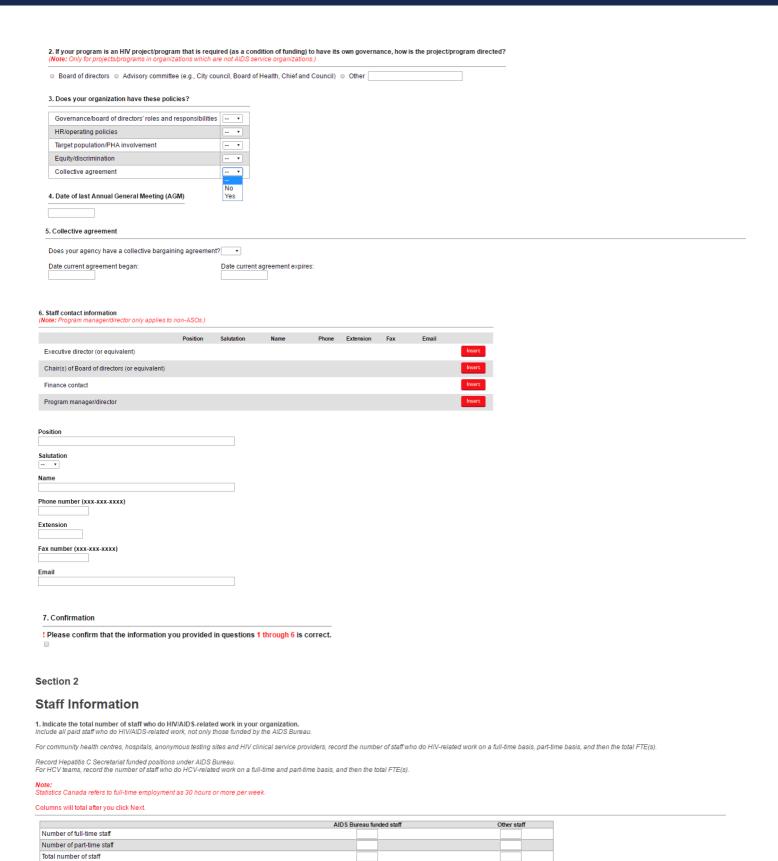
Blank OCHART Questions 2016

Section 1 **Agency Profile** 1a. Name of organization 1b. Street address 1c. Mailing address (if different than street address above) 1d. Email address 1e. Sites where services were delivered Type "same as above", if response matches Q1a. or 1b This includes sites where agency staff are housed and the agency is paying rent. Satellite site refers to an additional permanent address Site address Site name 1f. Type of organization Community-based AIDS organization (CBAO) or AIDS service organization (ASO) Community health centre (CHC) Hospital or other institution HIV project/program within a non-AIDS service organization 1g. Local Health Integration Network (LHIN) Central Central East Central West Central West Champlain Erie St Clair Hamilton Niagara Haldimand Brant Mississauga Halton North East North Simcoe Muskoka North West South East South East South West Toronto Central Waterloo Wellington 1h. Year of incorporation 1). Project/program vision statement (Note: Only for projects/programs in organizations which are not AIDS service organizations.)



2. Provide the funding source, position category and complete contact information for all AIDS Bureau and HCV funded staff positions.

						member

Funding source	Position category	Active Y/N	FTE (0.1 - 1.0)	Name	Position	Start date	End date	Phone	Extension	Email
Insert	catogory		(011 - 110)	Hamo	roduon	dato	dato	THOR	Exterioron	Littui
Note: For staff on le	eave indicate "N	lo" under	"Active" and lear	ve end date blank. For	split funded positions enter e	ach FTI	E and fun	idina sour	ce separately. F	or example.
a position fui	nded through IE)U outrea	ch for 0.5 FTE an	d through Hepatitis C S	Secretariat for 0.5 FTE needs	to be e	ntered a	s two sepa	rate positions.	,
Funding so	urce		•							
	togony									
Position car	tegory		•							
Active Y/N										
•										
FTE										
(0.1 - 1.0)										
Name										
Position										
Start date										
End detector	Inhy name !- f	ubon s = :	tra atla m m!	nt anda)						
End date (C	only complete v	vnen com	tract/employme	nt enas)						
Dhone num	ber (xxx-xxx-x	vvv\								
Filone num	Del (XXX-XXX-X	^^^)								
Extension										
Email										
. Indicate staff issue	es identified in the	past 6 mont	hs.							
			Scope	Comment (optional)						
Recruitment			scope	(opuonai)						
Collective bargain	ning	Agency-	wide issue							
Compensation		Program. Both	/project issue							
Staff turn-over		Not appli	cable							
Other			•							
1. In the past six mo	onths, have there b	een any cha	anges/shifts in HR is	sues?						
○ No ○ Yes										
. D		i 4b	-i							
5. Do you anticipate No Yes	any starr changes	in the next	six months?							
o No o res										
4a. Describ	e the change 250 words, po	s/shifts	in HR issues.							
(IIIdXIIIIUIII 2	ou words, po	IIIL IOIIII e	іссеріавіе)							
Fa Donorih	o the anticina	tod stof	f changes in th	no novt eiv montho						
(maximum 2	e the anticipa 250 words, po	int form a	i changes in ti acceptable)	ne next six months.						

eer and volunteer information				
a. Report the total number of volunteers who were active in the past 6 months.				
b. Report the total number of new volunteers recruited in the past 6 months.				
·				
Report the total number of peers that were actively involved in your agency in the	past 6 months as:			
PHA pee	ers			
(these are paid positions, being a peer is a job requirement for this position)				
Peer volunteers				
d. Report the total number of students (i.e., student placements) who were actively	involved with your	agency in the past (6 months.	
		<u> </u>		
6e. Volunteer activities				
Record the number of volunteers by type of volunteer work in this reporting period.				
ndividuals may be counted in more than one category, but only once in each category	огу.			
inter partial hours of service as a decimal.				
			Training provided	
	Number of volunteer	rs Number of hours	in this reporting perio	d training provided by
Administration			п	
Administration Counselling			0	•
				•
Counselling			0	•
Counselling Education and community development (includes newsletter, condom stuffing)				
Counselling Education and community development (includes newsletter, condom stuffing) Fundraising				•
Counselling Education and community development (includes newsletter, condom stuffing) Fundraising Involved in hiring process				
Counselling Education and community development (includes newsletter, condom stuffing) Fundraising Involved in hiring process IT support				
Counselling Education and community development (includes newsletter, condom stuffing) Fundraising Involved in hiring process IT support Outreach activities				
Counselling Education and community development (includes newsletter, condom stuffing) Fundraising Involved in hiring process IT support Outreach activities Policies and procedures				
Counselling Education and community development (includes newsletter, condom stuffing) Fundraising Involved in hiring process IT support Outreach activities Policies and procedures Practical support (includes visits)				
Counselling Education and community development (includes newsletter, condom stuffing) Fundraising Involved in hiring process IT support Outreach activities Policies and procedures Practical support (includes visits) Serve on board/advisory committee Special events (e.g., mall display, Pride) Other				
Counselling Education and community development (includes newsletter, condom stuffing) Fundraising Involved in hiring process IT support Outreach activities Policies and procedures Practical support (includes visits) Serve on board/advisory committee Special events (e.g., mall display, Pride)				
Counselling Education and community development (includes newsletter, condom stuffing) Fundraising Involved in hiring process IT support Outreach activities Policies and procedures Practical support (includes visits) Serve on board/advisory committee Special events (e.g., mall display, Pride) Other Other				
Counselling Education and community development (includes newsletter, condom stuffing) Fundraising Involved in hiring process IT support Outreach activities Policies and procedures Practical support (includes visits) Serve on board/advisory committee Special events (e.g., mall display, Pride) Other	//services in the pa	ast 6 months? (e.g.		

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Organizational funding

In this section, organizations list their sources of funding and in-kind contributions. Over time, this information will provide a better understanding of the resources available to organizations, the stability of those resources, and any funding pressures that could have implications for program delivery

7a. AID'S Bureau funding

	Last fiscal year	Current fiscal year
Total AIDS Bureau funding	0	0

7b. Other funding sources

	Last fiscal year	Current fiscal year
Provincial funding		
Other MOHLTC	0	0
Other provincial ministries	0	0
Federal funding		
ACAP/PHAC	0	0
Other federal government	0	0
Municipal funding		
Municipal/regional health authority	0	0
Other funding		
United Way	0	0
Trillium	0	0
Other charitable foundations, private sector	0	0
Fundraising	0	0
Other	0	0

7c. If your organization receives in-kind contributions, please check all that apply



7d. Comments (optional) (maximum 250 words, point form acceptable)

Section 3

Prevention (Education and Outreach) Activities with Service Users

Use this section to report your agency's prevention work (including prevention education activities and outreach) with service users in the past 6 months by priority population targeted.

 List your agency's prevention priorities for the past 6 months, in particular those targeting priority populations. (maximum 250 words, point form acceptable) 	

2. Describe any new prevention activities your agency offered in the past 6 months that were targeted to specific groups within a priority population.

Population groups are multi-dimensional and you may offer services targeted to specific groups. For example, programs or structured interventions designed to reach trans women of colour, incarcerated ACB people, or black gay men

m 250 words, point form acceptable)

The data that your organization entered using the Education, Outreach and Community Development tracking tool has been uploaded to populate this section. The upload takes place each time you see this page. If you made additional entries to the tracking tool you'll see your information updated when you click 'Next'.

3. Select all populations your agency engaged with during this reporting period.

Ple	ase select all that apply.					
Key	Ontario priority populations					
	People living with HIV					Indigenous people
	African, Caribbean and Black	k communitie	es			People who use drugs
	Gay/bisexual/MSM (including	trans men)				Women at-risk (including trans women)
Oth	er At-Risk populations					
	Incarcerated people					Other populations
19	. Report prevention activities you de	livered to per	onle living wi	th UIV in the r	naet 6	months
	r each activity type indicate the number				Jasto	monus.
	reactive type indicate the number	ci oi evento an	a namber of	contacts.		
Or	e-on-one education refers to respons	ses to individu	al requests fo	or information	when	people phone, email or drop-in to your agency.
						n agency staff/volunteers and a member of the target population. This includes all contacts at bathhouses and massage parlour
Br	ief outreach contact refers to contact	ts at large pub	ic events, su	ch as PRIDE,	where	e contacts tend to be limited to handing out pamphlets, condoms, etc.
_						
		Number of eve	ents Number	of contacts		
Г						
	Education presentations/workshops					
	Structured interventions					
	Structured litter veritions					
	One-on-one education activities					
- 1						
- 1	Significant outreach contacts					
- 1	Daire facultura alta acceptanta					
	Brief outreach contacts					
Re	port the total number of education p	resentations	and worksho	ops/interventi	ions d	delivered to people living with HIV in the past 6 months:
- th	at were linked to an awareness camp	aign develope	ed by a Priori	ty Population	Netw	ork (PPN)
- V	here you used materials developed b	y Priority Pop	ulation Netwo	orks (PPN).		
			0110::			
_		АССНО	GMSH	WHAI	_	
	Activities linked to a PPN campaign					
- 1	PPN materials used					

4b. Report prevention activities you delivered to gay/bisexual/MSM in the past 6 months. For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency.

Significant face-to-face outreach contact is a two-way, in-person interaction between agency staffvolunteers and a member of the target population. This includes all contacts at bathhouses and massage parlours. Brief outreach contact refers to contacts at large public events, such as PRIDE, where contacts tend to be limited to handing out pamphlets, condoms, etc.

	Number of events	Number of contacts
Education presentations/workshops		
Structured interventions		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Out of all prevention activities you delivered to gay/bisexual/MSM in the past 6 months, report activities delivered specifically to trans men.

	Number of events	Number of contacts
Education presentations/workshops		
Structured interventions		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Report the total number of education presentations and workshops/interventions delivered to gay/bisexual/MSM in the past 6 months:
- that were linked to an awareness campaign developed by a Priority Population Network (PPN)
- where you used materials developed by Priority Population Networks (PPN).

	ACCHO	GMSH	WHAI
Activities linked to a PPN campaign			
PPN materials used			

4c. Report prevention activities you delivered to Indigenous people in the past 6 months. For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency.

Significant face-to-face outreach contact is a two-way, in-person interaction between agency staffivolunteers and a member of the target population. This includes all contacts at bathhouses and massage parlours. Brief outreach contact refers to contacts at large public events, such as PRIDE, where contacts tend to be limited to handing out pamphlets, condoms, etc.

	Number of events	Number of contacts
Education presentations/workshops		
Structured interventions		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Report the total number of education presentations and workshops/interventions delivered to Indigenous people in the past 6 months:
- that were linked to an awareness campaign developed by a Priority Population Network (PPN)
- where you used materials developed by Priority Population Networks (PPN).

	АССНО	GMSH	WHAI
Activities linked to a PPN campaign			
PPN materials used			

4d. Report prevention activities you delivered to people who use drugs in the past 6 months. For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency.

Significant face-to-face outreach contact is a two-way, in-person interaction between agency staffivolunteers and a member of the target population. This includes all contacts at bathhouses and massage parlours.

Brief outreach contact refers to contacts at large public events, such as PRIDE, where contacts tend to be limited to handing out pamphlets, condoms, etc.

	Number of events	Number of contacts
Education presentations/workshops		
Structured interventions		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Report the total number of education presentations and workshops/interventions delivered to people who use drugs in the past 6 months:

- that were linked to an awareness campaign developed by a Priority Population Network (PPN).
 where you used materials developed by Priority Population Networks (PPN).

	ACCHO	GMSH	WHAI
Activities linked to a PPN campaign			
PPN materials used			

			past 6 months.

For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency.

Significant face-to-face outreach contact is a two-way, in-person interaction between agency staff/volunteers and a member of the target population. This includes all contacts at bathhouses and massage parlours. Brief outreach contact refers to contacts at large public events, such as PRIDE, where contacts tend to be limited to handing out pamphlets, condoms, etc.

	Number of events	Number of contacts
Education presentations/workshops		
Structured interventions		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Out of all prevention activities you delivered to women at-risk in the past 6 months, report activities delivered specifically to trans women.

	Number of events	Number of contacts
Education presentations/workshops		
Structured interventions		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Report the total number of education presentations and workshops/interventions delivered to women at-risk in the past 6 months:

- that were linked to an awareness campaign developed by a Priority Population Network (PPN) where you used materials developed by Priority Population Networks (PPN).

	ACCHO	GMSH	WHAI
Activities linked to a PPN campaign			
PPN materials used			

4f. Report prevention activities you delivered to African, Caribbean and Black (ACB) communities in the past 6 months. For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency.

Significant face-to-face outreach contact is a two-way, in-person interaction between agency staff/volunteers and a member of the target population. This includes all contacts at bathhouses and massage parlours. Brief outreach contact refers to contacts at large public events, such as PRIDE, where contacts tend to be limited to handing out pamphlets, condoms, etc.

	Number of events	Number of contacts
Education presentations/workshops		
Structured interventions		
One-on-one education activities		
Significant outreach contacts		
Brief outreach contacts		

Report the total number of education presentations and workshops/interventions delivered to African, Caribbean and Black (ACB) communities in the past 6 months:

- that were linked to an awareness campaign developed by a Priority Population Network (PPN)
 where you used materials developed by Priority Population Networks (PPN).

	ACCHO	GMSH	WHAI
Activities linked to a PPN campaign			
PPN materials used			

4g. Report prevention activities you delivered to other at-risk populations in the past 6 months. For each activity type indicate the number of events and number of contacts.

One-on-one education refers to responses to individual requests for information when people phone, email or drop-in to your agency.

Significant face-to-face outreach contact is a two-way, in-person interaction between agency staff/volunteers and a member of the target population. This includes all contacts at bathhouses and massage parlours. Brief outreach contact refers to contacts at large public events, such as PRIDE, where contacts tend to be limited to handing out pamphlets, condoms, etc.

	Incarcerated people - Number of events	Incarcerated people - Number of contacts	Sex workers - Number of events	Sex workers - Number of contacts	Other - Number of events	Other - Number of contacts
Education presentations/workshops						
Structured interventions						
One-on-one education activities						
Significant outreach contacts						
Brief outreach contacts						

5. Report your traditional media and online outreach with all service users in the past 6 months.

In columns 1, 2 and 3, please record the percentage of your work that relates to agency promotion, prevention messaging and outreach activities for each type of media used. In **column 4**, report total number of online contacts for each type of media used. Traditional media means interviews, radio shows, TV appearances, etc.

Primary purpose of engagement Prevention Agency promo Outreach Media engagement Total number of Agency website views Facebook likes Twitter followers interactions Traditional media Agency promo Health promotion Outreach Total number of Online outreach Chat rooms contacts App-based tools interactions Other interactions

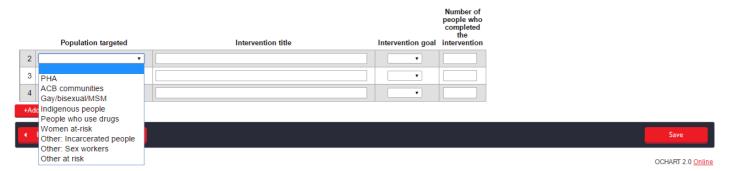
6a. Report all structured interventions that your agency delivered in the past six months.

For the purpose of OCHART, a **structured intervention** is a distinct program that has been proven effective through research and showed positive behavioural and/or health outcomes that can be attributed to the activities that make up the intervention.

The intervention has a clear goal(s) and target audience(s) and includes a packaged set of specific activities that lead to measurable outcomes, with clear indicators of success. There is a defined series of steps that must be followed to implement a highly effective prevention program.

Include interventions developed/supported by Priority Population Networks.

- Goal 1: Improve the health and well-being of populations most affected by HIV Goal 2: Promote sexual health and prevent new HIV, STI and Hepatitis C infections
- Goal 3: Diagnose HIV infections early and engage people in timely care Goal 4: Improve the health, longevity and quality of life for people living with HIV



6b. Report all awareness campaigns that your agency participated in the past 6 months. If you want to add another campaign, press Insert.

To save the campaign you entered, press Add.

To go to the next page, press Next.

For OCHART, awareness campaign is defined as a series of coordinated activities designed to engage a specific audience(s) in a certain issue.

Campaign title	Priority populations targeted	Camp	aign goals	Campaign compo	Campaign onents coverage
Insert					
6b. Report the awareness campaigns y Include campaigns developed by Priority Popu	your agency delivered in the lation Networks.	e past six	months.		
1. Campaign title					
1a. If this activity is linked to a specifi ACCHO GMSH WHAI	ic Priority Population Netwo	ork campa	ign, which netwo	rk developed it?	
2. Main priority populations targeted: Gay/bisexual/MSM Indigenou ACB communities Incarceral People who use drugs Sex worke People living with HIV Other Women at-risk	is people ted people				
3. Main goal(s) of the campaign: Improve the health and well-being of Promote sexual health and prevent n Diagnose HIV infections early and en Improve the health, longevity and qua Ensure the quality, consistency and e	iew HIV, STI and Hepatitis C in gage people in timely care ality of life for people living wit	nfections h HIV	/ programs and sei	rvices	
4. Campaign components: Online media Traditional media Visual/promotion materials Face-to-face interactions Other, please specify					
5. Contacts					
Estimated campaign coverage (number of people reached)					
6. Anything else you would like to sha (maximum 250 words, point form accepta		ges, impor	tance of this cam	paign?	
7. Report the number of new information not include materials developed by a Report materials that are targeted to the	Priority Population Networks.				
Population targeted	Purpose of materia	I	Type of materia	Number al developed	
1		•		•	
+Add Row Remove Row					1

Type of material	Number distributed
Dental dams	
Traditional condoms (male)	
Insertive condoms (female)	
Lubricant	

9. Report the percentage of prevention work with service users delivered by each of the following types of staff members in the past 6 months.

	%
Staff category	
ACB PPN worker	
GMSH PPN worker	
WHAI PPN worker	
Education and outreach worker	
Harm reduction worker	
Support worker	
Manager	
Executive director	
Other worker	

9a. Report the percentage of prevention work with service users where peers representing priority populations were involved.

Note: A peer is a person who represents any of the priority populations AND who is open about his or her status and lived experience. Peers can include designated paid peer positions and volunteers.

	Education presentations/workshops	Structured interventions	One-on-One education	Outreach
Priority population peer	rs represented			
PHA				
ACB communities				
Gay/bisexual/MSM				
People who use drugs				
Indigenous people				
Women at-risk				
Incarcerated people				
Sex workers				

	ties supported each of the following goals?
our response should include the ration	nale for conducting the activities/interventions. Please answer this question for each of the goals in questions 10a - 10d
10a. Provide an example(s) of how the health and well-being of popula (maximum 250 words, point form acce	
affected by HIV?	ivities that you delivered supported the goal of improving the health and well-being of populations most entations you delivered, what was the percentage of presentations that contributed to this goal?
Education presentations/workshops	
Structured interventions	
One-on-one education	
Significant outreach contacts	
Brief outreach contacts	
Hepatitis C infections?	vivities that you delivered supported the goal of promoting sexual health and preventing new HIV, STI and sentations you delivered, what was the percentage of presentations that contributed to this goal?
Hepatitis C infections?	rentations you delivered, what was the percentage of presentations that contributed to this goal?
Hepatitis C infections? For example, out of all education pres	rentations you delivered, what was the percentage of presentations that contributed to this goal?
Hepatitis C infections? For example, out of all education pres Education presentations/workshops	rentations you delivered, what was the percentage of presentations that contributed to this goal?
Hepatitis C infections? For example, out of all education pres Education presentations/workshops Structured interventions One-on-one education	rentations you delivered, what was the percentage of presentations that contributed to this goal?
Hepatitis C infections? For example, out of all education pres Education presentations/workshops Structured interventions One-on-one education Significant outreach contacts	rentations you delivered, what was the percentage of presentations that contributed to this goal?
Hepatitis C infections? For example, out of all education pres Education presentations/workshops Structured interventions One-on-one education	rentations you delivered, what was the percentage of presentations that contributed to this goal?
Hepatitis C infections? For example, out of all education pres Education presentations/workshops Structured interventions One-on-one education Significant outreach contacts Brief outreach contacts	a prevention activity(s) that has been completed in the past 6 months has supported the goal of diagnosing people in timely care?
Hepatitis C infections? For example, out of all education presentations/workshops Structured interventions One-on-one education Significant outreach contacts Brief outreach contacts 10c. Provide an example(s) of how HIV infections early and engaging process.	a prevention activity(s) that has been completed in the past 6 months has supported the goal of diagnosing people in timely care?
Hepatitis C infections? For example, out of all education presentations/workshops Education presentations/workshops Structured interventions One-on-one education Significant outreach contacts Brief outreach contacts 10c. Provide an example(s) of how HIV infections early and engaging processing maximum 250 words, point form accessing processing proce	a prevention activity(s) that has been completed in the past 6 months has supported the goal of diagnosing people in timely care?
Hepatitis C infections? For example, out of all education presentations/workshops Education presentations/workshops Structured interventions One-on-one education Significant outreach contacts Brief outreach contacts 10c. Provide an example(s) of how HIV infections early and engaging processing maximum 250 words, point form accessing the presentage of prevention acticate?	a prevention activity(s) that has been completed in the past 6 months has supported the goal of diagnosing people in timely care?
Hepatitis C infections? For example, out of all education press Education presentations/workshops Structured interventions One-on-one education Significant outreach contacts Brief outreach contacts 10c. Provide an example(s) of how HIV infections early and engaging processing maximum 250 words, point form access What percentage of prevention acticate? For example, out of all education presentations/workshops	pentations you delivered, what was the percentage of presentations that contributed to this goal? a prevention activity(s) that has been completed in the past 6 months has supported the goal of diagnosing people in timely care? plable) ivities that you delivered supported the goal of diagnosing HIV infections early and engaging people in timely entations you delivered, what was the percentage of presentations that contributed to this goal?
Hepatitis C infections? For example, out of all education press Education presentations/workshops Structured interventions One-on-one education Significant outreach contacts Brief outreach contacts 10c. Provide an example(s) of how HIV infections early and engaging processing maximum 250 words, point form accessions. What percentage of prevention acticate? For example, out of all education preserved.	pentations you delivered, what was the percentage of presentations that contributed to this goal? a prevention activity(s) that has been completed in the past 6 months has supported the goal of diagnosing people in timely care? plable) ivities that you delivered supported the goal of diagnosing HIV infections early and engaging people in timely entations you delivered, what was the percentage of presentations that contributed to this goal?
Hepatitis C infections? For example, out of all education press Education presentations/workshops Structured interventions One-on-one education Significant outreach contacts Brief outreach contacts 10c. Provide an example(s) of how HIV infections early and engaging processing from the process of the proc	pentations you delivered, what was the percentage of presentations that contributed to this goal? a prevention activity(s) that has been completed in the past 6 months has supported the goal of diagnosing people in timely care? plable) ivities that you delivered supported the goal of diagnosing HIV infections early and engaging people in timely entations you delivered, what was the percentage of presentations that contributed to this goal?
Hepatitis C infections? For example, out of all education presentations/workshops Education presentations/workshops Structured interventions One-on-one education Significant outreach contacts Brief outreach contacts 10c. Provide an example(s) of how HIV infections early and engaging processing for the provided and the pro	pentations you delivered, what was the percentage of presentations that contributed to this goal? a prevention activity(s) that has been completed in the past 6 months has supported the goal of diagnosing people in timely care? plable) ivities that you delivered supported the goal of diagnosing HIV infections early and engaging people in timely entations you delivered, what was the percentage of presentations that contributed to this goal?

10d. Provide an example(s) of how a			completed in the past	6 months has supported th	ne goal of improving
(maximum 250 words, point form acce _l					
What percentage of prevention activity in the control of the control of the control of all education presents of the control of all education presents of the control of all education presents of the control of the co					
Education presentations/workshops	Thations you deliver	ed, what was the perc	emage of presentation	s that contributed to this your:	
Structured interventions					
One-on-one education					
Significant outreach contacts					
Brief outreach contacts					
Differ outreach contacts					
11. Report any trends/shifts in educ maximum 250 words, point form acce _l		,			
Section 4					
9000011 4					
Education for Service Pr	oviders and	Community D	evelopment Ac	tivities	
1. List the priorities of your agency		6 months, to educat	e service providers tha	at work with Ontario's HIV pr	iority populations.
(maximum 250 words, point form acce	ртаріе)]
				,	
2. List key new partnerships develo	aned in the past 6 m	conthe and describe	how they have strong	thened your community day	elopment work
(maximum 250 words, point form acce		iontiis and describe	now they have streng	therea your community dev	elopillellt work.
	_	•		n, Outreach and Co	•
Development tracking					
each time you see this			nal entries to ti hen you click 'l		u'll see your
	IIIIOIIIIau	on upuateu w	nen you click i	NEXI.	
					Save
1 Previous					Save

3a Pa	nort the education	n activities targe	ted to service	providere delive	red in the past 6 m	nonthe

This includes information sessions, capacity building workshops, and consultations.

For example, if a worker meets with a group of service providers to talk about how mental health impacts the lives of PHAs, it is an information session.

If a worker educates service providers on the steps that agencies can take to serve people with HIV or other priority populations, this is a capacity building

If the purpose is to change practices, policies or approaches to better serve priority populations, it is a consultation.

	Information sessions Number of events	Information sessions Number of contacts	Capacity building workshops Number of events	Capacity building workshops Number of contacts	Consultations Number of events	Consultations Number of contacts
Population discussed						
PHA						
ACB communities						
Gay/bisexual/MSM						
Indigenous people						
People who use drugs						
Women at-risk						
Incarcerated people						
Sex workers						
Other						

3b. Report the total number of education	presentations and workshops delivered for service	e providers in the past 6 months:
--	---	-----------------------------------

- that were linked to an awareness campaign developed by Priority Population Networks (PPNs).
 where you used materials developed by Priority Population Networks (PPNs).

	ACCHO	GMSH	WHAI
Activity linked to a PPN campaign			
PPN materials used			

4a. Report the number of community development meetings by purpose that your agency participated in during the past 6 months.

Meeting purpose	
Advisory/board meeting	
Coalition/network meeting	
Community event planning	
Development of education prevention materials	
General information sharing	
Improved service delivery	
New partnership/relationship building	
Policy development	
Strategic planning	
Total	

4b. Report the number of agencies by partner type and number of participants representing them at the community development meetings that your agency participated in during the past 6 months.

Note: Given the nature of the work involved, agencies and participants may not be unique.

	Number of agencies	Number of participants
Type of partner		
Clinical services: HIV specific care		
Mental health services provider		
Clinical services: non-HIV specific care		
HIV testing site		
Community based HIV service providers		
Other community based service providers		
Addiction service provider		
Harm reduction service provider		

4c. Report the percentage of community development meetings that you entered in question 4a where you discussed each of Ontario's HIV priority populations.

	PHA	ACB communities	Gay/bisexual/MSM	Indigenous people	People who use drugs	Women at-risk	Incarcerated people	Sex workers
Meeting purpose								
Advisory/board meeting								
Coalition/network meeting								
Community event planning								
Development of education prevention materials								
General information sharing								
Improved service delivery								
New partnership/relationship building								
Policy development								
Strategic planning								

4d. Report the percentage of community development meetings that you entered in question 4a where you discussed the issues listed below, as they relate to the needs of service users.

Click here for definitions of these issues.

Meeting purpose	Safety concerns	Living with HIV	Housing	Food security	Well-being	Income and benefits	Education/ employment	Social support	Legal/ immigration	Risk of HIV
Meeting purpose Advisory/board meeting										
Coalition/network meeting										
Community event planning										
Development of education prevention materials										
General information sharing										
Improved service delivery										
New partnership/relationship building										
Policy development										
Strategic planning										

4e. Report the percentage of community development meetings that you entered in question 4a by the type of partner agencies you met with.

	Clinical services: HIV specific care	Mental health services provider	Clinical services: non- HIV specific care	HIV testing	Community based HIV service providers	Other community based service providers	Addiction service provider	Harm reduction service provider
Meeting purpose	oposino sure	promuer	54.15		promise	providence	promuer	promise
Advisory/board meeting								
Coalition/network meeting								
Community event planning								
Development of education prevention materials								
General information sharing								
Improved service delivery								
New partnership/relationship building								
Policy development								
Strategic planning								

5. Report conferences and events that you organized. If you want to record another activity, press Insert To save the activity you entered, press Add. To go to the next page, press Next. Priority populations targeted Number of Event title Event goals Event type participants This record may have more than one page. To go to the next page press NEXT, to save the activity you entered press ADD. 1. Conference/event title 2. Main priority populations discussed: ■ People living with HIV ■ Women at-risk ACB communities Incarcerated people □ Gay/bisexual/MSM Sex workers Other Indigenous people People who use drugs 3. Main goal of your activity: $\hfill \square$ Improve the health and well-being of populations most affected by HIV Promote sexual health and prevent new HIV, STI and Hepatitis C infections Diagnose HIV infections early and engage people in timely care Improve the health, longevity and quality of life for people living with HIV Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services 4. Activity type: Conference Community/town-hall meeting 5. Contacts Number of participants 6. Anything else you would like to share about success, challenges, importance of this event? (maximum 250 words, point form acceptable 6. Report the number of new informational materials for service providers that you developed in the past 6 months. Note: Do not include materials developed by Priority Population Networks. Number of Main population discussed Purpose of material Type of material materials 1

+Add Row

7. Report the percentage of prevention work with service providers and community development work delivered by each of the following types of staff members in the past 6 months.

Staff category	Education for service providers	Community development
ACB PPN worker		
GMSH PPN worker		
WHAI PPN worker		
Harm reduction worker		
Support worker		
Manager		
Executive director		
Education/outreach worker		
Other worker		

8. What percentage of your education for service providers and community development work supports each of the following goals?

	Education for service providers	Community development
Goal		
Improve the health and well-being of populations most affected by HIV		
Promote sexual health and prevent new HIV, STI and Hepatitis C infections		
Diagnose HIV infections early and engage people in timely care		
Improve the health, longevity and quality of life for people living with HIV		
Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services		

D. Provide examples of how community development activities completed in the past 6 months supported each of the following goals. Your response should include the rationale for conducting the activities or the partnerships you developed. Please answer this question for each of the goals listed below. Enter N/A for those goals that are not applicable to your work in the past 6 months. For each goal (9a-9e), there is a maximum of 250 words and point form is acceptable.
9a. Improve the health and well-being of populations most affected by HIV
9b. Promote sexual health and prevent new HIV, STI and hepatitis C infections
9c. Diagnose HIV infections early and engage people in timely care
9d. Improve the health, longevity and quality of life for people living with HIV
9e. Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services
10. Highlight some meaningful community development work you did in the past 6 months that you believe should be shared and replic (maximum 250 words, point form acceptable)
11. Report any trends/shifts in the community development work that you do. You may want to consider services requested, presenting issues, etc. (maximum 250 words, point form acceptable)

Section 5

Support Services

The following questions apply to all clients served at your agency in the past 6 months.

1. Report the total number of clients served in the last 6 month reporting period (including all PHAs, affected, and at-risk clients).

0

2. Report all clients served in the last 6 months by client group and sex/gender.

Note: The numbers you enter in this table will be used to validate your answers to questions 3 through 8. Check your numbers before moving forward. Columns will total after you click Next.

	Male	Female	Trans man	Trans woman	Not listed
PHA	0	0	0	0	0
Affected	0	0	0	0	0
At-risk	0	0	0	0	0
Total	0	0	0	0	0

3a. Report the number of PHA clients served by age and sex/gender.

Note: The total number of PHA clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is not listed.



3b. Report the number of AFFECTED clients served by age and sex/gender.

Note: The total number of AFFECTED clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is not



3c. Report the number of AT-RISK clients served by age and sex/gender.

Note: The total number of AT-RISK clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is not listed.



4a. Report the ethnicity of PHA clients by sex/gender.

Note: The total number of PHA clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is not listed.



4b. Report the ethnicity of AFFECTED clients by sex/gender.

Note: The total number of AFFECTED clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is not listed.





4c. Report the ethnicity of AT-RISK clients by sex/gender.

Note: The total number of AT-RISK clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is not listed.



5a. Report the number of PHA clients served by sex/gender that belong to each priority population.

Note: clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 for male, 0 for female, 0 for trans men, 0 for trans women, 0 for clients whose sex/gender is not listed.



5b. Report the number of AFFECTED clients served by sex/gender that belong to each priority population.

Note: clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 for male, 0 for female, 0 for trans men, 0 for trans women, 0 for clients whose sex/gender is not listed.



5c. Report the number of AT-RISK clients served by sex/gender that belong to each priority population.

Note: clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 for male, 0 for female, 0 for trans men, 0 for trans women, 0 for clients whose sex/gender is not listed.



6. Report the number of unique clients that accessed each type of service by client group and sex/gender.

Note: The total number of clients you enter for each type of service cannot be greater than: 0 for PHA clients, 0 for AFFECTED clients, 0 for AT-RISK clients

Click here for service definitions and go to pages 8-14 of the Support Services Resources Guide.

Note: 'Support within housing' is only provided by agencies with supportive housing. 'Traditional services' are culturally specific support services provided by Indigenous focused agencies.

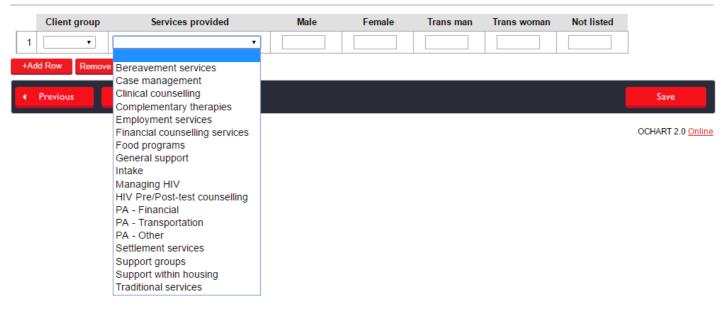


6. Report the number of unique clients that accessed each type of service by client group and sex/gender.

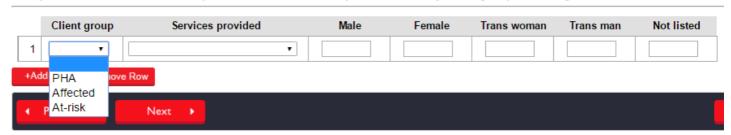
Note: The total number of clients you enter for each type of service cannot be greater than: 0 for PHA clients, 0 for AFFECTED clients, 0 for AT-RISK clients.

Click here for service definitions and go to pages 8-14 of the Support Services Resources Guide.

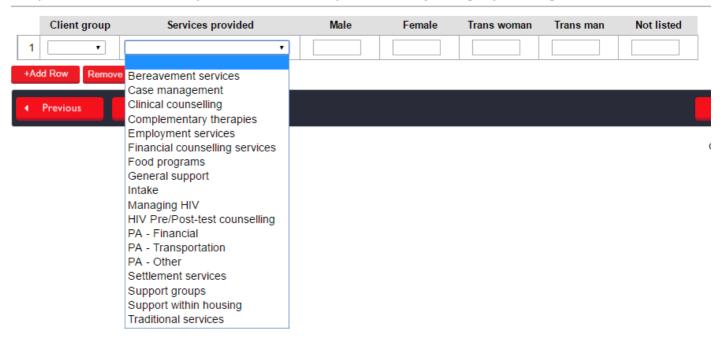
Note: 'Support within housing' is only provided by agencies with supportive housing. 'Traditional services' are culturally specific support services provided by Indigenous focused agencies.



7. Report the number of sessions provided to clients in the past 6 months by client group and sex/gender.

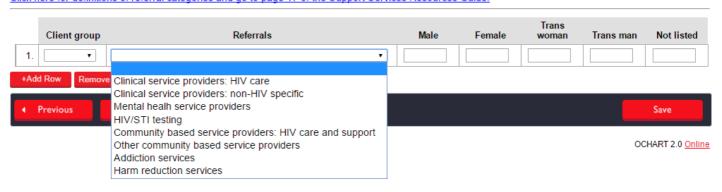


7. Report the number of sessions provided to clients in the past 6 months by client group and sex/gender.



8. Report the number of referrals made to clients in the past 6 months by client group and sex/gender.

Click here for definitions of referral categories and go to page 17 of the Support Services Resources Guide.



8a. Highlight some meaningful warm referrals you made in the past 6 months that you believe support best practices.

Note: A warm referral is more than simply providing the contact information of a service provider. It could mean that a worker calls the other provider with the client present, sets an appointment for the client to access the service, etc.

(maximum 250 words, point form acceptable)

8b. Tell us about any challenges or barriers you faced with referrals in the past 6 months.

(maximum 250 words, point form acceptable)

NOTE: If you are unable to	eport numbers for o	uestions 9, 1	10. and 11. i	please enter "9999".
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9. Record the number of PHA clients that report having a primary care physician.

). Record the number of PHA clients that report having an HIV specialist.	
. How many clients have been reported as deceased this last reporting pe	rio

New clients

Questions 12 - 18 are focused on new clients only who began service at your agency in the last 6 months.

This information allows us to better understand changes in client demographics and demands for service within the province. It helps us provide support to agencies and programs to meet the evolving needs of the people we serve.

12. Report the total number of new clients that you served in the last 6 months.

Note: The numbers you enter here will be used to validate your answers to questions 13 through 17. Check your numbers before moving forward.

Columns will total after you click Next.

	Male	Female	Trans man	Trans man Trans woman	
PHA	0	0	0	0	0
Affected	0	0	0	0	0
At-risk	0	0	0	0	0
Total	0	0	0	0	0

13. Report the number of new clients by client group and sex/gender that presented with these issues in the last 6 months.

Note: The total number of clients you enter in each line cannot be greater than: 0 for PHA clients, 0 for AFFECTED clients, 0 for AT-RISK clients.

Click here for definitions of presenting issues and go to page 24 of the Support Services Resources Guide.



14. Report the length of HIV diagnosis for your new PHA clients by sex/gender.

Note: The total number of PHA clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is not listed.

Columns will total after you click Next.

Length of diagnosis	Male	Female	Trans man	Trans woman	Not listed
Less than 1 year	0	0	0	0	0
1-5 years	0	0	0	0	0
6-10 years	0	0	0	0	0
11-15 years	0	0	0	0	0
Over 15 years	0	0	0	0	0
Unknown	0	0	0	0	0
Total	0	0	0	0	0



15a. Report the number of your NEW PHA clients by ethnicity and sex/gender.

Note: The total number of PHA clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is not listed.



15b. Report the number of your NEW AFFECTED clients by ethnicity and sex/gender.

Note: The total number of AFFECTED clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is not listed.



15c. Report the number of your NEW AT-RISK clients by ethnicity and sex/gender. Note: The total number of AT-RISK clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is not listed. Female Ethnicity Male Trans man Trans woman Not listed White Black Latin American Southeast Asian Arab/West Asian South Asian First Nations Metis Inuit Not Listed Unknown 16a. Report the number of NEW PHA clients served by sex/gender that belong to each priority population.

Note: clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 for male, 0 for female, 0 for trans men, 0 for rans women, 0 for clients whose sex-gender is not listed. Priority population Trans man Trans woman Not listed Gay/bisexual/MSM ACB communities People who use drugs Indigenous people Women at-risk Other populations OCHART 2 0 Online 16b. Report the number of NEW AFFECTED clients served by sex/gender that belong to each priority population. Note: clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 for male, 0 for female, 0 for trans men, 0 for trans women, 0 for clients whose sex/gender is not listed. Priority population Male Not listed Female Trans woman Trans man

16c. Report the number of NEW AT-RISK clients served by sex/gender that belong to each priority population.

Note: clients can be counted against more than one priority population AND the number of clients in each row cannot be greater than 0 for male, 0 for female, 0 for trans men, 0 for trans women, 0 for clients whose sex/gender is not listed.



17a. Report the number of NEW PHA clients by age and sex/gender.

Note: The total number of PHA clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is not listed.



17b. Report the number of NEW AFFECTED clients by age and sex/gender.

Note: The total number of AFFECTED clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is not listed.

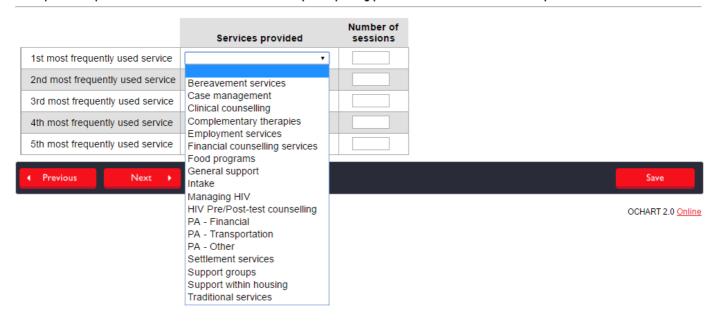


17c. Report the number of NEW AT-RISK clients by age and sex/gender.

Note: The total number of AT-RISK clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman, 0 clients whose sex/gender is not listed.



18. Report the top 5 services that new clients accessed this past reporting period and the number of sessions provided.



Narrative questions

The following questions apply to all clients served at your agency in the last 6 months.

(maximum 250 words per question, point form acceptable)

19. How has the support work of your agency engaged or connected clients to care?

You may want to consider your partners and your formal referral network.

20. Tell us about the activities you've undertaken in the past 6 months with your:
a) local HIV clinics
b) local physicians focused on providing HIV care

21. How has the support work of your agency helped clients to adhere to their treatment?

You may want to consider specific services you offer or interventions delivered.

22. How has the support work of your agency improved the quality of life and health outcomes of clients?

Please provide an example(s).

23. How has the support work of your agency promoted sexual health and prevented new STI and HIV infections?

Please provide an example(s).

24. Please report any trends/shifts in clients accessing support services.

You may want to consider demographics, services requested, presenting issues, etc. and advocacy work that you do.

Section 6

IDU Outreach Programs

This section is to be completed by any organization or program that provides harm reduction services for clients who use substances.

1. Record the total number of client interactions during this reporting period.

By client interactions we mean the number of times your fixed site needle exchange services are accessed. Unique clients can be counted more than once in the reporting period.

In-service client interactions take place at fixed site needle exchanges located at your agency or a formal satellite site.

Formal satellite sites can include locations where your agency's staff members or peers are provided with a designated private room to deliver harm reduction services on a regular basis.

Outreach client interactions take place in locations where community members congregate or socialize.

Outreach client interactions	
In-service client interactions	

2. Record the number of unique outreach and in-service clients by sex/gender during this reporting period. Each client should be counted only once.

Note: Columns will total after you click Next.

Our organization doesn't have the tools to track unique clients – we are reporting client interactions.

Male			Fer	nale	Trans	s man	Trans woman	
Unique clients	Outreach	In service	Outreach	In service	Outreach	In service	Outreach	In service
New clients	0	0	0	0	0	0	0	0
Repeat clients	0	0	0	0	0	0	0	0
Total clients	0	0	0	0	0	0	0	0

3a. Services provided

Record the total number of unique clients by sex/gender who received each service during the reporting period.

These services can be delivered by either peers or staff.

The same client can be counted in more than one service category, but only once per service category.

The total number of unique clients who accessed each service should not exceed the total number of unique clients listed in question 2.

Note: Columns will total after you click Next.

We understand that not all agencies are able to complete this question.

If you're unable to, please tell us why:
(check all that apply)

(cneck all that apply)				
 Our organization doesn't provide any of these services to people who use drugs Our organization doesn't have the tools to track unique clients – we are reporting clients Other: 	nt interactions	S		
Services provided	Female	Male	Trans man	Tra wor
Indigenous traditional services (e.g., traditional teachers, healers, Elders)	0	0	0	0
2 Counselling				

Services provided	Female	Male	Trans man	woman	Total
Indigenous traditional services (e.g., traditional teachers, healers, Elders)	0	0	0	0	0
Counselling (e.g., brief, focused, crisis intervention, 'just listening', or can include more formal counselling, can be done by phone/text/in-person, etc.)	0	0	0	0	0
3. Education (e.g., informal verbal and/or written harm reduction information, health teaching, etc.)	0	0	0	0	0
4. Practical support (e.g., food, clothing, transit tickets, transportation to appointments/services, accompaniment to appointments, toiletries, help with identification documents, completing forms, etc.)	0	0	0	0	0
5. Referrals for faith-based services/spiritual support (e.g., grief and loss services)	0	0	0	0	0
Referrals to harm reduction/addiction services (e.g., detox/drug treatment/methadone, fixed site needle exchange program, other addiction services)	0	0	0	0	0
7. Referrals to medical services (e.g., primary care, HIV/STD testing, medical care, Hep C services, abscesses)	0	0	0	0	0
Referrals to social services (e.g., agencies such as food banks, shelters, housing services, mental health services, services for prisoners/parolees, legal services)	0	0	0	0	0
9. Referrals to women specific services (e.g., services for violence against women, rape services, bad date reporting, women's shelters, Children's Aid Society)	0	0	0	0	0
10. Other	0	0	0	0	0
11. Total	0	0	0	0	

3b. Wait times for services

Have you heard from your clients about long wait times for services?

If possible, could you tell us what services pose the biggest challenges? (e.g., primary care/medical services, addiction treatment services, mental health services, housing services)

Were there referrals that you wanted to make but could not because the service was not available in your area? Please explain.

(maximum 250 words, point form acceptable)	

4. Location of outreach servicesFor the purposes of OCHART, outreach is defined as work provided in locations where community members congregate or socialize. These services can be delivered by either peers or outreach staff.

Record the total number of client interactions by sex/gender made at each location during the reporting period.

By client interactions we mean the number of times your outreach services are accessed at each location.

The same client can be counted in more than one location and more than once in each location during the reporting period

Location of outreach services	Male	Female	Trans man	Trans woman
Addiction programs (residential and day programs)				
2. Bars/night clubs				
3. Residences (e.g., client home, apartment/house, hotel/motel, friend's place, place where client resides, etc.)				
4. Community agencies/services				
Community public spaces (e.g., barbershop, hair dresser, bathhouse, massage parlours, etc.)				
6. Jails/detention centres/prisons				
7. Methadone maintenance clinics				
8. Mobile (e.g., using vans/cars and driving a route and distributing from the van; not using the van to go to a specific location)				
9. Parties/raves				
10. Pharmacies				
11. Streets/parks				
12. Other				

5. Peer involvement

Note: A peer is an active or recently active person who uses substances and works with other people who use substances.

Record the number of peers by sex/gender active in the program during the reporting period.

Ma	ale	Female		Trans man		Trans woman	
New	Active	New	Active	New	Active	New	Active

Peer involvement	Number of meetings/education sessions held for peers	Number	Number of attendees/participants (peers) by sex/gender			
		Male	Female	Trans man	Trans woman	
Peer meetings held (includes debrief after shift, monthly, team and supervision meetings, etc.)						
Education sessions held for peers (includes specific trainings for IDU peers; these may be held together with HepC peers)						

6. Peer activities and community development

Record the total number of unique clients who received each service from a peer during the reporting period.

The same client can be counted in more than one service category, but only once per service category.

The total number of unique clients who accessed each service should not exceed the total number of unique clients listed in questions 2 and 3a.

The total number of unique clients who accessed each service should not exceed	su the total number of unique c	ilents listed ili questions 2 and 5a.
Note: These services are delivered by peers and are also included in the totals for 3a. These community development activities are delivered by peers and are also in		
We understand that not all agencies are able to complete this question. If you're unable to, please tell us why: (check all that apply)		
 Our organization doesn't provide any of these services to people who use dr Our organization doesn't have the tools to track unique clients – we are repo Other: 		
Note: If you do not have the tools to track unique clients, please record client into	eractions for each activity.	
Services provided by peers	Number of unique client	ts .
Indigenous traditional services (e.g., traditional teachers, healers, Elders)		
Counselling (e.g., brief, focused, crisis intervention, 'just listening', or can include more for can be done by phone/text/in-person, etc.)	mal counselling,	
Education (e.g., informal verbal and/or written harm reduction information, health teaching	ng, etc.)	
Material distribution (e.g., harm reduction supplies, posters – does not include naloxone kit distribu	ution)	
Practical support (e.g., food, clothing, transit tickets, transportation to appointments/services, ac to appointments, toiletries, help with identification documents, completing form		
Referrals (e.g., to other services in the community)		
Other		
Community development activity by peers	Number of meetings/education sessions/events	
One-on-one interactions with community agencies/staff members (e.g., phone calls, emails, in person)		
Education presentations/formal programs (e.g., drop-in group facilitation, education sessions for service providers or the public, workshops, trainings, etc.)		
Committee/network/ coalition meetings		
Community clean-ups		
Research (e.g., focus groups)		
Community events (e.g., symposium/forum, BBQ, international overdose awareness day, PRIDE, awareness campaigns, etc.)		

6a. Community development by staff and peers

Record the number and type of community development activities in which staff or peers participated during the reporting period. The number of meetings should be the same as or greater than the number of community development activities delivered by peers in question 6.

Community development activity by staff or peers	Number of meetings/education sessions/events	Number of attendees/participants				
One-on-one interactions with community agencies/staff members (e.g., phone calls, emails, in person)						
Education presentations/formal programs (e.g., drop-in group facilitation, education sessions for service providers or the public, workshops, trainings, etc.)						
Committee/network/coalition meetings						
Community clean-ups						
Research e.g., focus groups)						
Community events (e.g., symposium/forum, BBQ, international overdose awareness day, PRIDE, awareness campaigns, etc.)						
Note: these contacts are made by either peers or staff.) Community service providers: Improving services for people who use drugs						
Addiction/harm reduction services (e.g., addiction service providers, methadone maintenance clinics, needle exchange	ge programs)	0				
Population-specific services (e.g., ethno-specific services, youth services, women specific services (e.g., dome		s Aid Society)				
Practical and social support services (food banks, housing providers/agencies, faith-based organizations, legal services		0				
Health care services (public health, clinics, mental health service providers)		0				
Decision-makers: Changing public opinion and policy						
Criminal justice system (correctional services, police)		0				
Community/political systems (e.g., all levels – local/municipal, provincial, federal, neighbourhood groups)		0				
Researchers (e.g., universities)		0				
Schools		0				
Community action: Supporting the rights of people who use drugs						
User networks		0				
Grassroots organizations (includes community mentors)		0				

8. Drugs of choice

The purpose of this question is to track trends and patterns of current drug use.

Please indicate whether any of your clients use the following substances, and rank the 3 most commonly used substances by placing the number 1, 2 or 3 beside them in the "ranking" column.

Drugs	Use identified/reported	Ranking
Alcohol		v
Amphetamines (speed, uppers, bennies)	· ·	0
Anti-depressants (Wellbutrin, etc.)		1 2
Benzodiazepines (Xanax, valium, nerve pills, tranquilizers, Ativan)	· ·	3
Cocaine		•
Crack	¥	v
Party drugs (Ecstasy, MDMA, K and GHB)		•
Heroin	¥	•
Inhalants (solvents such as petrol, glue; aerosols such as spray paint; gases)		•
Marijuana (recreational use)	¥	•
Methadone (non-prescribed)		•
Methamphetamine (crystal, meth, ice)	¥	•
Mushrooms		•
Opiates (Oxyneo, Oxycodone, Fentanyl, Percocet, Dilaudid, Morphine, etc.)	¥	•
Steroids		•
Non-beverage alcohol (e.g., Listerine and other mouthwash, cooking wine, hand sanitizer, etc.)	¥	•
Other	Ψ.	•

9a. Harm reduction resources distributed (Note: this is related to equipment you distribute specifically to clients who use substances.)

Safer injection equipment		umber vailable	Safer inhalation equipment	Distributed Y/N	Number if available
Cookers			Alcohol swabs		
Filters			Dental gum		
Needles			Glass pipes/stems		
Sharps containers	0		Lip balm		
Swabs			Matches		
Ties/tourniquets			Mouthpieces		
Vitamin C/acidifiers			Screens (single)		
Water for injection			Wooden push sticks		
Practical assistance (Note: You are not required to enter the quantity of practical assistance item	ns distributed. Please check box for 'Yes'.)		Safer sex		
Blankets/towels/sleeping bags			Condoms		
Clothing			Dental dams		
Food items (includes drinking water)			Lubricant		
rood items (includes drinking water)					
Transit tokens	0				

How do you dispose of the equipment that is returned to you? Have you experienced any	chanenges:
imum 250 words, point form acceptable)	
Shifts/trends	
ng this reporting period, have you identified any shifts or changes in demand for HIV/IDU/substance	te use services?
se shifts/changes can be positive (successes) or challenges encountered in your work, client age, gender or ethnicity, drug of choice, type of service requested/provided, changes in sorices, changes in policing practices)? ximum 250 words, point form acceptable)	cial attitudes in the community/access to harm reduction programs, access to mental health an
Response to emerging trends	
vare you responding to these emerging trends (e.g., change in programming, new partnerships, re	equests for funding)?
ximum 250 words, point form acceptable)	
	regardless of the number of ETE(s) specifically funded by the AIDS
	the reporting period.
Anonymous testing sites are asked to report all anonymous HIV tests, 1. Report the number of anonymous HIV tests performed during Rapid tests	the reporting period.
Anonymous testing sites are asked to report all anonymous HIV tests, and anonymous HIV tests performed during Rapid tests Note: The sum of negative and reactive rapid tests must equal the number of	f anonymous tests.
Anonymous testing sites are asked to report all anonymous HIV tests, it. 1. Report the number of anonymous HIV tests performed during Rapid tests Note: The sum of negative and reactive rapid tests must equal the number of Total number of anonymous tests	f anonymous tests.
Anonymous testing sites are asked to report all anonymous HIV tests, it. 1. Report the number of anonymous HIV tests performed during Rapid tests Note: The sum of negative and reactive rapid tests must equal the number of Total number of anonymous tests Total number of negative tests	g the reporting period. f anonymous tests.
Anonymous testing sites are asked to report all anonymous HIV tests, it. 1. Report the number of anonymous HIV tests performed during Rapid tests Note: The sum of negative and reactive rapid tests must equal the number of Total number of anonymous tests Total number of negative tests Total number of reactive tests	f anonymous tests. 0 0 0 0
Anonymous testing sites are asked to report all anonymous HIV tests, it. 1. Report the number of anonymous HIV tests performed during Rapid tests Note: The sum of negative and reactive rapid tests must equal the number of Total number of anonymous tests Total number of negative tests Total number of reactive tests Total number of positive tests (PHL confirmed) Standard blood draw tests: non-confirmatory	f anonymous tests. 0 0 0 0
Anonymous testing sites are asked to report all anonymous HIV tests, it. 1. Report the number of anonymous HIV tests performed during Rapid tests Note: The sum of negative and reactive rapid tests must equal the number of Total number of anonymous tests Total number of negative tests Total number of reactive tests Total number of positive tests (PHL confirmed) Standard blood draw tests: non-confirmatory Note: The sum of negative and positive standard blood draw tests must equal	f anonymous tests. 0 0 0 0 al the number of anonymous tests.
Anonymous testing sites are asked to report all anonymous HIV tests, it. 1. Report the number of anonymous HIV tests performed during Rapid tests Note: The sum of negative and reactive rapid tests must equal the number of Total number of anonymous tests Total number of negative tests Total number of reactive tests Total number of positive tests (PHL confirmed) Standard blood draw tests: non-confirmatory Note: The sum of negative and positive standard blood draw tests must equal tests must equ	g the reporting period. f anonymous tests. 0 0 0 0 al the number of anonymous tests.
Rapid tests Note: The sum of negative and reactive rapid tests must equal the number of Total number of anonymous tests Total number of negative tests Total number of reactive tests Total number of positive tests (PHL confirmed) Standard blood draw tests: non-confirmatory Note: The sum of negative and positive standard blood draw tests must equal Total number of anonymous tests Total number of negative tests	g the reporting period. f anonymous tests. 0 0 0 0 al the number of anonymous tests.
Anonymous testing sites are asked to report all anonymous HIV tests, it. 1. Report the number of anonymous HIV tests performed during Rapid tests Note: The sum of negative and reactive rapid tests must equal the number of Total number of anonymous tests Total number of negative tests Total number of reactive tests Total number of positive tests (PHL confirmed) Standard blood draw tests: non-confirmatory Note: The sum of negative and positive standard blood draw tests must equal to the number of negative and positive standard blood draw tests must equal tests Total number of negative tests Total number of positive tests Total number of positive tests	g the reporting period. f anonymous tests. 0 0 0 0 0 al the number of anonymous tests. 0 0 0 0
Anonymous testing sites are asked to report all anonymous HIV tests, it. 1. Report the number of anonymous HIV tests performed during Rapid tests Note: The sum of negative and reactive rapid tests must equal the number of Total number of anonymous tests Total number of negative tests Total number of reactive tests Total number of positive tests (PHL confirmed) Standard blood draw tests: non-confirmatory Note: The sum of negative and positive standard blood draw tests must equal total number of anonymous tests Total number of anonymous tests Total number of positive tests	g the reporting period. f anonymous tests. 0 0 0 0 0 al the number of anonymous tests. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

3. Total number of anonymous HIV tests by testing location and priority population targeted. Report the total number of anonymous HIV tests conducted at each of these locations in the past 6 months. For each location, indicate the priority population(s) you intended to reach by providing anonymous testing at these locations. **Note:** The total number of tests should equal the total number of tests reported in question 1.

	Priority population targeted							Number of Number of		
	Gay/bisexual/MSM	ACB communities	Indigenous people	People who use drugs	Women at-risk	Other at- risk populations	Number of anonymous rapid tests	positive rapid tests (PHL confirmed)	standard blood draw anonymous tests	
Main site (including sub-	locations)									
Main site (including sub-locations)										
Satellite sites		,								
ASO										
Health/social service agency		0	0	0	0	0				
Bathhouse										
Community health centre (not your agency)	0	0	0	0	0	0				
Other local public health unit (not your agency)										
Special event (e.g., Pride)	0	0	0	0	0	0				
Mobile (i.e., van, bus)										
Education institution	0	0	0		0	0				
Shelter										
Community centre	0	0	0		0	0				
Other, please specify										

4. Outreach to priority populations For each of the priority populations listed below, indicate the proportion of your work targeted to these groups. The total across all priority populations should equal 100%.
For example, due to the nature of the epidemic in your region, 75% of your work (as indicated in your program plan) was targeted to reach gay/bisexual/MSM, 10% to reach women at-risk and 15% to reach Indigenous people.
4a. Indicate the proportion of your work targeted to gay/bisexual/MSM.
What have you done to reach gay/bisexual/MSM? How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.) (maximum 250 words, point form acceptable)
4b. Indicate the proportion of your work targeted to ACB communities.
What have you done to reach ACB communities? How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.) (maximum 250 words, point form acceptable)
4c. Indicate the proportion of your work targeted to Indigenous people.
What have you done to reach Indigenous people? How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.) (maximum 250 words, point form acceptable)

4d. Indicate the proportion of your work targeted to people who use drugs.		
What have you done to reach people who use drugs? How did you promote the AT program to this group? (e.g., brochures, posters (maximum 250 words, point form acceptable)	s, presentations, web-based	promotion, social media, etc.
4e. Indicate the proportion of your work targeted to women at-risk.		
What have you done to reach women at-risk? How did you promote the AT program to this group? (e.g., brochures, posters (maximum 250 words, point form acceptable)	s, presentations, web-based	promotion, social media, etc.
4f. Indicate the proportion of your work targeted to other at-risk populations.		
List other at-risk population you targeted. (e.g., incarcerated people or sex workers)		
What have you done to reach other at-risk populations? How did you promote the AT program to this group? (e.g., brochures, posters (maximum 250 words, point form acceptable)	s, presentations, web-based	promotion, social media, etc.
5. Report the number of referrals for newly diagnosed HIV positive clients to HI	V clinical care made by your	agency in the past 6 months.
This additional information aligns with the Ontario HIV Strategy's focus on the Engager research that shows that people who are linked to care more quickly have better health		cade, which is consistent with
Note: for clients newly diagnosed by the AT program at your agency, the total number	of referrals to HIV clinical care o	cannot be greater than 0.
	For clients newly diagnosed by the AT program at your agency	For clients newly diagnosed by other programs/ agencies (if applicable)
	, , ,	
Referrals	, , ,	
Total number of referrals to HIV clinical care	0	0
	0	0
Total number of referrals to HIV clinical care		
Total number of referrals to HIV clinical care Total number of referrals that you followed up to ensure the client was linked to care		
Total number of referrals to HIV clinical care Total number of referrals that you followed up to ensure the client was linked to care Connection to HIV clinical care	0	0
Total number of referrals to HIV clinical care Total number of referrals that you followed up to ensure the client was linked to care Connection to HIV clinical care Total number of clients connected to care within 2 weeks	0	0
Total number of referrals to HIV clinical care Total number of referrals that you followed up to ensure the client was linked to care Connection to HIV clinical care Total number of clients connected to care within 2 weeks Total number of clients connected to care within 1 month	0 0	0

. If you are unable to report the length aximum 250 words, point form acceptable		o be connected to HIV clinic	cal care, please provide an explana
Report the total number of referrals for the past 6 months. ote: for clients newly diagnosed by the AT p			
	Total number of clients newly diagnosed by the AT program at your agency	Total number of clients newly diagnosed by other programs/ agencies (if applicable)	
Referral Service	at your agency	agencies (ii applicable)	
Addiction service providers	0	0	
Clinical services: non HIV specific care	0	0	
Community based HIV service providers	0	0	
Mental health service providers	0	0	
Harm reduction service providers	0	0	
Other community based service providers	0	0	
n situations where clients are offered a ints? ase explain. aximum 250 words, point form acceptable)	-	s, coded and nominal testin	g, how do you present these option
Tell us about any shifts or changes in d eximum 250 words, point form acceptable)		ou have noticed during the	reporting period.
low are you responding to these shifts		HIV testing?	
aximum 250 words, point form acceptable)			

Section 8

Community Based HIV Clinical Services

The following questions apply to all clients served at your agency in the last 6 months.

1a. Report the number of unique clients served by sex/gender and client group in the past 6 months.

Record the number of people by sex/gender in the following groups who received HIV clinical services during the reporting period.

Note: The numbers you enter in this table will be used to validate your answers to questions 1b through 3. Check your numbers before moving forward.

Columns will total after you click Next.

	People living with HIV			ected by HIV	People at-risk of acquiring HIV		
Sex/gender	New	Existing	New	Existing	New	Existing	
Male							
Female							
Trans man							
Trans woman							
Total	0	0	0	0	0	0	

1b. Report the number of unique clients served by age and sex/gender in the past 6 months.

Record the number of people by age and sex/gender in the following groups who received HIV clinical services during the reporting period.

The total number of NEW clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman.

	N	lale	Fer	male	Tran	s man	Trans	woman
Age group	New	Existing	New	Existing	New	Existing	New	Existing
Less than 14								
15 - 17								
18 - 25								
26 - 35								
36 - 45								
46 - 55								
56 - 65								
66 - 75								
Over 75								
Unknown								

1c. Report the number of unique clients served by sex/gender and ethnicity in the past 6 months.

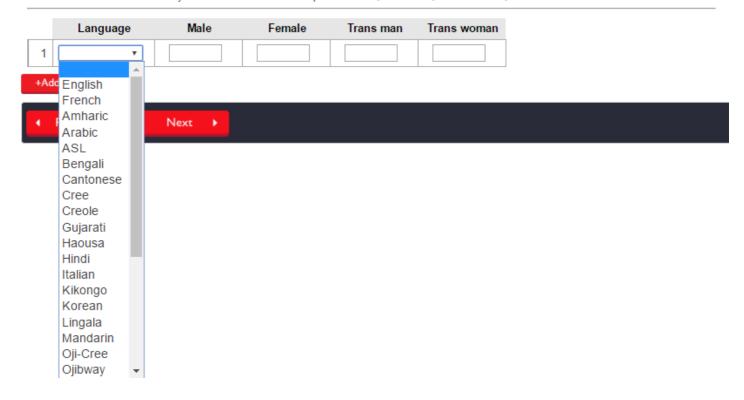
Record the number of people by ethnicity and sex/gender in the following groups who received HIV clinical services during the reporting period.

The total number of NEW clients you enter here should equal 0 male, 0 female, 0 trans man, 0 trans woman.

The total number of EXISTING clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman.

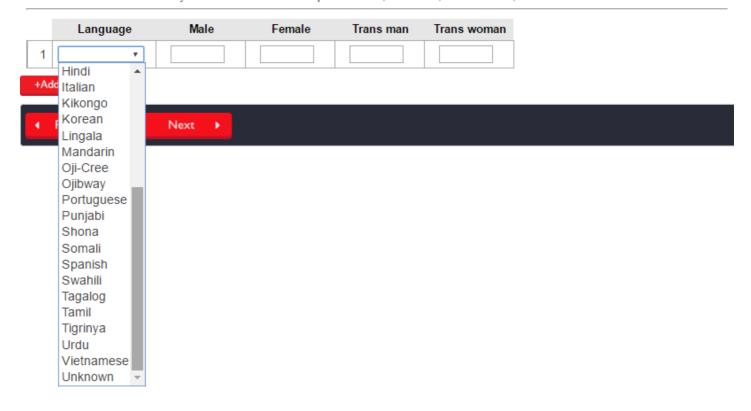
	Male		Fe	male	Trans man		Trans woman	
Ethnicity	New	Existing	New	Existing	New	Existing	New	Existing
White								
Black								
Latin American								
South East Asian								
Arab/West Asian								
South Asian								
First Nations								
Metis								
Inuit								
Not listed								
Unknown								

1d. Report the number of unique clients served by sex/gender and language spoken at home in the past 6 months.



1d. Report the number of unique clients served by sex/gender and language spoken at home in the past 6 months.

The total number of clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman.



1e. Indicate approximately what proportion of the people who accessed your services in the past 6 months represent each priority

population.

This is based on Ontario's priority populations. The assumption is that a large majority of the services are provided to people living with HIV/AIDS (PHAs). Information is requested on the percentage of people accessing your services.

People can be included in more than one population listed below - for example, an individual can be a person living with HIV, gay and from the ACB community.

Note: This will likely add to more than 100% as a result of multiple demographic indicators.

Population	%
Gay/bisexual/MSM	
People who use drugs	
Indigenous peoples	
African, Caribbean and Black communities	
Women in the above groups &/or who engage in high-risk activities with them	
Previous Next ▶	
TOAL T	

1f. Indicate approximately what proportion of the people who used your services in the past 6 months faced the following challenges. Note: Total may be greater than 100%, as clients are likely presenting with multiple challenges.

Challenges	%	Challenges	%
Developmental disability		Mental health issues	
Discrimination/stigma		Pediatric to adult transition	
Food insecurity		Other substance use/addiction	
HCV mono-infection		Parenting and child care issues	
HIV/HCV co-infection		Past or current sexual abuse	
HIV mono-infection		Past or current violence	
Incarceration		Physical disability	
Injection drug use		Poverty	
Involved in sex work		Racism/racial discrimination	
Lack of access to medical services/doctors		Recent immigrant	
Language barriers		Refugee/non-status	
Life/communication skills		Unemployment	
Lack of health insurance		Unstably housed/homeless	

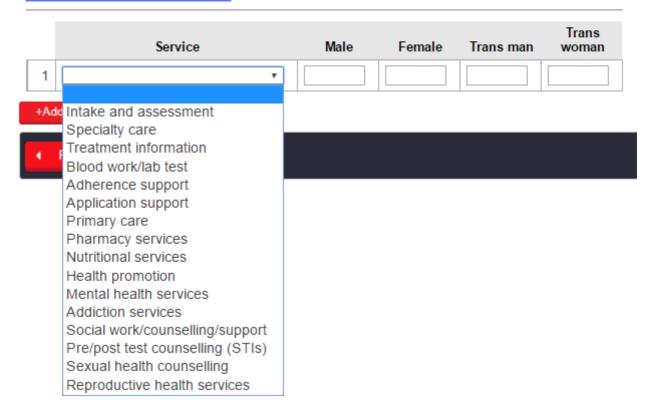
2. Report the total number of clients by sex/gender that accessed each service in the past 6 months.

Note the following:

- An individual may be counted in more than one category, but only once in each category.
- This is NOT about which staff position provides the service, but rather what service is provided. For example, blood work may be ordered by the physician, but carried out by the nurse. For this purpose, you would record blood work as one service provided.

In each row the number of clients cannot be greater than **0** for male, **0** for female, **0** for trans man, **0** for trans woman.

Click here for service definitions.



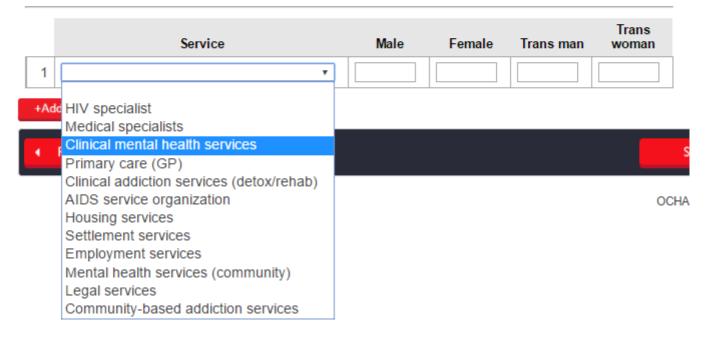
3. Report the total number of clients by sex/gender you linked to the following services in the past 6 months.

This question is focused on active linkages (referrals) to other service providers in the past six months. Programs often advocate and intervene on behalf of their clients to make sure they get the services they need.

Care linkages – clinical services: actively linking individuals to appropriate clinical service providers within the hospital or within the community to manage clinical co-morbidities. For example, nephrologists, cardiologists, psychiatrists, etc. This does not include providing a client with a referral contact number.

Care linkages – social services: actively linking individuals to appropriate health, legal and/or social service agencies to ensure timely and seamless access to care that assists the individual in addressing social determinants of health. For example, housing, mental health and addictions, settlement services, etc. This does not include providing a client with a referral contact number.

In each row the number of clients cannot be greater than 0 for male, 0 for female, 0 for trans man, 0 for trans woman.



4. Education and community development

Type of education activity Number of events Number of participants Community presentations Conference presentations Community development activities Type of meeting Number of meetings HIV Clinic Coordinator Network Local hospital/service network Local HIV planning network Opening Doors conference/event
HIV Rounds Community presentations Conference presentations 4b. Community development activities Type of meeting HIV Clinic Coordinator Network Local hospital/service network Local HIV planning network
Community presentations Conference presentations 4b. Community development activities Type of meeting Number of meetings HIV Clinic Coordinator Network Local hospital/service network Local HIV planning network
Conference presentations 4b. Community development activities Type of meeting HIV Clinic Coordinator Network Local hospital/service network Local HIV planning network
4b. Community development activities Type of meeting HIV Clinic Coordinator Network Local hospital/service network Local HIV planning network
Type of meeting HIV Clinic Coordinator Network Local hospital/service network Local HIV planning network
HIV Clinic Coordinator Network Local hospital/service network Local HIV planning network
Local hospital/service network Local HIV planning network
Local HIV planning network
Opening Doors conference/event
4c. Professional development activities
Type of professional development activity Number attended
CME/CPD or post-secondary course (or other professional development course)
Nursing update/RPNAO/RNAO course
Conference
Other official college requirement
Conference

Section 9

Hepatitis C Programs

This section of OCHART is intended for those agencies who receive funding from the Hepatitis C Secretariat. Please complete all sections as they relate to your hepatitis C program.

For those agencies who are also funded by the AIDS Bureau, some of the data will be pre-populated based on what you have entered for your HIV/AIDS funded programs.

If you have any questions regarding the completion of OCHART for HCV, please contact Samantha MacNeill, Senior Policy Analyst - Hep C Secretariat, AIDS & Hepatitis C Programs at samantha.earl@ontario.ca or 416-212-5473.

1. Service users

Please describe the service users who received Hep C case management and treatment services (as described in 1f. only) during the reporting period.

Record the total number of distinct service users who accessed services, NOT the number of times services were accessed.

1a. Number of unique clients served by sex/gender and client group

Record the number of service users by sex/gender in the following groups who received services during the reporting period.

Note: Columns will total after you click Next.

	People living with HCV			ffected by CV	People at-risk of acquiring HCV		
Sex/gender	New	Existing	New	Existing	New	Existing	
Male							
Female							
Trans man							
Trans woman							
Total	0	0	0	0	0	0	

1b. Number of unique clients served by sex/gender and age

Record the number of service users by sex/gender in the following age ranges who received services during the reporting period.

The total number of **NEW** clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman.

The total number of EXISTING clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman.

	Male		Fer	emale Trans man		Trans	woman	
Age group	New	Existing	New	Existing	New	Existing	New	Existing
Less than 18								
18 - 25								
26 - 35								
36 - 45								
46 - 55								
56 - 65								
66 - 75								
Over 75								
Unknown								

1c. Number of unique clients receiving services by sex/gender and ethnicity

Record the number of service users by sex/gender and ethnicity who received services during the reporting period.

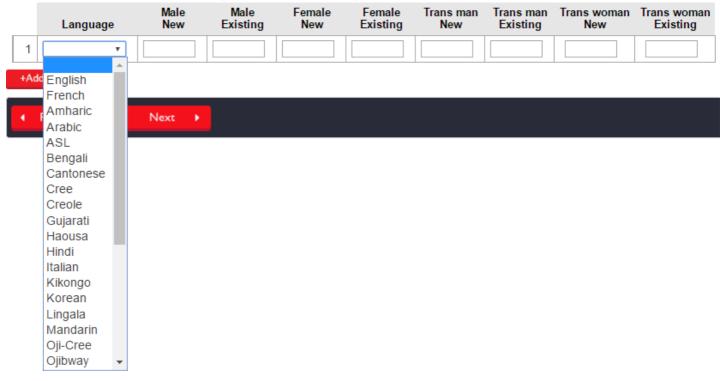
The total number of **NEW** clients you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman.

	N	Male	Fe	male	Tran	s man	Trans	woman
Ethnicity	New	Existing	New	Existing	New	Existing	New	Existing
White								
Black								
Latin American								
South East Asian								
Arab/West Asian								
South Asian								
First Nations								
Metis								
Inuit								
Not listed								
Unknown								

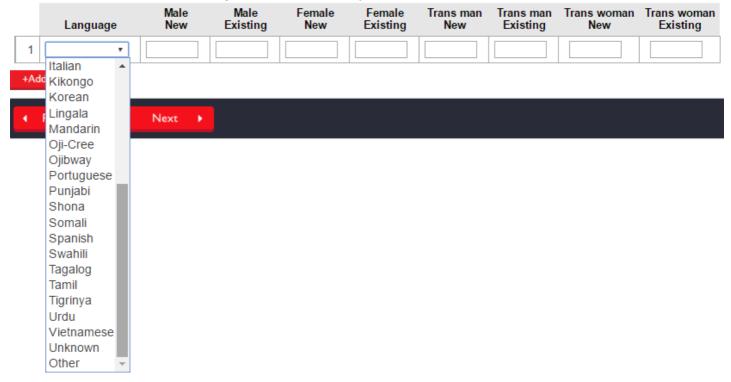
1d. Report the number of unique new and existing clients served by sex/gender and language spoken at home.

The total number of NEW clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman.

The total number of EXISTING clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman.



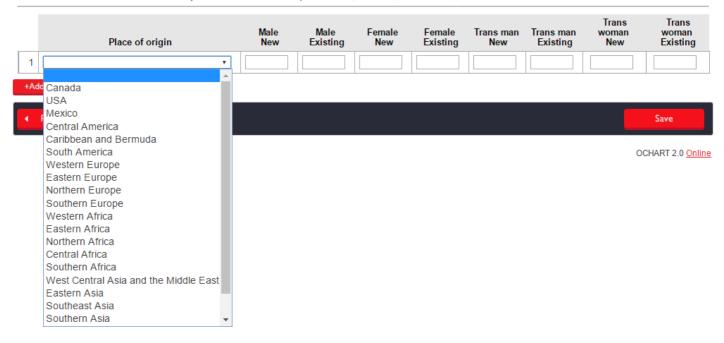
1d. Report the number of unique new and existing clients served by sex/gender and language spoken at home. The total number of NEW clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman.



1e. Report the number of unique new and existing clients served by sex/gender and place of origin.

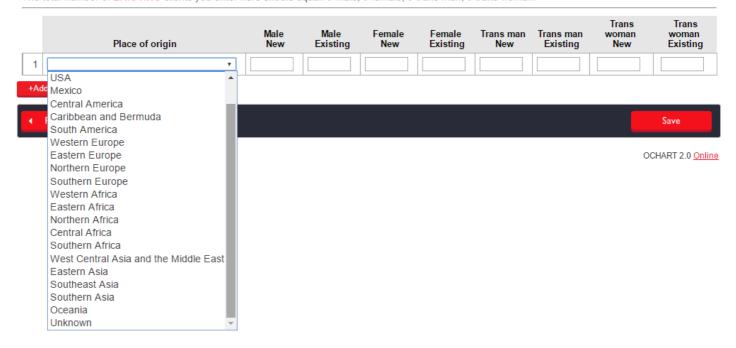
The total number of NEW clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman.

The total number of EXISTING clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman.



1e. Report the number of unique new and existing clients served by sex/gender and place of origin.

The total number of NEW clients you enter here should equal: 0 male, 0 female, 0 trans man, 0 trans woman.

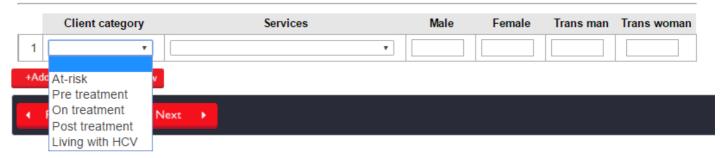


1f. Services provided

Record all services provided to clients for this reporting period by client category and sex/gender. Please note the following:

- Record how many of the above service users accessed the service, NOT the number of times the service was accessed.
- A service user may be counted in more than one category, but only once in each category.

The total number of clients you enter in each row cannot be greater than: 0 male, 0 female, 0 trans man, 0 trans woman.

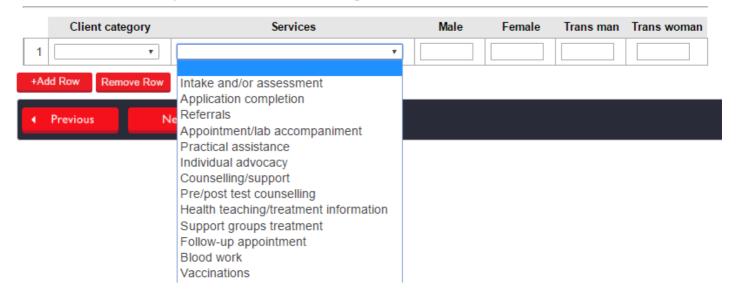


1f. Services provided

Record all services provided to clients for this reporting period by client category and sex/gender. Please note the following:

- Record how many of the above service users accessed the service, NOT the number of times the service was accessed.
- A service user may be counted in more than one category, but only once in each category.

The total number of clients you enter in each row cannot be greater than: 0 male, 0 female, 0 trans man, 0 trans woman.



1f.(a) Record the number of AFFECTED clients who received case management services during the reporting period.

The total number of clients you enter in each row cannot be greater than: 0 male, 0 female, 0 trans man, 0 trans woman.

Case management services	Male	Female	Trans man	Trans woman
Application completion				
Referrals				
Counselling/support				
Practical assistance				
Individual advocacy				

2. Testing

Testing numbers should capture all of the people who have been tested by the HCV team (within your organization and during outreach activities outside of your organization) during this reporting period.

Agency not funded to provide testing.

2a. Number and type of test by sex/gender

Record the number of people tested by sex/gender and type of test during this reporting period. A person may be counted in more than one category, but only once in each category.

Type of test	M	lale	Female Trans man		s man	Trans woman		
	New	Existing	New	Existing	New	Existing	New	Existing
Total number of HCV antibody tests								
Total number of HCV RNA tests								
Total number of HIV antibody tests								
Total number of HBV (antibody/antigen) tests								
Total number of fibroscans								
Total number of fibrotests								

2b. Outreach testing

Agency doesn't provide outreach testing.

2b. Which locations did the HCV team provide outreach testing during the reporting period?

Record the places where testing was either offered or conducted by the HCV team during this reporting period.

Addiction program (residential and day programs)	
Clinic/health centre	
Correctional facility	
Drop-in centre	
Food bank/soup kitchen	
Methadone maintenance clinic	
Mobile service	
Mental health service	
Pharmacy	
Shelter	
ASO	
Street outreach, incl. park, alley, etc.	
Social gathering	
Other	

3. Hepatitis C treatment

Please complete the following treatment breakdown. Please ensure that your total current case load equals your total pre treatment + total on treatment + total post treatment (EOT to SVR) for this reporting period. Numbers should reflect current reporting period only.

Agency not funded to provide treatment to clients.

3a. Total treatment case load

Record the total number of clients within the treatment continuum, including pre, during and post treatment during this reporting period.

Case load	
Total pre treatment	
Total on treatment	
Total post treatment	
Total treatment case load	
Stage transfer	
Number of clients on pre treatment in last reporting period that transferred to on treatment	
Number of clients on treatment in last reporting period that transferred to post treatment	

3b. Treatment breakdown

Record specific treatment information for this reporting period. Numbers captured below must align with total treatment case load numbers recorded in 3a.

Current reporting period Total number of clients		
Clients on current case load (including pre/on treatment/within 6 months post treatment)		
New clients in pre treatment		
New clients currently on treatment		
Clients on treatment who identify with the target population		
New clients on treatment covered by EAP		
Clients were identified as "spontaneous cleared" during this reporting period		
Clients who have successfully completed the prescribed course of treatment (EOT) during this reporting period		
Clients who have achieved a sustained virologic response (SVR) during this reporting period		
Clients who are receiving continued monitoring during this reporting period		
Clients currently on treatment by genotype		
Genotype 1		
Genotype 2		
Genotype 3		
Genotype 4		
Genotype 5		
Genotype 6		
Clients who remain in the program from last reporting period		
Clients who remain in pre treatment from last report		
Clients who remain on treatment from last report		
Clients who remain within the six months post-treatment period (EOT to SVR) from last report		
Number of co-infected clients that you are co-treating during this reporting period		
HIV		
Hepatitis B		
Due to the faster treatment of new drugs, some people may complete all three phases in one reporting period. We ection. Please outline in the comment section below how many people were not included in the last reporting period and coost). These people should still be captured in "post-treatment" because they are within the six month post treatment phare provide a breakdown by genotype of those individuals.	ompleted all thre	
Have there been any exclusions/withdrawals in the reporting period? ○ No ● Yes		

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3c. Exclusions and withdrawals

Please complete the following table relating to clients who have either been excluded from your pre treatment caseload or withdrawn from treatment during this reporting period.

	Primary reason for exclusion	Number of clients	Primary reason for withdrawal	Number of clients
1	¥		•	
2	Informed deferral		•	
3	Did not qualify for EAP/drug coverage Pregnancy		•	
4	Medical instability Social instability		•	
5	Lost to follow up		•	
6	Other		•	
7				

3c. Exclusions and withdrawals

Please complete the following table relating to clients who have either been excluded from your pre treatment caseload or withdrawn from treatment during this reporting period.

	Primary reason for exclusion	Number of clients	Primary reason for withdrawal	Number of clients
1	•		Ψ	
2	•		Side effects	
3	•		Medical instability Lost to follow up	
4	•		Death	
5	•		Psychiatric manifestation Other	
6	•		•	
7			•	

4. Education and outreach

4a. Record the total number of new individuals contacted in each location during the reporting period, indicating locations where you are engaging outreach (or in-reach) clients.

For the purposes of this report, outreach is defined as work provided in locations where community members congregate or socialize. A service user may be counted in more than one location.

Location	Male	Female	Trans man	Trans woman
ASO				
Addiction program (residential and day programs)				
Clinic/health centre				
Correctional facility				
Drop in centre				
Food bank/soup kitchen				
Methadone maintenance clinic				
Mobile service				
Mental health service				
Pharmacy				
Shelter				
Street outreach, incl. park, alley, etc.				
Social gathering				
Other 1				
Other 2				

4b. Drugs of choice

The purpose of this question is to track trends and patterns of current drug use.

Please indicate whether any of your clients use the following substances, and rank the 3 most commonly used substances by placing the number 1, 2 or 3 beside them in the "ranking" column.

Drugs	Use identified/reported	Ranking
Alcohol	•	۳
Amphetamines (speed, uppers, bennies)	T	0
Anti-depressants (Wellbutrin, etc.)	•	1 2
Benzodiazepines (Xanax, valium, nerve pills, tranquilizers, Ativan)	¥	3
Cocaine	•	•
Crack	T	•
Party drugs (Ecstasy, MDMA, K and GHB)	•	•
Heroin	T	•
Inhalants (solvents such as petrol, glue; aerosols such as spray paint; gases)	•	•
Marijuana (recreational use)	*	•
Methadone (non-prescribed)	•	•
Methamphetamine (crystal, meth, ice)	T	•
Mushrooms	•	•
Opiates (Oxyneo, Oxycodone, Fentanyl, Percocet, Dilaudid, Morphine, etc.)	¥	•
Steroids	•	•
Non-beverage alcohol (e.g., Listerine and other mouthwash, cooking wine, hand sanitizer, etc.)	•	•
Other, please specify	•	•

4c. Education presentations

Please provide details of the education presentations provided by the HCV team during this reporting period.

Lead delivering presentation	Intended audience	Presentation focus	Number of presentations	Number of participants
Insert				

1. Primary lead delivering Select One Select One	presentation
Nurse Outreach worker Mental health counsellor Coordinator	ct no more than two options) People involved with the correctional system People who use drugs People who have tattoos and/or piercings Service providers, professionals Students
Hepatitis C treatment	ug use Stigma & discrimination HCV in the workplace
Number of presentation Number of participants	

1. Primary lead delivering presentation	
Select One v	
2. Intended audience (select no more than two options) People living with HCV People involved with the correctional system Indigenous people People who use drugs People who have tattoos and Health care providers Service providers, professionals Policy makers	d/or piercings
3. Presentation focus (select no more than two options) Hepatitis C treatment Testing Co-infection Harm reduction/safer drug use Stigma & discrimination HCV in the workplace Safer tattooing/piercing Living with HCV Other, please specify STIs/safer sex	
4. Number of presentations	
5. Number of participants	

4d. Peer involvement

Record how many unique peers were involved in your education and outreach activities in this reporting period. What is the level of engagement in each

activity?

For each activity enter the total number of unique peers involved and how often peers are involved in this activity.

Peers can be counted in more than one activity.

Agency activity	Number of peers involved	Extent of peer involvement (how often are peers involved in this work?
Participation with group facilitation		T
Awareness campaign delivery		Involved less than 25% of the time
Awareness campaign planning		Involved between 25-50% of the time Involved 50% of the time
Community development meetings		Involved 50-75% of the time
Patient advisory board member		Involved more than 75% of the time Always involved in this work
Conference presentations		•
Face to face outreach		•
Longer workshops/workshop series		•
One-on-one in-service education		•
Resource development		•
Resource distribution		•
Short/One-time education presentations		v

Human Resources Describe any human resource is	sues that your organization is currently exp	eriencing or you anticipate in the coming reporting period. How do you plar	n to
address these issues? (Maximum 250 words, point form		3 - ,	
6. Evaluation			
6a. Methods of evaluation use	ed .		
Survey(s) Advisory cor Interview(s) Verbal feedb	mmittee(s) Statistical data (e pack from consumers Other, please specific pl	e.g., OCHART, OCASE) ecify	
6b. Respondents included ■ Staff ■ Volunteers ■ Pee	ers People with lived experience Otl	her, please specify	
6c. Based on evaluations, outl (Maximum 250 words, point form		res that you will build upon and/or continue.	
		//	
6d. Based on evaluations, out (Maximum 250 words, point form		mprovement and how this will be addressed.	
7. Shifts, trends and response Report shifts, trends and agency To enter the information press In	es during this reporting period / planned response for each of the four pro sert.	gram streams listed below.	
Program stream	Shift or trend	Agency planned response	
Client services		Inse	ert
Case		Inse	
management		_	
management Testing		Inse	ert
		Inse	ert
Testing			ert
Testing Outreach 7a. During this reporting	-		ert ert
Testing Outreach	-	Inse	ert ert
Testing Outreach 7a. During this reporting	-	Inse	ert ert
Testing Outreach 7a. During this reporting (Maximum 250 words, point)	-	s or changes in demand for HCV services for this program strea	ert ert
Testing Outreach 7a. During this reporting (Maximum 250 words, point)	nt form acceptable) ding to these emerging trends for this	s or changes in demand for HCV services for this program strea	ert ert
Testing Outreach 7a. During this reporting (Maximum 250 words, point) 7b. How are you respond	nt form acceptable) ding to these emerging trends for this	s or changes in demand for HCV services for this program strea	ert ert

8. Please identify any activities from your current Program Plan that are not and/or partially completed. Please provide an explanation and action plan for each partial and/or not completed activity.

Cobjective completed Explanation Agency planned response Edit Delete Nesert Objective Select One Select One Select One Select One Objective 1: Increase the access to hepatits C treatment and care for priority populations in Ontario Objective 2: Increase knowledge and awareness to prevent the transmission of HcV among priority populations in Ontario Objective 3: Increase collaboration, coordination and evidence-based practice across the system responding to HcV Explanation (Maximum 250 words, point form acceptable) Agency planned response (Maximum 250 words, point form acceptable)							
Objective Select One Select One Select One Select One Objective 1: Increase the access to hepatits C treatment and care for priority populations in Ontario Objective 2: Increase knowledge and awareness to prevent the transmission of HCV among priority populations in Ontario Objective 3: Increase collaboration, coordination and evidence-based practice across the system responding to HCV Explanation (Maximum 250 words, point form acceptable) Agency planned response	Objective	activities not and/or partially	Explanation	Agency planne	ed response	Edit	Delete
Select One Select One Objective 1: Increase the access to hepatits C treatment and care for priority populations in Ontario Objective 2: Increase knowledge and awareness to prevent the transmission of HCV among priority populations in Ontario Objective 3: Increase collaboration, coordination and evidence-based practice across the system responding to HCV Explanation (Maximum 250 words, point form acceptable) Agency planned response	Insert						
- Select One - Objective 1: Increase the access to hepatits C treatment and care for priority populations in Ontario Objective 2: Increase knowledge and awareness to prevent the transmission of HCV among priority populations in Ontario Objective 3: Increase collaboration, coordination and evidence-based practice across the system responding to HCV Explanation (Maximum 250 words, point form acceptable) Agency planned response					100		
Objective 1: Increase the access to hepatits C treatment and care for priority populations in Ontario Objective 2: Increase knowledge and awareness to prevent the transmission of HCV among priority populations in Ontario Objective 3: Increase collaboration, coordination and evidence-based practice across the system responding to HCV Explanation (Maximum 250 words, point form acceptable) Agency planned response				*			
Objective 2: Increase knowledge and awareness to prevent the transmission of HCV among priority populations in Ontario Objective 3: Increase collaboration, coordination and evidence-based practice across the system responding to HCV Explanation (Maximum 250 words, point form acceptable) Agency planned response			banatita C treatment and care for priority population	no in Ontario			
Objective 3: Increase collaboration, coordination and evidence-based practice across the system responding to HCV Explanation (Maximum 250 words, point form acceptable) Agency planned response							
Explanation (Maximum 250 words, point form acceptable) Agency planned response							
(Maximum 250 words, point form acceptable) Agency planned response	objective c	Troi odoo oo iidaa o i daanii,	section and endense sacca practice derect	and dystem responding to the t			
(Maximum 250 words, point form acceptable) Agency planned response							
(Maximum 250 words, point form acceptable) Agency planned response							
(Maximum 250 words, point form acceptable) Agency planned response							
Agency planned response							
	(Maximum 25	0 words, point form ac	ceptable)				_
	Agency plan	ned response					
			ceptable)				
			7				

Section 10

Ontario HIV Treatment Network

1. Report the number of presentations, skills building trainings, consultations and network meetings delivered in the past 6 months by primary focus.

Activity type	HIV prevention	Engagement in care	HIV clinical care	Social determinants of health	Program science	Evidence based practice	GIPA/MIPA/CBR
Presentations/ information sessions							
Skills building trainings							
Consultations							
Network meetings							

2. Report the percentage of presentations, skills building trainings, consultations and network meetings delivered in the past 6 months targeted to each of the following priority populations.

Activity type	PHA	Gay/bisexual/MSM (includes trans men)	Indigenous people	People who use drugs	ACB communities	Women at-risk (includes trans women)	Other at-risk populations
Presentations/ information sessions							
Skills building trainings							
Consultations							
Network meetings							

3. Report the number of presentations, skills building trainings, consultations and network meetings by primary target audience.

Activity type	Researchers/ academia	ASO service providers	Clinical service providers	Other service providers	Policy makers	Community (e.g., service users, PHAs, people at-risk, etc.)	Other
Presentations/ information sessions							
Skills building trainings							
Consultations							
Network meetings							

4. Report the number of presentations, skills building trainings, consultations and network meetings delivered in the past 6 months by unit/department.

Activity type	EPI unit	EBPU	Education training unit	ocs	KTE	Funding program	Research program	Scientists/ researchers
Presentations/ information sessions								
Skills building trainings								
Consultations								
Network meetings								

- 5. Report the number of presentations, skills building trainings, consultations and network meetings delivered in the past 6 months related to each goal of the provincial HIV strategy.

 Goal 1: Improve the health and well-being of populations most affected by HIV

 Goal 2: Promote sexual health and prevent new HIV, STI and Hep C infections

- Goal 3: Diagnose HIV infections early and engage people in timely care Goal 4: Improve health, longevity and quality of life for PHAs
- Goal 5: Ensure quality, consistency and effectiveness of all provincially funded HIV program and services

the second secon					
Activity type	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Presentations/ information sessions					
Skills building trainings					
Consultations					
Network meetings					

. Report the lote: This is t									iths by par	ticipant typ
Participant typ	oe .									
Researchers	s/academia									
ASO service	providers									
Clinical servi	ice provide	rs								
Other servic	e provider:	;								
Policy make	rs									
Community	(e.g., servi	ce users,	PHAs, p	people at-ris	sk, etc.)					
Other										
. Report the n	umber of d							in the nact 6 :	u a méla a	
Data system Re		ASO		Clinical		Other	Policy makers	Comm (e.g., serv	unity ice users.	Other
OCHART [esearchers/	ASO		Clinical		Other		Comm (e.g., serv	unity ice users.	Other
OCHART [OCASE [esearchers/	ASO		Clinical		Other		Comm (e.g., serv	unity ice users.	Other
OCHART [esearchers/	ASO		Clinical		Other		Comm (e.g., serv	unity ice users.	Other
OCHART [OCASE [HIV View [esearchers/	ASO		Clinical		Other		Comm (e.g., serv	unity ice users.	Other
OCHART [OCASE [HIV View [OCS [esearchers/ academia	ASO service pro	individ	Clinical service provid	ers service	Other te providers	Policy makers	Comm (e.g., servi PHAs, people	unity ice users, at-risk, etc.)	
OCHART [OCASE [HIV View [OCS [EPI [esearchers/ academia	ASO service pro	individ	Clinical service provid	ers service ed in the	Other se providers	Policy makers	Comm (e.g., servi PHAs, people	unity ice users, at-risk, etc.)	
OCHART [OCASE HIV View OCS EPI D. Report the Note: This is	esearchers/ academia	ASO service pro	individ	Clinical service provid	ers service ed in the	Other se providers	Policy makers	Comm (e.g., servi PHAs, people	unity ice users, at-risk, etc.)	
OCHART OCASE HIV View OCS EPI D. Report the Vote: This is	esearchers/ academia	ASO service pro	individ	Clinical service provid	ers service ed in the	Other se providers	Policy makers	Comm (e.g., servi PHAs, people	unity ice users, at-risk, etc.)	
OCHART OCASE HIV View OCS EPI O. Report the Vote: This is Data system OCHART	esearchers/ academia	ASO service pro	individ	Clinical service provid	ers service ed in the	Other se providers	Policy makers	Comm (e.g., servi PHAs, people	unity ice users, at-risk, etc.)	
OCHART OCASE HIV View OCS EPI O. Report the Vote: This is Data system OCHART OCASE	esearchers/ academia	ASO service pro	individ	Clinical service provid	ers service ed in the	Other se providers	Policy makers	Comm (e.g., servi PHAs, people	unity ice users, at-risk, etc.)	

10. Report all new and updated modules developed in the past 6 months by data system.

Include system upgrades in your response to this question.

Data system		Title	New or updated	
1			•	
+Add OCHART				
OCASE HIV View	Next ▶			
OCS EPI				

11. Report the number of new and existing OCS members by sex/gender and length of HIV diagnosis. For cell sizes less than 5, enter 9999.

	N	lale	Fe	male	Tran	s man	Trans	woman	Not	listed
Length of diagnosis	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing
Less than 1 year										
1 to 5 years										
6 to 10 years										
11 to 15 years										
Over 15 years										
Unknown										

12. Report the percentage of new and existing OCS members by sex/gender and priority population. For cell sizes less than 5, enter 9999.

	N	lale	Fe	male	Tran	s man	Trans	woman	Not	listed
Priority population	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing
Gay/bisexual/MSM (includes trans men)			N/A	N/A			N/A	N/A		
ACB communities										
Indigenous people										
People who use drugs										
Other populations										

13. Report the number of new and active OCS members, the number of active data collection sites and the number of interviews by region. For cell sizes less than 5, enter 9999.

	Number of individuals followed		viduals followed	Number of active data collection sites	Total number of interviews
Region	New		Existing		
Central East					
Central West					
Northern					
Ottawa					
Eastern					
South West					
Toronto					

14. Report the number of KTE materials produced in the past 6 months by material type and primary focus.

Material type	HIV prevention	Engagement in care	HIV clinical care	Social determinants of health	Evidence based practice	Program science	GIPA/MIPA/CBR
Reports							
Fact sheets							
Peer-reviewed publications							
Rapid responses							
Tools							
Training modules							

15. Report the percentage of KTE materials produced in the past 6 months targeted to each of the following priority populations.

Material type	PHA	Gay/bisexual/MSM (includes trans men)	Indigenous people	People who use drugs	ACB communities	Women at-risk (includes trans women)	Other at-risk populations
Reports							
Fact sheets							
Peer-reviewed publications							
Rapid responses							
Tools							
Training modules							

16. Report the number of KTE materials produced in the past 6 months by the primary target audience.

Material type	Researchers/ academia	ASO service providers	Clinical service providers	Other service providers	Policy makers	Community (e.g., service users, PHAs, people at-risk, etc.)	Other
Reports							
Fact sheets							
Peer-reviewed publications							
Rapid responses							
Tools							
Training modules							

	17.	Report the number	of KTE materials	developed b	v unit/de	partment in the	past 6 months.
--	-----	-------------------	------------------	-------------	-----------	-----------------	----------------

Material type	EPI unit	EBPU	Education training unit	ocs	KTE	Funding program	Research program	Scientists/ researchers
Reports								
Fact sheets								
Peer-reviewed publications								
Rapid responses								
Tools								
Training modules								

10	Penart the number of KTE mater	ials produced in the r	aget 6 months related to each	goal of the provincial HIV strategy
18.	. Report the number of KIE mater	iais produced in the r	oast 6 months related to each	i doai of the provincial HIV strated

- Goal 1: Improve the health and well-being of populations most affected by HIV Goal 2: Promote sexual health and prevent new HIV, STI and Hep C infections Goal 3: Diagnose HIV infections early and engage people in timely care Goal 4: Improve health, longevity and quality of life for PHAs

- Goal 5: Ensure quality, consistency and effectiveness of all provincially funded HIV program and services

Material type	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Reports					
Fact sheets					
Peer-reviewed publications					
Rapid responses					
Tools					
Training modules					

19. Report the number of traditional and online media contributions and engagements by media type in the past 6 months.

Media type	Number of contributions	Number of engagements
OHTN website		
Facebook		
Twitter		
YouTube		
Did You Know		
Traditional media		

20.	Report the perce	ntage of traditional and	d online media contributions	made in the past 6	months by media to	pe and pur	rpose

Media type	Agency promotion	Event promotion	Share knowledge	Share opportunities
OHTN website				
Facebook				
Twitter				
YouTube				
Did You Know				
Traditional media				

21. Report the number of new and ongoing funded initiatives that were active in the past 6 months and funds allocated by primary priority population targeted.

	Numbe	r of grants	Funds alloca	ted to grants
Priority population	New	Ongoing	New	Ongoing
ACB communities				
Gay/bisexual/MSM (includes trans men)				
Indigenous people				
People who use drugs				
PHAs				
Women at-risk (includes trans women)				
Other populations				

213	Report the	following	outcomes	of the	research	funding	program
ZIA.	Report the	TOHOWING	outcomes	or the	research	runumg	program.

Percent of change in investment in impact focused research since baseline year (2012)	
Number of Ontario researchers receiving salary support in the past 6 months	
Number of grants completed in the past 6 months	

22. Report the the percent of active research initiatives (new and ongoing) by priority population targeted that support each goal of the provincial HIV strategy. Goal 1: Improve the health and well-being of populations most affected by HIV Goal 2: Promote sexual health and prevent new HIV, STI and Hep C infections

Goal 3: Diagnose HIV infections early and engage people in timely care

Goal 4: Improve health, longevity and quality of life for PHAs

Goal 5: Ensure quality, consistency and effectiveness of all provincially funded HIV program and services

Priority population targeted	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
ACB communities					
Gay/bisexual/MSM (includes trans men)					
Indigenous people					
People who use drugs					
People living with HIV					
Women at-risk (includes trans women)					
Other					

23. Report the percent of active research initiatives (new and ongoing) by the stage of the prevention, engagement and treatment cascade.

1. Prevention	
2. Engagement	
3. Care	

24. Report conferences and events organized in the past 6 months. If you want to record another activity, click Insert. To save the activity you entered, click Add. To go to the next page, click Next.

								Number of		
		Priority		Number of	Number of	Number of	Number of	participants	Number of	Number of
	Event	populations		participants	participants	participants		Policy	participants	participants
Event title	type	discussed	Event goals	Researchers	ASO	Clinical SP	Other SP	makers	Community	Other

Activity type OHTN research conference	
Other OHTN conference	
Main priority populations disc	hasari
heck all that apply.	
People living with HIV ACB communities	Women at-risk Incarcerated people
 Gay/bisexual/MSM (includes tr Indigenous people 	rans men) U Sex workers U Other
People who use drugs	u one
nals:	
oal 1: Improve the health and well-	being of populations most affected by HIV
oal 2: Promote sexual health and p oal 3: Diagnose HIV infections earl	revent new HIV, STI and Hep C infections ly and engage people in timely care
sal 4: Improve health, longevity and 5: Ensure quality consistency a	d quality of life for PHAs and effectiveness of all provincially funded HIV program and services
as a. crass a quarty, consistency of	and concerned access on an province control of the period and and another control of the period of t
. Main goals of your activity theck all that apply.	
□ Goal 1	
□ Goal 2 □ Goal 3	
Goal 4 Goal 5	
Provide examples of how this e ease answer this question for each	event supported each of the following goals. In of the goals listed below.
ter 'N/A' if the conference/event di	id not apply to that goal.
a. Improve the health and well-t	being of populations most affected by HIV
a. Improvo aro noma mana mon	and a behavior more interest at the
b. Promote sexual health and p	revent new HIV, STI and hepatitis C Infections
c. Diagnose HIV infections early	y and engage people in timely care
c. Diagnose HIV infections early	y and engage people in timely care
c. Diagnose HIV Infections early	y and engage people in timely care
	y and engage people in timely care y and quality of life for people living with HIV
d. Improve the health, longevity	y and quality of life for people living with HIV
d. Improve the health, longevity	
d. Improve the health, longevity	y and quality of life for people living with HIV
d. Improve the health, longevity e. Ensure the quality, consisten	y and quality of life for people living with HIV
d. Improve the health, longevity e. Ensure the quality, consisten	y and quality of life for people living with HIV
d. Improve the health, longevity e. Ensure the quality, consisten	y and quality of life for people living with HIV
d. Improve the health, longevity e. Ensure the quality, consisten i. Number of participants	y and quality of life for people living with HIV
d. Improve the health, longevity e. Ensure the quality, consisten b. Number of participants Researchers/academia ASO service providers	y and quality of life for people living with HIV
d. Improve the health, longevity e. Ensure the quality, consisten i. Number of participants Researchers/academia ASO service providers Clinical service providers	y and quality of life for people living with HIV
d. Improve the health, longevity e. Ensure the quality, consisten b. Number of participants Researchers/academia ASO service providers	y and quality of life for people living with HIV
d. Improve the health, longevity e. Ensure the quality, consisten i. Number of participants Researchers/academia ASO service providers Clinical service providers	y and quality of life for people living with HIV
d. Improve the health, longevity e. Ensure the quality, consisten S. Number of participants Researchers/academia ASO service providers Clinical service providers	y and quality of life for people living with HIV acy and effectiveness of all provincially funded HIV programs and services
d. Improve the health, longevity e. Ensure the quality, consistent i. Number of participants Researchers/academia ASO service providers Clinical service providers Other service providers Policy makers Service users/community groups	y and quality of life for people living with HIV acy and effectiveness of all provincially funded HIV programs and services
d. Improve the health, longevity e. Ensure the quality, consisten Number of participants Researchers/academia ASO service providers Clinical service providers Other service providers Policy makers	y and quality of life for people living with HIV acy and effectiveness of all provincially funded HIV programs and services
d. Improve the health, longevity e. Ensure the quality, consistent Number of participants Researchers/academia ASO service providers Clinical service providers Other service providers Service users/community groups	y and quality of life for people living with HIV acy and effectiveness of all provincially funded HIV programs and services
d. Improve the health, longevity e. Ensure the quality, consistent i. Number of participants Researchers/academia ASO service providers Clinical service providers Other service providers Service users/community groups Other	y and quality of life for people living with HIV

Section 11

Capacity Building Programs

If you want to record another activity, press Insert.						
Education type	Service recipients	Presentation focus	Number of presentations	Number of participants		
Insert						
itoratily of coactility		Other front line workers People living with HIV Public health profession Non-ASO service provi		olunteers		
resentation focus ect maximum two optio Substance use/harm re Cultural sensitivity traini ARAO GIPA/MIPA Boundaries Dealing with grief and lo Disclosure and legal iss umber of presentatio	duction Disseminat Healthy ser HIV-specifi Human res Leadership Change lea	cuality Ski c training Pol ource issues Soc training HIV	anizational development Is building icy ial determinants of health and immigration service access er, please specify			
ucation type lect One						
rvice recipients t maximum two option kecutive director and/o MSH strategy workers CB strategy workers HAI strategy workers	r board members □ C □ F □ F	Other front line workers reople living with HIV rublic health profession lon-ASO service provid		olunteers		
esentation focus et maximum two option ubstance use/harm red ultural sensitivity trainin RAO	uction Dissemination	uality Skil training Poli ource issues Soc	anizational development s building cy ial determinants of health and immigration service access			

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1b. Number of trainings and education presentations by type

Presentation type	Number delivered
Type 1 - Short (under 2 hours)/one-time workshops in this reporting period	
Type 2 - Longer workshops (half to full day; or workshop series) in this reporting period	
Type 3 - Conference presentations in this reporting period	

1c. Presentation location

How many presentations did you provide to agencies located within each of these LHINs in this reporting period?

For example, a workshop was held in Toronto which had representatives from 6 agencies residing in 3 distinct LHINs (Central, Champlain, South West). You would record your presentation had an impact on three LHINs by recording 1 against each LHIN.

The following link can be used to assist you in determining which LHIN an agency may be located in: http://www.lhins.on.ca

Note: Columns will total after you click Next.

Location	Number delivered
Central	
Central East	
Central West	
Champlain	
Erie St Clair	
Hamilton Niagara Haldimand Brant	
Mississauga Halton	
North East	
North Simcoe Muskoka	
North West	
South East	
South West	
Toronto Central	
Waterloo Wellington	
Outside Ontario	

Total

partners. Only provide inforn		r agency organized	•	nunity that you organize/co-organize w	ith community	
If you want to reco	rd another activity, press Inse	rt.				
Name of conference	Your role in organizing event	Service recipients	Number of participants	Key outcomes/results and addition comments	al	
Insert						
1. Name of confer	rence					
 Organized the 	ganizing the event event he event with partners					
3. Intended target (Select maximum 3 Executive direct GMSH strategy ACB strategy w WHAI strategy	options.) ctor/board members Othe workers Peop	r workers in HIV pr lle living with HIV c health profession ASO service provic	Researc			
4. Number of part	ticipants					
Provide 3 - 4 main agencies that provi		le, met new service		nmunity who have joined our coalition, new sources for referrals by staff at ou		ting with
	think about your educa		is reporting peri	od, what are some successes y	you would like to hig	hlight?
(Waximam 200	words, point form decept	auty				
	iers have you encounte words, point form accept		n work, and how	are you addressing them?		

4. Community development

Please describe your community development meetings (e.g., active participation in networks).

For this report, community development is a complex process (tailored to local context) that seeks to improve the lives of community members by building opportunities to enhance the capacity of service providers, community stakeholders, businesses and government. Community development works with organizations (e.g., service providers) rather than with individuals (e.g., service users, clients) and is separate from direct service delivery. The focus is to improve the responsiveness, accessibility and ultimately the impact of community services.

If you want to record another activity, press Insert.

Meeting type	Meeting participants	Number of meetings
Insert		

. Meeting type			
Select One]		
Select One			
Governance Network/partnerships Advocacy Strategic planning/organizational development Program planning Advisory committee Strengthen inter-agency cooperation Working group	rith?) front line workers in HIV programs living with HIV health professionals SO service providers	Policy makersResearchersOther, please specify	
■ ACB strategy workers (PPN) ■ Public	r front line workers in HIV programs le living with HIV	Policy makersResearchersOther, please specify	
3. Number of meetings			
5a. When you think about your community dev (Maximum 250 words, point form acceptable) 5b. What barriers have you encountered in con (Maximum 250 words, point form acceptable)		·	

6. Resource development and distribution

List all education resources developed EXCEPT those developed as part of coordinated awareness or social marketing campaigns.

For resources associated with awareness campaigns, report in question 7.

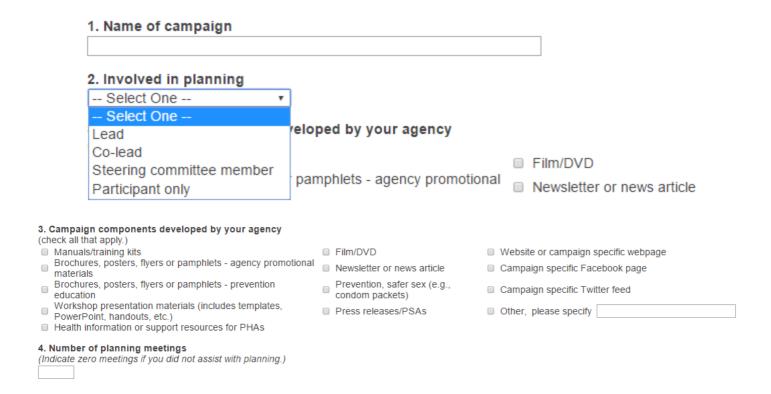
Report newsletter distribution here.

Report unpaid media contacts (interviews, appearances, articles) as a 'newsletter or news article'. Include name of media outlet, date and article name as name of resource.

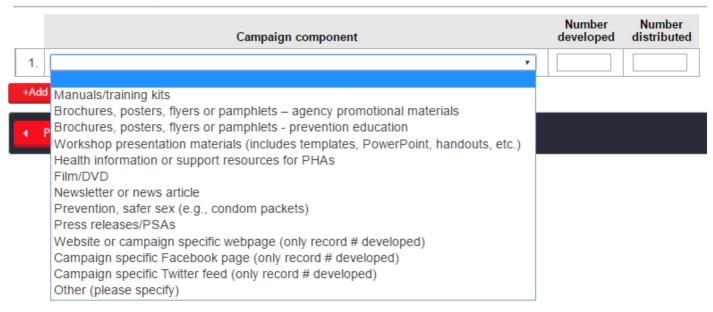
If you want to record another resource, press Insert.

Name of resource	Primary intended audience	Type of resourc	e Total number di	stributed
Insert				
1. Name of resource develo	pped			
	<u></u>			
Brochures, posters, flyersWorkshop presentation m	aluation report ce for resource members grams ls rs	n Point, handouts, etc.)		
ertain issue.	social marketing campaign is defined as a	series of coordinated acti	rities designed to engage a speci	fic audience or audien
you want to record another aware	ness campaign, press insert.			
Name of ca	npaign Involve	d in planning Cam	paign components developed	Number of plannin meetings

Blank OCHART Questions 2016



7.1 Awareness campaign materials



8. Report your agency's use of online and social media in the provision of services in the past 6 months.

If you did not use any online or social media in the past 6 months, please leave this question blank. If you used any additional social media, please specify.

Type of media		Extent of use		Reach
Website		# websites updates/new		# of unique & returning
Website		pages		visitors
Online training		# of sessions		# of participants
Crimic duming				
		# of resources		# of resources
Online resources		developed/updated		downloaded
Other social media 1	specify type of units counted	# of units	specify type of units counted	# of units
Other social media 2	specify type of units counted	# of units	specify type of units counted	# of units
		π OI UIIIG		# Of drifts

9a. Peer involvement in education and community development

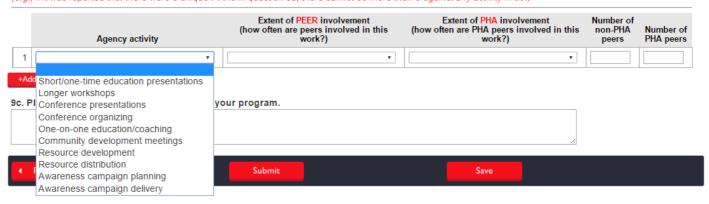
This question is trying to get at the involvement of GIPA/MIPA principles.

We recognize that the definition of peers will vary based upon the type of programs.

Total number of unique PHA peers	
Total number of unique non-PHA peers	

9b. Please describe how PHAs/peers are involved in your education and community development work.

Note: The number entered for any of the activities cannot exceed the corresponding numbers in question 9a. (e.g., if it was reported that there were 5 unique PHAs in question 9a, there cannot be more than 5 against any activity in 9b.)



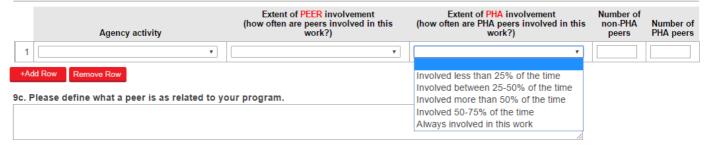
9b. Please describe how PHAs/peers are involved in your education and community development work.

Note: The number entered for any of the activities cannot exceed the corresponding numbers in question 9a. (e.g., if it was reported that there were 5 unique PHAs in question 9a, there cannot be more than 5 against any activity in 9b.)

	Agency activity	Extent of PEER involvement (how often are peers involved in this work?)	Extent of PHA involvement (how often are PHA peers involved in this work?)	Number of non-PHA peers	Number of PHA peers
1	*	٧	•		
		Involved less than 25% of the time Involved between 25-50% of the time Involved more than 50% of the time			
		Involved here than 50 % of the time Involved between 50-75% of the time Always involved in this work			

9b. Please describe how PHAs/peers are involved in your education and community development work.

Note: The number entered for any of the activities cannot exceed the corresponding numbers in question 9a. (e.g., if it was reported that there were 5 unique PHAs in question 9a, there cannot be more than 5 against any activity in 9b.)



Section 12

Program Narrative for AIDS Bureau Funding Programs

This section replaces the end of year Final Report (Schedule A2) for AIDS Bureau funded programs. It must be completed at the end of each six month reporting period. When completing this section, you will need to refer to your approved AIDS Bureau Schedule A which outlines your proposed activities for each reporting period (H1 and H2)

 Provide any key highlights or milestones from your program activities that took place in the past reporting period. (maximum 250 words, point form acceptable) 		

- 2. Did you achieve all, some or none of the funded activities you expected to achieve during the past reporting period?
- All results achieved
 Some results achieved
 No results achieved
- 3. Compare your reported activities with the approved Schedule A to identify activities that are not and/or only partially completed.

Provide an explanation in the tables below about how you plan on addressing the incomplete activities in the future

Goals

- 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

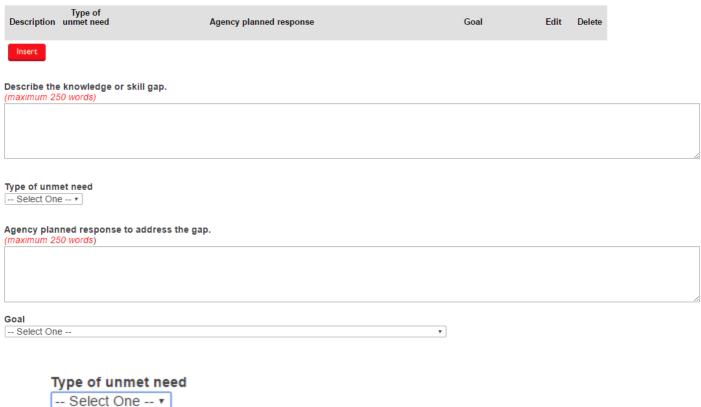


2. Promote sex 3. Diagnose HI' 4. Improve the 5. Ensure the q Goal Select One Funded activ	tual health and prevent new V infections early and engag health, longevity and quality quality, consistency and effec	of life for people living with HIV tiveness of all provincially funded pmpleted				
Explanation (maximum 250	0 words, point form acceptab	le)				
	ned response O words, point form acceptab	le)				
months. Goals: 1. Improve the	e health and well-being of po exual health and prevent nev	pulations most affected by HIV HIV, STI and Hepatitis C infect	and describe the progress you	u have made in developing ea	ach of these in the	past
Diagnose H Improve the		ge people in timely care y of life for people living with HI\ ectiveness of all provincially fund				
Diagnose H Improve the	e health, longevity and qualit	y of life for people living with HI\		Edit	Delete	
3. Diagnose H 4. Improve the 5. Ensure the Goal Insert 4. Describe h	e health, longevity and qualit quality, consistency and effe Partnership	y of life for people living with HI\ ctiveness of all provincially fund	ed HIV programs and services			
3. Diagnose H 4. Improve the 5. Ensure the Goal Insert 4. Describe h (maximum 25) Goal 1. Improve the h 2. Promote sext 3. Diagnose HIV 4. Improve the h 5. Ensure the qu Goal Select One	e health, longevity and quality quality, consistency and effer Partnership Ow PHAs and others with the words, point form acceptate and health and well-being of popular health and prevent new health and prevent and engage lealth, longevity and engage lealth, longevity and effect unality, consistency and effect with the prevent and t	lived experience were meaningle) solutions most affected by HIV HIV, STI and Hepatitis C infection in people in timely care of life for people living with HIV iveness of all provincially funded	Progress gfully involved with your orga			

Describe the progress made in developing this partnership. (maximum 250 words, point form acceptable)

5. Evaluation	
5a. Methods of evaluation used (check all that apply)	
 Surveys Interviews Focus groups Advisory committees Verbal feedback from service users Statistical data (e.g., OCHART, OCASE) Other 	
5b. Respondents included (check all that apply)	
Staff Volunteers Peers People with lived experience Other	
5c. Based on evaluations, outline any suc (maximum 250 words, point form acceptable)	ccessful practices or initiatives that you will build upon and/or continue.
5d. Based on evaluations, outline any ide (maximum 250 words, point form acceptable	ntified areas for change or improvement and how this will be addressed.
helped staff contribute to the goals of the provinci	writing case notes. It resulted in more accurate client files and better case planning. This contributed to goals d in.
Goal	Description
Improve the health and well-being of populations affected by HIV	Insert
2. Promote sexual health and prevent new HIV, STI and Hepatitis C infections	Insert
Diagnose HIV infections early and engage people itimely care	in Insert
4. Improve the health, longevity and quality of life for people living with HIV	Insert
5. Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services	Insert
7. Describe one key training your staff attended in (maximum 250 words, point form acceptable)	the past 6 months and highlight its impact.

8. Identify your organization's knowledge and skill training needs in relation to the five goals of the provincial HIV strategy. Provide an explanation in the tables below about how you plan on addressing these gaps in the future.



-- Select One --Knowlege esponse to address the gap. Skill ds) Both

Goal

-- Select One --

Select One -

- 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

OCHART Report

Certification and Submission

1. I certify that the OCHART report for this reporting period has been fully completed and all sections have been submitted.

Note: this means that you currently DO NOT see any survey tiles on the Report page of the OCHART portal. If you see any survey tiles at this point, excep "Certification", it means that you have not submitted these section(s) which are visible to you. If this is the case, please finish submitting the sections prior to completing this page.
I certify □
itle of the individual making the certification (e.g., Executive director):
irst and last name of the individual making the certification:
Date
I certify that the OCHART report for this reporting period has been reviewed and approved by two members of the Board of Directors or oth governing body that oversees the OCHART reporting process at my agency/program.
I certify ■
itle of the individual making the certification (e.g., Executive director):
irst and last name of the individual making the certification:
Date
If you are ready to finalize OCHART submission for for this reporting period, click the "Submit" button.
Submit