

**Peer Education Training Site (PETS)
Partner Organizations Baseline Survey**

I. Contact Information

Agency/Program Name: _____

Contact Name _____ Title _____

Agency Address _____ City _____ State ____ Zip _____

Phone _____ E-mail _____ Fax _____

II. Agency Description

1. Please check the category that best describes your agency: **(Check only one)**

- | | |
|---|---|
| <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Mental Health Program |
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> Private Medical Group Practice |
| <input type="checkbox"/> Dental Care Provider | <input type="checkbox"/> State/Local Health Department |
| <input type="checkbox"/> HMO/Managed Care Practice | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Hospital/ Clinic | <input type="checkbox"/> Other (please describe): _____ |

2. 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: _____ | |

3. Does your agency/organization receive Ryan White Funding?

- Yes
 No
 Don't Know

If yes, what title(s) **(check all that apply)**:

- Title I
 Title II
 Title III
 Title IV
 Don't Know

III. Program/Services Description

4. Which of the following **best** describes your agency’s HIV/AIDS direct client-centered service area?

- Primarily urban
- Primarily rural
- Rural and urban

5. In the past year, approximately how many unduplicated HIV-positive clients did your agency serve?

(Note: This includes all new and on-going clients)

_____ HIV-positive unduplicated clients

6. Which of the following populations receive HIV/AIDS services at your agency? (**Check all that apply**)

- | | |
|--|--|
| <input type="checkbox"/> Community-at-large | <input type="checkbox"/> Pregnant women |
| <input type="checkbox"/> Non gay-identified men who have sex with men | <input type="checkbox"/> Children (12 and under) |
| <input type="checkbox"/> Gay-identified men who have sex with men | <input type="checkbox"/> Bisexual men |
| <input type="checkbox"/> Heterosexual men & boys | <input type="checkbox"/> Homeless persons |
| <input type="checkbox"/> Injecting drug users | <input type="checkbox"/> Sex industry workers |
| <input type="checkbox"/> Non-injecting drug users | <input type="checkbox"/> Incarcerated/transitioning adults |
| <input type="checkbox"/> Sex or needle-sharing partners of persons at risk | <input type="checkbox"/> Incarcerated/transitioning youth |
| <input type="checkbox"/> Youth in general (ages 13-24) | <input type="checkbox"/> Transgender persons |
| <input type="checkbox"/> Youth with same-sex partner(s) | <input type="checkbox"/> Rural/migrant population |
| <input type="checkbox"/> Heterosexual women & girls | <input type="checkbox"/> Immigrants/Refugees |
| <input type="checkbox"/> Lesbian or bisexual women | <input type="checkbox"/> Senior citizens |
| <input type="checkbox"/> Other (<i>please specify</i>) _____ | |

7. What is the gender of the HIV-positive clients served by your agency in the past year? (**Check all that apply**)

- Male
- Female
- Transgender persons

8. What is the racial/ethnic breakdown of HIV-positive clients served by your agency in the past year?

- a. _____ % African American, non-Hispanic
- b. _____ % Asian/Pacific Islander
- c. _____ % Alaskan Native
- c. _____ % White, non-Hispanic
- d. _____ % Hispanic/Latino
- e. _____ % Native American/American Indian
- f. _____ % Native Hawaiian
- g. _____ % Other
- 100% Total**

h. _____ No specific racial/ethnic population targeted

9. What is your approximate annual budget for HIV services? _____

10. Do you have a peer program?

- a. Yes
- b. No

a. If yes, is it: _____ volunteer, _____ paid (e.g. stipend or salary) or _____ both?

b. If yes, is it funded?

c. If yes, what is the source of funding? _____

d. If no, what are your plans for acquiring financial resources to support a peer program?

IV. Services provided by HIV-positive peers

11. Does your agency/organization currently use HIV-positive peers in any capacity?

- Yes No (*Skip to Q.#19*)

12. How long has your agency used HIV-positive peers? _____

13. In the past year, how many HIV-positive peers worked as paid staff in your agency/organization?

_____ HIV- positive peers work as paid staff

13.a. What are the total full-time-equivalents (FTEs) for paid staff? _____ FTEs

13.b. What are the total part-time equivalents (PTEs) for paid staff? _____ PTEs

14. In the past year, how many HIV-positive peers volunteered in your agency?

_____ HIV positive peers volunteered

14.a. What are the total full-time-equivalents (FTEs) for volunteer staff? _____

14.b What are the total part-time equivalents (PTEs) for volunteer staff? _____

15. What are the main HIV-positive peer roles and responsibilities in your agency? (**Check all that apply**)

- HIV prevention education
 - Group talks, workshops, classes
 - One-on-one
- Outreach to bring people into HIV counseling and testing
- Outreach to bring HIV+ people into medical care
- HIV information and referrals to services for individuals living with HIV
- Client advocacy for HIV+ individuals who are having problems getting services
- Emotional support or counseling to HIV+ individuals (one-on-one)
- Emotional support or counseling to HIV+ individuals (in a group/support groups)
- Accompanying HIV+ individuals to medical appointments
- Accompanying HIV+ individuals to other services
- HIV treatment education
 - Group talks, workshops, classes
 - One-on-one
- HIV treatment adherence support
 - Group talks, workshops, classes
 - One-on-one
- Spiritual support
- Practical support (help with grocery shopping, budget planning, errands, living skills, laundry, etc.)
- Other (please describe): _____

16. In the past year, approximately how many HIV-positive clients worked with peers in your agency?

_____ total HIV-positive clients.

17. Do you collect demographic information on these clients (race, gender)?

- Yes
- No

17. a. If yes, please give the gender and race/ethnicity of HIV-positive clients working with peers.

Gender

_____ % Male
_____ % Female
_____ % Transgender persons
100 % Total

Race/Ethnicity

_____ % African American, non-Hispanic
_____ % Asian/Pacific Islander
_____ % Alaskan Native
_____ % Hispanic/Latino
_____ % Native American/American Indian
_____ % Native Hawaiian
_____ % White, non-Hispanic
_____ % Other
100% Total

17.b. If no, what are the similarities and differences between the clients who work with peers and the total HIV-positive client population your agency serves?

18. Do you have a supervision system for peers?

- Yes
- No

18. a. If yes, how is supervision provided? Do you have clinical and/or administrative supervision? Who provides the supervision?

19. What are your goals for collaborating with NAME OF PETS organization? (*Check all that apply*)

- Establish a peer component in your organization/agency
- Expand the number and demographics of the target populations served
- Expand the network of collaborating agencies
- Expand the role of peers in the organization
- Changes in peer supervision capacity
- Ability to track/document outcomes
- Increase the percentage of individuals who return for test results
- Increase the number of sero-positives who present for medical care
- Increase the number of clients who engage in case management or support groups
- Increase the number of clients who are informed about highly active antiretroviral therapy (HAART)
- Increase the number of clients who start highly active antiretroviral therapy (HAART)
- Increase the number of clients who are adherent with highly active antiretroviral therapy (HAART)

Other program outcomes. (*Please describe*):

20. In what areas would you like to improve your agency's ability to establish or use HIV-positive peers?

V. Additional comments:

Thank you for your participation in this survey