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Western Australian Network of
Alcohol & other Drug Agencies

Hepatitis C Virus (HCV) Care Capability in Alcohol and other Drug Treatment Tool

Funded by the Sexual Health & Blood-borne Virus Program,
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Acknowledgement of Country

We acknowledge the Whadjuk Noongar people as the Traditional Owners of the land where our offices are located. We acknowledge Aboriginal and Torres Strait Islander peoples of this nation, and we pay respect to Elders past and present.

We acknowledge the continued deep spiritual attachment and relationship of Aboriginal and Torres Strait Islander peoples to this country and commit ourselves to the ongoing journey of reconciliation.

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Hepatitis C Virus (HCV) Care Capability in Alcohol and other Drug Treatment Tool

This Hepatitis C Virus Care Capability in Alcohol and other Drug Treatment Tool (HCVCAT) has been designed to assist specialist alcohol and other drug (AOD) organisations review their service capability to identify and provide care to people with HCV or at risk of HCV. In this context, HCV care includes provision of information and education, screening for risk, and provision of, or referral to, testing, treatment, as well as ongoing support.

The HCVCAT was originally developed in 2020 as part of the WANADA Hepatitis C Virus Treatment Project funded by the Paul Ramsay Foundation as part of the Eliminate Hepatitis C Australia Partnership, co-ordinated by the Burnet Institute[1]. The tool has since been refined, through practical application with the AOD service sector across the 2023 – 2024 period, supported by WANADA and funded by the WA Health Department.

- Services that have previously used the HCVCAT may notice some changes in some criteria. However, the overall intention of the tool remains the same, and scores are still comparable with previous scores.

The refined 2024 resource has been enhanced to support independent self-reviews by AOD service providers in WA. In addition to the HCVCAT tool itself, the resource includes an introduction to the HCVCAT, information on how to undertake a self-review using the tool, and a section to record the findings of the self-review. Organisations are encouraged to embed the tool as part of their ongoing quality improvement processes.

As part of our combined commitment to achieving global elimination of HCV in Australia by 2030, WANADA actively promotes the HCVCAT's application to improve HCV care capability in the AOD sector in WA. For this reason, services are strongly encouraged to share their findings and feedback on the HCVCAT with us. This data is invaluable for advancing sector and systems improvement, and will help us advocate to enhance service capabilities. Services are encouraged to send feedback to WANADA.

[1] The development of the tool was informed by the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index Toolkit. The DDCAT used was the validated modification developed in 2008 by the Australian Government Department of Health and Ageing, in conjunction with Communio. This version of the DDCAT is for use by not-for-profit alcohol and other drug services in Australia

THE HCVCAT – An Introduction

The HCVCAT aims to assist AOD services to rate their level of capability in the delivery of HCV care and identify opportunities to improve that capability. In this context, HCV care includes provision of information and education, screening for risk, and provision of, or referral to, testing, treatment, as well as ongoing support. Improving AOD services' capability to provide HCV care can lead to better outcomes for consumers and form an important component in the global work towards hepatitis C elimination.

Ideally, the HCVCAT self-review will become a routine and regular aspect of organisations' continuous quality improvement processes.

The HCVCAT comprises 19 capability criteria classified into the following five dimensions[2]:

1. **Culture and Context** - examines service cultural and contextual factors which foster or inhibit capability to respond to the HCV care needs of service users.

2. **Screening and Testing** - examines how practice maximises opportunities to identify, and offer testing to, people at risk of HCV.

3. **Treatment** - examines how service users intersecting HCV care needs are addressed.

4. **Information and Support** - examines the service's provision of HCV information, education and support to consumers and their families and/or significant others.

5. **Workforce** - examines workforce expertise in relation to HCV care.

Through the self-review process, a rating is determined for each criterion and the average score is calculated for each dimension.

The total average score (x/5) determines the overall HCV capability category of a service.

The HCV capability categories are as follows:

Rating	Category
1	Alcohol and other Drug Only Service - No HCV care provided.
2	HCV Aware - Awareness of HCV with variable service response.
3	HCV Responsive - Awareness of HCV care needs of service users and systematic service response.
4	HCV Coordinated Care - Coordinated HCV care in collaboration with HCV treatment providers.
5	HCV Integrated Care - Integrated alcohol and other drug and HCV care.

The aim of the review is to support the service or program to develop a plan for improvement. HCVCAT scores are used only as an indication of current capability for the purposes of providing a benchmark for services to measure change. There is no expectation that services will become fully integrated or change their primary service focus.

[2] Please note some criteria have changed since the previous versions of the HCVCAT and does not align exactly to previous review findings.

Conducting a self-review using the HCVCAT

For organisations that deliver a range of services and programs, the HCVCAT is best used for review at a service or program level. Service responses to HCV may vary significantly across an organisation due to a range of factors including service or program type, structure, and/or focus.

A self-review using the tool is best conducted by a group of staff representing different components of service delivery and including management and quality representatives where possible. Where a service incorporates integrated medical staff, they should also be included.

Ideally the self-review would be led by someone internal to the organisation but not a member of that service. For example, someone from another service area of the organisation, or someone in a quality and compliance role.

Using the HCVCAT

To conduct a self-review, work through each criterion with your group. Discuss the criterion and ensure a shared understanding of what is being asked of the service to consider. If unsure, use ? for more information on the criterion. Use  to find out where to look within the service for relevant information. If using the print version, this information is provided on pages 21-22.

- If a criterion is not applicable to your service, click the N/A button. This will clear the selection and ensure that the criterion is not included in the score calculations. Note that N/A should only be used for criteria that are genuinely not relevant to the service and not to bypass criteria.

Consider your service's response to the criterion and how that response is evidenced. Is it documented in policy or procedure? Are staff aware of the response? How are they aware? Is it monitored? Is it routine? Is it evaluated?

If needed, you can click the  next to each criterion to add or view notes, and click it again to close the notes field.

With this in mind, read the ratings provided next to the criterion and discuss which bests represents your service response. If using the digital version, scores will be auto-generated in the table on page 12 based on the selections.

Discuss any potential Opportunities For Improvement (OFIs). Does this rating reflect where you think your service should be? Do you think you should or could improve in this area? How can that be achieved? Who would be responsible for implementing the OFI? What is an achievable timeframe for its implementation? Record this information in your OFI table on page 13.

If this is not your first HCVCAT self-review, remember to revisit any OFIs identified at the previous self-review. Have they been completed? What are the barriers to their completion? Can they be completed now?

If this is your first review, there are some example OFIs provided on pages 15 to 20 that might give you some ideas of improvements that could work for your service.

Use the criteria ratings in the table on page 12 to calculate your overall HCV capability rating. In the digital version, assessors won't need to make any calculations since the table will calculate everything automatically.

Send your Findings pages (12 to 14) to WANADA to support ongoing sector monitoring, support and development.

Tips for an authentic and productive self-review:

- ✓ Include management, quality and compliance staff and medical staff wherever possible.
- ✓ Schedule your self-review well in advance to increase peoples' opportunity to participate.
- ✓ Extending an existing Team Meeting can be a good way to get everyone together.
- ✓ Include as many team members as you can.
- ✓ Allow enough time to work through the criteria collectively. A brief process can be completed in two hours, however allowing three to four hours will allow more time for discussion of potential areas of improvement.
- ✓ Encourage your team to prepare for the self-review by working through the criteria on their own beforehand and to give consideration to potential OFIs.
- ✓ Record your findings and OFIs in the tables on page **13**. This should include identification of people responsible for actioning the OFIs and timeframes for completion.
- ✓ Include your OFIs action plan into your organisation's Quality Improvement Plan and ensure they are implemented. Ideally, the HCVCAT self-review will become a routine and regular aspect of your organisations' continuous quality improvement processes.
- ✓ Discuss the self-review process and use of the tool with the group. How could it be improved? What were challenges or barriers to participation? What were positives of the experience? Could any of your service partners benefit from using the tool? How could you support them in that? Record this feedback in the fields on page **14**.
- ✓ Send your Findings pages (12 to 14) to WANADA to support ongoing sector monitoring, support and development.
- ✓ Schedule your next HCVCAT self-review for 12 – 18 months' time (Remember the feedback the group provided about the self-review and make changes where possible).

The HCVCAT tool commences on the next page.

HEPATITIS C VIRUS CARE CAPABILITY IN ALCOHOL AND OTHER DRUG TREATMENT (HCVCAT) TOOL

Intent: to increase access for alcohol and other drug service users to Hepatitis C Virus support, testing and treatment.

Criterion	Ratings				
	1 **Alcohol and Other Drug Only Service**	2 **HCV Aware**	3 **HCV Responsive**	4 **HCV Coordinated Care**	5 **HCV Integrated Care**
1. Culture and Context					
1A. Understanding of the prevalence of HCV in the AOD service user population informs service response to HCV care. ? N/A	Prevalence of HCV in the service user population is not considered as part of service approach to treatment/ support.	Understanding of HCV prevalence in the service user population is *variable* by worker.	Understanding of HCV prevalence in the service user population is consistent across workers and informs a systematic response to the HCV care needs of service users.	Understanding of HCV prevalence in the service user population is consistent across workers and informs a coordinated response to the HCV care needs of service users through collaboration with HCV testing and treatment provider(s).	Understanding of HCV prevalence in the service user population is consistent across workers informs an integrated approach to meet the HCV care needs of service users.
1B. HCV care is articulated in service policy/ procedure/ planning documents to inform a systematic organisational approach. ? N/A	Consideration of HCV not included in service documentation.	HCV risk is considered in some supporting documents e.g. screening questions related to HCV risk factors.	Commitment to provide care for service users at risk of HCV through formal documented processes e.g. screening and referral documentation.	Coordinated care for service users at risk of HCV through collaborative working relationships with HCV testing and treatment provider(s) is documented in policy/procedure.	Documented AOD and HCV integrated care for service users at risk of HCV.
1C. Funding structure supports the provision of co-occurring HCV care. ? N/A	Funded to provide alcohol and other drug services only.	Funded for alcohol and other drug services only but some flexibility for HCV care related activities within service scope.	Funded primarily for alcohol and other drug services with some funding for HCV care related activities.	Funding structure supports alcohol and other drug and HCV coordinated care with HCV testing and treatment provider(s).	Funding structure supports alcohol and other drug and HCV integrated care.

Criterion	Ratings				
	1 **Alcohol and Other Drug Only Service**	2 **HCV Aware**	3 **HCV Responsive**	4 **HCV Coordinated Care**	5 **HCV Integrated Care**
1D. Routine display of current HCV information in accessible language(s) and formats. ? N/A	No HCV information is available.	No HCV information is on display.	Current HCV information is on display.	Current HCV information in accessible language(s) and formats, is on display.	Accessible, current HCV information is on display including information targeted at specific sub-groups.
1E. HCV care capability is included in ongoing quality improvement processes. ? N/A	HCV care capability is not included in ongoing quality improvement processes.	HCV care capability is included in ongoing quality improvement processes on an ad hoc basis.	HCV care capability is *routinely* included in ongoing quality improvement processes.	HCV care capability is *routinely* included in ongoing quality improvement processes and includes HCV testing and treatment partners.	HCV care capability is routinely included in ongoing quality improvement processes and includes service-based HCV testing and treatment staff and systems.

Criterion	Ratings				
	1 **Alcohol and Other Drug Only Services**	2 **HCV Aware**	3 **HCV Responsive**	4 **HCV Coordinated Care**	5 **HCV Integrated Care**
2. Screening and testing					
2A. Routine screening for HCV risk factors e.g. injecting drug use, incarceration. ? N/A	Screening for HCV risk factors is not routine practice. HCV identified only through service user self-report.	Screening for HCV risk factors is conducted, *variable* by worker.	Screening for HCV risk factors is *routinely* conducted for all service users. Screening usually occurs at one time point only.	Screening for HCV risk factors is *routinely* conducted for all service users and is repeated as appropriate.	Screening for HCV risk factors is routinely conducted for all service users and systematically repeated as standard practice.
2B. HCV testing is routinely discussed and offered if service users screen positive for HCV risk. ? N/A	HCV testing is not discussed.	If the service user screens positive for HCV risk HCV testing is discussed *variable* by worker, and referral is made as appropriate in consultation with the service user.	HCV testing is *routinely* discussed if the service user screens positive for HCV risk and referral is made as appropriate in consultation with the service user.	HCV testing is *routinely* discussed if the service user screens positive for HCV risk. HCV testing referral is made as appropriate in consultation with the service user and coordinated as part of support / treatment.	HCV testing is routinely discussed if the service user screens positive for HCV risk. HCV testing is provided onsite as appropriate in consultation with the service user, as part of integrated care.
2C. Information regarding HCV history and engagement in HCV care is collected and recorded. ? N/A	Information regarding HCV history and engagement in HCV care is not collected.	Information regarding HCV history and engagement in HCV care is collected and recorded, *variable* by worker.	Information regarding HCV history and engagement in HCV care is *routine*ly collected and recorded in service user case notes.	Specific section in service user record dedicated to history and engagement in HCV care. Information is *routine*ly collected and recorded as part of coordinated care.	Specific section in service user record dedicated to history and engagement in HCV care. Information is *routine*ly collected and recorded as part of integrated care.
2D. Accurate data related to HCV care is recorded to facilitate monitoring, planning, and quality improvement. ? N/A	No system for recording HCV related data is in place.	A system for recording HCV data is in place and *variably* used.	A system for recording HCV data is in place and *routine*ly used.	A system for recording HCV data is in place and *routine*ly used. Data collected is used to monitor service delivery.	A system for recording HCV data is in place and *routine*ly used. Data collected is used for planning and quality improvement to inform service delivery.

Criterion	Ratings				
	1 **Alcohol and Other Drug Only Services**	2 **HCV Aware**	3 **HCV Responsive**	4 **HCV Coordinated Care**	5 **HCV Integrated Care**
3. Treatment					
3A. Support / treatment plans include HCV care needs. ?  N/A	HCV is not included in individualised support / treatment planning.	HCV care is addressed in individualised support / treatment planning, *variable* by worker.	HCV care is *routine*ly addressed in individualised support / treatment planning through appropriate referral and follow up.	HCV care is *routine*ly addressed and monitored through individualised support / treatment planning including external specialist input.	HCV care is *routine*ly addressed, monitored, and reviewed through individualised support / treatment planning as part of integrated care.
3B. Case review procedures include HCV care. ?  N/A	HCV care is not discussed in case review.	HCV care is discussed for service users at risk in case review, *variable* by worker.	HCV care is *routine*ly discussed in case review for service users at risk.	*Routine* documented coverage of HCV related issues in case review including external specialist involvement.	*Routine* documented coverage of HCV related issues including involvement of on-site specialist in case review as part of integrated care.
3C. Policies and procedures for HCV medication monitoring and/or management. ?  N/A	No policies or procedures related to HCV medication monitoring and/or management.	Monitoring and/or management through service user self-report, *variable* by worker.	*Routine* monitoring and/or management through service user self-report.	Policies and procedures for medication monitoring and/or management as part of coordinated care.	Policies and procedures for medication monitoring and/or management as part of integrated care.

Criterion	Ratings				
	1 **Alcohol and Other Drug Only Services**	2 **HCV Aware**	3 **HCV Responsive**	4 **HCV Coordinated Care**	5 **HCV Integrated Care**
3D. Coordination and collaboration with primary health / HCV testing and treatment provider(s). ? N/A	No relationship with HCV testing and treatment provider(s).	Informal relationship with HCV testing and treatment provider(s) *variably* used.	Active relationship with HCV testing and treatment provider(s) with established referral pathways for service users.	Formalised coordination and collaboration with HCV testing and treatment provider(s) and some aspects of HCV care managed within the service.	Integrated care with HCV testing and treatment provider(s).
3E. Capacity to maintain HCV treatment continuity when AOD program is completed. ? N/A	No mechanism for managing ongoing HCV care needs.	Continuity of HCV care is considered, *variable* by worker.	Continuity of HCV care is *routine*ly managed through referral as appropriate.	Continuity of HCV care is *routine*ly managed in collaboration with HCV testing and treatment provider(s).	Continuity of HCV care is *routine*ly managed within the service.

Criterion	Ratings				
	1 Alcohol and Other Drug Only Services	2 HCV Aware	3 HCV Responsive	4 HCV Coordinated Care	5 HCV Integrated Care
4. Information and support					
4A. Provision of information / education about HCV and its treatment (including to families and significant others where appropriate). ? N/A	No HCV information / education is provided.	General HCV information / education is provided, *variable* by worker.	General HCV information / education is *routine*ly provided in individual and /or group formats. Tailored, specific content available through referral.	General HCV information / education is *routine*ly provided in individual and /or group formats. Tailored, specific content available as part of coordinated care.	HCV information/ education is *routine*ly provided and tailored to individual service user need.
4B. Supports access to HCV peer support. ? N/A	No HCV peer support links.	Links with appropriate HCV peer support are provided, variable by worker.	Links with appropriate HCV peer support are routinely provided.	Appropriate HCV peer support is routinely made available through collaborative working relationships.	Appropriate HCV peer support is routinely available within the service.
4C. Person-centred approach to HCV care including personalised strategy to support and maintain engagement in treatment e.g. outreach, follow up, specialised supports etc. ? N/A	HCV care is not addressed.	Person-centred strategy to support and maintain engagement in HCV care, variable by worker.	Routine person-centred strategy to support and maintain engagement in HCV care.	Routine person-centred strategy to HCV care including specialised supports in collaboration with HCV testing and treatment provider(s).	Routine person-centred strategy to HCV care including specialised supports provided by the service.

Criterion	Ratings				
	1 **Alcohol and Other Drug Only Services**	2 **HCV Aware**	3 **HCV Responsive**	4 **HCV Coordinated Care**	5 **HCV Integrated Care**
5. Workforce					
5A. Workers have relevant training and experience in HCV care. ? N/A	No workers have received training in HCV.	Workers *variably* trained, not documented as part of systematic training plan.	Workers have training in basic and current HCV information provision as part of *routine* mandatory training.	Workers have training in basic and current HCV information provision as part of *routine* mandatory training. Some workers have advanced training in HCV care e.g. phlebotomy.	Workers with current specialist training in HCV care.
5B. Workers have access to clinical expertise in relation to HCV care. ? N/A	None.	Clinical expertise is sought as necessary from HCV testing and treatment provider(s), *variable* by worker.	Access to clinical expertise through informal working relationships with HCV testing and treatment provider(s).	Access to clinical expertise through collaborative care arrangements with HCV testing and treatment provider(s).	Worker(s) with clinical expertise on staff.

Self-review Findings

Organisation:
Service:
Self-review session date:
Location:
Session facilitator:
Participants:

Scores by Dimension and Criterion for self-review

	1. Culture and Context	2. Screening and Testing	3. Treatment	4. Information and Support	5: Workforce
A					
B					
C					
D					
E					
Total	0	0	0	0	0
/*	0	0	0	0	0
SCORE	0.00	0.00	0.00	0.00	0.00

The table above provides a template for recording the determined rating for each criterion.
The Dimension rating is the average of the criterion ratings in each dimension.
The overall Capability Category Rating is the average of the Dimension ratings.

Supported Self-review Capability Category Rating

Last self-review (date)

Capability Category Rating of last self-review

Overall score of this review: 0.00

Average overall score (rounded to the first decimal place): 0.0

Capability Category Rating of this self-review: No selection

Opportunities For Improvement:

The following were identified through the self-review.

*There is space to identify up to 9 OFI, but don't feel limited by this number! If you have more, feel free to add as many as you need. Your insights are valuable, and every improvement counts!

Criteria	Opportunity For Improvement	Person responsible	Completion by	Notes

Next self-review scheduled for:

HCVCAT Tool and self-review process feedback

What have you found to be the positives of using the HCVCAT tool and undertaking a self-review process?	
Were there any challenges or barriers to undertaking a self-review process? What were they?	
Do you have any suggestions for potential improvements to the HCVCAT tool and self-review process?	
Do you have any service partners you think could benefit from engagement with the tool?	
How can these service partners be supported to engage with the tool and undertake a self-review?	

Please email your findings pages (12 – 14) to projects@wanada.org.au

This information will only be shared as part of a deidentified collective data set and will support WANADA's sector and system wide capability work.

Example Opportunities for Improvement (OFIs)

Below are some examples of Opportunities for Improvement by the relevant criterion. You will note that some OFIs can be applicable to more than one criterion. Many of these OFIs were identified by WA AOD service providers conducting an HCVCAT self-review in 2022/2023. While some of these may work for your service, they may also provide inspiration or guidance towards an OFI more specific to your service.

There is no expectation, or limit, on the number of OFIs you might identify in your self-review, nor that you will use any of the below. The goal is to identify opportunities to increase the HCV Care capability of your service – and outcomes for your consumers.

Criterion	Example OFIs
1. CULTURE AND CONTEXT	
1A. Understanding of the prevalence of HCV in the AOD service user population informs service response to HCV care.	Develop, and document, data collection practices to ensure the collection of HCV related data. Investigate the functionality of the client management system for generating reports on HCV related data to inform service responses. Liaise with Peer Based Harm Reduction WA regarding provision of their HCV training for staff and volunteers, referral pathways for clients and potential peer supports available. Ensure all staff are adequately trained in BBVs and the BBV transmission risk and mitigation policies and procedures, including regular, site specific, refresher training Look at how the client management system can be better utilised and include HCV in the drop down options if necessary.

Criterion	Example OFIs
1B. HCV care is articulated in service policy/ procedure/ planning documents to inform a systematic organisational approach.	Develop documenting policy and procedure to support HCV screening of all clients at assessment/induction. Develop documented policy and procedure on blood borne virus (BBV) transmission risk assessment, management and prevention across the service and sites. Review the organisation's BBV policy/procedure and confirm its relevance for the service. Consider mechanisms to ensure the whole team is familiar with the policy/procedure. Consider formalising and documenting the partnerships with local medical partners. Include HCV care in the model of care. Review and update the internal documents relevant to BBVs and HCV care to ensure • consistency of application and approach across the team • routine screening for HCV risk factors • routine offering of HCV testing where risk factors are identified Ensure all team members are familiar with the updated policies, procedures and forms relevant to BBVs and HCV care and include these policies, procedures and forms in induction processes for new staff. Include assessment of HCV risk factors and subsequent HCV discussion and offering of testing on the assessment form Review the assessment and intake forms being used with the aim of developing and applying consistently an updated form, inclusive of HCV/BBV risk assessment prompts, across the sites.
1C. Funding structure supports the provision of co-occurring HCV care.	Discuss opportunity for additional HCV care funding from current funding providers. Investigate funders available in the HCV care space. Provide HCVCAT findings to WANADA to support their sector advocacy work.
1D. Routine display of current HCV information in accessible language(s) and formats.	Access, for display and provision to clients, the most current resources available, including HCV resources for Aboriginal people and resources in languages other than English. Investigate other locations where there are opportunities to display information e.g. the front office, counselling rooms or sitting area Explore ways to further promote HCV information to clients. E.g. utilising additional pin up boards, updating information packs etc Ensure all resources are up to date and then made available across the service and sites.
1E. HCV care capability is included in ongoing quality improvement processes.	Undertake a regular/annual HCCAT self-review. Include IFIs in the quality improvement plan. Document application of the HJCVCAT in quality improvement processes.

Criterion	Example OFIs
2. SCREENING AND TESTING	
2A. Routine screening for HCV risk factors e.g. injecting drug use, incarceration.	Develop documented policy and procedure to support HCV screening of all clients (students) at assessment/induction. Consider whether the Pharos BBV and sexual health screening tool could be a useful addition to assessment processes. Review and update the internal documents relevant to BBVs and HCV care to ensure • consistency of application and approach across the team • routine screening for HCV risk factors • routine offering of HCV testing where risk factors are identified Ensure all team members are familiar with the updated policies, procedures and forms relevant to BBVs and HCV care and include these policies, procedures and forms in induction processes for new staff. Consider asking all clients if they have ever shared injecting equipment. Embed relevant follow up questions in the assessment process and form (with regard to BBVs overall not just HCV) and highlight this conversation and HCV explicitly in training for new staff. Review the assessment and intake forms being used with the aim of developing and applying consistently an updated form, inclusive of HCV/BBV risk assessment prompts, across the sites.
2B. HCV testing is routinely discussed and offered if service users screen positive for HCV risk.	Put procedures in place to ensure that HCV risk, and the opportunity for testing, is discussed with new clients/residents prior to their visit with the GP. Discuss with the GP whether HCV risk and testing is routinely discussed with new clients/residents and if this could be implemented. Consider what mechanism could be put in place to routinely capture the opportunity to discuss HCV and testing when risk factors are identified. Review and update the internal documents relevant to BBVs and HCV care to ensure • consistency of application and approach across the team • routine screening for HCV risk factors • routine offering of HCV testing where risk factors are identified Ensure all team members are familiar with the updated policies, procedures and forms relevant to BBVs and HCV care and include these policies, procedures and forms in induction processes for new staff.
2C. Information regarding HCV history and engagement in HCV care is collected and recorded.	Develop, and document, data collection practices to ensure the collection of HCV related data. Consider including a specific field/s on HCV history and engagement in HCV care in the assessment form.

Criterion	Example OFIs
2D. Accurate data related to HCV care is recorded to facilitate monitoring, planning, and quality improvement.	Develop, and document, data collection practices to ensure the collection of HCV related data. Investigate the functionality of the client management system for generating reports on HCV related data to inform service responses. Consider whether the Pharos BBV and sexual health screening tool could be a useful addition to assessment processes. Include an HCV specific field/s on the risk assessment.
3. TREATMENT	
3A. Support / treatment plans include HCV care needs.	Include content in the staff handbook regarding blood borne viruses and HCV specifically. Content could include basic information, transmission risk and mitigation, client support needs and relevant service policies and procedures. Include provision of HCV supports for clients in relevant staff job descriptions. Include HCV care in the model of care.
3B. Case review procedures include HCV care.	Include content in the staff handbook regarding blood borne viruses and HCV specifically. Content could include basic information, transmission risk and mitigation, client support needs and relevant service policies and procedures. Include provision of HCV supports for clients in relevant staff job descriptions. Include HCV care in the model of care.
3C. Policies and procedures for HCV medication monitoring and/or management.	Ensure medication management and monitoring policies specifically reference HCV medications. Liaise with local pharmacist to ensure a good understanding of HCV medication, its application, side effects etc Ensure clients prescribed HCV medication are informed of the requirements of their treatment, side effects etc

Criterion	Example OFIs
3D. Coordination and collaboration with primary health / HCV testing and treatment provider(s).	Further develop the relationship with Hepatitis WA to support a stronger referral pathway for clients and access to clinical expertise for staff. Liaise with Peer Based Harm Reduction WA regarding provision of their HCV training for staff and volunteers, referral pathways for clients and potential peer supports available. Consider formalising and documenting the partnerships with local medical partners. Investigate opportunities to develop an in-reach partnership with local GPs, inclusive of the potential for HCV testing, prescribing, treatment and support. Investigate opportunities for more sustainable and consistent collaborative relationship with testing and treatment providers. Some options include • GPs who could routinely offer services like blood screening. • Hepatitis WA • Peer Based Harm Reduction WA
3E. Capacity to maintain HCV treatment continuity when AOD program is completed.	Access the Hepatitis WA Hepatitis C Prescribers List of alternative GPs for referral. Investigate developing a more collaborative referral pathway with PBHRWA, including access to peer support.
4. INFORMATION AND SUPPORT	
4A. Provision of information / education about HCV and its treatment (including to families and significant others where appropriate).	Include HCV information in the consumer waitlist information. Engage in HCV training for all staff to support them to discuss HCV and provide information to consumers. Access, for display and provision to clients, the most current resources available, including HCV resources for Aboriginal people and resources in languages other than English. Review the HCV content of education groups to ensure it is current and accurate. Investigate opportunities for provision of HCV specific information sessions to clients/residents by either PBHRWA or Hepatitis WA. Include HCV information in family information packs.
4B. Supports access to HCV peer support.	Liaise with Peer Based Harm Reduction WA regarding provision of their HCV training for staff and volunteers, referral pathways for clients and potential peer supports available
4C. Person-centred approach to HCV care including personalised strategy to support and maintain engagement in treatment e.g. outreach, follow up, specialised supports etc.	Include provision of HCV supports for clients in relevant staff job descriptions. Include HCV care in the model of care. Include HCV care in care planning and exit planning.

Criterion	Example OFIs
5. WORKFORCE	
5A. Workers have relevant training and experience in HCV care.	Include content in the staff handbook regarding blood borne viruses and HCV specifically. Content could include basic information, transmission risk and mitigation, client support needs and relevant service policies and procedures. Engage in HCV training for all staff to support them to discuss HCV and provide information to students. Consider including HCV training on the mandatory training list for staff. Liaise with Peer Based Harm Reduction WA regarding provision of their HCV training for staff and volunteers, referral pathways for clients and potential peer supports available. Consider scheduling the organisation's BBV/HCV core training to be required more regularly. Include more regular HCV training, and refresher training, on staff PD calendar. Ensure all staff are adequately trained in BBVs and the BBV transmission risk and mitigation policies and procedures, including regular, site specific, refresher training Include HCV and BBV training in induction and on the training calendar.
5B. Workers have access to clinical expertise in relation to HCV care.	Investigate opportunities for more sustainable and consistent collaborative relationship with testing and treatment providers. Some options include • GPs who could routinely offer services like blood screening. • Hepatitis WA • Peer Based Harm Reduction WA

HCVCAT Tool prompts for the print version

1. Culture and Context		
Criterion	**? Key Considerations**	**Sources of Evidence**
1A. Understanding of the prevalence of HCV in the AOD service user population informs service response to HCV care.	A culture and environment that recognises the prevalence of HCV in the AOD service user population and acknowledges HCV care as a priority, actively offering support to meet the needs of persons with co-occurring HCV.	Observation: physical and cultural environment. Interview: management, workers, and service users.
1B. HCV care is articulated in service policy/ procedure/ planning documents to inform a systematic organisational approach.	Documented evidence that demonstrates HCV care for at-risk service users as a routine part of the service approach.	Interview: management and workers. Document review: e.g. policies, procedures, planning documents, service description documented agreements, MOUs.
1C. Funding structure supports the provision of co-occurring HCV care.	Evidence of allocated funding to support HCV care, including resources for screening, referral to treatment, education, and ongoing support services, ensuring integrated and sustainable care.	Interview: management. Document review: funding contract.
1D. Routine display of current HCV information in accessible language(s) and formats.	An environment that welcomes people with co-occurring HCV care needs by displaying current HCV information in accessible language(s) and formats.	Observation: physical environment. Document review: HCV information.
1E. HCV care capability is included in ongoing quality improvement processes.	Use of the HCVCAT and implementation of OFIs is embedded in ongoing quality improvement processes.	Interview: management and workers. Document review: e.g. Quality Improvement Plan, internal audit schedule, HCVCAT self-review reports and OFI action plans.
2. Screening and Testing		
2A. Routine screening for HCV risk factors e.g. injecting drug use, incarceration.	HCV risk factors, including injecting drug use and incarceration, are routinely and regularly screened for with every consumer.	Interview: workers and service users. Document review: service user record, screening forms.
2B. HCV testing is routinely discussed and offered if service users screen positive for HCV risk.	Routine and systematic approach to discussion with service users at risk of HCV to consider testing with further action as agreed with the service user.	Interview: workers and service users. Document review: service user record, referral documentation.
2C. Information regarding HCV history and engagement in HCV care is collected and recorded.	Routine and systematic collection and recording of information in relation to HCV care e.g. previous and current risk factors, testing, and treatment.	Interview: workers and service users. Document review: service user record.
2D. Accurate data related to HCV care is recorded to facilitate monitoring, planning, and quality improvement.	HCV relevant data is systematically recorded in such a way that it can be, and is, retrieved and analysed to support monitoring, planning, and quality improvement.	Interview: management and workers. Document review: service user record, data collection system/forms.

3. Treatment		
Criterion	**? Key Considerations**	**Sources of Evidence**
3A. Support / treatment plans include HCV care needs.	Policies and procedures documenting the routine monitoring and/or management of HCV medication, ensuring coordinated or integrated care.	Interview: workers and service users. Document review: service user record, support/treatment plan forms.
3B. Case review procedures include HCV care.	Documentation showing that HCV care is consistently included in case reviews, with discussions on screening, treatment, and specialist involvement as part of integrated care.	Interview: management and workers. Document review: meeting minutes, case notes.
3C. Policies and procedures for HCV medication monitoring and/or management.	Policies and procedures for medication management. This criterion may be not applicable (N/A) for some service/program types.	Interview: management and workers. Document review: policies and procedures.
3D. Coordination and collaboration with primary health / HCV testing and treatment provider(s).	The service works collaboratively, and in a coordinated way, with HCV testing and treatment provider(s) to meet the HCV care needs of service users.	Interview: management and workers. Document review: e.g. MOU, partnership agreement.
3E. Capacity to maintain HCV treatment continuity when AOD program is completed.	A systematic approach to ensuring continuity of HCV care.	Interview: workers and service users. Document review: service user record e.g. exit plan, referral documentation.
4. Information and support		
4A. Provision of information/education about HCV and its treatment (including to families and significant others where appropriate).	Routine provision of HCV information and education.	Interview: workers and service users. Document review: information brochures, education materials, program documentation.
4B. Supports access to HCV peer support.	A systematic approach to linking service users in with appropriate peer support e.g. peer support workers, program graduates, volunteers.	Interview: workers and service users. Document review: program documentation.
4C. Person-centred approach to HCV care including personalised strategy to support and maintain engagement in treatment e.g. outreach, follow up, specialised supports etc.	A systematic approach that maximises accessibility, engagement and successful completion of HCV treatment. This may include reminders for follow-up testing and strategies to assist service users to access and maintain treatment.	Interview: workers and service users. Document review: service user record.
5. Workforce		
5A. Workers have relevant training and experience in HCV care.	A workforce recruited and/or provided with training opportunities to enhance service capacity to meet the HCV care needs of service users.	Interview: management and workers. Document review: e.g. staff skills matrix/mandatory training register.
5B. Workers have access to clinical expertise in relation to HCV care.	Clinical expertise available to support workers in the provision of HCV care.	Interview: management and workers. Document review: e.g. staff skills matrix, MOU, partnership agreement, etc.