



Recovery Partners  
of Vermont

# The Turning Point, Rutland & Springfield

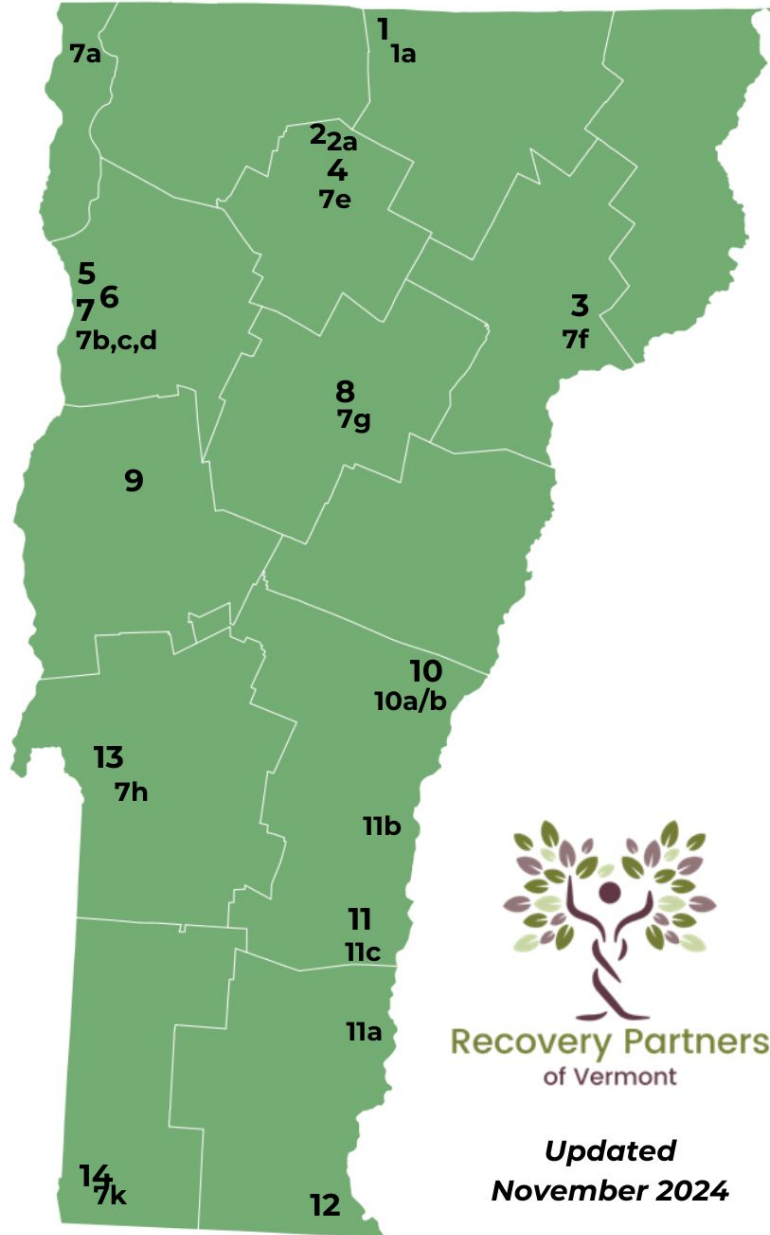
January 29th, 2025  
House Corrections & Institutions Committee

# Recovery Centers

- The Turning Point Center of Rutland and Springfield are recovery centers/organizations
- Recovery organizations are local, self-directed, inclusive organizations that provide a dynamic set of **peer-led services** and support for helping people realize the power they have to break free from their addiction.
- Recovery looks different for every individual, and recovery organizations work with every individual to get them the support they need at the time they need it, **offering healing and hope that lasts a lifetime.**



# Member Organizations of Recovery Partners of Vermont



- 1.....Journey to Recovery Community Center | Newport
  - 1a...Satellite Office | North Country High School
- 2.....Jenna's Promise | Johnson
  - 2a...Recovery Residence | Rae of Hope
- 3.....Kingdom Recovery Center | St. Johnsbury
- 4.....North Central Vermont Recovery Center | Morrisville
- 5.....Turning Point Center of Chittenden County | Burlington
- 6.....Vermont Alliance for Recovery Residences | Burlington
- 7.....Vermont Foundation of Recovery | Essex
  - 7a...Recovery Residence | St. Albans
  - 7b, c, d...Recovery Residence| Essex (3)
  - 7e...Recovery Residence | Morrisville
  - 7f....Recovery Residence | St. Johnsbury
  - 7g...Recovery Residence | Barre
  - 7h...Recovery Residence | Rutland
  - 7k...Recovery Residence | Bennington
- 8.....Turning Point Center of Central Vermont | Barre
- 9.....Turning Point Center of Addison County | Middlebury
- 10...Upper Valley Turning Point Center | White River Junction
  - 10a...Recovery Residence | Willow Grove
  - 10b...Recovery Residence | Jack's House
- 11.....Turning Point Center of Springfield | Springfield
  - 11a...Satellite Office TP South | Bellows Falls
  - 11b...Satellite Office TP North | Windsor
  - 11c...Recovery Residence | Springfield
- 12.....Turning Point Center of Windham County | Brattleboro
- 13.....Turning Point Center of Rutland | Rutland
- 14.....Turning Point Center of Bennington | Bennington



Updated  
November 2024



# Recovery Coaches in Correctional Facilities

- In recent years, recovery organizations have partnered with the Department of Corrections to connect individuals within correctional facilities who struggle with addiction to peer recovery coaches.
- Recovery coaches are housed within our recovery organizations and are people who have experienced addiction, and often incarceration, themselves.
- Recovery coaches help individuals who are incarcerated form a **recovery plan that addresses immediate, short-term, and long-term recovery needs** once they are released, tailored, as need be, to suit their conditions of release



# \$1.5M for Recovery Coaches

- Last year, the General Assembly appropriated a total of **\$1,560,000** for The Turning Point' Recovery Coach program between the FY24 Budget Adjustment and the FY25 Budget.
- This funding has helped expand the [Turning Point Center of Rutland's successful pilot](#) of community-based peer coaching statewide.
- We partner with the Department of Corrections to do this work.



# Statewide Impact

- Increased appropriations from the State have allowed recovery coaches to expand into the following correctional facilities:
  - Marble Valley Correctional Center
  - Springfield Regional Correctional Center
  - Newport Regional Correctional Center
  - Chittenden County Regional Correctional Center
  - St. Johnsbury Regional Correctional Center.
- **Kingdom Recovery Center** will soon be starting a recovery group in the Caledonia County Work Camp as well.
- **Journey to Recovery Community Center** and **The Turning Point Center of Chittenden County** are working on plans to enter the Northwest and Northeastern Regional Correctional Centers. Journey to Recovery has entered these facilities on occasion and will be moving to once per week starting in February.



# The Need, The Capacity

- Getting into treatment is just the first step in someone's lifelong journey of recovering from an addiction. Treatment helps someone break free from their addiction in that moment, **recovery helps that person break free from their addiction for life.**
- RPV members are uniquely suited to provide the tools and resources people need to live a sober, self-directed and fulfilling life. **Community-based peer coaching is a key element to the success of those resources.**

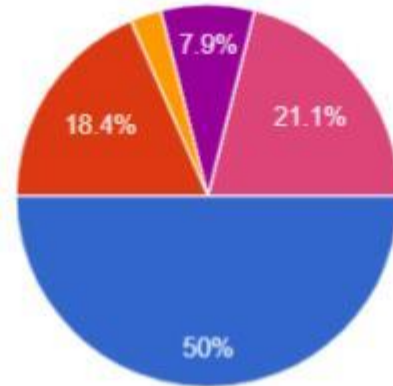




# Recovery Coaching in Justice Settings (RCJS) Data for Southern State Correctional Facility Recovery Groups FY 2024 Sept 2023-Jan 2024

Through SMART Recovery, group work, 1:1 Recovery Coaching, participants explore:

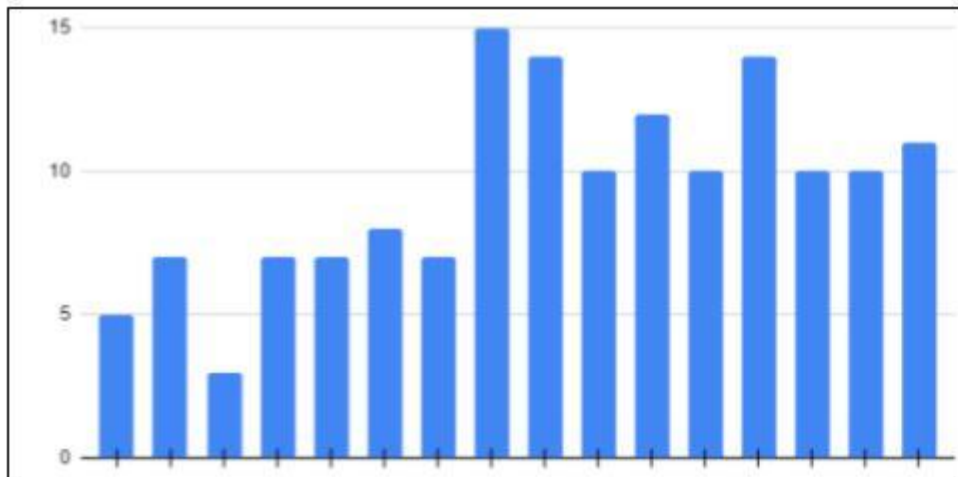
- goal setting
- recovery-based problem solving
- using the tools of recovery in day-to-day interactions



- SSCF
- Springfield Police Department
- Probation & Parole
- Restorative Justice- Springfield
- Restorative Justice- Bellows Falls
- Valley Court Diversion
- DUI Docket

RCJS works in partnership with 6 agencies

# group participants per visit



- 1st onsite group at SSCF: 8/28/2023
- # of groups: 27
- # of average group participants: 10-15
- # overall participants: 280
- # of unique participants: 40 +/-
- # referrals to partner agencies: 27
- # of participants who submitted Recovery Coach applications: 3



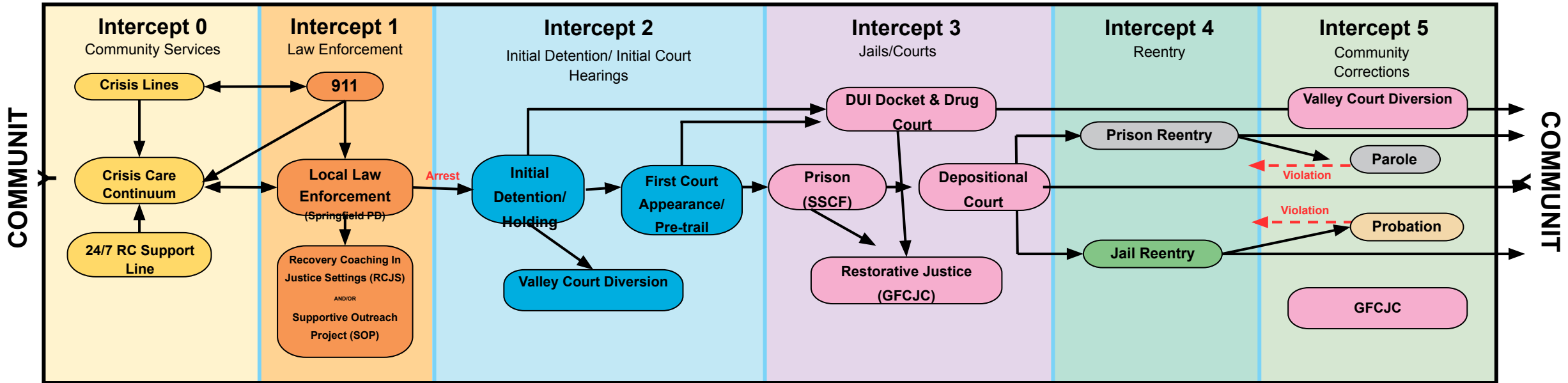




# Turning Point Recovery Center of Springfield, VT

## Sequential Intercept Model (SIM)

\*Based on SAMHSA's GAINS CENTER's Sequential Intercept Model



### What is The Sequential Intercept Model?

The Sequential Intercept Model (SIM) was developed as a conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system.

The SIM is most effective when used as a community strategic planning tool to assess available resources, determine gaps in services, and plan for community change.

## Key Issues at Each Intercept

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
<p><b>Mobile crisis outreach teams and co-responders.</b> Behavioral health practitioners who can respond to people experiencing a mental or substance use crisis, or co-respond to a police encounter.</p> <p><b>Emergency Department Diversion.</b> Emergency Departments (EDs) can provide triage with behavioral health providers, embedded mobile crisis staff, and/or peer specialist staff to provide support to people in crisis.</p> <p><b>Police-behavioral health collaborations.</b> Police officers can build partnerships with behavioral health agencies along with the community and learn how to interact with individuals experiencing a crisis.</p>	<p><b>Dispatcher training.</b> Dispatchers can identify mental or substance use crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.</p> <p><b>Specialized police responses.</b> Police officers can learn how to interact with individuals experiencing a crisis in ways that promote engagement and treatment and build partnerships between law-enforcement and the community.</p> <p><b>Intervening with frequent utilizer and providing follow-up after the crisis.</b> Police officers, crisis, services, and hospitals can reduce frequent utilizers of 911 and ED services through specialized responses.</p>	<p><b>Screening for mental and substance use disorders.</b> Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.</p> <p><b>Data matching initiatives between the jail and community-based behavioral health providers.</b></p> <p><b>Pretrial supervision and diversion services to reduce episodes of incarceration.</b> Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.</p>	<p><b>Treatment courts for high-risk/high-need individuals.</b> Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and Veterans treatment courts.</p> <p><b>Jail-based programming and healthcare services.</b> Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment, including providing access to medication-assisted treatment (MAT) for individuals with substance use disorders.</p> <p><b>Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.</b></p>	<p><b>Transition planning by the jail or in-reach providers.</b> Transition planning improves reentry outcomes by organizing services around the individuals needs in advance of release.</p> <p><b>Medication and prescription access upon release from jail or prison.</b> Inmates should be provided with a minimum of 30 days' medication at release and have prescriptions in hand upon release, including MAT medications prescribed for substance use disorders.</p> <p><b>Warm hand-offs from corrections to providers increase engagement and services.</b> Case managers that pick an individual up and transport them directly to services will increase positive outcomes.</p>	<p><b>Specialized community supervision caseloads of people with mental disorders.</b></p> <p><b>MAT for substance use disorders.</b> MAT approaches can reduce relapse episodes and overdose among individuals returning from detention.</p> <p><b>Access to recovery supports, benefits, housing, and competitive employment.</b> Housing and employment are as important to justice-involved individuals as access to mental and substance use treatment services. Removing criminal justice-specific barriers to access is critical.</p>

## Best Practices Across the Intercepts

<p><b>Cross-systems collaboration and coordination of initiatives.</b></p> <p>Coordinating bodies serve as an accountability mechanism and improve outcomes by fostering community buy-in, developing priorities, and identifying funding streams.</p>	<p><b>Routine identification of people with mental and substance use disorders.</b></p> <p>Individuals with mental and substance use disorders should be identified through routine administration of validated, brief screening assessments and follow-up assessment as warranted.</p>	<p><b>Access to treatment for mental and substance use disorders.</b></p> <p>Justice-involved people with mental and substance use disorder should have access to individualized behavioral health services, including integrated treatment for co-occurring disorders and cognitive behavioral therapies addressing criminogenic risk factors.</p>	<p><b>Linkage to benefits to support treatment success, including Medicaid and Social Security.</b></p> <p>People in the justice system routinely lack access to healthcare coverage. Practices such as jail Medicaid suspension (vs. termination) and benefits specialists can reduce treatment gaps. People with disabilities may qualify for limited income support from Social Security.</p>	<p><b>Information sharing and performance measurement among behavioral health, criminal justice, and housing/ homelessness service providers.</b></p> <p>Information sharing practices can assist communities in identifying frequent utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system.</p>
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# Thank You!

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