

**Peer Education Training Site (PETS)
Partner Organization Follow-up Survey**

I. Contact Information

Agency/Program

Name: _____

Contact Name _____ Title _____

Agency Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____ Fax _____

II. Agency Description

(Instructions to the interviewer: Review baseline survey for list of HIV programs/services provided by the organization prior to the interview.)

1. Last year you mentioned your agency provides (LIST OF HIVSERVICES/PROGRAMS)
What changes in services have you experienced in the past year? (Probes: What are your new services/programs? What services/programs did you cut?)

2. Has your agency received any Ryan White funding during the past year?

- Yes
- No
- Don't Know

If yes, what title (s):

- Title I - PART A
- Title II - PART B
- Title III - PART C
- Title IV - PART D
- Don't Know

3. What changes in HIV funding has your agency experienced in the past year?

4. I'd like to ask about funding specifically for HIV peer services. Did your agency receive funding for HIV peer services in the past year?

- Yes
- No

5. Did you have any changes in funding for HIV peer services in the past year?

- Yes
- No

5a. Did you receive any new funding for HIV peer services?

- Yes
- No

5b. Did you lose any funding for HIV peer services in the past year?

- Yes
- No

6. Do you have any funding requests for HIV peer services pending?

- Yes
- No

III. Program/Services Description

7. What are the **new** populations that received HIV/AIDS services at your agency in the past year? (For example please describe gender, race/ethnicity, and other sub-population groups)

8. In the past year, approximately how many unduplicated HIV-positive clients did your agency serve? (Note: include new and on-going clients)

_____ HIV-positive unduplicated clients

9. During the past year, has the total number of HIV-positive clients your agency serves:

1. increased
2. decreased
3. stayed the same

IV. Peer Services

10. Does your agency currently use HIV-positive peers in any capacity?

- Yes
- No (*Skip to Q. #20*)

11. When were peer services initiated? _____ (month/year)

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

_____ HIV- positive peers work as paid staff

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

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

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

_____ HIV positive peers volunteered

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

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

14. Approximately how many HIV-positive clients work with peers?

_____ total HIV-positive clients.

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

- Yes
- No

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

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

16. How many peers in your agency were trained by the NAME OF PETS ORGANIZATION?

_____peers

17. (**Instructions to interview:** Review data from baseline questionnaire prior to asking this question.) What are the **CHANGES** to roles and responsibilities for peers in your agency?

(Since baseline date -- 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): _____

18. What changes to your supervision system have been implemented in the past year as a result of your participation in the PETS program?

19. How many staff persons with supervisory or program management roles and responsibilities were trained or received technical assistance from NAME OF PETS ORGANIZATIONS?

_____staff

20. From your perspective what were the changes to your agency for each of the following items as a result of your collaboration with NAME OF PETS organization? (**Interviewer: read each item and check all that apply**)

Did you establish a peer program?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Increased/Improved	Stayed the same	Decreased	Not/Applicable
a. The number and demographics of the target populations served by your agency				
b. Your network of collaborating agencies				
c. The role of peers in your agency				
d. Peer and staff skills				
e. Peer supervision capacity				
f. Ability to track/document outcomes				
g. Percentage of individuals who return for test results				
h. The number of HIV-positive persons who present for medical care				
i. The number of clients who engage in case management or support groups				
j. The number of clients who are informed about highly active antiretroviral therapy (HAART)				
k. The number of clients who start highly active antiretroviral therapy (HAART)				
l. The number of clients who are adherent with highly active antiretroviral therapy (HAART)				

Other program outcomes. **Please describe:**

- 21. a. What were the challenges for your agency in collaborating in the PETS programs?
- b. What things facilitated your communication?

22. What are the challenges of operating a peer program in your agency?

23. What are your recommendations/suggestions for future collaboration with NAME OF PETS program?

V. Additional comments:

Thank you for your participation in this project.