# **Vermont Department of Mental Health (DMH) CRT Consumer Survey**

## 1 - PROVIDER INFORMATION

Program Setting \*

Clara Mar	in Center g Service of Ad	ldison County	,		
	=	-	es of Southeaste	rn Vermont	
Howard C					
Lamoille C	ounty Mental F	Health Service	es		
	Kingdom Huma				
	ern Family Instit		Coming		
Pathways	ern Counseling Vermont	and Support	Services		
-	ental Health Se	ervices			
United Co	unseling Servic	ce			
_	n County Ment	al Health Ser	vices		
Other					
Other					
Other					<u>  V</u>
Other					
Other					
	ne:*				
	ne:*				
	ne:*				
Provider Nai					
Provider Nai					
Provider Nar					
Provider Nai					
Provider Nar Street or PO		State *	Zip Code: *		
Provider Nai		State *	Zip Code: *		
Provider Nai Street or PO		State *	Zip Code: *		

## What type of setting do you live in?

- Shared Living Home Provider individualized shared living arrangements within a home provider's home
- Staffed Living living arrangements for one or two people, staffed full-time by employees of an agency
- Group Living
- Intensive Residential Recovery

#### Intensive Residential Recovery Program

- Hilltop Recovery Residence
- MapleWood Recovery Residence
- Meadowview Recovery Residence
- Second Spring Westford
- Second Spring Williamstown
- Soteria House

#### Location:

- Clara Martin Center Safe Haven
- Counseling Service of Addison County Hill House
- Counseling Service of Addison County Robinson House
- Health Care and Rehabilitation Services of Southeastern Vermont -Beekman House
- Health Care and Rehabilitation Services of Southeastern Vermont -Woodstock House
- O Howard Center 20 South Willard
- Howard Center 72 North Winooski
- Howard Center Arroway (41 Spuce St)
- Moward Center Branches

O	Howard Center - Lakeview
0	Howard Center - Next Door
0	Howard Center - Safe Haven
0	Lamoille County Mental Health Services - Copley House Community Care Home
0	Lamoille County Mental Health Services - Johnson Street Group Home
0	Northwestern Counseling and Support Services - 174 North Main Street
0	Northwestern Counseling and Support Services - 22 Upper Welden
0	United Counseling Service - South Street
0	Washington County Mental Health Services - 62 Barre Street (Single Steps)
0	Washington County Mental Health Services - 7 St. Paul (Segue)
0	Washington County Mental Health Services - Transitional Housing
0	Other
Re	sidence Name:
Str	eet or PO Box:
Cit	y: State: Zip Code:

Provider Service Locatio	n *	
Location Name:		
Street or PO Box:		
City:	State:	Zip Code:
Individual Completing Su	ırvey	
First Name: *		
Street or PO Box:*		
City: *	State:*	Zip Code: *
Phone: *	Email:	

## 2 - PHYSICAL LOCATION CHARACTERISTICS

2.1
Is the place where you are living located in a building or on the grounds of hospital or nursing facility?
© Yes
O No
O D/K
2.2
Is the place where you are living located in a building on the grounds of, or immediately next to, a prison?
© Yes
O No
© D/K

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Is the place where you are living one of multiple locations that the provider owns or operates on the same street? For example, does your designated agency own several houses on the street where you live? (Please answer "no" if your residence/service setting is a part of a duplex or multiplex and there are no other houses owned or operated by your provider on the street.) \*

- O Yes
- No
- O D/K

## 3 - INTEGRATION WITH THE COMMUNITY

3.1	
If you want to, can you go out into the community during the day? For example, are you able to visit friends, go shopping or to a movie?	
© Yes	
C No	
Is this restriction:	
C Part of your person-centered plan	
<ul> <li>Part of a legal restriction</li> </ul>	
Part of the rules of the place you are living	
C Other	
Please explain:	
<u>[◀]</u>	

3.2	
Do the staff who support you tell you about things to do, like shopping, attending church eating out or going to concerts, parades, movies or fairs?	)
© Yes	
O No	
Is this restriction:	
C Part of your person-centered plan	
C Part of a legal restriction	
C Part of the rules of the place you are living	
O Other	
Please explain:	
	Þ

3.3
In the past month, have you gone shopping, to church, a community event or out to eat with family and friends?
© Yes
C No
Is this restriction:
Part of your person-centered plan
Part of a legal restriction
Part of the rules of the place you are living
Other
Diagon avalaire
Please explain:
<u>                                      </u>

3.4	
Have you been given information about available transportation to get around the community where you live?	
© Yes	
C No	
Is this restriction:	
C Part of your person-centered plan	
<ul> <li>Part of a legal restriction</li> </ul>	
Part of the rules of the place you are living	
Other Other	
Please explain:	
4	<b>▶</b>

3.5	
If you want to, can you have a paid job?  C Yes	
C No	
Is this restriction:	
C Part of your person-centered plan	
C Part of a legal restriction	
Part of the rules of the place you are living	
C Other	
Please explain:	
	1
	Þ

3.6
Have you told the staff helping you that you wanted a job?  O Yes
C No
Is the restriction:
C Part of your person-centered plan
C Part of a legal restriction
<ul> <li>Part of the rules of the place you are living</li> </ul>
Other Other
Please explain:

3.7	
Do you have a paid job?  Yes  No	
Is the restriction:  Part of your person-centered plan  Part of a legal restriction  Part of the rules of the place you are living  Other	
Please explain:	Þ

3.8
If you want to, can you volunteer in the community?  • Yes
C No
Is the restriction:
Part of your person-centered plan
C Part of a legal restriction
Part of the rules of the place you are living
C Other
Please explain:
1

3.9	
Have	e you told the staff helping you that you wanted to volunteer somewhere?
O N	lo
Is the	e restriction:
O P	art of your person-centered plan
O P	art of a legal restriction
	art of the rules of the place you are ving
© C	Other
Pleas	se explain:
4	<u> </u>

3.10	
Are you volunteering somewhere?  C Yes	
© No	
Is the restriction:	
C Part of your person-centered plan	
C Part of a legal restriction	
<ul> <li>Part of the rules of the place you are living</li> </ul>	
Other Other	
Please explain:	
[4]	r

3.11
Can you go anywhere you want inside and outside the place where you live?  Yes
© No
Is the restriction:
C Part of your person-centered plan
C Part of a legal restriction
C Part of the rules of the place you are living
O Other
Please explain:
<b>←</b>

3.12
Can people come and visit you anytime?  Yes
O No
Is the restriction:
C Part of your person-centered plan
C Part of a legal restriction
C Part of the rules of the place you are living
Other Other
Please explain:
<b>◆</b>

3.13
Are you allowed to have guests stay overnight?  O Yes
C No
Is the restriction:
C Part of your person-centered plan
C Part of a legal restriction
<ul> <li>Part of the rules of the place you are living</li> </ul>
Other Other
Please explain:

3	.14	
		you have access to your money? For example, can you buy things you need and ke choices about how to spend your money?
	0	Yes
	0	No
	ls t	he restriction:
	0	Part of your person-centered plan
	0	Part of a legal restriction
	0	Part of the rules of the place you are living
	0	Other
	Ple	ease explain:
4	]	

3.15	
Were you offered help setting up a savings or checking account that you control?  Yes	
C No	
Is the restriction:	
Part of your person-centered plan	
C Part of a legal restriction	
<ul> <li>Part of the rules of the place you are living</li> </ul>	
C Other	
Please explain:	
1	)

3.16
Do you have a savings or checking account that you control?  C Yes
C No
Is the restriction:
C Part of your person-centered plan
C Part of a legal restriction
C Part of the rules of the place you are living
© Other
Please explain:
<b> </b>

3.17
Do you have a choice in what services and supports you receive?  Yes
© No
Is the restriction:
C Part of your person-centered plan
C Part of a legal restriction
C Part of the rules of the place you are living
Other Other
Please explain:

3.18
Do you have a choice in who provides your services and supports?
© Yes
O No
Is the restriction:
Part of your person-centered plan
Part of a legal restriction
<ul> <li>Part of the rules of the place you are living</li> </ul>
Other Other
Please explain:

# 4 - PRIVACY, DIGNITY & RESPECT

4.1
Can you be alone if you want to be during the day? For example, can you have a conversation with a friend in private?
© Yes
O No
Is the restriction:
Part of your person-centered plan
C Part of a legal restriction
Part of the rules of the place you are living
C Other
Please explain:
<u> </u>

4.2	
Do the staff members who support you while you are working or participating activity treat you the way you want to be treated?	g in an
© Yes	
O No	
Is the restriction:	
Part of your person-centered plan	
<ul> <li>Part of a legal restriction</li> </ul>	
Part of the rules of the place you are living	
Other	
Please explain:	
•	Þ

4.3
Do you have a safe place to store your personal belongings where you live?
© Yes
O No
Is the restriction:
Part of your person-centered plan
Part of a legal restriction
<ul> <li>Part of the rules of the place you are living</li> </ul>
Other
Please explain:

# **5 - INDIVIDUAL INITIATIVE, AUTONOMY & INDEPENDENCE**

5.1
Do you have the opportunity to choose with whom you do activities, both at home and in the community? For example, do you get to pick who you hang out with?
© Yes
C No
Is the restriction:
C Part of your person-centered plan
Part of a legal restriction
Part of the rules of the place you are living
C Other
Please explain:
[4]

5.2	
Can you have your meals or snacks where and when you like?  Yes	
O No	
Is the restriction:	
C Part of your person-centered plan	
C Part of a legal restriction	
<ul> <li>Part of the rules of the place you are living</li> </ul>	
Other Other	
Please explain:	
<b>■</b>	<b>▶</b>

5.	.3	
		ou don't like what's for breakfast, lunch or dinner can you have something else?
		Yes No
	ls tl	ne restriction:
	0	Part of your person-centered plan
	0	Part of a legal restriction
	0	Part of the rules of the place you are living
	O	Other
	Ple	ase explain:
4	<u></u>	

5.4
If you live in a group home or residential setting, is the dining area set up in a way that makes it easy for you to sit and talk with others during meal or break times?
© Yes
O No
Is the restriction:
Part of your person-centered plan
C Part of a legal restriction
<ul> <li>Part of the rules of the place you are living</li> </ul>
Other Other
Please explain:
<b>1</b>

# 6 - RESIDENT RIGHTS

6.1 *	
Did you choose where you live?	
C Yes	
C No	
Is this restriction:	
C Part of your person-centered plan	
<ul> <li>Part of a legal restriction</li> </ul>	
<ul> <li>Part of the rules of the place you are living</li> </ul>	
Other	
Please explain:	
4	Þ

6.2 *	
Did you choose providers to work with?  C Yes	
O No	
Is this restriction:	
C Part of your person-centered plan	
C Part of a legal restriction	
<ul> <li>Part of the rules of the place you are living</li> </ul>	
Other Other	
Please explain:	
4	Þ

6.3 *
Did you visit other places before choosing where you live now?  O Yes
C No
Is this restriction:
C Part of your person-centered plan
C Part of a legal restriction
Part of the rules of the place you are living
C Other
Please explain:
<u> </u>
6.4 *
Do you have a lease, admissions agreement, or something similar that explains your rights as a tenant?
© Yes
C No

Do you know your rights and protection from being evicted?	
© Yes	
O No	
6.6 *	
Did you have the option of a private room, if you could afford it?  Yes  No	
Is the restriction:	
C Part of your person-centered plan	
C Part of a legal restriction	
Part of the rules of the place you are living	
Other Other	
Please explain:	
	-1

6.5 \*

6.7 *
If you have a roommate, did you get to choose your roommate?
C Yes
© No
Is the restriction:
C Part of your person-centered plan
<ul> <li>Part of a legal restriction</li> </ul>
<ul> <li>Part of the rules of the place you are living</li> </ul>
Other Other
Please explain:
<b>→</b>
6.8 *
Do you know how to request a new roommate, if you want to make a change?  Yes  No

6.9 *
Do you know who to talk to if you want to move?  Yes
O No
6.10 *
Are you comfortable with the privacy you have in this residence?
Yes
© Yes

6.11 *
Can you close and lock your bedroom door?
© Yes
O No
Is the restriction:
C Part of your person-centered plan
C Part of a legal restriction
<ul> <li>Part of the rules of the place you are living</li> </ul>
Other Other
Please explain:
<b>↑</b>

6.12 <b>*</b>
Can you close and lock your bathroom door?  C Yes
© No
Is the restriction:
<ul> <li>Part of your person-centered plan</li> </ul>
C Part of a legal restriction
<ul> <li>Part of the rules of the place you are living</li> </ul>
Other Other
Please explain:

6.13 *
Do staff or other people knock before they come into your home or room?  O Yes
O No
Is the restriction:
Part of your person-centered plan
C Part of a legal restriction
<ul> <li>Part of the rules of the place you are living</li> </ul>
© Other
Please explain

6.14 *
Did you decorate your home or room to your liking?
© Yes
O No
Is the restriction:
C Part of your person-centered plan
C Part of a legal restriction
<ul> <li>Part of the rules of the place you are living</li> </ul>
Other Other
Please explain:

6.15 *	
Do you have full access to common areas, such as the kitchen dining area, laundry and shared living areas?	
C Yes	
C No	
Is the restriction:	
C Part of your person-centered plan	
C Part of a legal restriction	
Part of the rules of the place you are living	
Other Other	
Please explain:	
	<b>•</b>
<u></u>	

6.16 *
Do you decide when to go to bed?
C Yes
O No
Is the restriction:
C Part of your person-centered plan
C Part of a legal restriction
Part of the rules of the place you are living
C Other
Please explain:
<u> </u>