2. ORGANIZATIONAL READINESS

The tools in this section can be used by health departments (state or local) and private donors to identify local resources and stakeholders available for peer program development and implementation. As a first step, it is important to consider working with state and local consumer advisory groups/boards.

Are you ready for a peer program?

Organizational readiness is an important first step in program development or enhancement. If an organization is not prepared to support a peer program, the likelihood of success is minimal. Therefore, organizations should conduct an assessment of both their capacity to build a peer program and their ability to sustain the program beyond development. This means that the organization needs to value the concept of **peer support** in order to provide the necessary resources for that program. Resources might include: the accessibility and support of key organization decision-makers; the use of available dollars; management structure; peer support; and focused efforts on creating a multidisciplinary care team.

The assessment of peer program capacity consists of three phases:

- **Phase 1: Program Conceptualization**, an initial understanding of the rationale or need for the development or enhancement of a peer program and determining what needs to be accomplished with a peer program.

- **Phase 2**: **Gathering Information** that can help determine the readiness of the organization to develop and implement a peer program, including the organization's current strengths or capacity.

- **Phase 3: Program Development Process**, creating a program development road map (program planning worksheet) that serves as a guide during the start-up or enhancement.

Each phase of the process needs to include those decision makers and stakeholders who have a vested interest in the program. It is ideal for one or two point people to emerge as the champions or leaders of the process of assessment to determine the information to be gathered, analyze results, and share and act upon the results.

ORGANIZATIONAL READINESS

Phase 1: Program Conceptualization

The first step is to identify why the peer program is crucial and what it ideally should look like when operating at its best. In this way, there is a common goal/vision that directs how the program gets developed or enhanced. In order to create a program goal/vision, the following questions should be answered:

- Why is having or enhancing a peer program important?
- What are the goals or expected outcomes of a peer program?
- How does this peer program fit the organization's mission and existing services?
- What will the program look like when these goals are being met?
- Who needs to be involved in the peer program and at what phases in the process?
- What are the funding options for a peer program?

WHO SHOULD BE INVOLVED IN DESIGNING OR ENHANCING A PEER PROGRAM?

To ensure program success, it is critical to identify key stakeholders in the organization or area with whom to collaborate on establishing goals, objectives and vision for a peer program. Here a few suggested individuals or groups to involve as stakeholders:

- Statewide or organizational Consumer Advisory Boards
- Medical and social service providers working with PLWHA
- Planning Councils
- Community partners
- Board of directors, executive director or other key decision makers, human resources
- Supervisors/department heads where potential peers will be assigned
- Funders and other donors

ORGANIZATIONAL READINESS

A peer (second from right) attends a staff meeting at Kansas City Free Health Clinic.

GETTING COMMITMENT FROM PARTNERS: THE PROCESS TO CREATE A PROGRAM CONCEPT

A program concept is a clear understanding of what a program will look like when it is operational. There are many ways to create a concept for a peer program. It may be necessary to conduct several meetings with different sets of stakeholders to develop a program concept. Program managers may respond differently from agency directors, just as physicians might respond differently from nurses, social workers, case managers, clients or consumers. It is important to develop a plan with many of the individuals or groups who will be involved with peers so that the peer program can be successful and sustainable.

Below are questions to discuss with partners in order to build a collective vision and agreement on a peer program. The questions can be asked either in individual or group meetings with stakeholders.

• Ask participants about their concerns about meeting program goals and/or their concerns about keeping clients engaged in the health care system. (In general, many organizations cite that keeping clients engaged can be challenging.)

• Ask participants to speculate why it is difficult to meet program goals or to retain clients in care.

• Do stakeholders believe peers could help the program meet its goals or retain more clients?

• Ask each participant to identify three or four ideas of what peers can do to address these gaps, needs, or challenges.

• Identify the key staff and community members that should be involved with a peer program.

• Outline and establish a process with the key stakeholders and staff to implement this vision and begin working on a program design.

• Select a champion/coordinator who will direct and keep stakeholders informed and maintain momentum.

Depending on the number of stakeholder meetings and other assessment activities, collaborative program conceptualization can be a time-intensive process that may require several months.

ORGANIZATIONAL READINESS

Phase 2: Gathering Information

Using formal assessment tools may help an organization think through its program readiness. It is important to think about who should be part of the assessment process.

• Who are the decision makers at the organization?
• Who understands peer programs from a range of perspectives (consumers, clients, patients, program staff etc.)?
• Who from the community could serve as a support or referral mechanism?
•Who is invested in the success of the peer program?

The Organizational Capacity Building Baseline Assessment Tool in section 2 of the Program Resources accompanying this toolkit evaluates the strengths and challenges the organization currently has. This will help leaders identify further strengths or challenges that may need to be addressed before a peer program can operate at its best. This tool helps collect basic demographic information as well as program and organizational information. It is recommended that all those involved in the peer program be surveyed in order to get the best possible baseline picture of these programmatic and organizational areas.

Ideally, conducting in-person interviews provides the opportunity to build relationships with key people who could then become champions of the peer program. Focus groups or group meetings are another in-person method to gather information. However, if this is not a feasible option, phone interviews or even written surveys can still yield valuable information. With any method, sending the baseline assessment to the respondents in advance saves time, generates interest, and provides

a good place to begin a conversation about the program. This gives the respondents the opportunity to think more succinctly and thoughtfully about the information requested; therefore, more accurate, high quality information will be collected.

The Organizational Capacity Building In-Depth Assessment Tool in section 2 of the Program Resources is a set of primarily open-ended questions that help to further identify organization strengths and define challenge areas for peer programs. The coordinator/champion and the stakeholders who are involved in developing or enhancing the program should use the information from this assessment to inform the program design and identify possible gaps and strengths that should be considered prior to program start.

Phase 3: Program Development Process

The third phase addresses all of the programmatic and organizational issues that were identified by assessment tools by using both a work plan and a program planning tool to direct activities toward the goal of program development or enhancement.

Developing a work plan is an ideal way to put the program vision down on paper. To develop the goal of the program, it is important to outline and include objectives, activities, and evaluation methods in your work plan. Objectives are concrete descriptions of the changes to services as a result of the peer program. Activities describe exactly what peers and other key staff or community members will do and the resources that may be needed to achieve objectives and goals. Finally, evaluation measures and methods are proposed mechanisms for determining if the goals and objectives of the program were met.

ORGANIZATIONAL READINESS

The following work plan framework can be used to articulate the peer program vision as well as the information from the assessment tools in a more concrete way.

EXAMPLE OF WORK PLAN FOR A PEER PROGRAM

Program Concept: Peers will work as part of a multidisciplinary care team to help clients manage living with HIV and improve their health care. Peers will have two distinct roles: co-facilitating peer education/support groups each week and accompanying clients to their health care visits.

Goals: Peers will help improve clients' ability to manage living with HIV and use of HIV health care system by ensuring two medical visits per 12 months, ensuring client membership in support groups, and by reaching out to clients who have fallen out of the health care system.

Objectives	Activities	Evaluation Measures
X% of clients will have 2 medical visits in a measurement year	• Peers assist case managers in scheduling follow-up appts. for referrals and missed appts. • Peers will accompany HIV clients to appts. as needed	• Number of clients who make at least 2 medical visits within 12 months • Number/demographics of HIV clients who receive peer services
X# of clients will participate in support groups at least twice per month	• Peers will co-facilitate support and education groups • Peers will engage clients in membership by contacting clients and surveying clients on areas of interest for group topics • Peers will outreach to clients who are not attending support group	• Number/demographics of HIV clients who attend support groups at least twice/month

Resources for Section 2 (available at http://peer.hdwg.org/program_dev/resources)

- Lotus organizational readiness assessment tool
- Organizational capacity-building baseline assessment tool
- Organizational capacity-building in-depth assessment tool

This section is part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev