

CSTAP State Hospital Peer Assessment Protocol January 2006 2nd 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

	Very Much	A Little	Not at All
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"/>

	Very Much	A Little	Not at All
Live in a transitional 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 permanent 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:

Daily Support Staff
 Monthly Support Staff
 I don't know
 Weekly Support Staff
 No Support Staff

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

No one
 2
 4
 6
 1
 3
 5
 No preference

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

No one
 2
 4
 6
 1
 3
 5
 7 or more

Q23 Would you prefer to live with a:

Smoker
 Non-Smoker
 No preference

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
(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

	Completely on my own	With some help	Don't know how
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

	Completely on my own	With some help	Don't know how
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

	Completely on my own	With some help	Don't know how
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

	Completely on my own	With some help	Don't know how
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:**