

Opioid Settlement Advisory Committee

Date: 10/26/2026
Location and Time: Via Microsoft Teams 10:00 - noon
Present: Daniel Franklin, Martine Gulick, Nels Kloster, Stephanie LaRock, Eric Maguire, Gail Rose, Kenn Stransky, Deb Wright, Amy Wunderlich
Absent: Shawn Burke, Monica Hutt, Thomas Davis, Matt Prouty, Rick Hildebrant
Meeting Facilitator and Note Taker: Daniel Franklin, Sarah Gregorek

Agenda Item	Discussion	Next Steps
Approve 9/21/2026 minutes	Deb Wright made a motion to approve the 9/21/2026 minutes, and Eric McGuire seconded, the motion passed unanimously.	
Overdose Prevention Center Update and Review Form – Tamar Bouchard Bella Fern Tom Dalton Jess Kirby	Overview and timeline of Overdose Prevention Center. Per Act 178 of 2024, the statute authorized the creation of a pilot overdose prevention center, (OPC) in Burlington, funded by opioid settlement dollars. \$1.1 million was allocated in fiscal year 2025 with continuation through at least 2028. The City of Burlington is the grant recipient for the OPC project, and in March 2025 the city selected Vermonters for Criminal Justice Reform (VCJR) as the OPC provider. Upon the recommendations of the Review Committee, the city and VCJR created a joint project proposal. This proposal was unanimously approved by the City Council on April 28, 2025, and submitted to the Department of Health for final approval in May 2025. The Department of Health accepted the city's proposal and city began working with the state on a formal grant agreement with the start date of July 1, 2025.	PIRE Service Assessment: https://burlingtonvt.gov/DocumentCenter/View/12116/OPC-Services-Assessment-Report_Final City of Burlington OPC: https://www.burlingtonvt.gov/1077/Overdose-Prevention-Center-Implementatio

	Final contracts with VCJR were executed in December of 2025 and funding became available at that time. The following was accomplished in Phase 1: • Developed a work plan approved by the Department of Health • Became a SSP provider • Drafted policies and procedures • Developed a budget • Community partner engagement including in person and virtual meetings • Hired contractors • Developed a database for OPC services • OPC Services Assessment was conducted to evaluate local need and inform the planning, design and potential location of the OPC (see presentation for Service Assessment Results) • Site acquisition (site has been identified and needs to be approved by the City council) • Sustainability planning Discussed the benefits of having an OPC in Burlington and Rhode Island's success with their OPC. The City of Burlington will be doing a neighborhood assessment before the OPC opens and then again once it's up and running to determine the impact on the community. See presentation posted with minutes. The sustainability plan is to continue to receive OSAC funding and a grant through National Association of City and County Health Officials (NACCHO) is currently being investigated as a supplemental funding source.	OPC Guidelines: https://www.healthvermont.gov/sites/default/files/document/dsu-overdose-prevention-center-guidelines.pdf
SSP's, Outreach workers, and Recovery residence programs Q&A	Emily reviewed these program review forms with the committee: Outreach and Engagement Workers: There are 26 outreach and engagement positions funded through our preferred provider network across the state which is a group of treatment organizations from	

and Review Forms – Emily Trutor	residential treatment, opioid treatment hubs and outpatient intensive outpatient programs across the state. It increases collaboration with community partners and increases referrals. It allows organizations to have multiple contacts with individuals to build rapport over time. In FY 2026 we had 624 individuals begin treatment services because of direct outreach from the workers and have created an outreach staff network to create peer-to-peer learning opportunities and this is ongoing through FY 2027. The number of individuals that have been reached is close to 4000. The sustainability plan is funding through OSAC and the SAMHSA block grant. Recovery Residences: We have multiple organizations across the state that receive funding for recovery residences. We've had a lot of new housing open due to OSAC funding and can be used for things like the procurement of residences, and major renovations that the federal government does not allow us to. With this funding we have increased residences by 50% since FY 23. A systematic review was done by the Recovery Research Institute Center for Addiction Medicine out of the Massachusetts General Hospital in Boston and in the Department of Psychiatry at Harvard Medical School, and it found that residents generally experienced improvements in abstinence, employment and income compared with people receiving usual continuing care or no intervention. (see reports in the recovery residence program document). The sustainability plan is for the next five years, is that the SAMHSA Block grant can support programming and staffing, the Rural Health Transformation funds (RHT) can support the operations of a significant portion of our residences minus, the urban locations defined by the federal government, and we need the OSAC funding to help with the startup and the implementation of the new houses as we expand them. After five years, programming and staffing supported by the block grant and general fund would continue but when RHT ends and based on the scenario in this form, if	
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	OSAC funding was to go away, we would potentially see a 75% reduction in health Department funded recovery housing do the loss of about \$10 million annually. Syring Service Providers SSP's in general are a very well-studied model across the country and the globe. There's over 30 years of research. Currently there is a federal executive order that does not allow us to pay for harm reduction related activities with federal dollars, it still allows for some overdose prevention in regard to naloxone itself, but even that is getting squeezed a little bit. SSP's are shown to not increase illegal drug use or crime, and they play an important role in reducing the transmission of HIV and Hepatitis. Per the National Institutes of Drug Abuse, SSP's are associated with an estimated 40 to 60% reduction in HIV and 50 to 76% reduction in hepatitis C incidence. SSP, participants are up to five times more likely to enter drug treatment programs and three times more likely to stop injecting drugs compared to non participants. Sustainability plan: Our SSP service is responsible for syringe provision and supplies, syringe disposal, overdose prevention, resources like naloxone and drug checking, infectious disease testing and referrals to treatment recovery and other health related services. OSAC and General fund are critical to keep these organizations open and running because we can't use any of our federal funding sources for it so if the if OSAC funding went away this program is not sustainable solely on the current general fund appropriation and would need the equivalent of the FY2027 OSAF appropriation. Some of these organizations get some funding from federal funds through the Ryan White grant as part of the work that they do to reduce infectious disease.	
Placement of "Public Comment" on Meeting Agenda Discussion	The Advisory Committee shall demonstrate broad, ongoing consultation with individuals living with opioid use disorder about their direct experience with related systems, and then it goes on, including medication, assisted treatment, residential treatment, recovery services, etc. so it makes it pretty clear that we are supposed to	

– Senator Martine Gulick	be consulting folks in these various areas and the Advisory Committee shall consider the ongoing challenges of the opioid crisis on marginalized communities, including individuals who have a lived experience of opioid use disorder. It seems to me, it would be helpful to have that public comment at the beginning of the meeting as opposed to at the end. The committee agreed that it would vote on moving the public comment to the beginning of the meeting with limits. Motion: Aime Wunderlich made a motion to move the public comment to the beginning of the meeting with a 2 minute time limit for each speaker and a 16 minute overall public comment time, Ken Stransky seconded and the motion passed unanimously.	
Discuss FY '29 Funding Proposal Process- Lauren Layman	Didn't get to this, will add to the November meeting agenda.	
Public Comment	Ed Baker Based on the success of SSP's, I want to transfer the accomplishments over to an overdose prevention center and an overdose prevention center is a safe syringe program that has the additional service of supervising safe consumption. I want to read here a couple of sentences from an e-mail: <i>having worked in health care for the better part of two decades. I've seen time and time again how bias has impacted the lives of people struggling with substance use disorder. I see this on every level in both medical and non-medical organizations.</i> That's an e-mail to me on February 25th, 2026, from Commissioner Hildebrant and I want to note that that that I see the same thing, stigma and the weight it impacts morbidity and mortality in America, and I see stigma on every level like Doctor Hildebrant does. I want to just point out that I believe the stigma when it comes to people who inject drugs, that people who inject drugs are seen as unmotivated, which translates into unworthy.	

	When it comes to sustainability, I would ask you if we have a science based compassionate program that shows success in saving the lives of people dying every two weeks in Burlington, would it be worth funding for the entire duration of our abatement funds?me	
Next Meeting	November 16, 2026, 10 - noon	