

## **CSTAP State Hospital Peer Assessment Protocol January 2006 2<sup>nd</sup> Edition**

- The CSTAP State Hospital Peer Assessment Base Data Set cannot be altered in any way.
- Organizations or Groups using this tool may complement it's usage with additional questions or information.
- Individuals facilitating the CSTAP Peer Assessment must be a self-identified consumer of mental health services.
- Training of one full business day shall be provided to individuals facilitating Peer Assessments, if those individuals are trained employees of Consumer/ Family Satisfaction Teams (C/FST).
- If individuals have not previously been employed by a C/FST a more intensive two-day training is recommended covering training offerings typically offered to C/FST Interviewers.
- An Introduction Statement to be generated by collaborating C/FSTs must be presented to individuals before facilitating the Peer Assessment.
- Participation by individuals offered to complete a Peer Assessment is voluntary and not to be coerced in any way.
- Participating individuals must have a private area absent of hospital staff in which to complete a peer assessment.
- Organizations facilitating the Peer Assessments have a responsibility to share the Individualized Reports/data with the State Hospital Authority coordinating Community Support Plans.
- It is strongly suggested that the Individualized Report be included in official charts for individuals' review and utilization
- Data obtained by the Peer Assessment must be treated with utmost respect and confidentiality by individuals and organizations facilitating the Peer Assessments.
- Data collected shall remain the property of C/FSTs or other organizations tasked with facilitating the Peer Assessments and should be shared with authorities needing the Individualized Reports for Community Treatment Plans.
- Demographic and all other anonymous data shall be inputted via web-entry for the construction of Statewide and Regional Aggregate Data Reports.
- A standard fee, set by CSTAP shall be paid to organizations facilitating Peer Assessments for collecting and entering data electronically.

# CSTAP State Hospital

## Peer Assessment Base Data Set

January 2006 CSTAP Approved Edition

*Please follow CSTAP Protocol on utilization of CSTAP State Hospital Peer Assessment.*

*Contact CSTAP at 877-203-0760 if no protocol was present with this tool.*

*(Please Insert a CST generated Introductory statement here, prior to facilitating the Peer Assessment.)*

### Identifying Information

**Q1 Interviewer**

**Q2 Pennsylvania State Hospital Facility**

Allentown

Mayview

Torrance

Clarks Summit

Norristown

Warren

Danville

South Mountain

Wernersville

**Q3 Date  
(Month/Day/Year)**

**Q4 Organization  
(C/FST)**

**Q5 Name of  
Individual (First,  
MI, Last):**

**Q6 Date of Birth  
(month/day/year):**

**Q7 Gender:**

Male

Female

**Q8** What County did you live in prior to being hospitalized?

**Q9** How would you describe your race?

White

African American

Other:

Hispanic

American Indian or  
Alaska Native

Hawaiian or Other  
Pacific Islander

Asian

**Q10** Do you have any of the following disabilities?

Visual impairment

Mobility impairment

Other:

Hearing impairment

No physical limitations

## Living

### Readiness for Discharge

**Q11** How ready do you feel to live outside of the hospital?

Not ready

A little ready

Ready

**Q12** Why do you say that?

**Q13** What do you see yourself doing to further your mental health recovery?

**Q14 What do you think you need to get to that place?**

**Q15 What do you see as your strengths?**

**Q16 What are the three most important things you need once you get out of the hospital?**

**Q17 What have you learned from this hospital experience that may help you in the future?**

**Q18 What are your hopes and dreams for the future?**

**Housing/Living Environment**

In addition to the location you want to live in, I want to know the type of place you want to live. So, for each of the housing choices below, I will ask you how much you want to live there and then I will ask you how much professional support you think you will need if you live in that type of place. Do you want to:

**Q19**

	<b>Very Much</b>	<b>A Little</b>	<b>Not at All</b>
Live in a house, apartment or room by yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live in a house, apartment or room with family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live in a house, apartment or room with roommate(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<b>Very Much</b>	<b>A Little</b>	<b>Not at All</b>
Live in a <b>transitional</b> rehabilitation group setting with other individuals and 24/7 staff support on-site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live in a <b>permanent</b> group setting with other individuals and 24/7 staff support on-site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living in a nursing home because of severe medical problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q20 Do you want:**

<input type="radio"/> Daily Support Staff	<input type="radio"/> Monthly Support Staff	<input type="radio"/> I don't know
<input type="radio"/> Weekly Support Staff	<input type="radio"/> No Support Staff	

**Q21 What is the maximum number of people you would like to live with in the same bedroom?**

<input type="radio"/> No one	<input type="radio"/> 2	<input type="radio"/> 4	<input type="radio"/> 6
<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> No preference

**Q22 What is the maximum number of people you would like to live with in the same house or apartment?**

<input type="radio"/> No one	<input type="radio"/> 2	<input type="radio"/> 4	<input type="radio"/> 6
<input type="radio"/> 1	<input type="radio"/> 3	<input type="radio"/> 5	<input type="radio"/> 7 or more

**Q23 Would you prefer to live with a:**

<input type="radio"/> Smoker	<input type="radio"/> Non-Smoker	<input type="radio"/> No preference
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**Q24 If you share a living space, what age group do you want to live with?**

**Q25 Where did you live in the past several years that was most preferable to you?**

**Q26 In which County would you like to live?**

- |                                  |                                  |                                      |   |
|----------------------------------|----------------------------------|--------------------------------------|---|
| <input type="radio"/> Adams      | <input type="radio"/> Clinton    | <input type="radio"/> Lackawanna     | <input type="radio"/> Pike                          |
| <input type="radio"/> Allegheny  | <input type="radio"/> Columbia   | <input type="radio"/> Lancaster      | <input type="radio"/> Potter                        |
| <input type="radio"/> Armstrong  | <input type="radio"/> Crawford   | <input type="radio"/> Lawrence       | <input type="radio"/> Schuylkill                    |
| <input type="radio"/> Beaver     | <input type="radio"/> Cumberland | <input type="radio"/> Lebanon        | <input type="radio"/> Snyder                        |
| <input type="radio"/> Bedford    | <input type="radio"/> Dauphin    | <input type="radio"/> Lehigh         | <input type="radio"/> Somerset                      |
| <input type="radio"/> Berks      | <input type="radio"/> Delaware   | <input type="radio"/> Luzerne        | <input type="radio"/> Sullivan                      |
| <input type="radio"/> Blair      | <input type="radio"/> Elk        | <input type="radio"/> Lycoming       | <input type="radio"/> Susquehanna                   |
| <input type="radio"/> Bradford   | <input type="radio"/> Erie       | <input type="radio"/> McKean         | <input type="radio"/> Tioga                         |
| <input type="radio"/> Bucks      | <input type="radio"/> Fayette    | <input type="radio"/> Mercer         | <input type="radio"/> Union                         |
| <input type="radio"/> Butler     | <input type="radio"/> Forest     | <input type="radio"/> Mifflin        | <input type="radio"/> Venango                       |
| <input type="radio"/> Cambria    | <input type="radio"/> Franklin   | <input type="radio"/> Monroe         | <input type="radio"/> Warren                        |
| <input type="radio"/> Cameron    | <input type="radio"/> Fulton     | <input type="radio"/> Montgomery     | <input type="radio"/> Washington                    |
| <input type="radio"/> Carbon     | <input type="radio"/> Greene     | <input type="radio"/> Montour        | <input type="radio"/> Wayne                         |
| <input type="radio"/> Centre     | <input type="radio"/> Huntingdon | <input type="radio"/> Northampton    | <input type="radio"/> Westmoreland                  |
| <input type="radio"/> Chester    | <input type="radio"/> Indiana    | <input type="radio"/> Northumberland | <input type="radio"/> Wyoming                       |
| <input type="radio"/> Clarion    | <input type="radio"/> Jefferson  | <input type="radio"/> Perry          | <input type="radio"/> York                          |
| <input type="radio"/> Clearfield | <input type="radio"/> Juniata    | <input type="radio"/> Philadelphia   | <input type="radio"/> Some other State<br>(specify) |

**Q27 The next time you are discharged, is there a particular neighborhood, town or city you want to live in?**

*This is the last question under housing. Here is a list of places you might go when you are living in the community. I will read each place. After I read each place, you tell me if you prefer to be in walking distance of this place or if you don't mind taking a bus to get there.*



**Q30 Money Management**

	<b>Completely on my own</b>	<b>With some help</b>	<b>Don't know how</b>
Budgeting my own money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Banking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balancing a checkbook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q31 Self-Care and Safety**

	<b>Completely on my own</b>	<b>With some help</b>	<b>Don't know how</b>
Maintaining personal appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping a clean living space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizing dangerous situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contacting someone in an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding a place to live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q32 Mental Health Needs**

	<b>Completely on my own</b>	<b>With some help</b>	<b>Don't know how</b>
Getting services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Following a medication schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug/Alcohol treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expressing/Verbalizing what I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding someone to go to appointments with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q33 Transportation**

	<b>Completely on my own</b>	<b>With some help</b>	<b>Don't know how</b>
Having access to a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning a bus schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking the bus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting a valid driver's license	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q34 Do you know how to read?**

Yes  No



**Q35** If yes, do you have any trouble reading or understanding what you are reading?

Yes

No

**Q36** Would you like to learn how to use a computer?

Yes

No

**Q37** Do you want to pursue any education?

Yes

No

If yes, what kind?

**Q38** Are you interested in becoming active in the consumer movement?

Yes

No

## **Socializing**

**Q39** Who has meant the most to you over the last six months?

**Q40** How would you like to stay in contact with them?

## **Social Skills**

*This would cover Social Rehabilitation, Intensive Case Management (ICM) and Consumer Self-Help.*



**Q46 What type of work do you preferred:**

**Q47 Would you like training for a job?**

Yes

No

**Clinical/Medical**

**Q48 Do you have:**

**Yes**

**No**

A Primary Care Physician/Family Doctor?

Dentist

**Q49 Which of the following tools or treatments do you think you'll need for your mental wellness?**

Individual Therapy (just you and a therapist)

Partial Hospitalization

Dance Therapy

Talk therapy

Clubhouse

Relaxation Techniques

Group therapy with other patients and therapist

Drop-In Center

Spirituality (in a group setting)

Individuals visits with psychiatrist

Meditation

Spirituality (alone)

Group visits with psychiatrist

Art Therapy

Proper Nutrition

Psychiatrist/Therapist who visits you where you live

Music Therapy

Massage Therapy

Family therapy to help you get along better with family members

Pet Therapy

Acupuncture

Pet Ownership

Exercise

Other therapies/assistance:

**Q50 Are there any behaviors you have that make you feel unsafe?**

Yes

No

If yes, what?

**Q51 How often can you tell when mental or emotional problems are about to occur?**

Never

Sometimes

Always

Rarely

Often

**Q52** When you can tell problems are about to occur, how often can you take care of those problems before they become worse?

- Never
- Rarely

- Sometimes
- Often

Always

**Q53** Have you been given relapse prevention tools to use when you return to the Community?

Yes

No

**Q54** Has anyone worked with you to create an Advance Directive

Yes

No

**Q55** Do you know where you need to call or go to locate an advocate if you need one with regard to insurance issues, treatment concerns, housing concerns, or civil rights?

**Yes**

**No**

In the Hospital

In the Community

**Q56** Is there anything else you would like to tell me? (If more space is needed, please print response on the back of the page)

**Q57 How satisfied are you with the peer assessment you just completed?**

*Very Satisfied*

*Neutral*

*Very Unsatisfied*

*Satisfied*

*Unsatisfied*

*Explain:*

**Q58 Additional  
Comments:**

