

**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?**

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**Thank you for your participation in this survey.**