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Howard Center Safe Recovery

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Safe Recovery is a professionally-staffed recovery center for people who are addicted to heroin or prescription pain medications.

Most people who have been living with addiction for a while have burned a lot of bridges. Safe Recovery seeks to be the un-burnable bridge to recovery. There is no penalty for missed appointments, and walk-ins are welcome. Many of our services can be accessed anonymously. We support individuals throughout their entire recovery process including during periods of use and non-use. Our mission is to help people transition from active use to sustained recovery.

We are located in downtown Burlington, but our clients include residents of all Vermont counties.

Safe Recovery experienced a reduction in funding from the Vermont Department of Health of over \$400,000 per year in November, 2015.

These funds were designated to support overdose prevention education; recovery case management; linkages to medical treatment, mental health treatment and drug treatment; corrections outreach; HIV and hepatitis C education, counseling, testing, referrals, linkages to medical care and case management; and hepatitis A/B vaccination.

These funds were not designated to support syringe exchange.

The funding reduction was specific to Safe Recovery, and no other syringe exchange program in Vermont experienced a funding reduction from the Vermont Department of Health.

The funding reduction was not based on any performance issue. Safe Recovery consistently met and often well exceeded grant objectives.

The funding reduction was related to a change in federal funding to the Vermont Department of Health. All parties were aware of the planned change for over a year in advance of the change in federal funding to the Vermont Department of Health. During the past year, Howard Center made every effort to obtain replacement funding from a variety of sources and has had some limited success—but a significant gap in resources remains.

This funding cut represents about 80% of the Safe Recovery operating budget.

The Vermont Department of Health continues to provide grant support to Safe Recovery for syringe exchange and HIV testing, but has discontinued grant support for all other Safe Recovery services.

We continue to receive about \$60,000 per year from the Vermont Department of Health for syringe exchange, but the cost of syringes and other medical supplies alone is about \$50,000 per year. This does not leave enough funding for us to pay for staff or office space to implement syringe exchange services.

The Vermont Department of Health continues to provide us with the overdose prevention medication naloxone (Narcan) , but they no longer provide funding for the staff and office space needed to provide overdose prevention services. Staff and overhead had been paid for using the discontinued funding.

We have had to reduce staff size from 7 to 2 (6.5 FTE to 2 FTE) as a result of the reduction in funding. This has resulted in a significant reduction in important services provided to people who are addicted to heroin or other opioids.

Two staff retained employment at the Howard Center by transitioning from Safe Recovery to another Howard Center program funded by SAMHSA through the Vermont Department of Health, which has allowed them to continue helping people access medication-assisted treatment.

Our previous staff of 7 struggled to meet the demand for services, and the need continues to grow. But we recognize that we will need to find ways to do more with less. Our lean and sustainable target staff size is 4.5 FTE. The requested funds would allow us to reach a staff size of 4 FTE.

Safe Recovery is not a viable or sustainable program at the current funding level.

Howard Center Executive Director Bob Bick, has submitted a request for support for Safe Recovery in the amount of \$72,000 as part of the budget adjustment process and \$140,000 in next year's budget in order to mitigate the harmful effects of the recent funding reduction from the Vermont Department of Health (and this is the request we are asking you to support).

The Governor's Criminal Justice and Substance Abuse Cabinet has recommended that the state find funds to preserve Safe Recovery, and Cabinet co-chair TJ Donovan has said that Safe Recovery is considered a priority program.

Why should Safe Recovery be considered a priority program? What would be lost?

Here are some statistics and examples to help describe what we were able to accomplish with full funding, and what the loss of the Safe Recovery program would mean to the community:

- We have distributed over 5,000 doses of naloxone to those who are most likely to be present at a drug overdose (naloxone is a nasal spray that can be used to reverse an opioid overdose in progress)
- We have over 450 documented overdose reversals from kits distributed by Safe Recovery (including 7 reversals performed by Safe Recovery staff)
- 55 of these reversals were documented in August 2015 alone

- Conducted over 2,000 individual, face to face overdose prevention training sessions (note: 55 people have died from fatal opioid overdose in the first three quarters of 2015, so the need for overdose prevention is urgent)
- We have enrolled over 3,750 syringe exchange members, and enroll about 40 new syringe exchange members per month
- We log over 12,000 direct member visits to our program site per year
- We conduct over 4,000 drug treatment options counseling and referral sessions per year
- We provide over 350 free and anonymous HIV and HCV tests per year to high risk injection drug users, including in two Vermont correctional facilities (men's and women's)
- We provided over 175 doses of HAV and HBV vaccine to high risk injection drug users per year in partnership with the Vermont Department of Health
- We collect and safely dispose of over 200,000 used syringes per year
- Safe Recovery staff retrieved and safely disposed of 107 syringes found in the community in 2014 (of which 50 were BPD referrals saving officer time)
- We complete over 250 Chittenden Clinic drug treatment referrals per year, including many via outreach in correctional facilities (to help make sure people have access to treatment when they are released from incarceration) and are the number one referral source for the Chittenden Clinic
- We provided 164 clients with specialized case management in 2014 (including ongoing specialized case management for individuals living with HIV and/or HCV)
- We link many people to health insurance and other public benefits, mental health treatment, crisis services, and employment services, housing (85% of our clients report a history of homelessness)
- We provide over 1,400 bus passes per year to facilitate transportation to local drug treatment providers, medical providers etc.
- We provide bus/train transportation to out of town residential treatment (such as Brattleboro Retreat) when no other transportation option was available

Examples

- We linked an African American man living with untreated HIV to HIV treatment resulting in successful suppression of his HIV viral load (we also helped him transition from active heroin use via injection to sustained recovery)
- We linked a recent veteran to medication assisted treatment after she reversed an overdose

- We helped a woman who was in a 20-year abusive relationship obtain her own safe and stable housing
- We supported two new parents in accessing drug treatment, helped them transition from homelessness to living in their own apartment, and helped them regain custody of their child
- We trained a mother and father who recently experienced an overdose with their son on overdose prevention, intervention and response, and provided them with an overdose rescue kit with naloxone
- We helped an client in his 20s access cancer treatment
- We conducted outreach to a pregnant woman linking her to medical care and drug treatment
- We helped a man in his late fifties get his first apartment
- We helped a veteran, single father get treatment that cured him of Hepatitis C
- We successfully intervened in a 30 year old's suicide attempt in progress
- We connected a young veteran, sex worker with STD testing
- We linked a young person living with HIV to HIV specialty medical care and drug treatment thereby improving his prognosis and limiting the risk that he will transmit HIV to others