Organizational Readiness Assessment for Integration of Peer Staff

Getting Staff, Peer and Stakeholders Buy-In

- Current staff:
  - Do existing staff want peers added to the organization?
  - How will peers enhance or challenge the jobs of current staff?
- Peers:
  - Do peers want to be staff members?
  - How will their relationships with staff and clients be impacted when they become paid professionals rather than volunteer peers or clients?
- Key stakeholders in the community (i.e. Providers, donors, board members):
  - How will providers work with peers?
  - What are providers' concerns or challenges about working with peers? (Develop strategies to address concerns or challenges)
  - Can the Board promote and/or fundraise for peer programs?
  - How will current clients be informed about a formalized peer advocacy program? What feelings may current clients have about a peer program?

Organizational Values

- Is adding peer advocates consistent with the organization's Mission Statement?
- Value of Peers:
  - Are peers valued equally with other staff at the organization?
  - How is a peer's life experience valued?
  - Is there awareness about the importance of diversity (HIV status, life experience) within the organization?
- Challenges and benefits of incorporating peers:
  - What do you predict as the challenges of incorporating peers?
  - What do you predict as the benefits of incorporating peers?
  - Can the benefits outweigh the challenges?

Identifying funding sources and other financial issues

- Salaries for peers:
  - How can you set salaries for peers that are neither exploitative, nor cause tension with other professionals?
  - How will a salary impact the peers' benefits? (i.e. insurance, disability etc.)

Roles and responsibilities

- Does your organization have a framework to define roles and responsibilities for key staff and peers? (If not, can you create one?)
- Can your peers protect their needs as consumers while advocating in organizations where they also receive services? ("*If I complain about treatment my client got, will my own doctor/nurse/case manager be mad at me?*")

Developing Programs and Policies

- Is the leadership of the organization ready to accept a peer program?
- Will the peers have a role in decision making? What will their role be?
- Can the peers get input from clients/members regarding decision-making and program plans?
- Are mechanisms in place for clients to express concerns to peers and for peers to advocate for clients in a professional manner?
- Is the organization prepared to spend extra time on professional development for peers?
- Is staff familiar with ADA requirements?

Advocacy at the Local, State or National Level

- Is advocacy part of the organizational culture?
- Is management willing to advocate for peer inclusion in provider community?

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)*
   - ☐ HIV Prevention Education   ☐ HIV Medical care
   - ☐ HIV Counseling & Testing   ☐ Case Management
   - ☐ Support Services   ☐ Peer Education and Advocacy
   - ☐ HIV Treatment Education for patients/clients
   - ☐ 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)*

- ☐ HIV Prevention Education
- ☐ HIV Counseling & Testing
- ☐ Support Services
- ☐ HIV Treatment Education for patients/clients
- ☐ Other:_____

- ☐ HIV Medical care
- ☐ Case Management
- ☐ Peer Education and Advocacy

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   f. Funding/Resource development
     b. Staff buy in   g. Peer Training
     c. Policy/Procedure development   h. Staff Training
     d. Human Resource issues   i. Supervision
     e. Recruitment/Retention   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.

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Some of these questions depend upon whether the potential partner has an existing program or is developing one. Feel free to respond with N/A where appropriate.

Organizational Buy-in/Values

1) **What is your interest in implementing a peer program or enhancing your existing peer program? (What do you see as the objective of having a peer program – integrating peers into your organization? This is an alternate way to ask a similar question)**

2) **In what way is integrating peers into your program consistent with your organization's mission?**

3) **What are some of the benefits and challenges of having peers integrated into your organization? (How might having peers enhance or challenge the jobs of current staff? A further explanation of the question/alternate way of asking question)**

4) **How are peers valued in comparison to other staff at the organization (e.g. their life experiences). This question is only for organizations that have a peer program.**

5) **How does existing staff feel about having peers as part of the organization?**

6) **What will be the impact on the organization/staff if or when peers become paid professionals vs. volunteers (particularly if they were/are clients)?**

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7) How will providers outside your organization work with peers? (This question relates to possible referrals that peers may make to other providers on behalf of the client or how peers might engage in a conversation about a client with another healthcare provider).

8) What are some of the challenges that might emerge in the provider-peer relationship?

9) What is the Board's role in working with peers (peers may be Board members; the Board could fundraise for sustainability of peer program)?

10) What information will/do current clients receive about your peer program?

11) How is diversity viewed at your organization? (HIV status, life experiences, cultural competency – welcoming environment)

12) Who else at your organization needs to have buy-in to support the development/further enhancement of your peer program?

13) **Please define what roles and responsibilities your peers have or will have in your organization.**

14) **What services do peers currently provide to clients (please list all with some detailed examples).**

15) **You expressed an interest in expanding your program. Please share in detail what this expansion of your current program might look like.**

16) **In what way can an integrated peer in your organization protect their own needs as consumers when they are receiving services from your organization? (e.g. 'if I raise a concern/complaint about treatment my client is receiving, will my own healthcare provider (doctor, nurse, case manager, social worker) be mad at me and treat me differently?' How do you ensure a peer has their needs protected as a consumer - an alternate way of asking the question)**

Policies and Protocols

17) In what way is the leadership at your organization prepared/ready to accept a peer program?

18) Will peers have a role in decision making and what will that role be?

19) In what way would peers gather input from clients regarding decision-making and program planning?

20) What mechanisms are in place for clients to express concerns to peers and for peers to advocate for clients in a professional manner?

21) How will your organization provide professional development for peers?

22) What role will your organization play in advocating for peer inclusion in the provider community?

23) What is the staff's understanding of ADA requirements?

Capacity Building Needs

24) **You checked off some capacity building needs in the assessment that was sent to you (question # 12 in baseline assessment). Please elaborate on those needs you checked off and share with me what success might look like if you were able to receive technical assistance in those areas?**

Supervision

25) **What supervision (administrative and clinical) systems do you currently have in place to support peers?**

26) **How are supervisors of peers supported in your organization?**

Fiscal Support

27) **Has your organization thought of ways to fiscally support a peer program (e.g. using Ryan White funding designated for core medical services) including salaries or stipends for peers?**

28) **If peers are salaried, how might this affect peers' benefits (insurance, disability etc.)?**

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Stakeholder Analysis

Name	Block	Neutral	Support	Champion

Please list your stakeholders under the name category; then determine whether you consider them to block, remain neutral, support or champion the process by placing an X in that cell; circle the Xs in the cells of those whom you believe don't need to shift; place a circle in the target cells of those stakeholders whom you believe should shift cells and then use the work planning tool to articulate your strategy in moving the X stakeholders to their respective circles.