record document to record all services that were delivered incl. Service coordination, refer to pg. 12
- 6) Record changes in a client's life (demographics and presented issues) as they happen using the Demographic & Presented Issues Updates document

WORKFLOW WITH EXISTING CLIENTS

- 1) Provide ongoing services to clients
- 2) At each session, ask your client about their connection to HIV care (at minimum)
- 3) Record delivery of services using the Service Record document for each session with the client incl. Service coordination, refer to pg. 12
- 4) Check to make sure the client has an Intake Form & Baseline Information document
 - If 'no', complete an Intake Form & Baseline Information document
 - If 'yes', record changes in a client's life as they happen, using the Demographic & Presented Issues Updates document
 - In particular, ask about (at minimum) their connection to HIV care

Refer to the **OCASE Data Quality Toolkit** for:

- ✓ Best practices for supporting new staff
- ✓ Best practices when staff leave the agency
- ✓ Best practice for all staff
- ✓ Best practices for EDs and managers
- ✓ Best practices for the organization

FIGURE 3: WORKFLOW WITH NEW CLIENTS

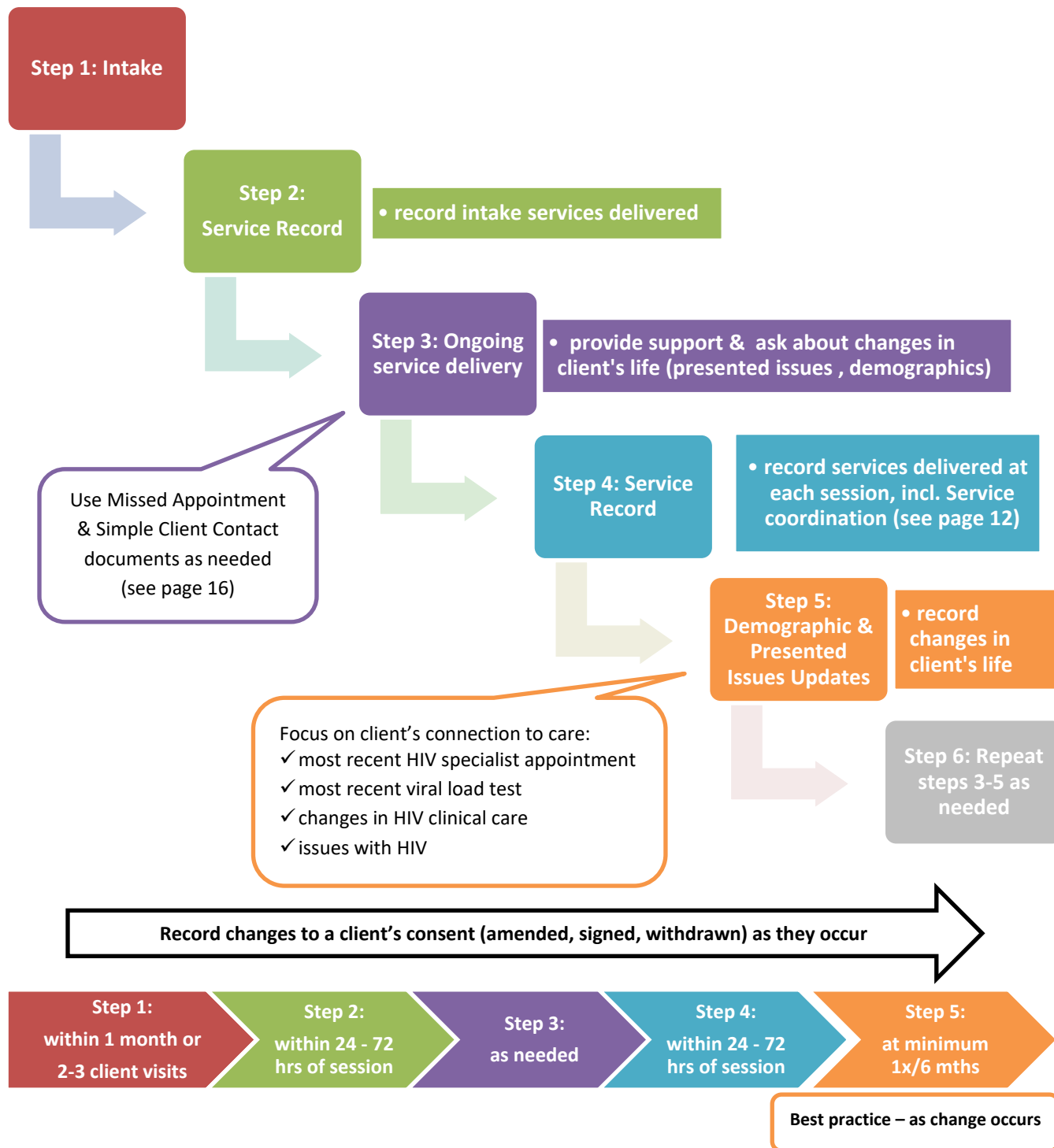
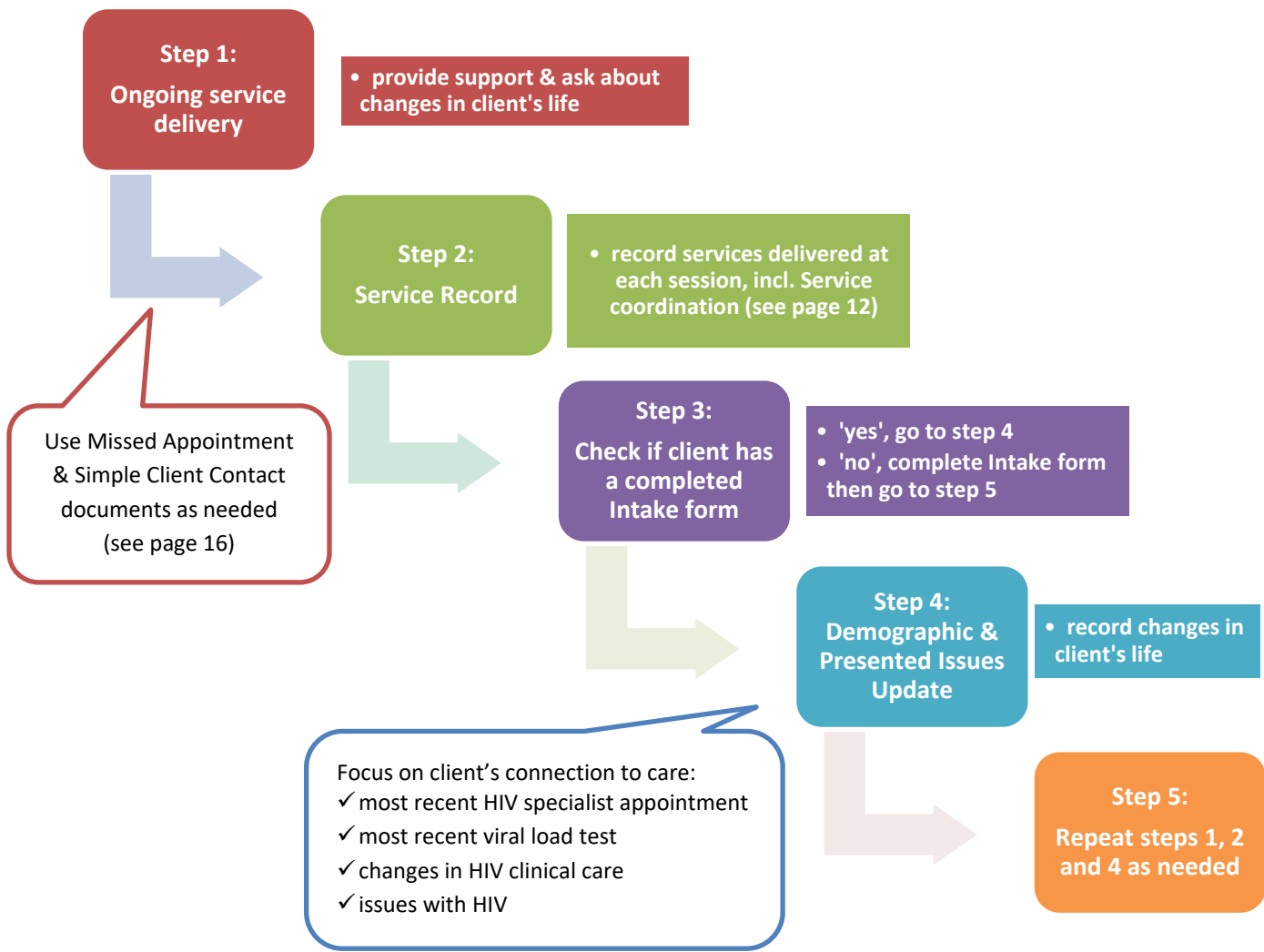


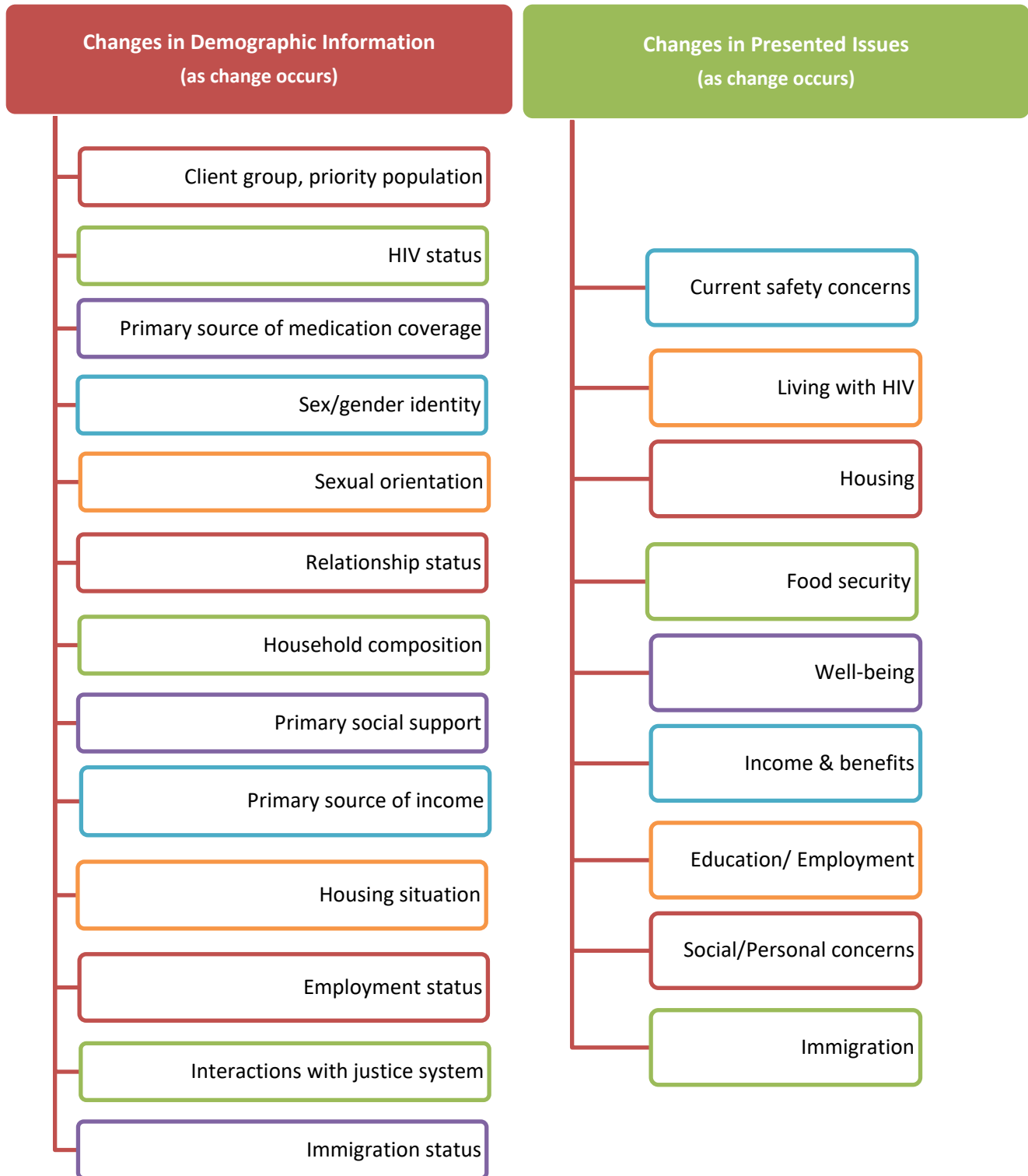
FIGURE 4: WORKFLOW WITH EXISTING CLIENTS



Record changes to a client's consent (amended, signed, withdrawn) as they occur



FIGURE 5: DEMOGRAPHIC AND PRESENTED ISSUES UPDATES DATA ELEMENTS



CORE TRAINING FOR SUPPORT WORKERS

Each agency should ensure that all support workers receive:

- the **internal agency reference guide** that has all agency activities mapped to available OCASE categories
- the **OCASE Data Quality Toolkit** (best practices & checklist) and training about the agency data entry best practices
- the **Provincial HIV Support Services Resource Guide** (<http://www.ohtn.on.ca/ebpu-training-modules/>)
- the link to the **online OCASE training materials** (<http://www.ohtn.on.ca/ebpu-training-modules/>)
- mandatory, **in-house training** to use OCASE in general and job specific training for the support service documents (Intake form, Service record etc.) to ensure consistency across the agency
- the contact information for the **agency OCASE designate** (their first point of contact for OCASE questions)
- training in **writing case notes** and using the **Demographic & Presented Issues Updates** document, according to the agency policy and practices
- regular program **supervision**

ACCOUNTABILITY (REPORTING AND EVALUATION)

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

To achieve a high level of service for clients 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 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.

- OCHART support: ochart@ohtn.on.ca
- OCASE support: ocase@ohtn.on.ca
- OCASE training materials: <http://www.ohtn.on.ca/ebpu-training-modules/>

V. 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.