

## Section 9: Hepatitis C Services

This section will show you how to complete Section 9 of OCHART 2.0, Hepatitis C Services. This section is for any agency or program that receives 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.macneill@ontario.ca](mailto:samantha.macneill@ontario.ca) or 416-212-5473.

Remember, you can fill in any OCHART section on your computer, tablet, or smart phone.

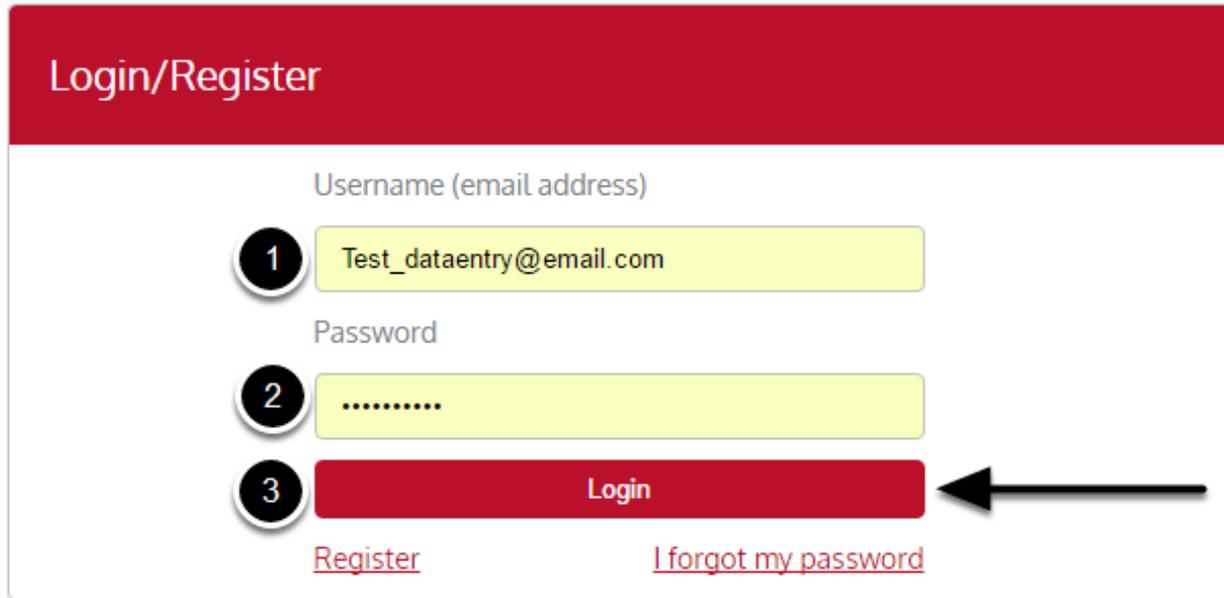
Type "[www.ochart.ca](http://www.ochart.ca)" into the address bar of your internet browser. Press "ENTER".



Avoid using Internet Explorer.  
Try Google Chrome or  
Mozilla Firefox.



Type in your "Username" (your work email address) and your "Password". Click "Login".



The screenshot shows a login/register form with a red header. The form contains three numbered steps: 1. Username (email address) field with the text "Test\_dataentry@email.com". 2. Password field with masked characters ".....". 3. A red "Login" button with a black arrow pointing to it from the right. Below the "Login" button are two links: "Register" and "I forgot my password".

You must have an existing OCHART account in order to login. If you are a first time OCHART user and do not have an account, go to the article titled, "[Registration](#)" for step-by-step registration instructions.

Click "Enter OCHART Data" (left side).



The screenshot shows a "Choose a Tool" section with a red header. There are two options: "Enter OCHART Data" (left) and "Use Tracking Tool" (right). Both options have a red button with a corresponding icon above it. A black arrow points to the "Enter OCHART Data" button.

Click the "Start" button under "9 - Hepatitis C Services".



The screenshot shows a card titled "9 - Hepatitis C services" with a red "Start" button below it. A black arrow points to the "Start" button.

**Q1a. In the spaces provided, type the total number of unique new and existing clients served by sex/gender and client group during the reporting period. The columns will total automatically after you click "Next". Check you answers carefully. Click "Next".**

## 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.

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.macneill@ontario.ca](mailto:samantha.macneill@ontario.ca) or 416-212-5473.

#### Service users

**1a. Report the number of unique service users served during the reporting period by sex/gender and patient group.**

*Note: Numbers will total after you click Next.*

Patient group	Male		Female		Trans man		Trans woman		Not listed		Total # of patients by patient group
	New	Existing	New	Existing	New	Existing	New	Existing	New	Existing	
Patients living with HCV	0	0	0	0	0	0	0	0	0	0	0
Patients receiving Post-Cure Care	0	0	0	0	0	0	0	0	0	0	0
People at-risk of acquiring HCV	0	0	0	0	0	0	0	0	0	0	0
<b>Total # of new and existing patients by gender</b>	0	0	0	0	0	0	0	0	0	0	0



Click the save button at any time to save your data and exit the section.

Note that this question asks the number of unique service users who accessed services, NOT the number of times those services were accessed.

Double check you answers before proceeding to the next questions. The numbers you enter here will be used to validate your responses to later questions.

All columns will automatically total once you move on to the next question.

Q1b. Enter the total number of unique PHA clients served by age and sex/gender during the reporting period. The total number of NEW and EXISTING clients entered across all age and sex/gender groups should total the number of NEW and EXISTING clients reported in Q1a. Click "Next".

1b. Report the number of new and existing service users served during the reporting period by sex/gender and age.

The total number of **NEW** service users you enter here should equal **0** male, **0** female, **0** trans man, **0** trans woman, **0** not listed.

The total number of **EXISTING** service users you enter here should equal **0** male, **0** female, **0** trans man, **0** trans woman, **0** not listed.

Age group	Male		Female		Trans man		Trans woman		Not listed	
	New	Existing								
Less than 18	<input type="text"/>									
18 - 25	<input type="text"/>									
26 - 35	<input type="text"/>									
36 - 45	<input type="text"/>									
46 - 55	<input type="text"/>									
56 - 65	<input type="text"/>									
66 - 75	<input type="text"/>									
Over 75	<input type="text"/>									
Unknown	<input type="text"/>									

The total number of NEW and EXISTING clients must equal the numbers shown here in red.

Before going on the the next question, ensure that the totals for your NEW and EXISTING clients enties match the red numbers found below the question.

**Q1c. Enter the total number of new and existing clients served by ethnicity and sex/gender during the reporting period. The total number of NEW and EXISTING clients entered across all ethnicity and sex/gender groups should total the number of NEW and EXISTING clients reported in in Q1a. Click "Next".**

1c. Report the number of new and existing service users served during the reporting period by sex/gender and ethnicity.

The total number of **NEW** service users you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman, **0** not listed.

The total number of **EXISTING** service users you enter here should equal: **0** male, **0** female, **0** trans man, **0** trans woman, **0** not listed.

Ethnicity	Male		Female		Trans man		Trans woman		Not listed	
	New	Existing								
White	<input type="text"/>									
Black	<input type="text"/>									
Latin American	<input type="text"/>									
Southeast Asian	<input type="text"/>									
Arab/West Asian	<input type="text"/>									
South Asian	<input type="text"/>									
First Nations	<input type="text"/>									
Metis	<input type="text"/>									
Inuit	<input type="text"/>									
Not listed	<input type="text"/>									
Unknown	<input type="text"/>									

The total number of NEW and EXISTING clients must equal the numbers shown here in red.

Before going on the the next question, ensure that the totals for your NEW and EXISTING clients enties match the red numbers found below the question.

Q1d(1). Enter the total number of different service sessions provided to your clients living with HCV by sex/gender during the reporting period. Click "Next".

1d (1). Report the number of service sessions provided to **patients living with HCV** for this reporting period by sex/gender.

Services	Male	Female	Trans man	Trans woman	Not listed
Intake and assessment	<input type="text"/>				
Application completion	<input type="text"/>				
Appointment Accompaniment	<input type="text"/>				
Practical assistance	<input type="text"/>				
Vaccinations	<input type="text"/>				
Clinical counselling	<input type="text"/>				
General support	<input type="text"/>				
Adherence counselling	<input type="text"/>				
Wellness check	<input type="text"/>				
Ongoing clinical monitoring	<input type="text"/>				

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Please note that this question asks for total service sessions, not unique clients. The total number of service sessions can be more than the number of unique clients.

Q1d(2). Enter the total number of different service sessions provided to your clients receiving post-cure care by sex/gender during the reporting period. Click "Next".

1d (2). Report the number of service sessions provided to **patients receiving post-cure care** during this reporting period by sex/gender.

Services	Male	Female	Trans man	Trans woman	Not listed
Intake and assessment	<input type="text"/>				
Application completion	<input type="text"/>				
Appointment Accompaniment	<input type="text"/>				
Practical assistance	<input type="text"/>				
Vaccinations	<input type="text"/>				
Clinical counselling	<input type="text"/>				
General support	<input type="text"/>				
Ongoing clinical monitoring	<input type="text"/>				
Wellness check	<input type="text"/>				

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Please note that this question asks for total service sessions, not unique clients. The total number of service sessions can be more than the number of unique clients.

Q1d(3). Enter the total number of different service sessions provided to your clients at-risk of acquiring HCV by sex/gender during the reporting period. Click "Next".

1d (3). Report the number of service sessions provided to **people at-risk of acquiring HCV** during this reporting period by sex/gender.

Services	Male	Female	Trans man	Trans woman	Not listed
Intake and assessment	<input type="text"/>				
Application completion	<input type="text"/>				
Appointment Accompaniment	<input type="text"/>				
Practical assistance	<input type="text"/>				
Vaccinations	<input type="text"/>				
Clinical counselling	<input type="text"/>				
General support	<input type="text"/>				
Wellness check	<input type="text"/>				

Please note that this question asks for total service sessions, not unique clients. The total number of service sessions can be more than the number of unique clients.

Q2. If your agency does NOT receive funding for HCV testing, check the box and click "Next" to move on to Question 3. Otherwise, if your agency DOES receive funding for HCV testing, leave the box unchecked and click "Next".

**2. Testing**

**Agency not funded to provide testing.**

Q2a. Enter the total number of ON-SITE tests your agency administered by sex/gender during the reporting period. Click "Next".

2a. Report the number and type of **ON-SITE** tests administered during the reporting period by sex/gender.

Type of test	Male	Female	Trans man	Trans woman	Not listed
Total number of HCV antibody tests	<input type="text"/>				
Total number of HCV RNA tests	<input type="text"/>				
Total number of HIV antibody tests	<input type="text"/>				
Total number of HBV (antibody/antigen) tests	<input type="text"/>				

Please note that Question 2a asks for only ON-SITE tests administered. If your agency provided outreach HCV testing, these will be recorded on the next question.

Q2b. If your agency does NOT provide outreach HCV testing, check the box and click "Next" to move on to Question 3. Otherwise, if your agency DOES provide outreach HCV testing, leave the box unchecked and click "Next".

## 2b. Outreach testing

**Agency doesn't provide outreach testing.**

**Q2b. Enter the total number of OUTREACH tests your agency administered by outreach location during the reporting period. Click "Next".**

2b. Report the number of times each test type was offered and administered by outreach location.

	# of times testing offered	# of HCV antibody tests administered	# of HIV antibody tests administered	# of HBV (antibody/antigen) tests administered
Addiction program (residential and day programs)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ASO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinic/health centre	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Correctional facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drop-in centre	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food bank/soup kitchen	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hotel/motel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Methadone maintenance clinic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental health service	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shelter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street outreach, incl. park, alley, etc	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social gathering	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Q3. If your agency does NOT receive funding to provide clinical treatment to HCV clients, check the box and click "Next" to move on to Question 4. Otherwise, if your agency DOES receive funding to provide clinical treatment to HCV clients, leave the box unchecked and click "Next".**

### 3. Hepatitis C treatment and Clinical Monitoring

**Agency not funded to provide treatment to clients.**

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Q3a. Enter the total number of clients who received a fibroscan/fibrotest at your agency by the test result during the reporting period. Click "Next".

**3a. Report the number of people who received a fibroscan/fibrotest this reporting period.**  
*Indicate the results in the chart below.*

**Severity of Liver Damage # of people**

Fibrosis score - #F0	<input type="text"/>
Fibrosis score - #F1	<input type="text"/>
Fibrosis score - #F2	<input type="text"/>
Fibrosis score - #F3	<input type="text"/>
Fibrosis score - #F4	<input type="text"/>

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Q3b. Enter the number of clients who you identified as "spontaneously cleared" and the number of clients who received ongoing clinical monitoring during the reporting period. Click "Next".

**3b. Report the number of people who were identified as "spontaneously cleared" and the number of people who received ongoing clinical monitoring during this reporting period.**

**Type of clinical monitoring**

**Total**

Patients were identified as "spontaneously cleared"	<input type="text"/>
Patients who received ongoing clinical monitoring	<input type="text"/>

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Q3c - 3d. Enter the total number of clients who initiated treatment at your agency during the reporting period and the number of those clients who identified with one or more of the priority populations. Click "Next".

**NOTE: Questions 3c. – 3f. relate to patients who initiated treatment during this reporting period.**

**3c. Report the number of patients initiated treatment during this reporting period.**

**3d. Report the number of patients who initiated treatment during the reporting period who identify with one or more of the priority populations.**

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Please note that these questions relate to ONLY clients who initiated treatment during the reporting period.

Q3e. Report the primary type of financial coverage for each client who initiated treatment during the reporting period. Each client should only be counted once. If a client is accessing multiple financial coverage options, indicate only their primary type of coverage and include them in the total number of clients accessing multiple financial coverage options at the bottom of the form. Click "Next".

**3e. Report the primary type of financial coverage for patients who initiated treatment during the reporting period.** Patients should only be counted once.

Type of coverage	Total
Exceptional access program	<input type="text"/>
Compassionate coverage through a pharmaceutical company	<input type="text"/>
Private insurance coverage	<input type="text"/>
Clinical trial participant	<input type="text"/>
Patient paid for own treatment	<input type="text"/>
Trillium Drug Program funding	<input type="text"/>
Non-insured Health Benefit	<input type="text"/>
Limited Use Code	<input type="text"/>

**How many of the above patients are accessing multiple financial coverage options?**

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Please note that this question relates to ONLY clients who initiated treatment during the reporting period.

Q3f. Enter the genotype breakdown of clients who initiated treatment at your agency during the reporting period. Click "Next".

3f. Report the genotype breakdown of people who initiated treatment during the reporting period.

Genotype	Total # of patients
Genotype 1	<input type="text"/>
Genotype 2	<input type="text"/>
Genotype 3	<input type="text"/>
Genotype 4	<input type="text"/>
Genotype 5	<input type="text"/>
Genotype 6	<input type="text"/>

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Please note that this question relates to ONLY clients who initiated treatment during the reporting period.

Q3g. Enter the number of clients who completed treatment at your agency by treatment outcome during the reporting period. Report if there have been any clients who were excluded or withdrawn from treatment at you agency during the reporting period. Click "Next". If "No" is selected, please proceed to Question 4.

3g. Report the following information for patients who completed treatment during the reporting period.

*The number of patients who achieved SVR, who did not achieve SVR, and who have not completed SVR blood work/SVR blood work results pending must equal the total number of patients who completed treatment.*

Outcome	Total # of patients
Patients who achieved SVR	<input type="text"/>
Patients who did not achieve SVR	<input type="text"/>
Patients who have not completed SVR blood work/ results pending	<input type="text"/>
Patients who completed prescribed course of treatment	<input type="text"/>

Have there been any exclusions/withdrawals in the reporting period?

No  Yes

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The number of patients who achieved SVR, who did not achieve SVR, and who have not completed SVR blood work/ SVR blood work results pending must equal the total number of patients who completed treatment.

Please note that this question relates to ONLY clients who completed treatment during the reporting period.

**Q3h - 3i. Enter the number of clients at your agency who were excluded (Question 3h) or withdrawn (Question 3i) from treatment by reason during the reporting period. Click "Next".**

**3h. For patients who were excluded from treatment during the reporting period, report the primary reason for the exclusion.**

Primary Reason	total # of patients
Informed deferral	<input type="text"/>
Did not qualify for drug coverage	<input type="text"/>
Pregnancy	<input type="text"/>
Social instability	<input type="text"/>
Medical instability	<input type="text"/>
Lost to follow-up	<input type="text"/>
Lack of OHIP coverage	<input type="text"/>
Death	<input type="text"/>

**3i. For patients who were withdrawn from treatment during the reporting period, report the primary reason for the withdrawal.**

Primary Reason	total # of patients
Side effects	<input type="text"/>
Lost to follow-up	<input type="text"/>
Medical instability	<input type="text"/>
Death	<input type="text"/>
Psychiatric manifestation	<input type="text"/>
Psycho-social instability	<input type="text"/>
Did not achieve treatment milestones	<input type="text"/>

## Q4. Enter the number of brief and significant contacts made by location during outreach activities at you agency during the reporting period. Click "Next".

4. Report the total number of brief and significant outreach contacts made during the reporting period by location.

Outreach location	Brief contacts	Significant contacts
Addiction program (residential and day programs)	<input type="text"/>	<input type="text"/>
ASO	<input type="text"/>	<input type="text"/>
Clinic/health centre	<input type="text"/>	<input type="text"/>
Correctional facility	<input type="text"/>	<input type="text"/>
Drop in centre	<input type="text"/>	<input type="text"/>
Food bank/soup kitchen	<input type="text"/>	<input type="text"/>
Motel/Hotel	<input type="text"/>	<input type="text"/>
Mobile service	<input type="text"/>	<input type="text"/>
Methadone maintenance clinic	<input type="text"/>	<input type="text"/>
Mental health service	<input type="text"/>	<input type="text"/>
Pharmacy	<input type="text"/>	<input type="text"/>
Shelter	<input type="text"/>	<input type="text"/>
Street outreach, incl. park, alley, etc.	<input type="text"/>	<input type="text"/>
Social gathering	<input type="text"/>	<input type="text"/>

Significant outreach contacts are a 2-way, in-person interaction between agency staff/volunteers and a member of the target population.

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

Q4b(1). Enter the number of education presentations (and participants) given by your organization by presentation focus and target audience during the reporting period. Click "Next".

4b (1). Report the following information for all **education presentations** that occurred during the reporting period.

Primary Presentation Focus	Priority Population		Health care providers		Service Providers	
	# of participants	# of presentations	# of participants	# of presentations	# of participants	# of presentations
Hepatitis C treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Testing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-infection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Harm reduction/safer drug use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stigma and discrimination	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Living with HCV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STIs/Safer Sex	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Naloxone and overdose prevention	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Q4b(2). Enter the number of education presentations given by your organization by presentation focus and presentation lead during the reporting period. Click "Next".

4b (2). Report the number of **education presentations** that occurred during the reporting period by presentation lead and presentation focus.

Presentation Focus	# of presentations delivered by a peer	# of presentations delivered by a nurse	# of presentations delivered by an outreach worker	# of presentations delivered by a mental health counsellor	# of presentations delivered by a coordinator
Hepatitis C Treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Testing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-infection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Harm reduction/safer drug use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stigma and discrimination	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Living with HCV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STIs/safer sex	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Naloxone and overdose prevention	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Q4c(1). Enter the number of community development sessions led by your organization by worker type and number of partners attended that occurred during the reporting period. Click "Next".

4c (1). Report the number of **community development sessions** led by worker type and number of partners in attendance that occurred during the reporting period.

Worker Type	# of sessions	# of partners
Peer	<input type="text"/>	<input type="text"/>
Nurse	<input type="text"/>	<input type="text"/>
Outreach worker	<input type="text"/>	<input type="text"/>
Mental health counsellor	<input type="text"/>	<input type="text"/>
Coordinator	<input type="text"/>	<input type="text"/>

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Community development is a complex process (tailored to local context) that seeks to improve the lives community members by building opportunities to enhance the capacity of service providers, community stakeholder agencies, businesses and government. Community development works with organizations (e.g., service providers, professionals, practitioners) 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.

Q4c(2). Enter the number of consultations led by your organization by worker type and number of partners attended that occurred during the reporting period. Click "Next".

4c (2). Report the number of **consultations** led by worker type and number of partners in attendance that occurred during the reporting period.

Worker Type	# of sessions	# of partners
Peer	<input type="text"/>	<input type="text"/>
Nurse	<input type="text"/>	<input type="text"/>
Outreach worker	<input type="text"/>	<input type="text"/>
Mental health counsellor	<input type="text"/>	<input type="text"/>
Coordinator	<input type="text"/>	<input type="text"/>

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Consultations are when a worker spends time with staff from one or more agencies for the purpose of assisting them to change practices, policies or approaches to better serve priority populations.

**Q4c(3). Enter the number of one-on-one education sessions led by your organization by worker type that occurred during the reporting period. Click "Next".**

**4c (3). Report the number of **one-on-one education sessions** led by worker type that occurred during the reporting period.**

Worker Type	# of sessions
Peer	<input type="text"/>
Nurse	<input type="text"/>
Outreach worker	<input type="text"/>
Mental health counsellor	<input type="text"/>
Coordinator	<input type="text"/>

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Save

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

**Q5. Answer the narrative question about any human resources issues that your organization is currently experiencing or that you anticipate in the coming reporting period. Explain how do you plan to address these issues.**



Save your words and use point form, but start each point with a "\*".

### 5. Human Resources

Describe any human resource issues that your organization is currently experiencing or you anticipate in the coming reporting period. How do you plan to address these issues?

*(Maximum 250 words, point form preferred, use a \* to start each new point/line. Do not use a hyphen.)*

You cannot exceed 250 words in each response so use point form if needed.

Q6a - 6b. Check off all of the methods of evaluation used to evaluate your program during the reporting period. Then check off all the respondents from which those evaluations were received. Click "Next".

**6. Evaluation**

6a. Check all methods of evaluation used during the reporting period.

- Survey(s)   
  Focus group(s)   
  Verbal feedback from consumers  
 Interview(s)   
  Advisory committee(s)   
  Statistical data (e.g., OCHART, OCASE)

6b. Check all respondents from whom evaluations were received during the reporting period.

- Staff   
  Volunteers   
  Peers   
  Service user   
  Service provider

Q7. Report any shifts or trends for each of the four program streams listed as they relate to this reporting period (if any, should be distinct from standard practice). Start by clicking "Insert" next to the relevant program stream.

7. Report any shifts or trends, including those based on evaluation feedback, and your agency's planned response for each of the four program streams listed below as they relate to this reporting period (if any, should be distinct from standard practice).

To enter the information press **Insert**.

Program stream	Shift or trend	Agency planned response
Client services		 <input type="button" value="Insert"/>
Case management		<input type="button" value="Insert"/>
Testing		<input type="button" value="Insert"/>
Outreach		<input type="button" value="Insert"/>

Q7a - 7b. Answer the narrative questions about any shifts or trends your agency has identified for the applicable program stream during the reporting period. In 7b explain how do you plan to address these emerging trends. Click "+Add" once completed.



Save your words and use point form, but start each point with a "\*".

7. During this reporting period, have you identified any shifts or trends, including those based on evaluation feedback, for this program stream (if any, should be distinct from standard practice)?

*(Maximum 250 words, point form preferred, use a \* to start each new point/line. Do not use a hyphen.)*

example

7b. How are you responding to these emerging trends and/or shifts?

*(Maximum 250 words, point form preferred, use a \* to start each new point/line. Do not use a hyphen.)*

example

Cancel
+ Add
Save

Q7. Once you have reported any shifts or trends for the first program stream, repeat the steps above to enter narratives for your other program streams as they relate to this reporting period by clicking "Insert". You can edit or delete you previous entries by clicking the buttons next to the entry. Once narratives have been inserted for all program streams, click "Next".

7. Report any shifts or trends, including those based on evaluation feedback, and your agency's planned response for each of the four program streams listed below as they relate to this reporting period (if any, should be distinct from standard practice).

To enter the information press **Insert**.

Program stream	Shift or trend	Agency planned response	
Client services	example	example	 <span>Edit</span> <span>Delete</span>
Case management			<span>Insert</span>
Testing			<span>Insert</span>
Outreach			<span>Insert</span>

◀ Previous
Next ▶
Save

Q8. Identify any activities from your current Program Plan that are not completed or are only partially completed. Please provide an explanation and action plan for each partial and/or not completed activity. Begin by clicking "Insert".

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.

Objective	Funded activities not and/or partially completed	Explanation	Agency planned response	Edit	Delete
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="background-color: red; color: white; padding: 5px 10px; border-radius: 5px;">Insert</div> <div style="font-size: 2em; margin: 0 20px;">←</div> </div>					
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="background-color: red; color: white; padding: 5px 10px; border-radius: 5px;">← Previous</div> <div style="background-color: red; color: white; padding: 5px 10px; border-radius: 5px;">Save</div> </div>					

Q8. Select the appropriate objective for the partially/not completed activity from the drop down list. Briefly record a description of the activity, the reason it was not fully completed, and your agency's planned response in the narrative questions. Click "+Add" once completed.

**Objective**

-- Select One --  
-- Select One --  
 Objective 1: Increase the access to hepatitis 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

**Funded activities not and/or partially completed**  
*(Maximum 250 words, point form preferred, use a \* to start each new point/line. Do not use a hyphen.)*

**Explanation**  
*(Maximum 250 words, point form preferred, use a \* to start each new point/line. Do not use a hyphen.)*

**Agency planned response**  
*(Maximum 250 words, point form preferred, use a \* to start each new point/line. Do not use a hyphen.)*

Cancel

+ Add

Save

You cannot exceed 250 words in each response so use point form if needed.

Q8. Repeat the steps above to identify any other activities from your current Program Plan that are not completed or are only partially completed by clicking "Insert". You can edit or delete you previous entries by clicking the buttons next to the entry.

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.

Objective	Funded activities not and/or partially completed	Explanation	Agency planned response	Edit	Delete
Objective 1: Increase the access to hepatitis C treatment and care for priority populations in Ontario	example	example	example		
					




Click "Previous" to review and change answers to past questions. When you are finished, click "Save" to save your work and exit the section.