



Formerly Vermont Protection & Advocacy  
(800) 834-7890 (Toll Free)  
(802) 229-1355 (Voice)  
(802) 229-1359 (Fax)

141 Main Street, Suite # 7, Montpelier, VT 05602

**EXECUTIVE DIRECTOR**

Ed Paquin

**SUPERVISING ATTORNEY**

A.J. Ruben

**STAFF ATTORNEYS**

Lindsey Owen

Zachary Hozid

**INTAKE SPECIALIST**

Jennifer LeScouëzec

**SENIOR INVESTIGATORS**

Tina Hagen

Merry Postemski

**ADVOCATES**

Linda Cramer

Jocelyn Hard

Clark Postemski

**COMMUNICATION SUPPORT  
PROJECT**

Lynne C. Cardozo, Director

Rachel Stanton

**BUSINESS MANAGER**

Donna Samson-Sprake

**OFFICE MANAGER**

Wenyu Xie

**RECEPTIONIST**

Lisa Fletcher

**BOARD OF DIRECTORS**

Sarah Launderville, *President*

Carol Warner, *Vice President*

James Pontbriand, *Treasurer*

Michael Sabourin, *Secretary*

Robyn Lambert, *Member-at Large*

Deb Charlea Baker

Daniel Burchard

Anastasia Douglas

David Gallagher

David Lacroix

Douglas LaPoint

Tom Van Meter

Kirsten Murphy

Ericka Reil

Jesse Suter

*DRVT is the **Protection & Advocacy System** for Vermont and  
our state's **Mental Health Care Ombudsman***

January 13, 2021

*Sent via electronic mail*

Jennifer Myka, General Counsel, DCF

[Jennifer.Myka@vermont.gov](mailto:Jennifer.Myka@vermont.gov)

Jeffrey Canon, President

Mount Prospect Academy

Vermont Permanency Initiative

[Jeff.Caron@becket.org](mailto:Jeff.Caron@becket.org)

Laurae Coburn, PhD

Vice President Vermont Permanency Initiative

Executive Director Vermont School for Girls and New England  
School for Girls

[Laurae.Coburn@becket.org](mailto:Laurae.Coburn@becket.org)

Re: DRVT Comments on CBTC Final Schematic Drawings

Dear Jeffrey, Jennifer, and Laurae,

Thank you for the opportunity to comment on the most recent Covered Bridge Treatment Center (CBTC) schematic drawings. We are appreciative of the fact that many changes have been made since the initial schematics were first shared, incorporating much of our input. The following are issues that DRVT considers relevant to review and consider amending within the plans to best optimize the appropriate use of this proposed facility within Vermont's system of care:

*Defending and Advancing the rights of people with disabilities.*

Email at [info@DisabilityRightsVT.org](mailto:info@DisabilityRightsVT.org),

On the web: [www.disabilityrightsvt.org](http://www.disabilityrightsvt.org)

1. The name of the facility, the “Covered Bridge Treatment Center”, does not convey the intention that the facility be for short-term stabilization with discharge to a less restrictive placement as soon as possible. We suggest that all aspects of the new facility must be focused on, and explicit about, the need to limit its use to only situations that require a locked placement, ending as soon as that status is resolved. We suggest words such as ‘temporary’, ‘transitional’, ‘short term’, or ‘stabilization’ being added to the name to address this concern.
2. DRVT remains concerned that the gym, currently designed as a 15’ 3” x 25’ 2 space, is not adequate to meet the important needs for residents’ physical, emotional and mental health. We know from our experience at Woodside that the very large gym and the weight room there were used extensively and successfully to reduce stress/anxiety. Augmenting the planning to increase space for indoor exercise would be helpful.
3. DRVT notes that adequate space for confidential meetings between residents and lawyers, social workers, advocates, and family members is a necessity. The plans do not designate such a space at this time. Relatedly, DRVT suggests designating a room for virtual meetings, court hearings, medical appointments and outfitting it with the necessary technology to support virtual contacts and sharing of information in this manner.
4. DRVT is concerned that it is likely residents and staff will spend considerable time in the two Sitting Areas on the lower level but those areas do not have any windows or natural light. The lack of windows in this area may make it more oppressive and less therapeutic or comfortable than would be the case if there were windows/natural light. A redesign that substituted the existing office space or other designated area having an outside wall with an aspect of the communal space to allow natural light in would make these two spaces much more conducive to wellbeing.
5. The existence of the “Calming Room” raises concerns about unnecessary involuntary isolation of residents. We understand that the room will only be used on a voluntary basis and will not have a desk or chair for staff as depicted in the drawing. Instead the room will be a sensory/comfort room that is in no way used to seclude or isolate residents against their will. The drawings could more accurately represent this intention by removing the desk and chair in the graphic and renaming it a ‘Voluntary Comfort Room’.

*Defending and Advancing the rights of people with disabilities.*

6. DRVT suggests that the schematics indicate which areas will be under video surveillance and how those images will be captured and saved on site, for example where cameras will be placed and whether there will be an IT room with video viewing and saving capacity/space.
7. DRVT notes that the resident rooms are obviously 'cell-like', being small and in a row, and compared to the large bedrooms planned for the top floor, the question of whether the plans should be revised to provide for larger, more home-like rooms for residents to support the therapeutic mission should be considered.

Again, we thank you for the opportunity to review and comment on the Schematic Drawings. We are available to follow-up with you on the above-mentioned concerns and to provide assistance as needed. Please contact us with any concerns or questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'A.J. Ruben', with a long horizontal flourish extending to the right.

A.J. Ruben  
Supervising Attorney