

3. DESIGNING A PEER PROGRAM

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Peer-led support program plan

The following is an example of how the Program Planning Tool details the steps of program development or enhancement in an operational format. This example illustrates what should be in place in order to create peer-led support groups.

Program Area	Activity Description	Who	Timeframe	Desired Outcome
Organizational commitment prior to peer hire	<ul style="list-style-type: none"> Gain agreement of how peers will be part of multidisciplinary team through discussion of how peer worker will collaborate with team on support group curriculum, recruitment of client members Outline need for peer-led support groups by reviewing narrative and other evaluative material that supports the needs of peers co-leading groups 	Current team (case manager, clinic supervisor, social worker, nurse etc.)	1 month	<ul style="list-style-type: none"> Make case for having peer co-lead groups Gain commitment from staff due to expressed need and documentation to support need Clear agreement of goals, operation of support group as well as referral system from providers and other client recruitment
Peer job description	<ul style="list-style-type: none"> Outline peer job description including expectations and goals Outline process for peer selection that includes staff input 	Current Team	2 weeks	Peer job description outlining skills and competencies needed to run support group and methods of contribution to team

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Program Area	Activity Description	Who	Timeframe	Desired Outcome
Supervision	<ul style="list-style-type: none"> • Determine who within team is best fit for providing administrative supervision and supportive or clinical supervision • Determine how peer will be integrated into multidisciplinary team • Understand clearly defined job expectations and supports that need to be in place 	Current Team	2 weeks	<ul style="list-style-type: none"> • Present to team • Well defined supervision plan
Recruitment, hiring and compensation	<ul style="list-style-type: none"> • Determine through established process of recruitment any existing clients who might be able to serve as peers • Outline hiring process with team (interviews, references, observation) • Determine method of compensation influenced by funding, disability issues etc. 	Administrative supervisor, supportive or clinical supervisor and team	2 months	<ul style="list-style-type: none"> • Hiring process that is equitable and meets organization needs • Compensation outlined • Peers are hired

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Program Area	Activity Description	Who	Timeframe	Desired Outcome
Orientation	<ul style="list-style-type: none"> Determine and outline orientation plan for peer including introductions to all areas of organization, time period and learning expectations Provide samples of organization policies, procedures and confidentiality agreements Provide ongoing support/mentoring 	Supervisors and team		<ul style="list-style-type: none"> Well integrated peer that is able to access supports for learning Peer who is acquainted with organizational system and knows who to go to for what
Training	Provide training for peers on how to facilitate a support group, communication styles, content	Supervisors and peers	2 months	Peers trained and ready to co-facilitate support groups
Ongoing peer development	Determine ongoing supervision system that follows the coaching model and addresses areas of development including skill training and job satisfaction	Supervisors		Creation of year-long staff development plan
Performance management/ program goal management	<ul style="list-style-type: none"> Based on goals of program and job description Determine ways to measure effectiveness of peer-led support groups (i.e., client satisfaction survey, attendance sheets, knowledge and practices survey) 	Supervisors and peers		<ul style="list-style-type: none"> Goals for program being achieved through peer-led support groups Clients of peer support groups are retained in medical care i.e., 2 medical visits in the past 6 months

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READ MORE: PROGRAM SCENARIO 1

The ABC Clinic wants to improve access to care and treatment

About This Scenario

Below is a program scenario and sample work plan that describes how a peer program may fit into an organizational setting that provides HIV services. This scenario describes a clinic wanting to start a peer program to improve client adherence to treatment.

The ABC Clinic is located in an inner-city community and provides primary HIV care to several hundred adult clients. The program has consistently found it difficult to retain clients in care and to locate clients who have fallen out of care. Its board of directors recommended that the clinic initiate a program to improve retention in care and receipt of needed services in the coming 4-year funding cycle.

At a monthly community-wide HIV service providers meeting, the clinic presented its decision to design a program to improve retention in care and access to services and asked for feedback from other providers. The clinic staff learned that their clients who had fallen out of care often appeared for services at several community sites, including a food pantry, the neighborhood municipal city housing services office, a women's center, and a small community health center that provided family medicine but no HIV care. In addition, a municipal mobile Rapid HIV

Testing (RHT) unit reported that they referred many newly diagnosed HIV cases to the ABC Clinic to initiate HIV primary care, but that the unit did not track how many of its referrals were completed. At the meeting, HIV-positive clients from community organizations described several reasons why people may fall out of care at the clinic, including costs and forgetting appointments, especially appointments scheduled several months apart. They also commented that HIV-positive people may need more education about the importance of regular care, especially lab CD4 and viral load tests every 3 months, even when they do not feel ill, and the importance of long-term adherence to antiretroviral treatment (ART). Based on this feedback, the clinic designed a program that includes both outreach to newly diagnosed people, re-engagement of out-of-care clients and intensive support for adherence to appointments and ART.

The community service sites agree to collaborate with the ABC Clinic to identify out-of-care HIV-positive clients and to return them to clinic services. They will do this by including a few questions on their intake forms about where and when HIV-positive clients had received services, and offering to contact the ABC Clinic for clients who have previously received medical care at the clinic. The RHT unit agrees to allow a clinic employee to travel with the unit and offer clinic services to newly diagnosed individuals.

The clinic will hire three HIV-positive peers to be outreach workers and work part time with the community partner sites (outreach peers). The peers will be located at the clinic but available to respond immediately when the

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sites identify an out-of-care clinic patient. They will also travel with the RHT mobile unit on designated shifts. Outreach peer responsibilities are to:

- Greet clients and identify themselves as employees of ABC Clinic
- Establish rapport and offer access services, including; scheduling HIV primary care appointments at ABC Clinic; making reminder calls before HIV care appointment; escorting clients to their appointments; and introducing clients to the program case manager, who will facilitate access to other needed services.

Outreach peers will be available to facilitate additional referrals and to provide access services for a period of 12 months as needed and provide emotional support to those newly diagnosed from the RHT unit.

The clinic will also dedicate 3 peers to retention and adherence efforts (adherence peers). They

will collaborate with a program case manager at the clinic or at a community-based site. All clients who are engaged or re-engaged through outreach efforts will be encouraged to enroll in the adherence support program. Adherence peers will be assigned to work one-on-one with clients to identify clients' unmet medical and social services needs and other potential barriers to adherence to medical care and ART. They will complete an intake interview and devise an individualized care and treatment plan with each client. The peer will work closely with an assigned program case manager to review and agree to each client's care and treatment plan and make appropriate referrals for each client. Peers will follow up to ensure that referrals are completed, and encourage clients to keep medical appointments. Clients prescribed ART will receive counseling and coaching on ART adherence, while clients who are not prescribed ART will be assessed for their readiness to begin ART. Peers will also track clients' adherence to medical appointments and ask their clients to self-report ART adherence.

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READ MORE: PROGRAM SCENARIO 1

PROGRAM PLAN

Goal: Design and implement a peer program to improve retention in HIV medical care and receipt of support services			
Objectives	Activities/Action Steps	Person(s) Responsible	Evaluation Measures
1.1 Link at least 60% of those newly diagnosed with HIV by the RHT unit to HIV primary care at the clinic within 90 days of receiving test results	<ul style="list-style-type: none"> • Outreach peers attend weekly counseling and testing sessions with RHT staff • Outreach peers make initial introduction and appointment for case management services • Outreach peers inform RHT unit that referrals are completed 	<ul style="list-style-type: none"> • Outreach peers • RHT counseling and testing staff 	<ol style="list-style-type: none"> 1. Number/demographics and time to entry to care at the clinic of newly diagnosed individuals 2. Number of HIV-positive referrals to outreach peers from RHT 3. Number of HIV newly diagnosed with at least 2 case management appointments in 6 months' time
1.2 Link at least 60% of out-of-care clients from community partner sites to clinic services	<ul style="list-style-type: none"> • Outreach peers respond to referrals from other partner sites • Outreach peers link out-of-care clients to case managers at clinic and CBO partners 	<ul style="list-style-type: none"> • Outreach peers • Community partner staff 	<ol style="list-style-type: none"> 1. Number/demographics and time to entry to care at the clinic of out-of-care clients 2. Number of HIV-positive referrals to outreach peers from community partner sites 3. Number of HIV-positive clients with 2 case management appointments in 6 months' time

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Goal: Design and implement a peer program to improve retention in HIV medical care and receipt of support services			
Objectives	Activites/Action Steps	Person(s) Responsible	Evaluation Measures
1.3. Provide HIV primary care and social support services to 30 newly diagnosed persons living with HIV, 100 out-of-care clients and 1000 currently enrolled HIV-positive patients	<ul style="list-style-type: none"> • Adherence peers w/ case managers develop care & treatment plan for HIV-positive clients • Adherence peers make follow-up phone calls for HIV medical visits, lab tests and case management appts • Adherence peers accompany HIV-positive clients to HIV social services appts and medical visits as requested 	<ul style="list-style-type: none"> • Adherence peers • Case managers at clinic and CBO partners • Clinic staff 	<ol style="list-style-type: none"> 1. Number/demographics of HIV-positive clients with care and treatment plan 2. Number/demographics of HIV-positive clients who achieve care and treatment plan goals 3. Number/type of services referred and used by HIV-positive clients 4. Number/demographics of HIV-positive clients with at least 2 medical visits in measurement year (both on ART and those not on ART) 5. Number/demographics of HIV-positive clients (both on ART and those not on ART) with at least 2 CD4 and viral load lab tests in measurement year
1.4 Provide adherence education to at least 600 HIV-positive clients in the clinic	<ul style="list-style-type: none"> • Adherence peers provide support to HIV-positive patients currently on ART • Adherence peers assess HIV-positive patients' readiness for ART 	<ul style="list-style-type: none"> • Adherence peers • Medical staff at clinic • Case managers 	<ol style="list-style-type: none"> 1. Number of HIV-positive clients receiving ART education adherence sessions 2. Number of HIV-positive clients with ART assessments completed 3. Knowledge, practice, and attitude regarding ART for HIV-positive clients who receive adherence education sessions

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READ MORE: PROGRAM SCENARIO 2

Community-based organization wants to engage HIV-positive individuals in care

About this scenario

Below is a program scenario and sample work plan that describes how a peer program may fit into an organizational setting that provides HIV services. This scenario comes from a community-based organization wanting to support clients' engagement in services.

The Smith County Service Program (SCSP) is a community-based organization (CBO) whose mission is to provide outreach and support services for people at risk or living with HIV/AIDS. The staff members provide outreach and prevention education to people at risk for HIV and refer them to counseling and testing services at a nearby clinic. If these adults test positive, the clinic refers them back to SCSP for case management services and education/support groups. At their recent consumer advisory board meeting, the group identified two areas for improving their services.

1. SCSP has been concerned with both the lack of referrals to the education/support groups as well as the inconsistent attendance at these groups. The support groups have been historically facilitated by a staff person who may or may not be living with HIV.

2. The case management program has seen an increase in their caseload, and has been struggling with meeting all the needs of their clients, specifically accompanying them to medical/health care visits. Case managers have HIV-positive clients who are in need of housing assistance, food vouchers, childcare assistance, and other support services. Case managers often are unable to follow up with their clients on clients' HIV medical visits.

The education/support group facilitators and the case managers have joint meetings at the agency. At a recent meeting, these areas for improvement were raised. The program manager asked the team to brainstorm some possible ways to address these areas. One idea was proposed: peers would join this team regularly to address any program challenges.

Support group facilitators, together with peers, felt that if peers were integrated into a co-facilitator role, there might be a greater likelihood for clients to stay engaged. The group also thought that if peers could take on the role of supporting clients in terms of accompanying them to their medical/health care visits, this would reduce the work burden of the support group facilitators.

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PEER PROGRAM PLAN

Goal: Increase HIV-positive clients' access to and engagement in support and medical services			
Objectives	Activities/Action Steps	Person(s) Needed	Evaluation Measures
1.1 Provide at least 2000 outreach encounters to at-risk HIV individuals, targeting substance users, homeless persons, MSM, women, and communities of color	<ul style="list-style-type: none"> • Conduct at least 8 education and outreach activities at the agency and in the community per week. • Identify and build relationships with at least 8 other social service agencies (food agencies, housing organizations, substance treatment providers, etc) to outreach to at-risk populations • Refer at-risk individuals to HIV counseling and testing at the clinic 	Prevention education coordinator and peer outreach workers	<ol style="list-style-type: none"> 1. Number of prevention education activities 2. Number and demographics of outreach encounters 3. Number of partner agencies conducting monthly prevention/education sessions 4. Number of referrals to counseling and testing at the clinic
1.2 Provide at least monthly case management services to 100% of HIV-positive newly diagnosed or lost-to-follow-up individuals referred from the clinic	Hold monthly meetings with clinic staff to identify newly diagnosed or lost-to-follow-up HIV-positive clients.	<ul style="list-style-type: none"> • HIV case management supervisor • Peer • Case manager • Clinic staff 	<ol style="list-style-type: none"> 1. Number/demographics of HIV-positive clients referred to HIV case management services 2. Number/demographics of HIV-positive clients enrolled in HIV case management services 3. Number of HIV-positive clients with case management plans and service goals 4. Number/types of services provided

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Goal: Increase HIV-positive clients' access to and engagement in support and medical services			
Objectives	Activites/Action Steps	Person(s) Needed	Evaluation Measures
1.3 Get 80% of HIV-positive clients to attend weekly support groups	<ul style="list-style-type: none"> • Conduct at least 2 groups/week around HIV care and treatment adherence, positive living, resources, and other consumer-identified topics • Recruit HIV-positive clients into support groups 	<ul style="list-style-type: none"> • Peer leader • Staff support group leader • Program manager 	<ol style="list-style-type: none"> 1. Number and topics of support groups 2. Number of HIV-positive clients who attend support groups
1.4 Link 80% of HIV-positive clients into medical and social support services	<ul style="list-style-type: none"> • Conduct reminder and follow-up phone calls regarding medical and social service appointments • Accompany HIV-positive clients to medical and social service appointments 	<ul style="list-style-type: none"> • Peers • Case managers • Clinic staff 	<ol style="list-style-type: none"> 1. Number of HIV-positive case-managed clients with at least 2 medical visits in measurement year

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AIDS service organization to support and link HIV-positive patients in care and treatment

About this scenario

XYZ center is an AIDS Service Organization whose mission is to provide outreach, prevention and support services for people at risk and living with HIV/AIDS. The staff members include both peer and non-peer staff and volunteers who provide HIV prevention education and counseling and testing. The agency also has a social worker on staff to run support groups for HIV-infected clients and affected family members. The agency provides HIV counseling and testing for at-risk individuals, and those who are diagnosed with HIV are referred to a local clinic for case management and medical services.

At a recent partner, staff and consumer advisory board meeting, the clinic presented results from recent evaluation of its services which indicated that their case managers are facing challenges with managing large client caseloads. The case managers have a significant proportion of patients who are missing medical appointments. The clinic would like assistance with supporting patients to ensure they are keeping up to date with their medical appointments and treatment. They have offered to provide funding for two part-time, HIV-positive peers to work with clients, case managers, and medical providers. Below is a potential program plan to integrate the two peers into the agency's services.

PEER PROGRAM PLAN

Goal: Increase HIV-positive clients' retention with HIV support and medical services			
Objectives	Activities/Action Steps	Person(s) Responsible	Evaluation Measures
Link 80% of newly diagnosed HIV-positive clients into medical and social support services	<ul style="list-style-type: none"> Prevention staff and peer leader provide support, education, and referrals for case management and medical services to newly diagnosed HIV-positive patients 	<ul style="list-style-type: none"> Prevention education staff Peer leader Case manager from partner agency 	1. Number of newly diagnosed HIV-positive clients that have a case management and medical appointment within 6 months of diagnosis

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Goal: Increase HIV-positive clients' retention with HIV support and medical services			
Objectives	Activities/Action Steps	Person(s) Responsible	Evaluation Measures
Link 80% of HIV-positive clients into medical and social support services	<ul style="list-style-type: none"> • Conduct reminder and follow-up phone calls regarding medical and social service appointments • Accompany HIV-positive clients to medical and social service appointments 	<ul style="list-style-type: none"> • Peer leader • Case managers • Clinic staff 	1. Number of HIV-positive case-managed clients with at least 2 medical visits in measurement year
Get 80% of HIV-positive clients to attend weekly support groups	<ul style="list-style-type: none"> • Conduct at least 2 groups/week around HIV care and treatment adherence, positive living, resources, and other consumer-identified topics • Recruit HIV-positive clients into support groups 	<ul style="list-style-type: none"> • Peer leader • Staff support group leader • Program manager 	<ol style="list-style-type: none"> 1. Number and topics of support groups 2. Number of HIV-positive clients who attend support groups

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