

**Vermont Opioid Settlement Advisory Committee
Strategic Program Review
Ongoing Programs Funded Through the Opioid Abatement Special Fund**

Organization Information

Organization: City of Burlington/Vermonters for Criminal Justice Reform

Program: Overdose Prevention Center

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SECTION I

1. Program Implementation

Has the program been implemented substantially as proposed when funding was approved?

☒ Yes

☐ Partially

☐ No

If "Partially" or "No," please describe the significant changes made and the reason(s) for those changes.

2. Program Accomplishments

Please describe the most significant outcomes, accomplishments, or milestones that best demonstrate the progress and impact of this program.

Vermonters for Criminal Justice Reform (VCJR) was engaged by the City of Burlington in December 2025 as the expert community service provider for OPC implementation.

In the first year of their grant agreement, the City of Burlington and VCJR have made substantial progress toward Phase 1 grant objectives for implementing Vermont's Overdose Prevention Center (OPC). Phase 1 expectations included maintaining the Syringe Services Program's status with the Vermont Department of Health (VDH), developing and implementing a work plan in coordination with VDH, conducting robust community engagement, obtaining technical assistance from expert partners, developing policies and procedures in compliance with [VDH's OPC Operating Guidelines](#), and helping to implement a robust community [service assessment](#) to inform program planning and implementation. These efforts have been conducted in accordance with the executed grant agreement and have established a strong foundation for the next phase of implementation. As expected, work conducted thus far has well positioned the City of Burlington and VCJR to continue advancing the planning, partnerships, and operational readiness necessary to launch an effective, community-informed OPC.

Phase One Highlights:

OPC Services Assessment:

The Burlington OPC Services Assessment Report, prepared by the Pacific Institute for Research and Evaluation (PIRE) in partnership with the City of Burlington and VCJR, provides evidence of the need for an OPC and its anticipated benefits. The assessment gathered information through two distinct surveys: a survey of people with lived experience (PWLE) who use drugs and a separate multilingual community survey. The PWLE survey included 49 respondents and was conducted between October 2025 and March 2026, alongside in-depth interviews with five PWLE. Separately, the multilingual community survey included 1,505 respondents. The assessment also included many interviews with community partners and first responders conducted between November 7 and December 15, 2025.

Community survey findings provide insight into how respondents connected to Burlington viewed the proposed OPC. Seventy-four percent identified as Burlington residents, 45% reported working in Burlington, and 2% identified as Burlington business owners, while 12% did not identify as either living or working in the city. Community survey respondents were also asked whether they believed an OPC would be helpful to the community, rating their agreement on a scale from 1 (strongly disagree) to 10 (strongly agree). Overall, responses leaned toward agreement: 31.7% selected 10 (“strongly agree”), compared with 14.6% who selected 1 (“strongly disagree”). These findings demonstrate a range of community perspectives, with more respondents selecting the strongest level of agreement than the strongest level of disagreement and overall, the majority of respondents feel an OPC would be helpful to the community.

The separate PWLE survey documented significant health risks and unsafe conditions among people who may use the OPC. Eighty percent of respondents reported being unhoused, including having been unsheltered or living in an outdoor public space within the previous three months. In addition, 96% reported smoking or inhaling substances and 53% reported injecting substances in the previous 30 days. Nearly half (47%) reported experiencing an overdose in the previous year, and all but two respondents reported at least one chronic health condition.

The PWLE survey also documented a range of locations where respondents currently use substances. Seventy percent reported using outdoors, such as in a park or alley; 53% at the waterfront; 57% in public restrooms; and 43% in public buildings. Additionally, 67% reported using in a vehicle, 61% at someone else’s residence, and 78% where they were living or staying. These findings highlight how frequently respondents use substances in public settings and the importance of providing access to immediate overdose response, basic medical care, and other harm reduction services.

The PWLE survey found strong anticipated demand for the service: 92% of respondents said they would consider using Burlington’s OPC once it opens, and 73% said they would use it all or most of the time they used drugs. Respondents identified compassionate overdose response, overdose prevention supplies and education, access to health professionals and basic medical care, and the ability to use substances indoors as key services they would use. An OPC will provide a safer, supervised setting for substance use, immediate overdose intervention, basic medical and wound care, harm reduction services, and connections to treatment and other supports.

The OPC Team grew through hiring of staff, including: OPC Director, OPC Deputy Director, City Grants and Project Manager.

Staff worked to develop budgets, operations plans, policies and procedures, communications, outreach, stakeholder engagement, municipal and state compliance, site acquisition, Statement of Work, Workplan and to undertake reporting to DSU of project progress.

Policy and Procedure Development:

VCJR is progressing in accordance with the City’s work plan for developing policies and procedures for the OPC. These policies and procedures are being written in accordance with the Vermont Department of Health’s OPC Guidelines, which establish operational requirements, administrative instructions, and best-practice recommendations for entities establishing or operating an OPC in Vermont. VCJR is also receiving technical assistance from Project Weber/RENEW, a successful, operating OPC in Providence, Rhode Island, which is helping to inform planning and implementation in Vermont. VCJR and the City have also incorporated findings from the community service assessment to the policies and procedure to ensure that they address the community’s specific needs and service environment.

Site Acquisition for the OPC has been challenging. There are many factors involved in the placement of the OPC, including planning, zoning, permitting, community outreach, suitability and land use considerations.

The OPC has tendered a Letter of Intent for a confidential location based on the recommendations uncovered in the Services Assessment. There is significant work needed to satisfy multiple City of Burlington regulatory and City Council approvals to proceed with purchasing the building at this time.

VCJR has engaged partners to support the work of the OPC and the required wrap around services needed to give the best possible care to the vulnerable population served.

OPC Partners include:

- Johnson Health Center – Medical care, medication assisted treatment and testing
- Project Weber/RENEW - Consulting on OPC best practices and organization
- Pacific Institute for Research and Evaluation (PIRE) - Services Assessment and Neighborhood Impact Study
- Pathways – Mental Health
- BioServ - Hazardous Waste Management
- Brown University - Technical Assistance, Database Support & Development
- MK Mastercraft - Tech Support and Database Server

Community Engagement and Education:

VCJR and the City have conducted robust and ongoing community engagement to provide information about the Burlington OPC, answering questions and listening to community perspectives.

Presentations provided an overview of VCJR's current services with a focus on: informing the public about the importance of building trust with the population of focus and educating about harm reduction; the proposed OPC and the services it would provide; findings from the Burlington Services Assessment; and information about the community need for accessible harm reduction and health services. Presentations also included information about who the OPC is expected to serve, services identified as important by people with lived experience, and community survey findings that are helping inform planning and implementation.

Each presentation included time for questions, discussion, and community feedback. VCJR answered questions from attendees and listened to comments, concerns, and perspectives from community members. These conversations are an important part of the ongoing community engagement process and help inform how the project moves forward.

2025

- June 2, 2025, First Unitarian Universalist Society of Burlington
- November 6, 2025, City in partnership with PIRE: Community Education Webinar Facilitated with OPC
- December 17, 2025, Turning Point Recovery Center Chittenden County

2026

- March 18, 2026, Marketplace Commission Meeting
- April 6, 2026, CVOEO / Bridges Recovery Shelter
- April 29, June 10, and September 14, 2026, UVM Larner School of Medicine Students
- May 6, 2026, Legislative Testimony and Outreach to Key Legislators
- May 26, 2026, Howard Center Chittenden Clinic
- July 17, 2026, Brown University / UVM Infectious Disease
- August 5, 2026, Situation Table
- September 9, 2026, Neighborhood Planning Assembly Ward 1
- September 10, 2026, Neighborhood Planning Assembly Ward 2
- September 10, 2026, Howard Center Chittenden Clinic
- September 23, 2026, Neighborhood Planning Assembly Wards 4 & 7
- September 29, 2026, Burlington City Council

- October 1, 2026, Neighborhood Planning Assembly Ward 6
- October 8, 2026, Burlington Housing Authority Decker Towers Resident Community
- October 13, 2026, Chittenden County State's Attorney's Office

VCJR also has additional community engagement opportunities scheduled or in progress, including NPA Ward 8 on October 21, Trusted Community Voices/REIB on November 3, and Neighborhood Planning Assembly Ward 3 on November 4. Additional outreach to community groups, neighborhood associations, service providers, and other stakeholders is ongoing.

3. Evidence of Effectiveness

Please describe the information, data, evaluation findings, participant experiences, or other evidence that demonstrates the program is achieving meaningful benefit for the population served.

As the Services Assessment found, there is significant need and anticipated demand for an OPC in Burlington. The assessment documented substantial health risks among people who use drugs, widespread substance use in public settings, and strong interest among people with lived experience in using the proposed center. These findings inform the City and VCJR's ongoing planning and implementation efforts. The full assessment provides additional data and findings on community perspectives, service needs, and recommendations.

Statewide overdose data further demonstrate the continued need for prevention efforts amid an evolving and increasingly unpredictable drug supply. Vermont recorded 170 fatal drug overdoses in 2025. During the first 6 months of 2026, the Chittenden County State's Attorney's Office data shows that 18 people died from overdose in Chittenden County. This demonstrates a nearly 64% increase above the three-year average of 11 deaths for the same period. Changes in the unregulated drug supply, including the presence and potency of substances, can shift overdose risks rapidly, underscoring the need for responsive, evidence-based prevention services. These more recent local figures reinforce the importance of maintaining targeted overdose prevention efforts.

Rhode Island's Project Weber/RENEW, which is currently providing technical assistance to VCJR, offers an example of an OPC's role in overdose prevention and service connections. Between January and November 2025, the center recorded 6,619 visits from 653 unique individuals, conducted 159 overdose interventions with zero fatal overdoses at the center, and made approximately 4,000 referrals to treatment, peer support, case management, and other services. Rhode Island's statewide overdose deaths declined from 436 in 2022 to 219 in 2025, a reduction of approximately 50%. While this statewide decline cannot be attributed to the OPC alone, the center's documented outcomes demonstrate its capacity to respond to overdoses in real time and connect participants with essential services. Through its ongoing technical assistance relationship with Project Weber/RENEW, VCJR is drawing on established operational expertise and implementation guidance to inform the development of Burlington's OPC. This partnership provides an important foundation for applying lessons learned in Rhode Island to Vermont's local context and strengthening the center's implementation, service delivery, and potential for success.

Together, the two Burlington surveys provide complementary evidence: the community survey captures respondents' views on whether an OPC would benefit Burlington, while the PWLE survey documents the health risks, unsafe conditions, and anticipated demand among people who may use the service. Combined with examples from other OPCs, these findings support the need for a center that provides a safer, supervised setting for substance use, immediate overdose intervention, and access to health care and other supports. Once operational, Burlington's OPC can measure its effectiveness through overdose interventions, participant engagement, referrals and connections to care, and other relevant health and community outcomes.

Section II

Long – Term Sustainability

4. Essential Services

Please identify the core services or program components that your organization believes are essential to continue beyond the life of the Opioid Abatement Special Fund.

OPC Specific Services:

Overdose monitoring and response in a safe, respectful, life affirming care environment with supportive wrap around services.

Wrap Around Services:

Vermonters for Criminal Justice Reform operates the following services out of its current location: Walk-in case management, Drug treatment, treatment options counseling and linkages to care, Transportation (from the correctional facility to inpatient treatment, to medical appointments, etc.), Overdose prevention services and harm reduction supplies, Crisis support, Accompaniment to the emergency room/hospital, hospitalization retention support and hospital discharge planning, Parenting and DCF support, Drug checking services, medical case management, and Low barrier medical care through a partnership with Johnson Health Center (no appointment necessary) Services include: On-site lab testing, Primary care, STI testing and treatment, HIV/Hepatitis C testing and treatment, Wound care/Infection care (including antibiotics), Low barrier MOUD treatment, including long-acting injectable forms, Mental health medications and treatment, including long-acting injectable forms.

These wrap around services are essential to building trust and maintaining relationships with an especially challenging to reach and engage population. Many of these services are also required components of the OPC per VDH operating guidelines. Ensuring these services continue is an extremely important part of the success of the OPC and in helping a very high-risk population reduce their risk of overdose death and other harms.

5. Sustainability Planning

Please describe your organization's approach to sustaining the essential services identified above. In your response, discuss anticipated future expenses and available resources apart from the Opioid Abatement Special Fund that may support the continuation of those services.

VCJR is an established and trusted service provider that will continue to serve their target population in the community, as they have done for many years.

The current OPC budget includes a significant amount of upfront cost due to the need to secure, renovate and fit up a building to house services. The strict DSU requirements for the OPC and its services mean that this building must have costly additions that support the medical and safety needs of the services provided. This is not something that can be purchased turnkey on the market.

The OPC operating budget will be reduced once the building considerations have been implemented. The Maintenance and Operations Budget for Year 3, is under development and the ongoing building costs are a major consideration that still need to be solidified.

VCJR is experienced at fundraising and uncovering funding opportunities to support its programs. A grant through National Association of City and County Health Officials (NACCHO) is currently being investigated as a supplemental funding source.

Successful OPC outcomes are a powerful factor in securing future funding following this pilot program.

Future Program Viability

If Opioid Abatement Special Fund support were no longer available within the next three to five years:

- **Which services would likely continue?**
Wrap Around Services are currently in place and active. VCJR will continue to prioritize funding to ensure these services remain available into the future.
- **Which services would likely be reduced or discontinued?**
Safe consumption services would be difficult to continue without ongoing funding.
- **Please explain why.**
Safe consumption is not a funding priority for most funding sources.

Community Impact

Please describe the anticipated impact on the individuals, families, and communities served if the services supported through the Opioid Abatement Special Fund were no longer available.

Where applicable, discuss anticipated service gaps, barriers to care, or other community impacts.

VCJR and the City of Burlington are extremely committed to ensuring as many life affirming overdose prevention, health and treatment related services stay available in the event that funding were no longer available. Both the City and VCJR are well connected with other service providers in our community and in the unlikely event that no new resources were identified and the state was unable to continue making these lifesaving services available, we would work closely with our system of care to connect people with other community providers as necessary. However, these services are extremely valuable and like almost all recovery and social services, we are likely to need some support from the state.

Section III

Looking Ahead

6. Future Considerations

Looking ahead over the next three to five years, what should the Opioid Settlement Advisory Committee understand about the future needs, opportunities, or challenges affecting this program as it develops recommendations to the General Assembly?

We are very excited to share that the Vermont legislature separately appropriated funding for an independent, scientific evaluation of the overdose prevention center. This provides a unique opportunity to assess the overall effectiveness of the OPC. It will include comparisons of metrics related to overdose and substance use and the impacts on individuals and the community before and after implementation of safe consumption services.

When looking ahead, it is extremely important to note that we are currently experiencing an overdose crisis in Vermont and a substantial increase in overdose deaths in Chittenden County this year. Perhaps the most important purpose of opioid abatement funds is to reduce overdose deaths. Offering people with substance use disorder, who are already experiencing enormous harm, an alternative to using alone is likely one of the most direct ways we can prevent overdose deaths.

In addition to overdose response, the OPC offers in the moment access to health care services, basic needs support, housing navigation, and substance use treatment in a nonjudgemental, warm, and welcoming environment. We know that Vermonters who are most at risk are willing to use these services and we know that people who access harm reduction services are 5 times more likely to enter treatment, making this a very impactful and lifesaving use of opioid abatement funds.