

PEER PROGRAM
ORGANIZATIONAL CAPACITY BUILDING BASELINE ASSESSMENT
#1

I. Contact Information

Agency/Program Name: _____

Contact Name _____ Title _____

Agency Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____ Fax _____

1. What HIV/AIDS programs/services does your agency provide? *(Check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> HIV Prevention Education | <input type="checkbox"/> HIV Medical care |
| <input type="checkbox"/> HIV Counseling & Testing | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Support Services | <input type="checkbox"/> Peer Education and Advocacy |
| <input type="checkbox"/> HIV Treatment Education for patients/clients | |
| <input type="checkbox"/> Other: _____ | |

2. Approximately, what year did your agency begin offering HIV/AIDS services? _____

3. Approximately, how many unduplicated HIV/AIDS clients does your agency serve annually? _____

4. What is the approximate racial/ethnic breakdown, by percent, of HIV positive clients served by your agency in the past year?

- _____% African American, Non-Hispanic
_____% Asian/Pacific Islander
_____% Alaskan Native
_____% Hispanic/Latino
_____% Native American/American Indian
_____% Native Hawaiian
_____% White, non-Hispanic
_____% Other

100% Total

5. Does your agency currently have a volunteer program?

- Yes No

If yes, how many work in the capacity of a peer? _____

6. Does your agency currently have a peer program? **(If you answer No, please skip to question 10)**

- Yes No

If yes, how many peers are employed/volunteer in your peer program? _____

7. What services do peers provide to clients? (**Check all that apply**)

- | | |
|---|--|
| <input type="checkbox"/> HIV Prevention Education | <input type="checkbox"/> HIV Medical care |
| <input type="checkbox"/> HIV Counseling & Testing | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Support Services | <input type="checkbox"/> Peer Education and Advocacy |
| <input type="checkbox"/> HIV Treatment Education for patients/clients | |
| <input type="checkbox"/> Other: _____ | |

8. Do peers provide individual or group level services

- Individual Group Both

9. What is your interest in expanding or enhancing your existing peer program? (**Circle all that apply**)

- a. Improve training opportunities for peers
- b. Improve peer performance
- c. Improve staff/organizational acceptance of and/or buy into the peer program
- d. Address existing problem areas
- e. Expand their role
- f. Expand the capacity of the program
- g. Other _____

(If you responded to questions 7, 8, and 9, please skip to question #11)

10. What is your interest in implementing a peer program? (**Circle all that apply**)

- a. I (or my organization) use peers for other patients/clients and want to expand to use them for HIV patients/ clients.
- b. I (or my organization) have heard a lot about peer programs and want to explore it.
- c. I am (or my organization) responding to consumer input.
- d. I (or my organization) believe having peers will improve our services.
- e. I (or my organization) believe having a peer program will increase the likelihood of receiving additional funding.
- f. I (or my organization) believe that peers can provide services others can't.
- g. Other _____

11. Please rate the following statements:

	Completely Agree	Partially Agree	Partially Disagree	Completely Disagree
	1	2	3	4
My organization's mission statement and philosophy support the employment of consumers				
Staff members at all levels of my organization would support the employment of consumers				
My organization has plans for how to use consumers as employees.				
Staff members who would work directly with consumer employees support the idea.				
My direct supervisor supports the employment of consumers.				
My supervisor's supervisor (or department director, or next higher up) supports the employment of consumers.				
My organization has policies and procedures that would support the employment of consumers.				
My organization's human resource department (or the person in charge of hiring) would support the employment of consumers.				
My organization would compensate consumers as employees with a salary or hourly wage.				
My organization would compensate consumers as employees with benefits.				
My organization would compensate consumers as employees with incentives such as transportation vouchers, meals, t-shirts/water bottles/backpacks etc.				
My organization has the space to employ consumers.				
My organization has the equipment (computer/phone/fax) to support consumers.				

12. What are the top three capacity-building assistance needs of your agency/organization? **(Write three letters from the list below)**

1. _____

2. _____

3. _____

- a. Organization buy in
- b. Staff buy in
- c. Policy/Procedure development
- d. Human Resource issues
- e. Recruitment/Retention
- f. Funding/Resource development
- g. Peer Training
- h. Staff Training
- i. Supervision
- j. Evaluation/Quality Management

i. Other _____

Is there anything you want to tell us that we didn't think to ask?

Thank you for your participation in this survey.