



Program Description

Howard Center Safe Recovery is Vermont's oldest, largest and only full-time syringe service program (SSP). With over 5,000 members, Safe Recovery serves over 77 percent of Vermont's SSP clients. We also reached 6,414 (duplicated) individuals through our secondary exchange network in 2017. After 18 years of providing client centered, nonjudgmental services, we are a trusted source of information and services among members of this high-risk hard to reach population. Safe Recovery is embedded in Vermont's largest mental health agency and thus has multiple levels of internal MAT services including a Hub and Spoke.

Safe Recovery is Vermont's first and largest community-based naloxone distribution site. We have distributed over 20,000 doses of Narcan which represents over 70 percent of the state's overdose rescue kits. To date, over 1200 people have come back to report that they used our Narcan to reverse an overdose. Unfortunately, despite these efforts opioid related deaths continue to rise and over 100 Vermonters died last year due to opioid related fatalities. Furthermore, according to the Vermont Department of Health, "Deaths involving fentanyl have increased by more than a third- 49 deaths in 2016 to 67 deaths in 2017."¹ In October 2018, Safe Recovery took the next step in preventing overdose deaths by establishing a low barrier buprenorphine program.

Safe Recovery has historically connected more people to medication assisted treatment with buprenorphine or methadone (MAT) than any other program in the state. In 2017, we made 228 confirmed linkages to MAT through the Hub and Spoke system. Unfortunately, these connections can take days or weeks. During that time a person with opioid use disorder may use opiates multiple times a day. With widespread fentanyl in Vermont's drug supply, each of those times is a risk for fatal overdose. Our low barrier program gives clients access to buprenorphine the day that they request it. The decision to seek treatment can be fleeting, and we want to capitalize on that moment. This program ensures that when the client is ready, the system is ready. Having the program embedded in the syringe exchange meets clients where they are and makes the first step into treatment much easier.

Every client that comes into the syringe exchange is offered low barrier buprenorphine. If they are interested, they are immediately screened. If they are deemed medically appropriate, they will be given a short-term prescription of buprenorphine and begin treatment immediately. The client then meets with the MAT navigator who will screen and triage them and connect them to the appropriate level of care at a Hub or a Spoke. The navigator will also serve as a warm handoff and help to ensure that the client gets to their initial appointments.

¹ http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_Data_Brief_Opioid_Related_Fatalities.pdf



Safe Recovery received a SAMHSA grant to focus on the clients the system is unable to engage or retain. We will support individuals who have not engaged previously or who have not succeeded in MAT. Often there are clients who are not in treatment due to issues with transportation, job schedule, health, mental health, behavioral issues, or they have exhausted all other traditional treatment options. For many, these barriers mean that they do not attempt treatment. For others it means that they are discharged or drop out. These clients will remain in treatment at Safe Recovery and we provide wrap around services including counseling, psychiatry, and case management. Frequently, Safe Recovery is the first stop for clients who lose access to treatment and are seeking injection supplies and support.

**Howard Center Safe Recovery Low Barrier Buprenorphine Program Data
(October 22, 2018 – April 12, 2019)**

Total Served- 77 clients

Number Currently Receiving Prescription – 46 clients

Number Transitioned to Hub and Spoke – 24 clients

Incarcerated – 5 clients

Unreachable – 2 clients

Howard Center Safe Recovery launched our low barrier buprenorphine program in our syringe service program (SSP) in October 2018. The first doctor we hired has a capacity of 30 patients per the federal guidelines. She reached that capacity in 8 days. We have hired two other doctors in order to increase our capacity. We use a triage system to transition patients to a hub or spoke based on a risk assessment. To date, we have successfully transitioned 24 patients to a Hub or a Spoke. There are patients who cannot access the Hub and Spoke system because they have been banned or have other barriers like mental health or behavioral issues and we are currently treating 46 clients in house. Our greatest accomplishment has been the high level of client treatment retention. We firmly believe that our low barrier model and client-centered wrap around services have greatly contributed to this success. Out of 77 clients, we have only had two who we lost to follow up. While our results are very preliminary, some clear trends have become apparent. The clients are consistently showing up to their appointments. Furthermore, they are accessing our wraparound services by choice. Lastly, we have seen a dramatic reduction in opioid and polysubstance use for the majority of the clients.