Hepatitis C Team Program Guidelines

Hepatitis C Secretariat
Ministry of Health and Long-Term Care

Fall 2013
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1 Introduction

The Hepatitis C Secretariat worked with stakeholders across Ontario to conduct a needs assessment, gathering evidence and community input to inform the key recommendations that address the gaps in hepatitis C service delivery.

Community consultations were held in 13 communities across Ontario with stakeholder representation including Aboriginal health and social services, social service agencies, health care providers, correctional facilities and people living with/affected by the hepatitis C virus (HCV).

Subsequent to these meetings, each of the 13 communities were asked to identify a representative to conduct further local consultations with health and social service providers and produce a local community strategy for addressing hepatitis C in their community. The 13 local community strategies were submitted to the Hepatitis C Secretariat and shared with the Ontario Hepatitis C Task Force members. Information acquired through both the local community consultations and the local community strategies were used to inform the Task Force’s A Proposed Strategy to Address Hepatitis C in Ontario: 2009 – 2014.

The Task Force’s proposed strategy was presented to the Minister of Health and Long-Term Care in September 2009. A Proposed Strategy to Address Hepatitis C in Ontario: 2009 - 2014 focuses on 40 recommendations in 5 priority areas: treatment, prevention, education, support and research & surveillance.

In response, the ministry received cabinet approval in February 2010 to put forward the Ontario Hepatitis C Strategy. The key elements of the Strategy consist of the following:

Enhanced Services and Supports
Creation of 16 “HCV Teams” to ensure a coordinated, comprehensive approach to treatment and support of those living with/at risk of acquiring hepatitis C. The HCV teams consist of HCV outreach workers and community coordinators, additional HCV treatment nurses and access to psychosocial supports.

Education and Outreach
A targeted education and outreach strategy for at risk communities, and a continuing medical education program for physicians and health professionals.

Encourage Prevention
Additional Support for the Ontario Harm Reduction Distribution Program.
Better Co-ordination

An inter-ministerial Reference Group will support further collaboration and aid in seamless program integration. The Ministries that have been invited to participate on the inter-ministerial reference group include Aboriginal Affairs, Children and Youth Services, Citizenship and Immigration, Community Safety and Correctional Services, Community and Social Services, Health Promotion and Research and Innovation.

Community-based organizations that currently hosted a nurse as part of the Ontario Hepatitis Nursing Program (OHNP) as well as additional organizations were approached to host HCV multidisciplinary teams within their organization. The Hepatitis C Secretariat provided criteria for the development of their Program Plans.

These criteria state that the program must be developed locally, engage at least one treating physician, contain a peer component and must be within or near an adequately serviced community that has capacity to offer additional service for referrals, as necessary. Using these criteria as a basis, the following program guidelines were developed.

The guidelines are meant to provide a framework for the development and implementation of HCV teams within Ontario. The program is modeled on a community-based approach to service delivery. The intent is that the program be client-driven with built in flexibility over time and between communities. The guidelines are meant to provide clarity and recognize that local conditions will assist in informing service provision.
2 The Program

2.1 Scope
Reporting to the Program/Clinical Director of the Health Service Provider (HSP), the members of the HCV team will work collaboratively to provide seamless multidisciplinary care and treatment for HCV. The team will offer clients at risk of acquiring/living with HCV, comprehensive medico-psycho-social support and treatment, in collaboration and consultation with treating physician(s).

2.2 Goal
To establish HCV care and treatment services that will help curb the spread of HCV by ensuring that people are diagnosed and treated.

2.3 Objectives
The following objectives will assist in meeting the stated goal:

Objective # 1
To increase access to hepatitis C care and treatment for priority populations in Ontario

Objective # 2
To increase knowledge and awareness to prevent the transmission of HCV among priority populations in Ontario

Objective # 3
To increase collaboration, coordination and evidence based practice across the system responding to HCV

2.4 Strategies
Objective # 1:
- Increase awareness and provision of HCV testing among priority populations
- Increase the capacity of physicians and allied health professionals to meet the needs of people living with HCV
- Increase the capacity of HCV multidisciplinary teams
- Provide comprehensive care and treatment for people living with/at risk of HCV

Objective # 2:
- Promote integration of the use of peers in support, awareness and prevention initiatives
- Increase knowledge and awareness of HCV through prevention programming and harm reduction services for priority populations in Ontario

Objective # 3:
- Provide coordination support to reduce gaps in service for people living with/at risk of HCV
• Build capacity of the wider health, social service and legal sector through regional HCV community networks
• Promote system effectiveness, transparency, and responsiveness
• Support opportunities for high quality research
• Provide opportunities to integrate evidence into practice

2.5 Performance Measures
• Increased access to direct support, education, treatment and prevention services
• Increase in the number of people entering and completing HCV treatment
• Increase in the number of people who successfully clear HCV

2.6 Principles
• All Ontarians at risk of/living with HCV should have equal access to high-quality treatment, prevention, support, and education interventions, regardless of where they live or how they contracted the disease, individual linguistic or cultural barriers, socioeconomic or education level.
• While assisting people to stop using drugs is an appropriate long-term goal for some, harm reduction strategies put the emphasis on the most immediate, achievable and positive changes, whether or not they can be shown to reduce consumption.
• Effective implementation of this program will require collaboration between different sectors of health, social and legal service delivery, including community-based, clinical and hospital-based care, and between relevant provincial program areas within the Ministry of Health and Long-Term Care and other ministries, and with different levels of government.
• People living with HCV face stigma and discrimination associated with their drug use which can be a barrier to accessing services. All HCV programs and services in Ontario are delivered in a non-judgmental, non-coercive manner.
• While clinical and support services are provided to emphasize accessibility and to develop trusting relationships, personal and professional boundaries are recognized as being in the interest of both clients and staff.

2.7 Priority Populations
Rooted in treatment, the teams were set up utilizing a multidisciplinary approach, to provide access to specialized care for people who have barriers to accessing traditional forms of healthcare including:
• People who use drugs
• People involved with the correctional system
• People who are homeless or under-housed
3 HCV Team

The HCV Team consists of an outreach worker, peers, nurses, a community coordinator and psychosocial support. Each member of the team contributes a unique perspective and possesses a specific skill set that is equally integral to the success of the team.

Although the model above depicts the ministry-funded positions, the HCV Teams will also work in consultation with treating physicians and other health and social service providers.

Host agencies administering this program are expected to assist their employees in the development and seamless coordination of each component within the HCV Team.
3.1 Treatment Nurse

Studies have shown that up to 90% of patients will successfully complete treatment with nursing support, compared to only 30% of patients completing without nursing support\(^1\). Successfully completed treatment can cure up to 65-70% of HCV patients\(^2\).

The care provided by the HCV treatment nurse is intended to ensure that a greater number of Ontarians infected with hepatitis C virus have access to treatment which can help prevent or mitigate serious liver disease such as cirrhosis, liver failure and liver cancer.

As a member of the multidisciplinary HCV Team, the treatment nurse prepares the client prior to treatment, supports the client in managing the side effects during treatment and provides follow-up to address side effects and medications after treatment. Further, by closely monitoring and supporting clients throughout the treatment process, it is expected that the treatment nurses will promote adherence to the treatment regimen, thus improving clinical outcomes.

The nursing position can be filled by either a full-time Registered Nurse or Nurse Practitioner. The incumbent must be a member of or eligible to become a member of the Ontario College of Nurses of Ontario.

For further information on hepatitis C treatment nursing, please refer to the Guide to Hepatitis C Nursing in Ontario.

3.2 Community Coordinator

As a member of the multidisciplinary HCV Team, the community coordinator establishes and leads a hepatitis C network within the local community, bridging and addressing gaps within the health, social service and legal sectors (including corrections and police) to enhance community collaboration and coordination of services that affect people living with/at risk of acquiring hepatitis C.

The community coordinator will also provide direct case management supports in collaboration with their colleagues within the HSP and partner agencies for those people living with hepatitis C.


3.3 Outreach Worker

People who successfully complete treatment, those whose treatment is unsuccessful as well as those who are deemed ineligible for treatment often require prolonged assistance and support. There are few, if any, social supports available — particularly in rural areas.

Studies have shown that outreach and engagement strategies, while initially time-consuming and slow-moving, are successful in that they reach more severely impaired persons who are less motivated to seek out services\(^3\). One particular study showed that clients reached through outreach on the streets experienced improvement on nearly all outcome measures equivalent to clients who were contacted in other service agencies and shelters. This suggests that this hard-to-reach population has the same capacity for improvement, with the aid of outreach workers, as groups more connected to services and who may be more high-functioning\(^4\).

The outreach worker will improve access to direct support, education, counselling and referrals through low threshold outreach to marginalized community members, within the priority populations, living with/at risk of acquiring HCV.

The outreach worker will coordinate, design and deliver education and training sessions, in consultation with their HCV Team colleagues, provide support services, including facilitating the peer component, and promote referrals to testing and treatment.

3.4 Psychosocial Supports

Medical care alone is not enough to meet the needs of a patient population who require educational and psychosocial support to cope with a long-term and potentially life threatening chronic illness. It has been demonstrated that the rate of hepatitis C treatment initiation is increased in the presence of a multidisciplinary approach\(^5\).

As a member of the HCV Team, the psychosocial support worker (e.g. counsellor, social worker, psychologist) provides a range of interventions to assist people living with HCV to cope with their chronic illness, social difficulties and side effects of treatment. This will include counselling, psycho-social assessments,


consultation, education and advocacy functions for clients and families/supports, as well as educational services for staff and/or volunteers, as required.

3.5 Peer Component

Injection drug use continues to be the leading risk factor for transmitting HCV. A large segment of the HCV community includes those who have a history of or are actively using drugs. Peer support coupled with multidisciplinary care is an effective strategy for engaging people who use drugs in HCV care and treatment services. Peer education and support help to make information more personally relevant, credible and accessible.

The peer component is a strategy for reaching at risk clients within their own community and providing them with the resources to reduce HCV transmission.

While peers are expected to respect the culture of the host agency, they should not be seen as representatives of the host agency but rather as representatives of their own community culture. Some peers may wish to be more involved in the program. Those with a particular skill or expertise may be encouraged to provide presentations to community groups, etc.

Peers act as a bridge between the at risk community and the host agency. They will provide information to the at risk community and assist the host agency in better understanding risk behaviours and service needs.

4 Testing

Testing is an important component of the HCV team’s core activities. It is expected that the HCV teams will increase awareness and provision of HCV testing among priority populations within their communities.

To meet this expectation, teams must aim to offer testing by team members within their organizations as well as during outreach activities and within partner agencies (e.g. AIDS Service Organization, methadone clinic), drop ins (i.e. Soup Kitchen) and social gathering spaces (i.e. church breakfasts).

Providing clients with a requisition to travel to a lab for blood work can also facilitate the availability for testing, however, this is not an optimal testing process as it could become a missed opportunity. This process sets up an additional step for service users and many may have barriers to accessing testing through a lab (e.g. travel issues, negative past experiences). Peer/team member accompaniment may aim to alleviate some of these barriers, however, there is no substitute for in-house and outreach testing by the team.

Testing should include, as a minimum requirement, offering hepatitis C antibody, hepatitis C RNA, HIV and hepatitis B antigen/antibody testing by the HCV Team. This testing should be offered and available to clients as a first contact. Referral to public health, lab or other provider can pose barriers and missed opportunities.
Testing Resources

*Canadian AIDS Treatment Information Exchange – Hepatitis C Testing*
http://hepcinfo.ca/en/detail/testing

*Ontario Guidelines for HIV Testing and Counselling*

*Public Health Ontario (PHO) Laboratory Services - Labstracts*
Labstracts provide important information to health care practitioners about clinical or operational changes in laboratory testing. These can include updates in specimen collection, handling, testing or interpretation.
http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Labstracts.aspx

*PHO Laboratory Services - Specimen Collection, Handling and Transportation*
http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Specimen-Collection.aspx

*PHO Laboratory Services - Test requisition forms*
http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Requisitions-and-forms.aspx

5 Recruitment

The administrating agency is responsible for the recruitment and hiring process. Sample job specifications have been created for each position to be used as a resource during recruitment. Please refer to Appendix A for role-specific sample job specifications.

The outreach worker will recruit members from the community to participate as peers. The manager/supervisor will assist and support the outreach worker with this task. Peers of the program are considered to be part of the at risk community. The peers will negotiate their time commitment with the outreach worker. This may be short term or long term. The peers may receive an honorarium for their work such as distributing materials, providing information about the program and providing peer support.

6 Orientation, Education and Professional Development

The administering agency will be responsible for providing an orientation to all staff. Due to the specific nature of the treatment nurse role, the Hepatitis C Secretariat will organize ‘preceptorship’ opportunities to provide the nurses with a hands-on experience with treatment nurses in a community and hospital setting.

Host agencies are encouraged to allocate a portion of their total allocation to professional development for all members of the HCV Team to encourage continuous learning and improvement.
To ensure that the peers understand their role, responsibilities and boundaries the host agency will be responsible for providing the peers with an orientation to the agency and the outreach worker role.

Orientation and education includes information about HCV transmission and prevention, harm reduction supplies, drug dependency, educational and communications strategies and local services. Orientation and education may be provided either formally or informally as negotiated between the host agency and the peer.

7 Reporting Sessions/Meetings

The manager/supervisor is encouraged to convene regularly scheduled rounds with the members of the HCV Team. These meetings will assist the team in addressing case loads, collaborative care, learning needs, issues and updates. Treating physician(s) and other members involved in the care and treatment of clients are also encouraged to participate in the rounds, when available, to ensure consistency and collaboration. The exchange of information between members of the HCV Team is an important part of delivering appropriate service.

The outreach worker is expected to be available to the peers to share information either through regularly scheduled meetings or through informal meetings (e.g. when peers come in to pick up supplies). Peers may also benefit from meeting with each other to exchange ideas. These meetings may be coordinated by the peers to occur at the host agency or informally at a nearby location where peers feel more comfortable such as at a coffee shop, pool hall, park etc.

8 Accountability of Administering Agency

Host agencies are expected to provide direct supervision and support to the HCV team members and to meet the Hepatitis C Secretariat’s reporting requirements.

8.1 Supervision and Support

The host agency will provide direct support and supervision of the HCV team on a regular basis to ensure that:

▪ the work is being done according to the guidelines and program plan
▪ professional and educational opportunities are made available
▪ the importance of self-care is recognized

8.2 Required Reporting and Financial Management

The accountability relationship between the Hepatitis C Secretariat and the host agency is set out in the mandatory submissions schedule within the Accountability Agreement. Monitoring and reporting includes the timely submission of program and financial reports by the HSP and the ministry’s review of these reports.
All mandatory submissions are a condition of the HSPs continued funding. Failure to comply with the mandatory submission requirements can result in corrective action, including reduction, suspension or termination of funding.

The host agency is required to submit the following program and financial reports to the ministry, as outlined in the mandatory submission schedule (within the TP service agreement). Detailed instructions for completion and due dates are included with all mandatory submissions sent from the Hepatitis C Secretariat.

7.2.1 Program Plan – annual report
The purpose of Schedule A: Program Plan is to plan and track the operational progress of the Recipient’s programs, to identify funded activities and targets, and understand the context of their strategic plan/communities. The purpose of Schedule B: Budget is to highlight the funding allocations for the upcoming fiscal year in relation to the planned activities and to allocations of the previous fiscal year.

Each report requires sign-off which provides confirmation of the Recipient’s appropriate legal signing authority, e.g. Board Chair/President or Council Chief, that the information provided is accurate and complete and that all accountability requirements for the upcoming fiscal year will be fulfilled. It also confirms that the required submission components have been completed and forwarded to the AIDS and Hepatitis C Programs.

Once approved, the ministry will provide the Recipient with updated Schedules based on these submissions – referred to as: Schedule A: Program Description and Schedule B: Budget. They form the essential components of the Accountability Agreement and are issued yearly.

7.2.2 Activity Report – semi-annual report
The Recipient provides a regular accountability report to the ministry including statistical and narrative information on activities and service twice per year via the Ontario Community HIV Activity Reporting Tool (OCHART) Online.

7.2.3 Financial Projection Report – annual report
Recipients are required to submit a Financial Projection Report by October 15th of each funding year. This report supports sound financial management by the Recipient by identifying projected spending and potential surpluses. The submission of this report is generally the time that Recipients would identify and submit budget reallocation requests. Recipients may, however, also submit requests for reallocations up to February 15th of the funding year. Exceptions to this deadline may be considered, however no requests for reallocations are permitted post March 31st.
7.2.4 In-Year Reallocation Request – annual report

Recipients may request changes to line allocations greater than 5 per cent of total program funding or $10,000 (whichever amount is lower), if such changes are necessary to ensure the optimal management of the funds and of program delivery. If a Recipient projects a surplus greater than 5 per cent of total program funding or $10,000 (whichever amount is lower), the Recipient may make a request to the ministry to move (reallocating) the surplus from one line of the budget to another.

To request such changes, the Recipient must complete the form: In-year Reallocation - Request to Reallocate Funds. If approved by the ministry, the Recipient will be permitted to reallocate funds to support program resources and services prior to the end of the fiscal year. Recipients will receive formal notification that these requests are approved, and this documentation should be retained and included in the end of year financial reporting.

7.2.5 Annual Reconciliation Report and Audited Financial Statements – annual report

All Recipients are required to submit a year-end financial report called the Annual Reconciliation Report (ARR) by June 30th of each year.

The ARR demonstrates the actual expenditure of program funds as compared to the approved budget. If the Recipient has more than one funded program, it must submit a separate ARR for each funded program, as the ministry instructs. Any one-time grants received should be included on these forms.

The submission of ARR along with Audited Financial Statements (AFS), signed by a representative of a firm of public accountants, is a condition of funding. A completed ARR and Auditor's Statement for the Program, along with AFS for the Recipient for the fiscal year ending March 31st must be submitted by June 30th.

For more information on specific mandatory submissions please refer Schedule D in the Accountability Agreement. For further detail regarding financial accountability, please refer to Financial Guidelines for Transfer Payment Recipients - AIDS and Hepatitis C Programs.
Appendix A – Job Specifications

**Position Title:** Hepatitis C treatment nurse

**Scope of the Position:** As a member of the HCV Team, the hepatitis nurse provides direct treatment support in collaboration with the treating physician and multidisciplinary team, liaises with community partners, and provides related education and support when necessary.

**RESPONSIBILITIES AND RELATED TASKS:**

**Assess**
- Review patient referral from prescribing physician, as well as patient’s eligibility for treatment
- Consult with physician if patient is found ineligible for treatment and to provide rationale
- Assess patient drug insurance coverage and assist with the completion of application forms, when necessary
- Have an understanding of the various financial assistance or compensation programs available to people infected through the blood system

**Plan**
- Maintain additional professional liability insurance, if necessary
- Follow immediate intake protocols and ongoing monitoring
- Work collaboratively with prescribing physician and other health care providers to provide optimal patient care
- Plan a schedule of visits and appointments with patients to monitor treatment
- Problem solve with patients on treatment about the management of their side effects

**Implement**
- Involve patient in all aspects of treatment and care
- Provide instruction and support as patients learn to administer treatment and manage side-effects
- Contact patients within 72 hours of initial injection to monitor response
- Ensure the prescribing physician receives regular follow-up information on his or her patient, and to report any crises immediately
- Liaise with community partners
- Provide telephone support as necessary
- Provide community education sessions as schedule permits
- Be open to accessing continuing education opportunities
### Evaluate
- Develop a follow-up plan with patients
- Document each contact with patients or health care team members, giving the reason for the contact and the action taken
- Routinely compile and enter data as per program directives
- Remain up-to-date on professional knowledge and evolving information.

### Qualifications
- Registered nurse, with a valid certificate of registration from the College of Nurses of Ontario
- Willing to become a member of other professional bodies to enhance practice, e.g. Registered Nurses Association of Ontario and Canadian Association of Hepatology Nurses.
- Minimum of five years experience in a clinical setting preferred
- Community nursing experience an asset
- Able to work independently and as a team member
- Self-directed and able to take initiative
- Experience with chronic illness preferred
- Knowledge of mental health and addictions preferred
- Familiar with principles of adult education
- High level of comfort with diverse populations
- Strong decision-making skills
- Excellent communication skills
- Able to assess medical conditions, and to know when to seek assistance
- Has the use of an insured motor vehicle for work-related travel and a valid Ontario driver’s license
- Ability to work in an evolving role

### ASSETS
Facility in a second language an asset.
**Position Title:** Hepatitis C Community Coordinator

**Scope of the Position:** As a member of the HCV Team, the primary role of the Hepatitis C Community Coordinator will establish and lead a hepatitis C network within the community, bridging and addressing gaps within the health, social services and legal sectors (corrections and police) to enhance community coordination of services that affect people living with/at risk of acquiring hepatitis C.

A secondary role of the Hepatitis C Community Coordinator will be to provide direct case management supports in collaboration with the team and partner agencies for those people living with hepatitis C.

**RESPONSIBILITIES AND RELATED TASKS:**

**Community Coordination/Capacity Building**
- Establish and actively participate in an HCV network within the community/region. Engage community stakeholders whose clientele are infected/at risk of acquiring HCV (e.g. community health and social services agencies, needle exchange programs, correctional representatives, mental health and addictions agencies, etc)
- Liaise with appropriate community resources on behalf of clients
- Develop and maintain referral and follow up procedures
- Coordinate information resources on health care alternatives, harm reduction and care options for clients affected by HCV
- Identify emerging issues in HCV education and prevention through researching articles, books and other materials as well as liaising with other agencies

**Case Management**
- Provide comprehensive case management, support and referral services for program clients
- Network with internal and community partners to ensure an optimal continuum of health & social services through all stages of HCV care and treatment

**General Administration**
- Design and develop training materials to ensure that the goals of the program are being achieved and the needs of those requesting training are being met
- Routinely compile, enter and report confidential data at agency and funder’s request
- Ensure that all necessary reports are completed and submitted to the appropriate sources meeting set deadlines
- Participate in the planning of program evaluation initiatives
- Participate as a team member in all team functions—program planning, team meetings, inter-team meetings, and case conferences
- Network with internal and community partners to ensure an optimal continuum of health & social services through all stages of HCV education, support, care and treatment
- Maintain and develop professional competence and learning
- Perform other related duties as assigned

### Qualifications

- Undergraduate degree in a relevant discipline from a recognized university preferred or combination of education and relevant experience
- 2 years experience in working in a community setting
- Thorough knowledge and experience of hepatitis C and harm reduction
- Strong knowledge of issues affecting marginalized communities
- Experience working with diverse agencies and working successfully in partnership with these agencies
- Thorough knowledge and understanding of the local health and social service sector, government programs and current legislation that may affect clients
- Demonstrated ability to work under pressure, to anticipate potential problems/conflicts and take appropriate actions and to meet deadlines
- Excellent interpersonal, presentation, and communication skills
- Demonstrated ability to work independently and as a team member within an evolving role in a multidisciplinary environment
- Excellent advocacy and negotiation skills
- Strong commitment to health promotion, community development and adult education
- Excellent knowledge of MS computer applications and other office related software
- Must be able to work in a variety of social and physical settings

### ASSETS

Facility in a second language an asset.
**Position Title:** Hepatitis C Outreach Worker

**Scope of the Position:**
The Hepatitis C Outreach Worker will provide low threshold outreach to marginalized community members living with/at risk of acquiring hepatitis C. This position will coordinate, design and deliver education and training sessions, provide support services and promote referrals to testing and treatment.

**RESPONSIBILITIES AND RELATED TASKS:**

### Outreach and Support

- Active outreach in the region/community (including correctional facilities) that are frequented by community members living with/at risk of acquiring HCV in order to bridge to program and treatment teams
- Deliver group and individual support and HCV treatment and prevention education
- Assist clients with needed paperwork such as applications for birth certificates, health cards or medical appointments
- Accompany clients to medical appointments, if requested, to provide emotional support
- Assist clients to develop their capacities around treatment/medical scheduling and health management planning, taking into consideration the reality of the relevant social determinants of health for each individual

### Peer Support Program Liaison

- Promote and facilitate the utilization of peer support workers within the program
- Schedule and assign support, education and outreach activities to peer workers
- Assist in providing training on HCV prevention, education and addiction issues, with a focus on harm reduction to peer support workers
- Ensure peer support workers have the information and resources to provide information and referral services

### General Administration

- Design and develop training materials
- Routinely compile, enter and report confidential data at agency and funder’s request
- Ensure that all necessary reports are completed and submitted to the appropriate sources, meeting set deadlines
- Participate in the planning of program evaluation initiatives
Participate as a team member in all team functions - program planning, team meetings and case conferences
- Network with internal and community partners to ensure an optimal continuum of health & social services through all stages of HCV education, support, care and treatment
- Maintain and develop professional competence and learning
- Perform other related duties as assigned

Qualifications
- 2 years experience in working in a community setting
- Thorough knowledge and experience of HCV, harm reduction and peer support models
- Strong knowledge of issues affecting marginalized communities
- Experience working with diverse agencies and working successfully in partnership with these agencies
- Thorough knowledge and understanding of the local health and social service sector, government programs and current legislation that may affect clients
- Demonstrated ability to work under pressure, to anticipate potential problems/conflicts and take appropriate actions and to meet deadlines.
- Excellent interpersonal, presentation, and communication skills
- Demonstrated ability to work independently and as a team member within an evolving role in a multi-disciplinary environment
- Excellent advocacy and negotiation skills
- Strong commitment to health promotion, community development and adult education
- Excellent knowledge of MS computer applications and other office related software
- Ability to work some evening and/or weekend shifts
- Must be able to work in a variety of social and physical settings

ASSETS
Facility in a second language an asset.
Position Title: Clinical Psychologist

Scope of the Position: The incumbent provides detailed psychological assessments and treatment recommendations for individuals living with hepatitis C, working as integral member of the hepatitis C multidisciplinary team.

RESPONSIBILITIES AND RELATED TASKS:

Direct Services

- Provide direct service to clients and monitor response to treatment and documents interventions in accordance with the principles of professional practice
- Provide individual, group and/or family therapy as availability permits
- Assess risk level and employ principles of non-violent crisis intervention when identifying, defining and evaluating severity of situation
- Provides consultation and monitoring of client treatment, in collaboration with multidisciplinary team
- Facilitate the ongoing development and implementation of clinical services with program managers, program director and clinical staff by regularly reviewing program needs
- Participates as an active member of the multidisciplinary team in regular client conferences.
- Participates on committees and working groups within the agency, as requested
- Administers full range of diagnostic tests for psychometric assessment, interprets results, and prepares psychological evaluations

Education and Professional Development

- Interest and ability to participate in research projects and education programs
- Maintains a current knowledge of community resources pertinent to the particular client base and area of practice served
- Identify staff training needs and promote education and professional development through coordination and provision of forums, seminars and in-service opportunities
- Maintain own clinical competence through participation in professional development opportunities
- Facilitate the evaluation and review of clinician clinical practice and provide feedback to Director
**Administration**

- Ensures that required documentation is available on the client’s health record in a timely manner that meets professional standards of practice
- Performs administrative tasks as related to the position. This includes activities such as time planning, documentation, report preparation and other duties, as required
- Participates in regular program review with a continuous quality improvement focus

**Qualifications**

- Completion of formal training with a Ph.D. or Psy.D. in Psychology with specialty training in clinical psychology, completion of practicum, doctoral internship, and post doctoral year of clinical supervision; registered or registrable with the College of Psychologists of Ontario
- Three to five years experience in providing psychological assessment and treatment of individuals with chronic disease, emotional issues and mental illness
- Experience in dealing with diverse cultural backgrounds
- Experience in the delivery of brief solution focused therapy
- Strong clinical skills in Cognitive Behavioural Therapy
- Knowledge of policies, legislation, programs, and issues related to area of practice
- Thorough knowledge and experience of hepatitis C, harm reduction, addictions and mental health
- Ability to understand and apply principles of crisis and suicide intervention, and Critical Incident Stress Debriefing (basic and advanced)
- Experience in working in a community setting
- Strong knowledge of issues affecting marginalized communities
- Must have demonstrated competence in clinical skills, including psychosocial assessments, counselling intervention, and ability to work within an multidisciplinary team approach
- Must have the ability to communicate effectively both verbally and in writing with professional and non-professional staff and clients
- Must have excellent organizational and professional skills

**ASSETS**

Facility in a second language an asset.
Position Title: Social Worker

Scope of the Position: The social worker functions as a member of the multidisciplinary HCV Team and provides psycho-social assessment and a range of interventions to assist people living with hepatitis C to cope with their chronic illness, social difficulties and side effects of treatment. This will include counselling, consultation, education and advocacy functions for clients and/or families, as well as education services for staff and/or volunteers, as required.

RESPONSIBILITIES AND RELATED TASKS:

Direct Services

- Ensures that appropriate treatment plans are developed, implemented and evaluated
- Monitors client progress – includes evaluation of, and adjustments to, treatment plan, maintains supportive relationship with the client and family members, links to and coordinates required services while coordinating client care
- Participates as an active member of the multidisciplinary team in regular client conferences. The purpose of such conferences is to ensure regular communication between client and care team members regarding the needs of the client, provide a forum for discussion of possible resolutions to client care issues and to provide opportunity to initiate improvements in the quality of service provided to the client
- Acts as a clinical resource consultant to staff regarding care issues and participates with the multidisciplinary team in care planning
- Serve as a guarantor on an applications for an Ontario birth certificates, in accordance with the regulation made under the Ontario Vital Statistics Act
- Complete the Activities of Daily Living Index in the Disability Determination Package in accordance and with the regulation made under the Ontario Disability Support Program Act
- Participates on committees and working groups within the facility as requested

Professional Growth and Development

- Interest and ability to participate in research projects and education programs
- Maintains a current knowledge of community resources pertinent to the particular client base and area of practice served
- Assumes responsibility for their own ongoing education and participates in professional activities that will enhance and develop their own professional growth
Administration

- Ensures that required social work documentation is available on the client’s health record in a timely manner that meets professional standards of practice
- Performs administrative tasks as related to the position. This includes activities such as time planning, documentation, report preparation and other duties, as required
- Participates in regular program review with a continuous quality improvement focus

Qualifications

- BSW preferred or other undergraduate degree in a relevant discipline from a recognized university or combination of education and relevant experience
- Must also have a minimum of 3 years counselling experience in an adult mental health care team
- Must hold a current membership certificate with the Ontario College of Social Workers and Social Service Workers, or eligibility for membership with designated College
- Knowledge of policies, legislation, programs, and issues related to area of practice
- Excellent assessment skills and sound clinical judgement
- Ability to understand and apply principles of crisis and suicide intervention, and Critical Incident Stress Debriefing (basic and advanced)
- Experience in working in a community setting
- Thorough knowledge and experience of hepatitis C, harm reduction, addictions and mental health
- Strong knowledge of issues affecting marginalized communities
- Must have demonstrated competence in clinical skills, including psychosocial assessments, counseling intervention, and ability to work within an multidisciplinary team approach
- Must have the ability to communicate effectively both verbally and in writing with professional and non-professional staff and clients
- Must have excellent organizational and professional skills

ASSETS

Facility in a second language an asset.
### Position Title: Hepatitis C Peer Support Worker

### Scope of the Position:
The hepatitis C Peer Support Worker will conduct outreach, raise awareness and promote prevention interventions to at risk peers within the community.

### RESPONSIBILITIES AND RELATED TASKS:
- Active outreach in the region/community that are frequented by at risk peers infected with/at risk of acquiring HCV
- Identifies emerging issues in HCV support services
- Keep up to date with new developments on prevention, education, treatment and testing
- Identify new outreach locations
- care for those affected by Hepatitis C
- Responds to inquiries regarding services and needs of the at risk community
- Promotes the host agency and its range of services
- Collect information from service users and assist in project evaluations to improve service delivery
- Provides one-to-one peer support
- Adhere to organizational policies and procedures

### Qualifications
- Ability to work on own initiative
- Team player
- Excellent interpersonal and communication skills and group work skills

### ASSETS
1. Direct experience with hepatitis C
2. Experience with peer support/education
3. Experience with volunteering
4. Experience with working with service users and community organizations