

# Vermont Department of Mental Health (DMH) Provider Survey

## 1 - PROVIDER INFORMATION

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### Provider Name \*

Provider Name:

Clara Martin Center  
Counseling Service of Addison County/Community Associates  
Health Care and Rehabilitation Services of Southeastern Vermont  
Howard Center  
Lamoille County Mental Health Services  
Northeast Kingdom Human Services  
Northeastern Family Institute  
Northwestern Counseling and Support Services  
Pathways Vermont  
Rutland Mental Health Services  
United Counseling Service  
Washington County Mental Health Services  
Other

Provider Name:

Street or PO Box:

City:

State:

Zip Code:

### Program and Setting \*

Program: \*

Program.

- Community Rehabilitation and Treatment (CRT)
- Children's Mental Health

Children's Mental Health Setting:

- Therapeutic Foster Care
- Micro-residential/Transitional Living

Is your program licensed as a Child-Placing Agency through DCF?

- Yes
- No

Was the license granted with any reservations or corrective action plan needed?

- Yes
- No

Effective date of license:



Expiration date of license:



Is the program location that you are reporting on licensed as a Residential Treatment Facility through DCF?

- Yes
- No

Was the license granted with any reservations or corrective action plan needed?

- Yes

No

Effective date of license:

Expiration date of license:

Provider-owned or Controlled Community Settings:

- 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

Group Living Settings:

- 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
- Howard Center - 20 South Willard
- Howard Center - 72 North Winooski
- Howard Center - Arroway (41 Spuce St)
- Howard Center - Branches
- Howard Center - Lakeview
- Howard Center - Next Door

- Howard Center - Safe Haven
- Lamoille County Mental Health Services - Copley House Community Care Home
- Lamoille County Mental Health Services - Johnson Street Group Home
- Northwestern Counseling and Support Services - 174 North Main Street
- Northwestern Counseling and Support Services - 22 Upper Welden
- United Counseling Service - South Street
- Washington County Mental Health Services - 62 Barre Street (Single Steps)
- Washington County Mental Health Services - 7 St. Paul (Segue)
- Washington County Mental Health Services - Transitional Housing
- Other

Intensive Residential Recovery

- Hilltop Recovery Residence
- Maple Wood Recovery Residence
- Meadowview Recovery Residence
- Second Spring - Westford
- Second Spring - Williamstown
- Soteria House

Residence Name:

Street or PO Box:

City:

State:

Zip Code:

City:

State:

Zip Code:

**Program Location (physical location of the residential setting you are assessing) \***

Location Name:

Street or PO Box:

City:

State:

Zip Code:

**Number of program enrollees served in this location: \***

**Program Location (physical location of the residential setting you are assessing) \***

Location Name:

Street or PO Box:

City:

State:

Zip Code:

**Number of program enrollees served in this setting: \***

## Individual Completing Self-Assessment

Last Name: \*

First Name: \*

Title: \*

Street or PO Box: \*

City: \*

State: \*

Zip Code: \*

Office Telephone: \*

Email:

## 2 - PHYSICAL LOCATION CHARACTERISTICS

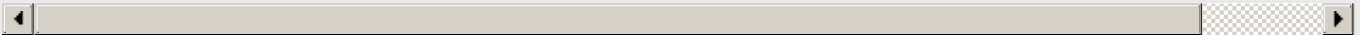
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## 2.1 \*

Is the residence located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment (NF, IMD, ICF/ID or hospital)?

- Yes
- No

Comment:

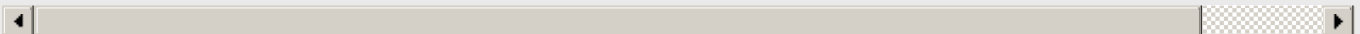


## 2.2 \*

Is the residence located in a building on the grounds of, or immediately adjacent to, a public institution (e.g., correctional institution)?

- Yes
- No

Comment:



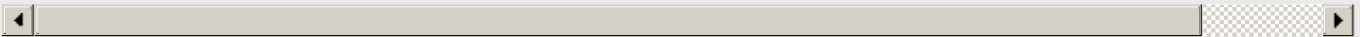


### 2.3 \*

Is the residence one of multiple locations that the provider owns or operates on the same street? (Answer “no” if the residence/service setting is a duplex or multiplex and there are no others owned or operated by the provider on the street.)

- Yes
- No

Comment:

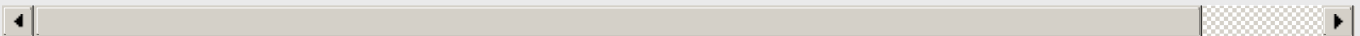


### 2.4 \*

Is the residence in a gated/secured community for persons with disabilities?

- Yes
- No

Comment:



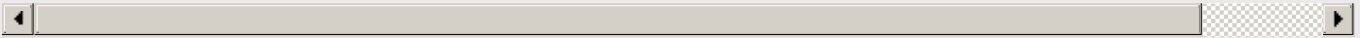
2.5 \*

Is the residence located in a farmstead or disability-specific community?

Yes

No

Comment:



### **3 - INTEGRATION WITH THE COMMUNITY**

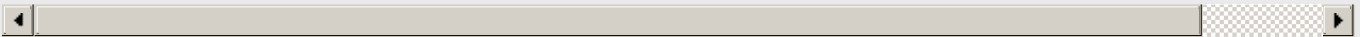
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### 3.1 \*

Is the setting in the community located among other residential buildings, private businesses, retail businesses, restaurants, doctor's offices etc. so as to facilitate integration with the greater community?

- Yes
- No

Comment:

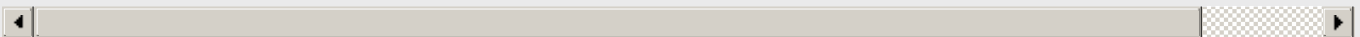


### 3.2 \*

Does the setting provide opportunities for regular, meaningful non-work activities in integrated community settings for the period of time desired by the individual?

- Yes
- No

Comment:



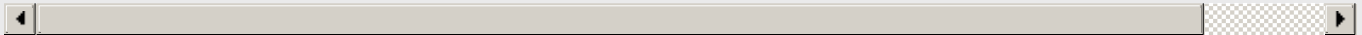
### 3.3 \*

Does the setting afford opportunities for individual schedules that focus on the needs and desires of the individual and an opportunity for individual growth?

Yes

No

Comment:



### 3.4 \*

Does the setting assure that tasks and activities for individuals receiving program services are comparable to tasks and activities for people of similar ages who do not receive program services?

Yes

No

Comment:

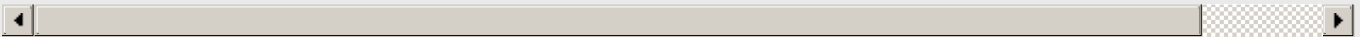


### 3.5 \*

Does the setting afford opportunities for individuals to have knowledge of, or access to information regarding age-appropriate activities, including shopping, attending religious services, medical appointments, dining out, etc., outside of the setting?

- Yes
- No

Comment:



### 3.6 \*

If the individual would like to work in competitive employment, is there activity that ensures the option is pursued (subject to age appropriateness)?

- Yes
- No

Comment:



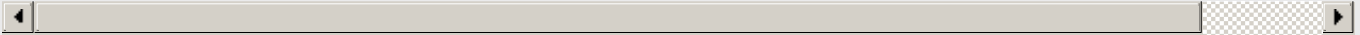
### 3.7 \*

Do individuals know who in the setting will facilitate and support access to outside activities?

Yes

No

Comment:

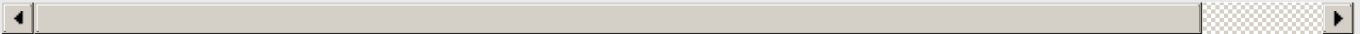


### 3.8 \*

Is the setting physically accessible, such that there are no obstructions limiting individuals' mobility in the setting (e.g., steps, lips in a doorway, narrow hallways), or if they are present, are there environmental adaptations to ameliorate the obstruction(s) (e.g., stair lifts or elevators)?

- Yes
- No

Comment:

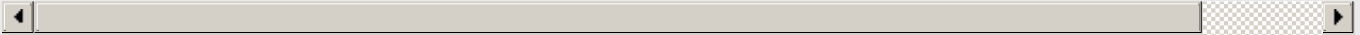


### 3.9 \*

Are individuals who receive program services assisted in gaining access to amenities, such as a pool or gym, used by others onsite?

- Yes
- No

Comment:



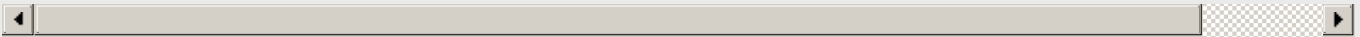


### 3.10 \*

Except where legally restricted or documented through individualized treatment plans, does the setting allow individuals the freedom to move about inside and outside of the setting, as opposed to one restricted room or area within the setting designated for program enrollees only? For example, do individuals receive program services in an area of the setting that is fully integrated with individuals not receiving program services?

- Yes
- No

Comment:

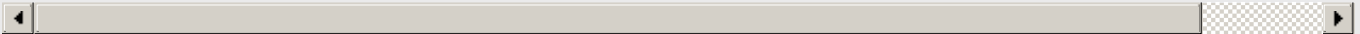


### 3.11 \*

Except where legally restricted or documented through individualized treatment plans, does the setting encourage visitors or other people from the greater community (other than paid staff) to be present, and is there evidence that visitors have been present at regular frequencies?

- Yes
- No

Comment:

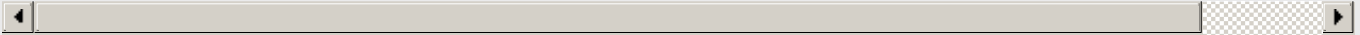


### 3.12 \*

Except where legally restricted or documented through individualized treatment plans, are visiting hours unrestricted?

- Yes
- No

Comment:

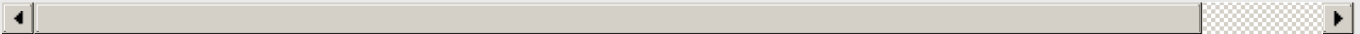


### 3.13 \*

Do employment settings provide individuals receiving program services with the opportunity to participate in negotiating work schedules, break/lunch times and leave and medical benefits with employers to the same extent as individuals not receiving program services?

- Yes
- No

Comment:



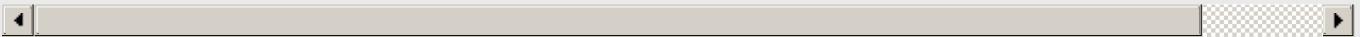
### 3.14 \*

Does the setting facilitate the opportunity for the individual to have a checking or savings account or other means to have access to and control his or her funds? For example, is it clear that the individual is not required to sign over his or her paychecks to the provider?

Yes

No

Comment:



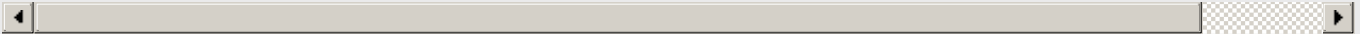
### 3.15 \*

Does the setting provide individuals with contact information, access to and training on the use of public transportation, such as buses and taxis, and are public transportation schedules and telephone numbers available in a convenient location? Alternatively, where public transportation is limited, does the setting provide information about resources for the individual to access the greater community, including accessible transportation for individuals who use wheelchairs?

Yes

No

Comment:

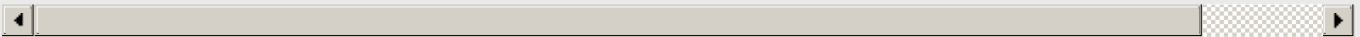


3.16 \*

Does the individual have the option to receive community services in lieu of onsite services (e.g. day habilitation, medical, behavioral, therapeutic, social and/or recreational services)?

- Yes
- No

Comment:



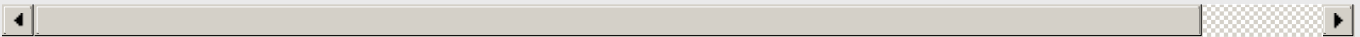
### 3.17 \*

Do the options offered include non-disability specific settings, such as competitive employment in an integrated public setting, volunteering in the community or engaging in general non-disabled community activities, such as those available at a YMCA?

Yes

No

Comment:



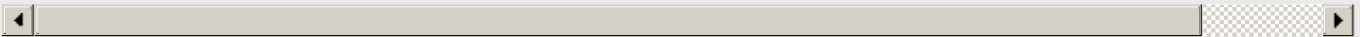


3.18 \*

Except where legally restricted or documented through individualized treatment plans, is the enrollee allowed to access other services or community opportunities on any given day/week (e.g., work, shop or see other medical professionals in the community)?

- Yes
- No

Comment:



**Category 3 - Documentation of compliance: Check any documentation methods that will be used to support one or more “Yes” answers.**

\*

Select all that apply.

- Policies/procedures
- Activity schedules/attendance sheets
- Staff training curriculum/attendance sheets
- Visitor logs
- Plans of care
- Resident/member handbooks
- Other (specify):

Comment:

**4 - PRIVACY, DIGNITY & RESPECT**

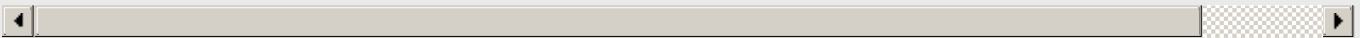
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#### 4.1 \*

Is individual health information kept private?

- Yes
- No

Comment:

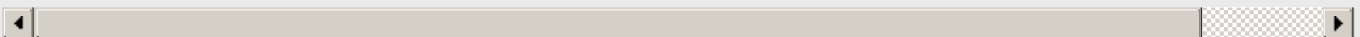


#### 4.2 \*

Are schedules related to individual health activities (e.g., therapies, medication management, diet restrictions) kept in a private location?

- Yes
- No

Comment:

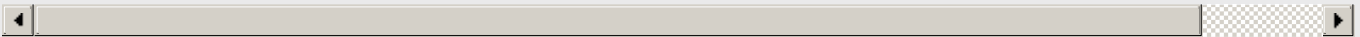


### 4.3 \*

Do setting requirements assure that staff members do not talk to each other about an individual in the presence of other persons, or in the presence of the individual as if she or he was not present?

- Yes
- No

Comment:



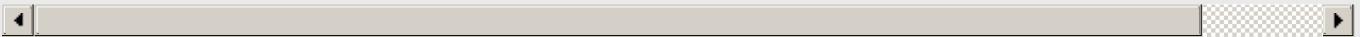
#### 4.4 \*

Does the setting assure that staff members interact and communicate with individuals respectfully and in a manner in which the individuals would like to be addressed, while providing assistance during the regular course of daily activities?

Yes

No

Comment:

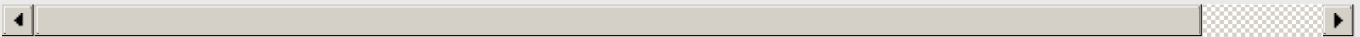


#### 4.5 \*

Does the setting policy require that the individual or his or her representative grant informed consent prior to the use of restrictive interventions, and that these interventions be documented in the person-centered care plan?

- Yes
- No

Comment:

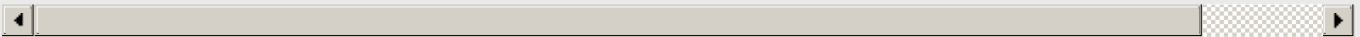


#### 4.6 \*

Does the setting policy ensure that each individual's supports and plans to address behavioral needs are specific to that individual and not the same as everyone else in the setting?

- Yes
- No

Comment:

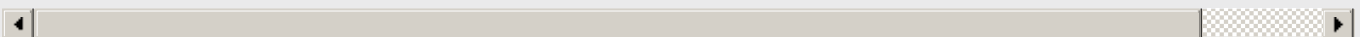


#### 4.7 \*

Does the setting policy ensure that plans to address behavioral needs are not restrictive to the rights of individuals receiving support within the setting?

- Yes
- No

Comment:



4.8 \*

Does the setting offer a secure place for the individual to store personal belongings?

Yes

No

Comment:





**Category 4 - Documentation of compliance: Check any documentation methods that will be used to support one or more “Yes” answers.**

\*

Select all that apply.

- Policies/procedures
- Activity schedules/attendance sheets
- Staff training curriculum/attendance sheets
- Visitor logs
- Plans of care
- Resident/member handbooks
- Other (specify):

Comment:

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

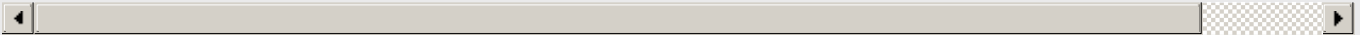
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## 5.1 \*

Notwithstanding DMH approved security measures is the setting free from gates, Velcro strips, locked doors and other barriers preventing residents from entering or exiting certain areas of the setting?

- Yes
- No

Comment:

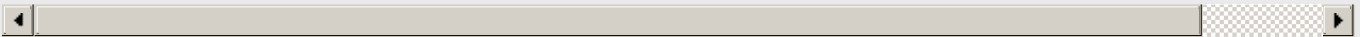


## 5.2 \*

Are supports, such as grab bars, wheelchair ramps, bathroom seats and viable emergency exits, provided for individuals who need supports to move about the setting as they choose?

- Yes
- No

Comment:

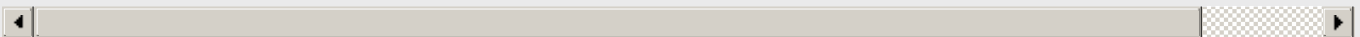


## 5.3 \*

Are tables and chairs at a convenient height and location so that individuals can access and use them comfortably?

- Yes
- No

Comment:

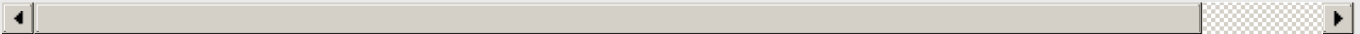


## 5.4 \*

Does the physical environment support a variety of individual goals and needs (e.g., does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?

- Yes
- No

Comment:

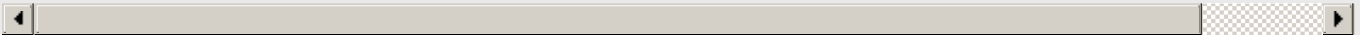


### 5.5 \*

Does the setting afford opportunities for individuals to choose with whom to do activities, both in or outside of the setting?

- Yes
- No

Comment:

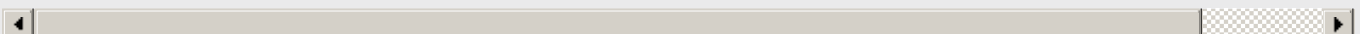


### 5.6 \*

Does the setting allow for individuals to have a meal or snacks at the time and place of their choosing, consistent with individuals in similar and/or the same setting who are not receiving program services?

- Yes
- No

Comment:

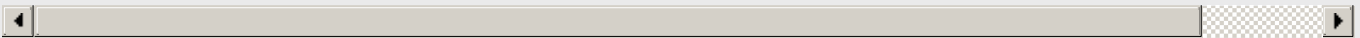


5.7 \*

Can individuals request an alternative meal, if desired?

- Yes
- No

Comment:



5.8 \*

Does the dining area have comfortable seating, configured to afford individuals the opportunity to converse with others during meal or break times?

- Yes
- No

Comment:

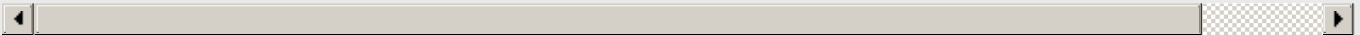


### 5.9 \*

Does the dining area afford dignity to diners, including by not requiring individuals to wear bibs and by not using disposable cutlery, plates and cups?

- Yes
- No

Comment:

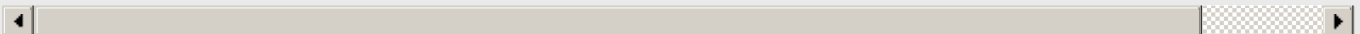


### 5.10 \*

Does the setting post in a prominent location or otherwise furnish information on the provider's policies concerning individual rights?

- Yes
- No

Comment:

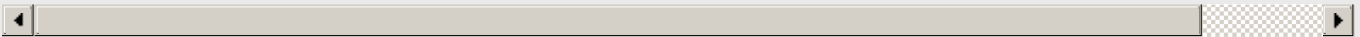


### 5.11 \*

Does the setting treat program enrollees and other residents in the same manner with respect to prohibiting otherwise legal activities (e.g., consuming alcohol for individuals 21 or older)?

- Yes
- No

Comment:

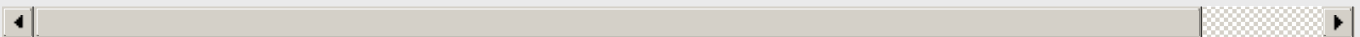


### 5.12 \*

Do both paid and unpaid staff receive new hire training and continuing education related to individuals' rights as outlined in HCBS rules?

- Yes
- No

Comment:





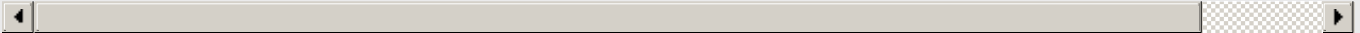
5.13 \*

Are provider policies concerning individuals' rights and HCBS rules regularly reviewed for compliance and effectiveness, and amended as necessary?

Yes

No

Comment:



**Category 5 - Documentation of compliance: Check any documentation methods that will be used to support one or more “Yes” answers.**

\*

Select all that apply.

- Policies/procedures
- Activity schedules/attendance sheets
- Staff training curriculum/attendance sheets
- Visitor logs
- Plans of care
- Resident/member handbooks
- Other (specify):

Comment:

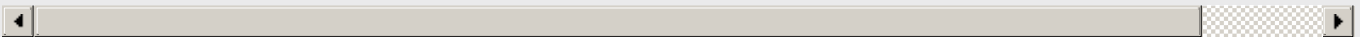
**6 – RESIDENT RIGHTS (applies to provider-owned or controlled residential settings)**

## 6.1 \*

Do all residents have a legally enforceable agreement with the setting landlord? For treatment settings, does admission include clear delineation of consumer rights and responsibilities, house rules and/or treatment agreements that are signed by the consumer or their legal guardian?

- Yes
- No

Comment:



## 6.2 \*

Does the setting offer the same responsibilities and protection from eviction for program enrollees as for all tenants under Vermont's Residential Rental Agreement laws ([Click Here for 9 V.S.A. Chp 137 §4467](#))

- Yes
- No

Comment:

### 6.3 \*

Do residents know their rights regarding housing and when they could be required to relocate?

- Yes
- No

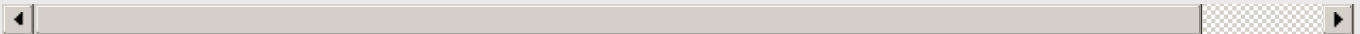
Comment:

### 6.4 \*

Do residents or their legal guardians know how to request new living arrangements or transfer of treatment to another setting?

- Yes
- No

Comment:

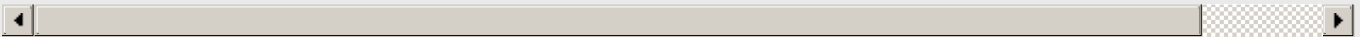


## 6.5 \*

Does each unit have lockable entrance doors, possession of keys limited to the resident and appropriate staff, as appropriate based on age and individualized treatment plan? (Unit may refer to a home, an apartment or a resident's unit within a larger facility.)

- Yes
- No

Comment:



## 6.6 \*

Can residents close and lock their bedroom doors, as appropriate based on age and individualized treatment plan?

- Yes
- No

Comment:

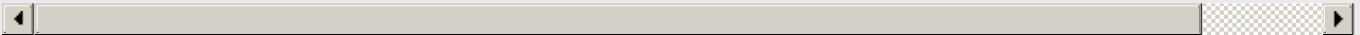


6.7 \*

Can residents close and lock their bathroom doors, as appropriate based on age and individualized treatment plan?

- Yes
- No

Comment:



6.8 \*

Do staff members or other residents always knock and receive permission prior to entering an individual's private space, as appropriate based on age and individualized treatment plan?

- Yes
- No

Comment:



## 6.9 \*

Do residents have the option of choosing a private unit (e.g. bedroom or apartment), as appropriate? Please select N/A if private rooms are not available at your location.

- Yes
- No
- N/A

Comment:

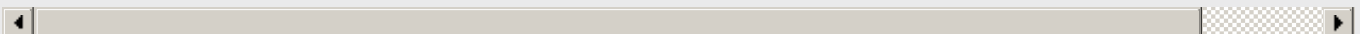


## 6.10 \*

Do residents have privacy in their sleeping or living space?

- Yes
- No

Comment:

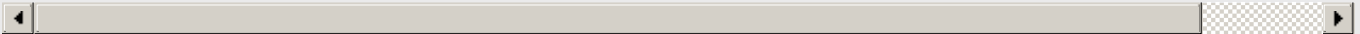


6.11 \*

Except where documented in an individualized treatment plan and/or age appropriate based on age, are residents permitted to have a private cell phone, computer or other personal communication device, or have access to a telephone or other technology device to use for personal communication in private at any time?

- Yes
- No

Comment:



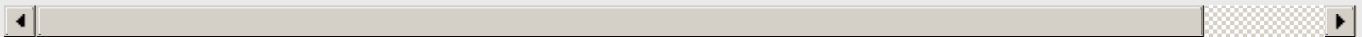


## 6.12 \*

Are any cameras present inside the setting utilized solely in direct relation to the person-centered plan of care? (Use of cameras for recreational purposes or assistive technology for appropriate monitoring purposes is acceptable. This question is to assess the use of cameras for the purpose of surveillance that could violate a resident's right to privacy. If cameras are not present, answer N/A.)

- Yes
- No
- N/A

Comment:



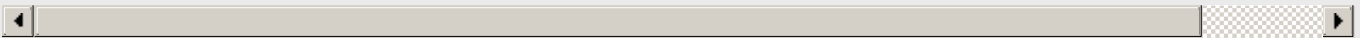
6.13 \*

Is the furniture arranged as residents prefer, to assure privacy and comfort?

Yes

No

Comment:



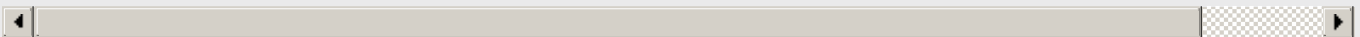
6.14 \*

Do residents either have private rooms or a choice of roommates?

Yes

No

Comment:



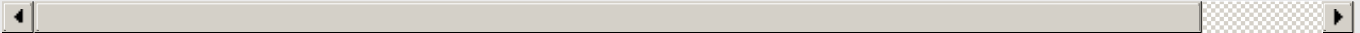
6.15 \*

As age appropriate, do residents have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement?

Yes

No

Comment:

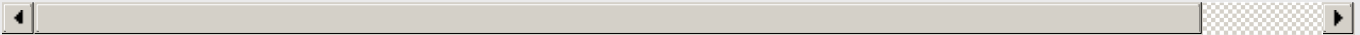


## 6.16 \*

Do residents have full access to typical facilities in a home, such as a kitchen with cooking facilities, dining area, laundry and comfortable seating in shared areas? If restrictions are due to safety or licensing rules (e.g., locked cleaning supplies, locked medical storage, restricted access to 'sharps'), please indicate N/A and explain.

- Yes
- No
- N/A

Comment:

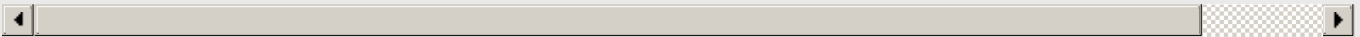


## 6.17 \*

Are appliances accessible to residents (e.g., are washers/dryers front loading for residents in wheelchairs)? If restrictions are due to safety or licensing rules (e.g., locked cleaning supplies), please indicate N/A and explain.

- Yes
- No
- N/A

Comment:

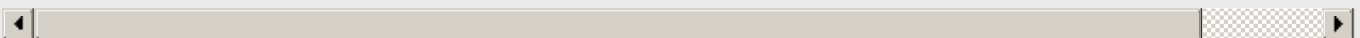


## 6.18 \*

Is the furniture in shared areas arranged to support small group conversations?

- Yes
- No

Comment:

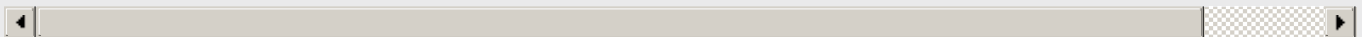


## 6.19 \*

Except where legally restricted or documented by an individualized treatment plan, can residents come and go from the setting as they wish (i.e., without being subject to a curfew or other requirement for a scheduled return)?

- Yes
- No

Comment:

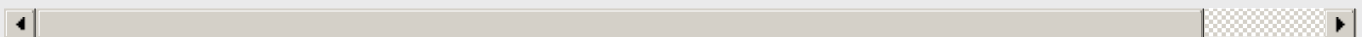


## 6.20 \*

If modifications to the setting requirement are deemed necessary for a resident, are they supported by an assessed need and justified in the person-centered care plan?

- Yes
- No

Comment:

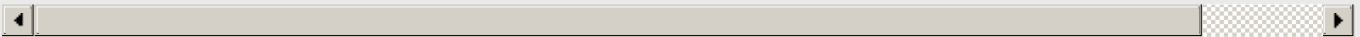


6.21 \*

If modifications to the setting requirement are deemed necessary for a resident, does documentation note if positive interventions/supports and less intrusive methods were used prior to any plan modifications?

- Yes
- No

Comment:

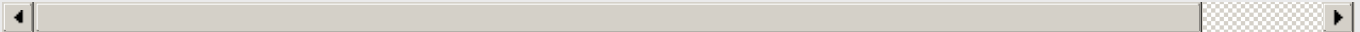


## 6.22 \*

If modifications to the setting requirement are deemed necessary for a resident, does the person-centered care plan include all of the following: a description of the condition that is directly proportional to the assessed need, data to support ongoing effectiveness of the intervention; time limits for periodic reviews to determine the ongoing necessity of the modification; informed individual consent; and assurance that the intervention will not cause the individual harm?

- Yes
- No

Comment:





**Category 6 - Documentation of compliance: Check any documentation methods that will be used to support one or more “Yes” answers.**

\*

Select all that apply.

- Policies/procedures
- Activity schedules/attendance sheets
- Staff training curriculum/attendance sheets
- Visitor logs
- Plans of care
- Resident/member handbooks
- Other (specify):

Comment:

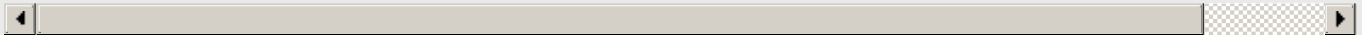
## 7.1 \*

Does the individual (or individual's representative) participate in selecting the time and place for the development of the person-centered care plan?

Yes

No

Comment:



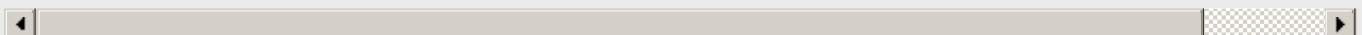
## 7.2 \*

Does the individual choose who is invited to participate in the development of their person-centered care plan?

Yes

No

Comment:

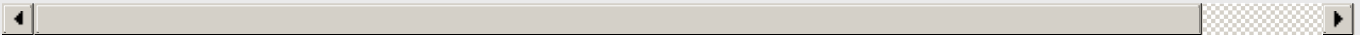


### 7.3 \*

Does the person-centered planning process include a functional assessment for the purpose of determining needed services and supports?

- Yes
- No

Comment:

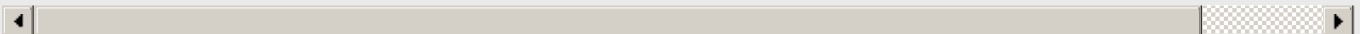


### 7.4 \*

Does the person-centered planning process include an assessment of medical and/or behavioral needs, as appropriate?

- Yes
- No

Comment:



7.5 \*

Is the person-centered care plan guided by the individual's preferences?

Yes

No

Comment:

◀▶

7.6 \*

Is the person-centered care plan developed in a way that supports the individual in meeting his or her goals?

Yes

No

Comment:

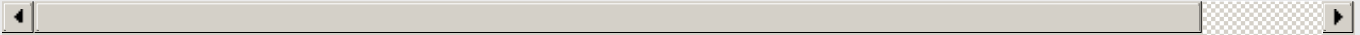
◀▶

## 7.7 \*

Is a comprehensive risk assessment included that identifies risks specific to the individual and strategies to mitigate those risks?

- Yes
- No

Comment:

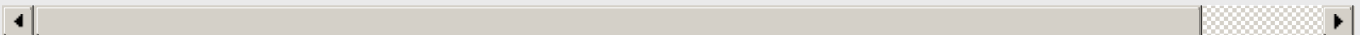


## 7.8 \*

Is the individual educated about the services for which he or she is eligible?

- Yes
- No

Comment:



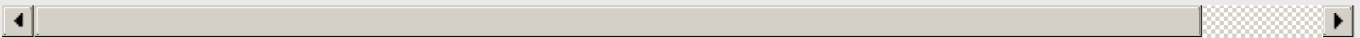
7.9 \*

Are health care providers included in the person's planning process?

Yes

No

Comment:



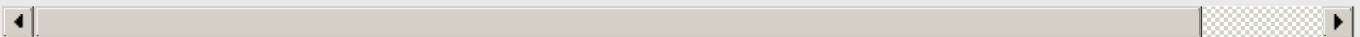
7.10 \*

Is the individual educated about options for selecting providers?

Yes

No

Comment:



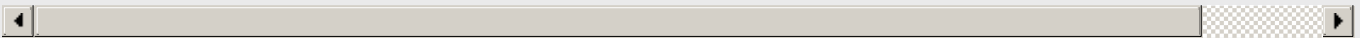
7.11 \*

Is there a record of which agencies and/or workers were considered by the individual?

Yes

No

Comment:



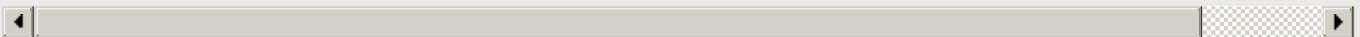
7.12 \*

Does the person-centered care plan identify the individual's paid and unpaid caregivers?

Yes

No

Comment:

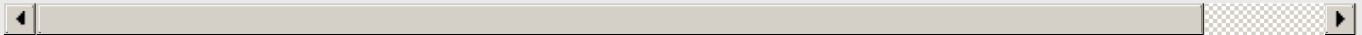


### 7.13 \*

Do service/supports providers understand their role in facilitating the individual's achievement of his or her identified goals?

- Yes
- No

Comment:

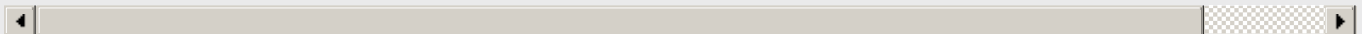


### 7.14 \*

Is the person-centered planning process designed to prevent the provision of unnecessary and inappropriate services and supports?

- Yes
- No

Comment:



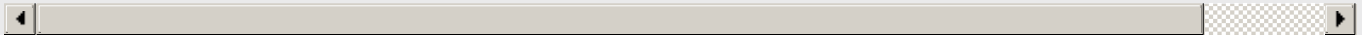


7.15 \*

Is information (written and oral communication) presented in a language that the individual understands?

- Yes
- No

Comment:

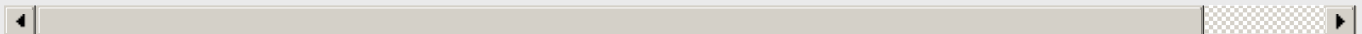


7.16 \*

Does the individual receiving services, as appropriate based on age, sign the person-centered care plan?

- Yes
- No

Comment:

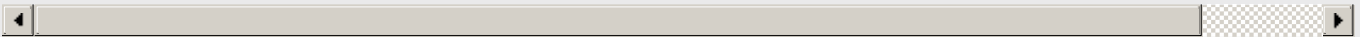


### 7.17 \*

Do all members of the care team, including paid and unpaid caregivers, review and/or sign the person-centered plan or a summary of goals and objectives from person-centered care plan related to their role and responsibilities?

- Yes
- No

Comment:

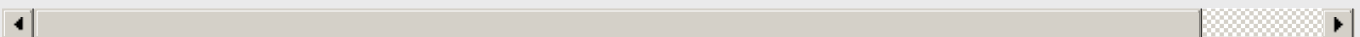


### 7.18 \*

Is there a process for monitoring the individual's person-centered care plan to identify when significant changes in circumstances occur?

- Yes
- No

Comment:

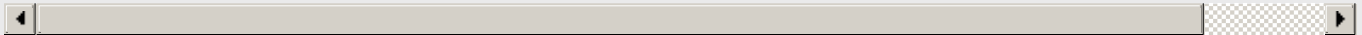


7.19 \*

Do the person(s) coordinating services understand their roles with respect to monitoring the individual and service providers?

- Yes
- No

Comment:



7.20 \*

Is there a formal schedule and tracking method for ensuring completion of an annual person-centered care plan review?

- Yes
- No

Comment:



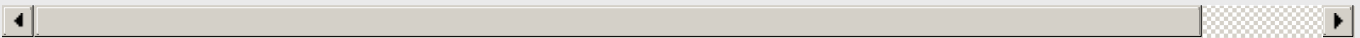
7.21 \*

Is the individual made aware of the annual review process and how to request a review?

Yes

No

Comment:



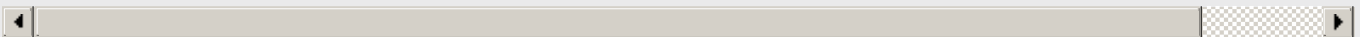
7.22 \*

Can the individual ask for a meeting to discuss making a change to their care plan?

Yes

No

Comment:



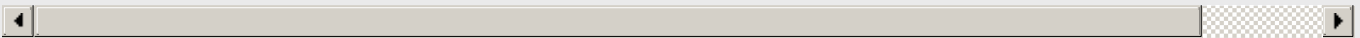
7.23 \*

Can the individual identify other providers to render his or her services?

Yes

No

Comment:



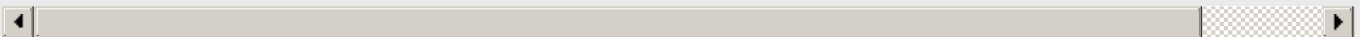
7.24 \*

Does the individual know how and to whom to make a request for a new provider?

Yes

No

Comment:

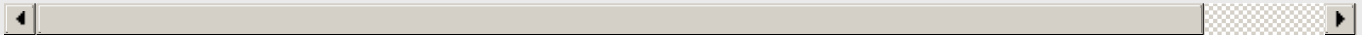


7.25 \*

Is information about filing a complaint posted in a prominent location and in an understandable format?

- Yes
- No

Comment:

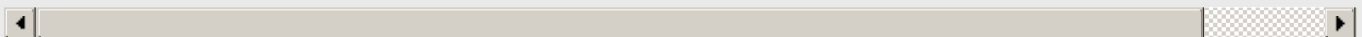


7.26 \*

Is the individual made comfortable discussing his or her concerns?

- Yes
- No

Comment:



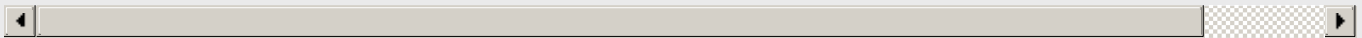
7.27 \*

Can the individual file an anonymous complaint?

Yes

No

Comment:



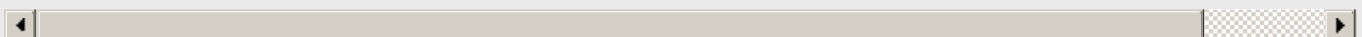
7.28 \*

Does the individual know the person to contact or the process to follow in making an anonymous complaint?

Yes

No

Comment:



**Category 7 - Documentation of compliance: Check any documentation methods that will be used to support one or more “Yes” answers.**

\*

Select all that apply.

- Policies/procedures
- Activity schedules/attendance sheets
- Staff training curriculum/attendance sheets
- Visitor logs
- Plans of care
- Resident/member handbooks
- Other (specify):

Comment: