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Via Email

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From: A.J. Ruben, Disability Rights Vermont
Re: **Covered Bridge Treatment Center Draft Program Description Comments**
Date: February 2, 2021

Dear CBTC Stakeholders,

Thank you for sharing the recent draft program description with DRVT. While the program is in the early phases of development we are grateful for the opportunity to emphasize the concerns and opportunities DRVT has identified. Overall the most important concerns include that there is inadequate discussion in the program description draft, or elsewhere, of **a)** the inherent harm of, and therefore the imperative to reduce, the use of secure placement for youth, **b)** what specific criteria will be used to determine if a youth does require secure placement but not a higher level of treatment such as ED or inpatient psychiatric placement, **c)** what specific criteria will be used to determine if a youth no longer requires secure placement and/or requires higher level of care, and **d)** what protections are in place to assure that youth are not maintained in the facility when the youth do not meet the criteria identified as demonstrating a need for locked, secure placement. Without these crucial programmatic elements being considered, developed, vetted, and consistently implemented, the potential for real harm to youth and liability to the State and/or Becket remains high. DRVT urges DCF and Becket to promptly address this void in the program development.

Additional specific comments on the recent draft program description include:

At page 1 the draft implies that youth other than Justice-involved youth may be detained there, is this a new decision? We reiterate that there are no time limits

or specific criteria identified for how long youth will need 'secure' setting, and no acknowledgment of the need to limit the use of 'secure' placement for youth.

At page 2 while it is positive that no strip searches will be allowed, additional details should be provided regarding what other kind of intrusive searches may occur and their procedures and quality assurance protections. For instance, will restraints be used to conduct searches?

At page 9 a 'compliance officer' is identified who will monitor the use of restraint/use of force. Is this position specific to TCI implementation/fidelity or also responsible for implementing the Six Core Strategies? We suggest quarterly reports be issued documenting this work. DRVT, as the State's MHOB, also suggests that we be given copies of all 'Incident Reports' detailing serious injuries and/or uses of force for CBTC residents as we had received similar reports from Woodside.

At page 10 quality review is noted to include review of grievances, but the program description does not include a detailed description of how residents will access the grievance system and what procedures will be in place to assure appropriate access, lack of retaliation, and response to resident grievances.

Again, DRVT thanks you for this opportunity to comment on early phases of the CBTC design and program implementation. We remain available to discuss our concerns and program improvements at your convenience.