



City Council - Public Safety Committee

Thursday, May 29, 2025, 5:30 PM, Zoom/Champlain Room, 3rd Floor, City Hall

When: May 29, 2025 05:30 PM Eastern Time (US and Canada)
Topic: Public Safety Committee Meeting

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1. Adopt the Agenda

1.1. Motion to amend/adopt agenda

2. Adopt Minutes

2.1. Motion to adopt draft minutes from April 17, 2025

3. Public Forum

Subject

3.1. Verbal Comments

Meeting

May 29, 2025 - Public Safety Committee Meeting Agenda - Thursday, May 29, 2025, 5:30 PM, Zoom/Champlain Room, 3rd Floor, City Hall

Category 3. Public Forum

Department

Type

4. Chiefs' Oral Reports

Subject 4.1. Police

Meeting May 29, 2025 - Public Safety Committee Meeting Agenda - Thursday, May 29, 2025, 5:30 PM, Zoom/Champlain Room, 3rd Floor, City Hall

Category 4. Chiefs' Oral Reports

Department

Type

Recommended Action

Subject 4.2. Fire

Meeting May 29, 2025 - Public Safety Committee Meeting Agenda - Thursday, May 29, 2025, 5:30 PM, Zoom/Champlain Room, 3rd Floor, City Hall

Category 4. Chiefs' Oral Reports

Department

Type

Recommended Action

5. Data from State's Attorney

Subject 5.1. Data from State's Attorney

Meeting May 29, 2025 - Public Safety Committee Meeting Agenda - Thursday, May 29, 2025, 5:30 PM, Zoom/Champlain Room, 3rd Floor, City Hall

Category 5. Data from State's Attorney

Department Council and Board

Type

6. Urban Park Ranger Information

Subject 6.1. Reminders about Camping in Parks

Meeting May 29, 2025 - Public Safety Committee Meeting Agenda - Thursday, May 29, 2025, 5:30 PM, Zoom/Champlain Room, 3rd Floor, City Hall

Category 6. Urban Park Ranger Information

Department Council and Board

Type

Recommended Action

7. Sheltering on Public Lands Policy

Subject	7.1. Sheltering on Public Lands Policy
Meeting	May 29, 2025 - Public Safety Committee Meeting Agenda - Thursday, May 29, 2025, 5:30 PM, Zoom/Champlain Room, 3rd Floor, City Hall
Category	7. Sheltering on Public Lands Policy
Department	Council and Board
Type	Discussion
Recommended Action	

8. Overdose Prevention Center - Next Steps

Subject	8.1. Overdose Prevention Center - Next Steps
Meeting	May 29, 2025 - Public Safety Committee Meeting Agenda - Thursday, May 29, 2025, 5:30 PM, Zoom/Champlain Room, 3rd Floor, City Hall
Category	8. Overdose Prevention Center - Next Steps
Department	Council and Board
Type	
Recommended Action	

9. Chair Comments on Public Safety Resolutions

Subject	9.1. Chair Comments on Public Safety Resolutions
Meeting	May 29, 2025 - Public Safety Committee Meeting Agenda - Thursday, May 29, 2025, 5:30 PM, Zoom/Champlain Room, 3rd Floor, City Hall
Category	9. Chair Comments on Public Safety Resolutions
Department	Council and Board
Type	
Recommended Action	

10. Upcoming Meeting Dates

Subject	10.1. Upcoming Meeting Dates
Meeting	May 29, 2025 - Public Safety Committee Meeting Agenda - Thursday, May 29, 2025, 5:30 PM, Zoom/Champlain Room, 3rd Floor, City Hall
Category	10. Upcoming Meeting Dates
Department	Council and Board
Type	
Recommended Action	

11. Adjournment

Subject	11.1. Motion to adjourn
Meeting	May 29, 2025 - Public Safety Committee Meeting Agenda - Thursday, May 29, 2025, 5:30 PM, Zoom/Champlain Room, 3rd Floor, City Hall
Category	11. Adjournment
Department	Council and Board
Type	
Recommended Action	

12. Informational and Non-Discrimination Statements

Subject	12.1. This agenda is available in alternative formats upon request. For more information on access, call Lori Olberg, Licensing, Voting and Records Coordinator (802-865-7136)(TTY 802-865-7142). Persons with disabilities who require assistance or special arrangements to participate are encouraged to contact 802-865-7000 (voice) or 802-865-7142 (TTY) at least 72 hours in advance so that proper arrangements can be made. The City of Burlington will not tolerate unlawful harassment or discrimination on the basis of political or religious affiliation, race, color, national origin, place of birth, ancestry, age, sex, sexual orientation, gender identity, marital status, veteran status, disability, HIV positive status, crime victim status or genetic information.
Meeting	May 29, 2025 - Public Safety Committee Meeting Agenda - Thursday, May 29, 2025, 5:30 PM, Zoom/Champlain Room, 3rd Floor, City Hall
Category	12. Informational and Non-Discrimination Statements
Department	Council and Board
Type	

Public Safety Committee
Thursday, March 20, 2025
Remote via Zoom/In-Person in Queen City Room, 3rd Floor, City Hall, Burlington,
Vermont
DRAFT MINUTES

Members Present: Melo Grant (Chair), Mark Barlow, Buddy Singh

Staff Present: Hayley McClenahan (Assistant City Attorney), Michael LaChance (Fire Chief), Shawn Burke (Interim Police Chief), Lacey Smith (Assistant Director of CAIP)

Public Present: Erin Malone, Chris Haessly, Sarah George

Meeting called to order at 5:33 PM by Councilor Grant.

1. Adopt the Agenda
1.01 Adopt the Agenda

Motion to Adopt Agenda as written.

Motion by Councilor Barlow, Seconded by Councilor Singh

Final Resolution: Motion Passes

Yes: Unanimous

2. Chair Opening Remarks
2.01 Chair Opening Remarks

Councilor Grant welcomed the new iteration of the Committee, announced that meetings will be hybrid from now on, and talked about Committee goals for this council year. No action was taken.

3. Adopt Minutes
3.01 Motion to Adopt Draft Minutes from March 20, 2025

No action was taken.

4. Public Forum
4.01 Verbal Comments

Erin Malone of Ward 2 Public shared various incidents and activity occurring around their business and home in the last two weeks.

Prabin of Ward 2 voiced concerns for the same area of Hyde St as the previous speaker.

Public forum closed at 5:52.

5. Fire Department Reports/Update
5.01 Fire Department Reports/Update

Chief LaChance reviewed the latest Fire Commission report. No action was taken.

6. Conversation with Police Department's Interim Chief Burke

Chief Burke discussed his goals for BPD with the Committee. State's Attorney Sarah George spoke with the Committee regarding the State's Attorney's Office's partnership with BPD.

6.01 Recruitment/Retention Strategies

6.01.01 \$37,000 video status?

No action was taken.

6.01.02 Digital Advertising/Social Media Vendor

No action was taken.

6.01.03 Lateral Transfer Strategy – Can BPD replicate BFD's success?

No action was taken.

6.01.04 Recruiting team updates

No action was taken.

6.02 Reports/Data - Potential Changes

No action was taken.

6.03 What if BPD is federalized? ICE assistance?

No action was taken.

6.04 CNA Recommendations – DD40? Status of Directives

No action was taken.

6.05 Website Improvements

No action was taken.

6.06 Community Academy

No action was taken.

7. CAIP Updates
7.01 CAIP Updates

Assistant Director Smith reviewed CAIP's latest updates with the Committee.

No action was taken.

8. Police Commission Partnership – CNA Recommendations Review
8.01 Police Commission Partnership – CNA Recommendations Review

Councilor Grant discussed the nature of ongoing discussion with the Police Commission Chair to define how the two bodies can support one another.

No action was taken.

9. Mayor Mulvaney-Stanak Community Safety Press Conferences
9.01 Mayor Mulvaney-Stanak Community Safety Press Conferences

Councilor Grant noted Mayor Mulvaney-Stanak is hosting monthly Community Safety Press Conferences that are available on the city website and YouTube.

No action was taken.

10. Overdose Prevention Center
10.01 Overdose Prevention Center

Councilor Grant recommended the public watch the work session at the last City Council meeting on 4/14 for updates on the Overdose Prevention Center.

No action was taken.

11. Future Meetings - Hybrid
11.01 Future Meetings - Hybrid

The Committee discussed what dates and times work best for a regular meeting date.

No action was taken.

12. Adjournment
12.01 Motion to Adjourn

The meeting was adjourned with no objection by Councilor Grant at 7:23 PM.



**POLICE DEPARTMENT
CITY OF BURLINGTON**

MEMO #2025-07

TO: Recruitment Division

FROM: Shawn P. Burke, Interim Chief of Police

VIA: Brian LaBarge, Deputy Chief of Administration
Shannon Trammell, Executive Manager

SUBJECT: Recruitment Strategy

Objectives

1. Increase awareness and appeal for career opportunities with the Burlington Police Department.
 2. Build trust and engagement through authentic testimonials and local community involvement.
 3. Increase qualified applications through a multi-channel approach leveraging digital and in-person efforts.
-

Social Media Strategy with Testimonials

Goal: Build credibility and showcase workplace culture through real stories.

Actions:

- **Employee Testimonial**
 - Video series of 30-40 second clips featuring diverse employees sharing why they joined, what they like about the role, and their growth stories.
 - Share across LinkedIn, Instagram, and Facebook using hashtags like #LifeAtBurligotnPD, #BPDCareers.
- **Community Testimonials**
 - Feature stories from residents, business community, and local organizations which BPD serves. The Burlington Business Association has members prepared to provide testimonials.
 - Align messaging with values like inclusion, impact, purpose, and the importance of policing.
- **Content Calendar – Aligned with VPA Hiring Cycle**
 - Bi-Weekly posts highlighting different employees, divisions, special units, and behind-the-scenes moments.
 - Monthly "Day in the Life" Facebook / Instagram Reels.



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- Burlington Business & Workforce Development can help with content creation and social media management strategies.

Targeted Digital Advertising – Simpli.Fi

Goal: Reach specific candidate segments with tailored messaging.

Actions:

- **Platforms:** LinkedIn Ads, Facebook, Instagram, Google Display Network.
- **Targeting:**
 - Demographic: Students and recent grads (18-26), early-career professionals.
 - Geographic: Within 50 miles of colleges with Criminal Justice or parallel programs e.g. University of Vermont, Champlain College, Norwich University, St. Michael’s College, Castleton State, Lyndon State, Plattsburg State, Westfield State.
 - Behavioral: Job seekers, people interested in similar employers or career paths.
- **Ad Content:**
 - Use short-form videos from testimonials.
 - Highlight entry-level roles, internship programs, and career development opportunities.
 - Include clear call to action (e.g., “Apply Now,” “Meet Us On Campus”).
- **Retargeting:** Serve follow-up ads to users who’ve visited the careers page or engaged with social posts.

In-Person College Community Events

Goal: Create strong personal connections with students and faculty.

Actions:

- **Career Fairs & Pop-Ups**
 - Attend on-campus recruitment events.
 - Host branded booths with interactive elements (e.g., photo wall, company swag, quick resume reviews).
- **Ambassadors**
 - Identify current BPD employees who are alumni of specific institutions to represent the organization at career fairs.
- **Company Open Houses / Shadow Days**
 - Invite potential applicants to visit the workplace or participate in virtual job shadowing.



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- Workplace visits should include an in-person meeting with a member of Command Staff, ride-alongs, and facility tour.
- **Workshops & Sponsorships**
 - Partner with institution staff for potential pop-up testing and / or guest lectures opportunities.
 - Examine areas for engagement with local college level sports teams.

Measurement & Optimization

Key Metrics to Track:

- Social media engagement (likes, shares, comments, saves)
- Website and careers page traffic (especially from ad sources)
- Cost per application (CPA) from advertisement expenditures
- Number of qualified applicants per channel
- Event attendance and student feedback
- Campus reach and referral volume

Potential Tools to Use: Google Analytics, Meta Ads Manager, LinkedIn Campaign Manager, Application data – How did you learn about BPD?

Other Opportunities

- **Vermont National Guard PRIME Program**
 - PRIME aligns Soldiers, Airmen, and their dependents with civilian employers through direct communication via email, in-person briefs, and word of mouth. PRIME ensures qualified service members interested in a company are guaranteed an interview by the employer, nothing more. PRIME also ensures the Vermont Guard works hard to distribute employer information to employment-seeking service members.
- **Beach & Parks**
 - Target local college / area residents for this employment opportunity.
 - Identify sworn officer mentors for Beach & Parks employees
 - Look for intentional ways for Beach & Parks employees to see the work of sworn officers firsthand.
 - Stay in touch – Chief of Police thank you notes in the fall; mentors make contact in early winter during recruitment efforts for the summer VPA class.
- **Interface with City HR**
 - Training and professional development opportunities for BPD recruitment team.
 - Resources available from HR which could add value to the BPD initiative.

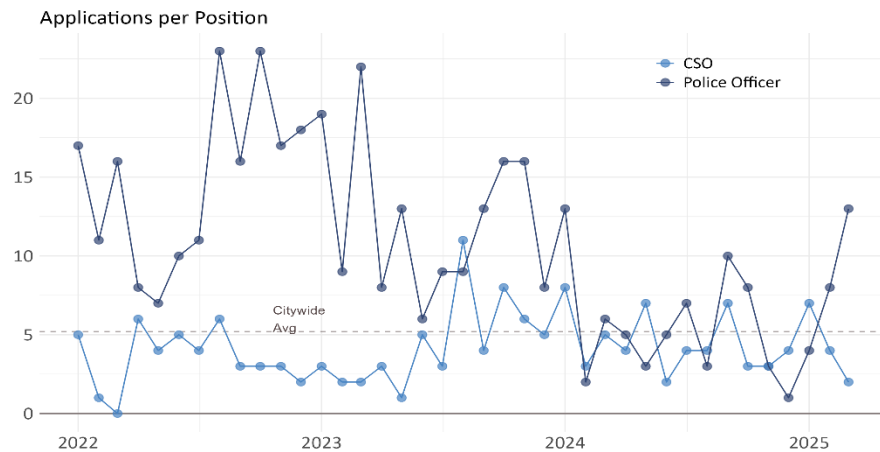


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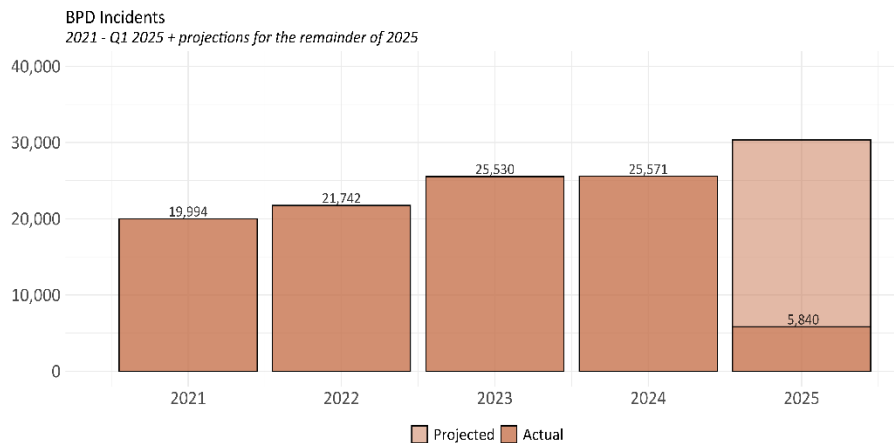
April 25th, 2025

Chief's Report – Burlington Police Commission

Personnel: The agency is carrying vacant positions in the Emergency Communications Center, Police Officer ranks, Community Service Officers, and the CAIP. Our recruitment team is hard at work processing sixteen police officer applicants, which is a strong number. The applicants are at various stages in the hiring process, one job offer has been extended to a police officer applicant. Police Officer and CSO application data is encouraging, the hiring process is rigorous:



The department continues to respond to incidents leveraging all elements of the organization: Sworn, CSO, CAIP, and community partners like Street Outreach. Within the set there are no trends of significance.

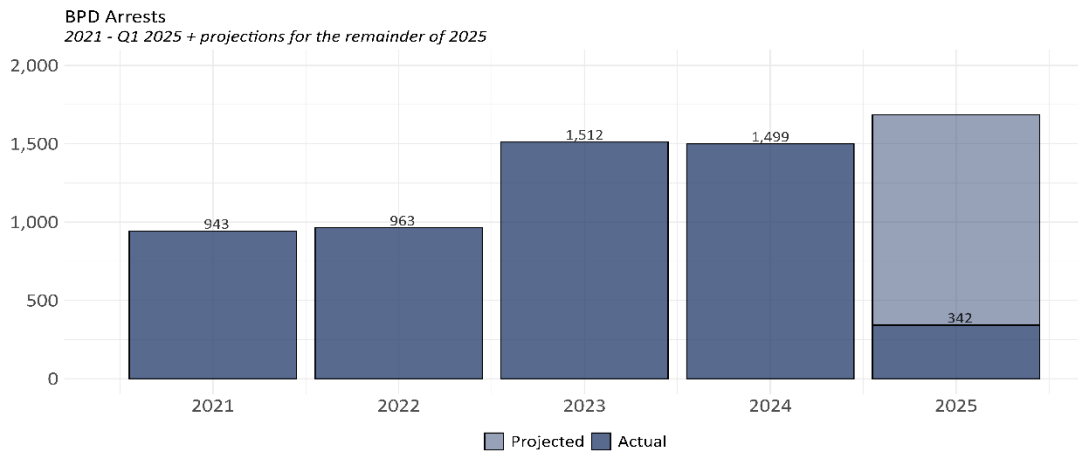


Projected based on 19% of past year's incidents having occurred at that date.
Data through 03/31/2025
'Stacked - No Response' and Online Only incidents removed



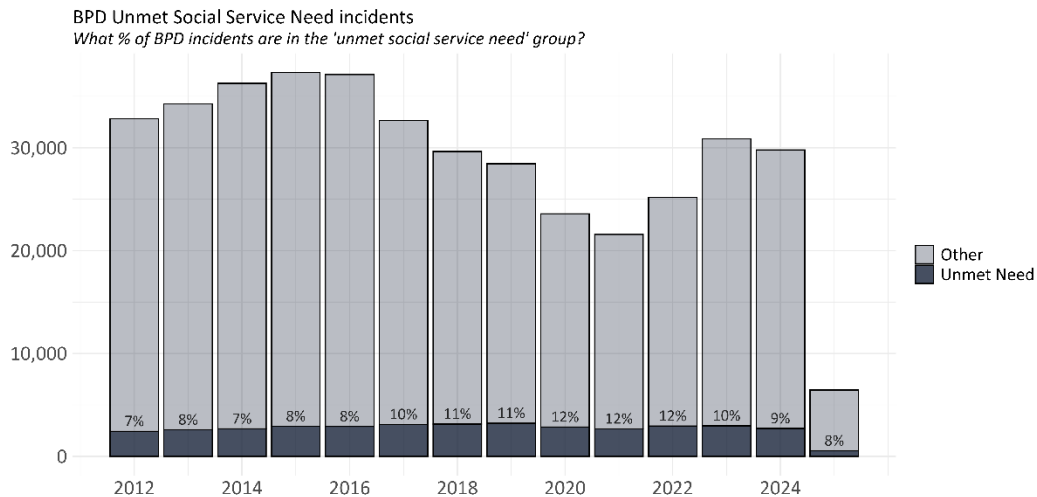
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Sworn personnel are attending to numerous incidents which culminate with arrest. An open data question under exploration – what categories of criminal arrest drove the sharp increase 2022 – 2023?



*Projected based on 20% of past year's arrests having occurred at that date.
Data through 03/31/2025*

The department remains focused on responses to incidents related to unmet social service needs:



*Data through 3/31/25
Incidents include: Welfare Check, Intoxication, Mental Health Issue, Suicide - Attempted, Overdose*

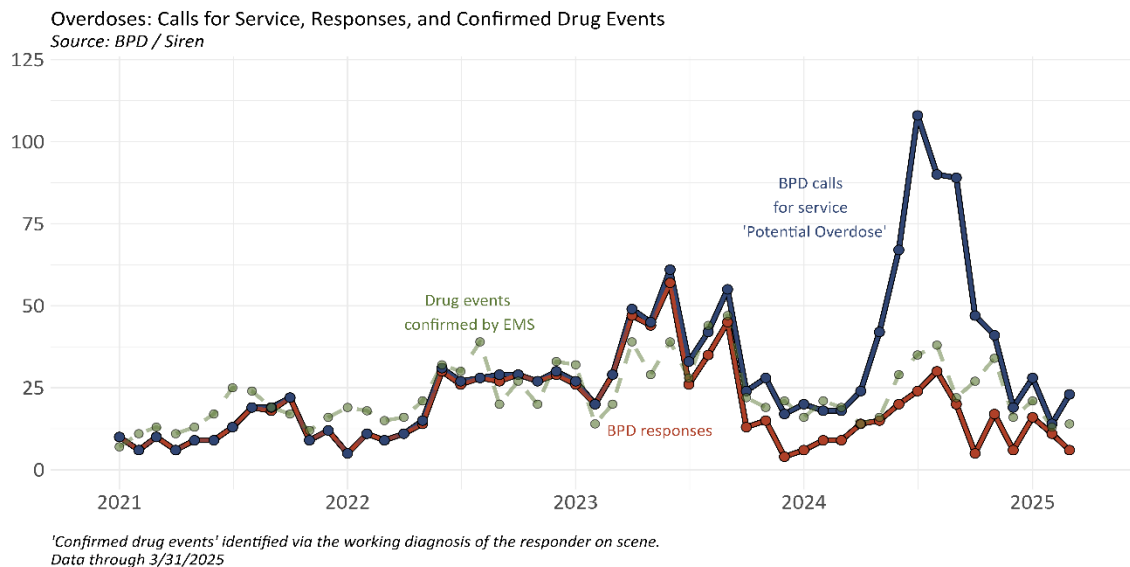
These data sets are of interest in evaluating how the City invests in social service provision. Currently the police department budget supports the Howard Center Street Outreach Team and the BPD Crisis, Advocacy, Intervention Program to better address these incidents. It is



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important to note that often the initial response to many of these incidents involve a police officer due to reported danger acuity.

The department has been meeting with the leadership of the Fire Department and the Administration to examine demands on City services related to substance use disorder. Our goal - using our combined resources with improved efficacy and efficiency. An example of initial data exploration:



The line “BPD calls for service potential overdose” highlight the public’s perception of increased drug consumption in public places. EMS data accounts for the actual number of incidents which involved substance use.

In closing, I have just completed my first 30 days with BPD. I have had the opportunity to hold one on one meetings with ninety percent of BPD’s formal leaders, several City Councilors, and a variety of other community stakeholders. This is also a busy season in terms of budget and collective bargaining. I look forward to adding dimensions to this monthly report - department training, specific incidents, data analysis, employee accomplishments, etc. It’s my distinct honor to serve as the City’s Interim Chief of Police.

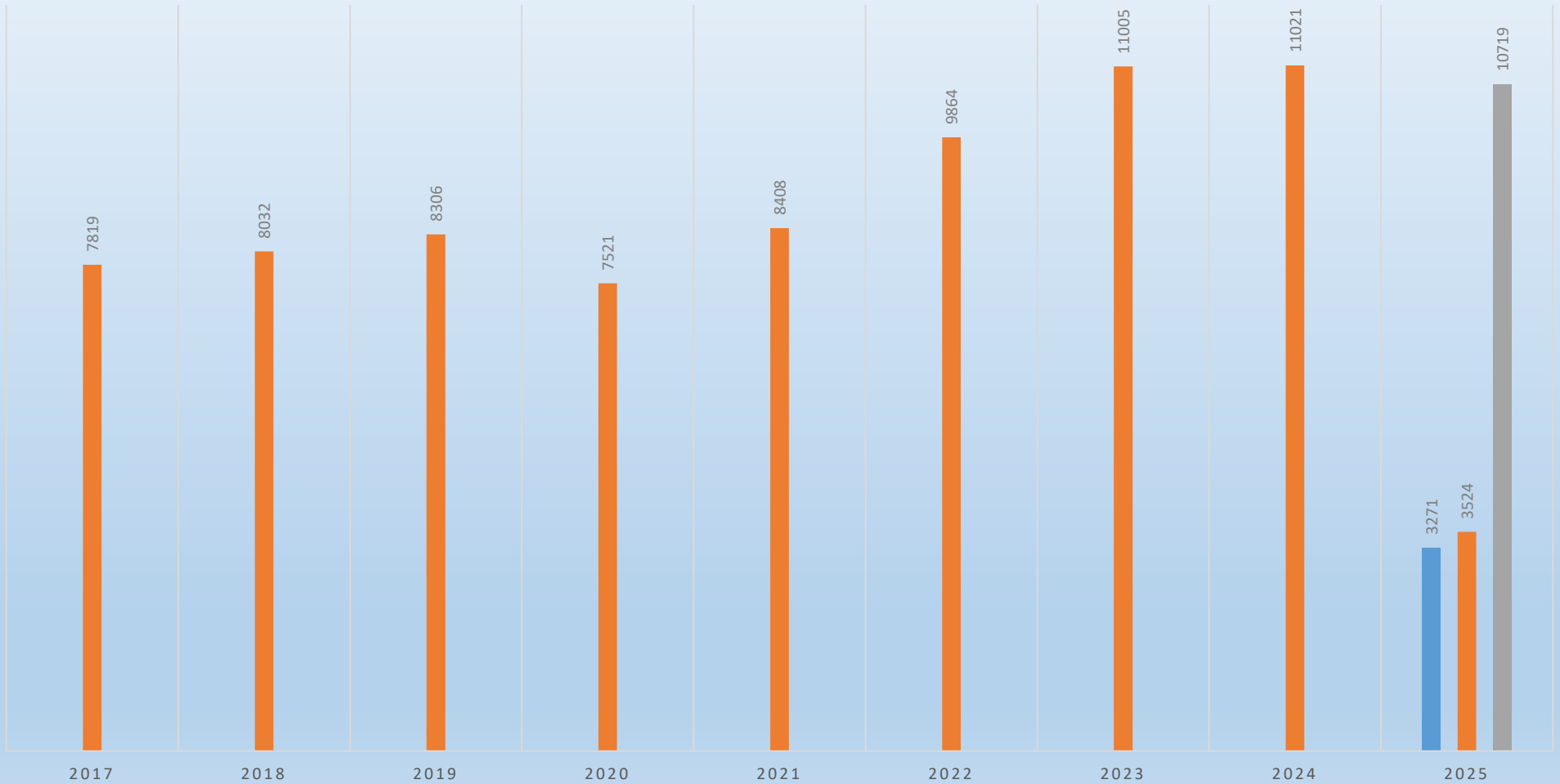
Burlington Fire Department Response Data Updated Through 04/30/2025





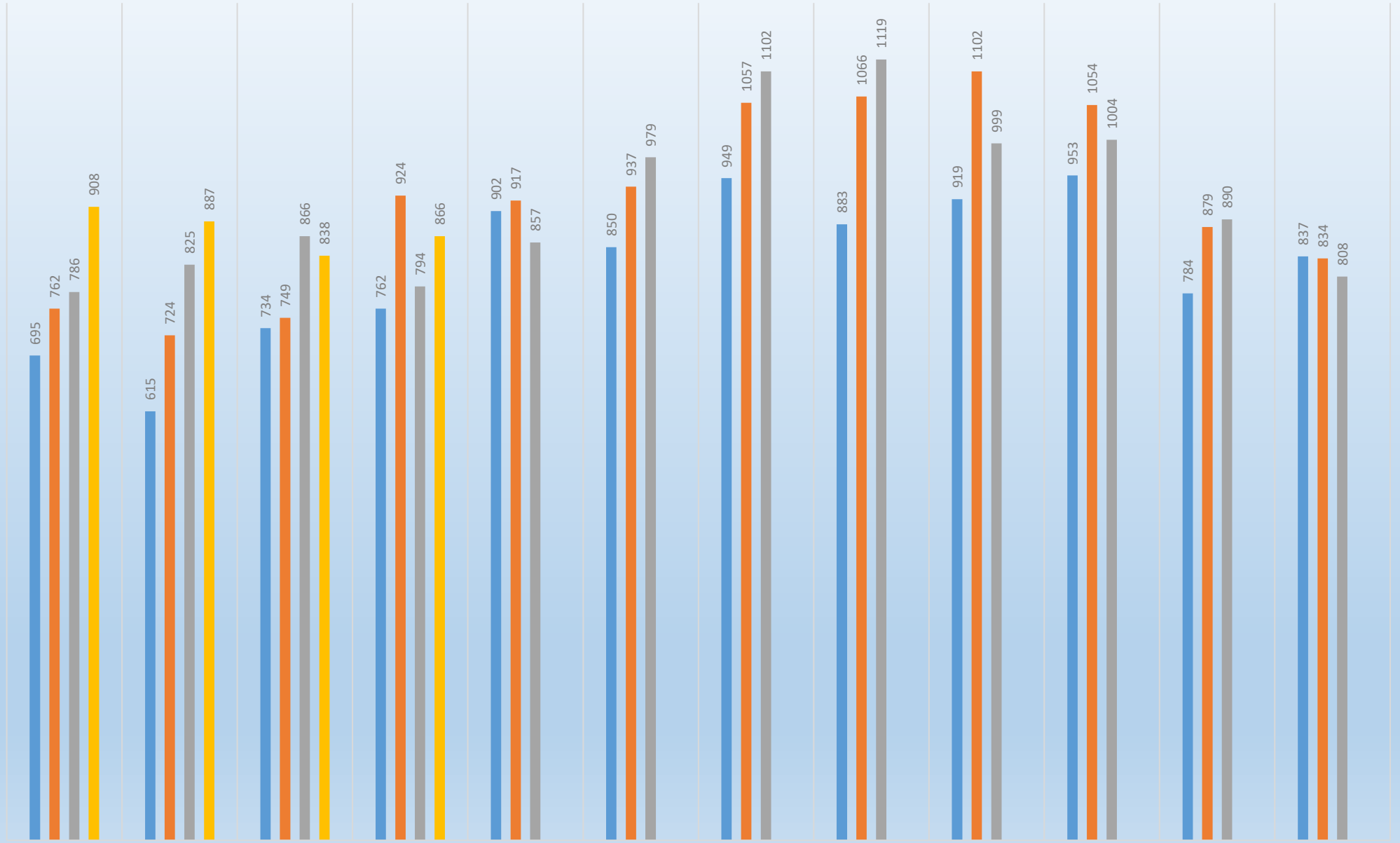
FIRE DEPARTMENT RESPONSE TOTALS CALENDAR YEAR UPDATED THROUGH 04/30/2025

■ 1 year ago ■ Current YTD ■ Projected EOY



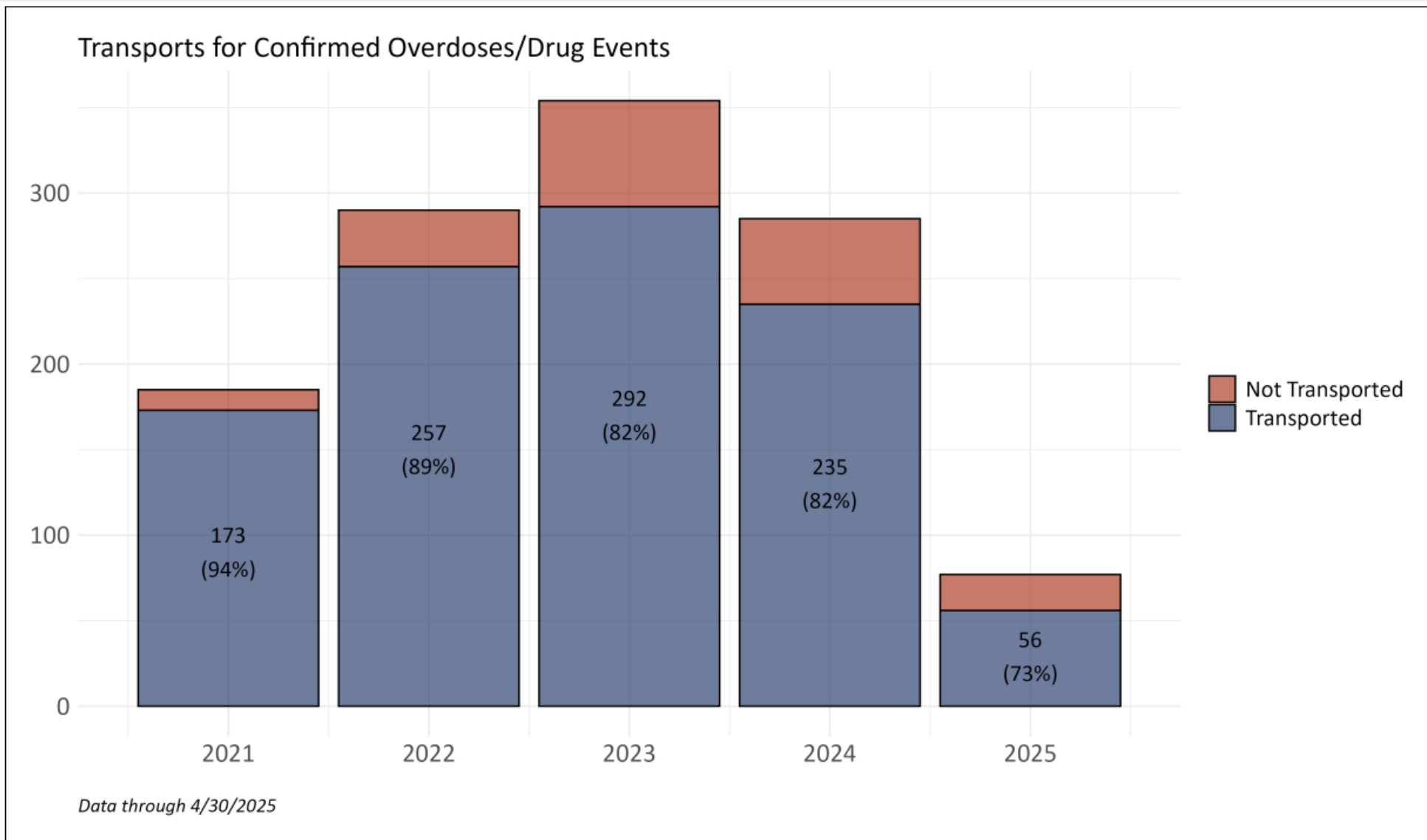


2022 - 2025 RESPONSES BY MONTH



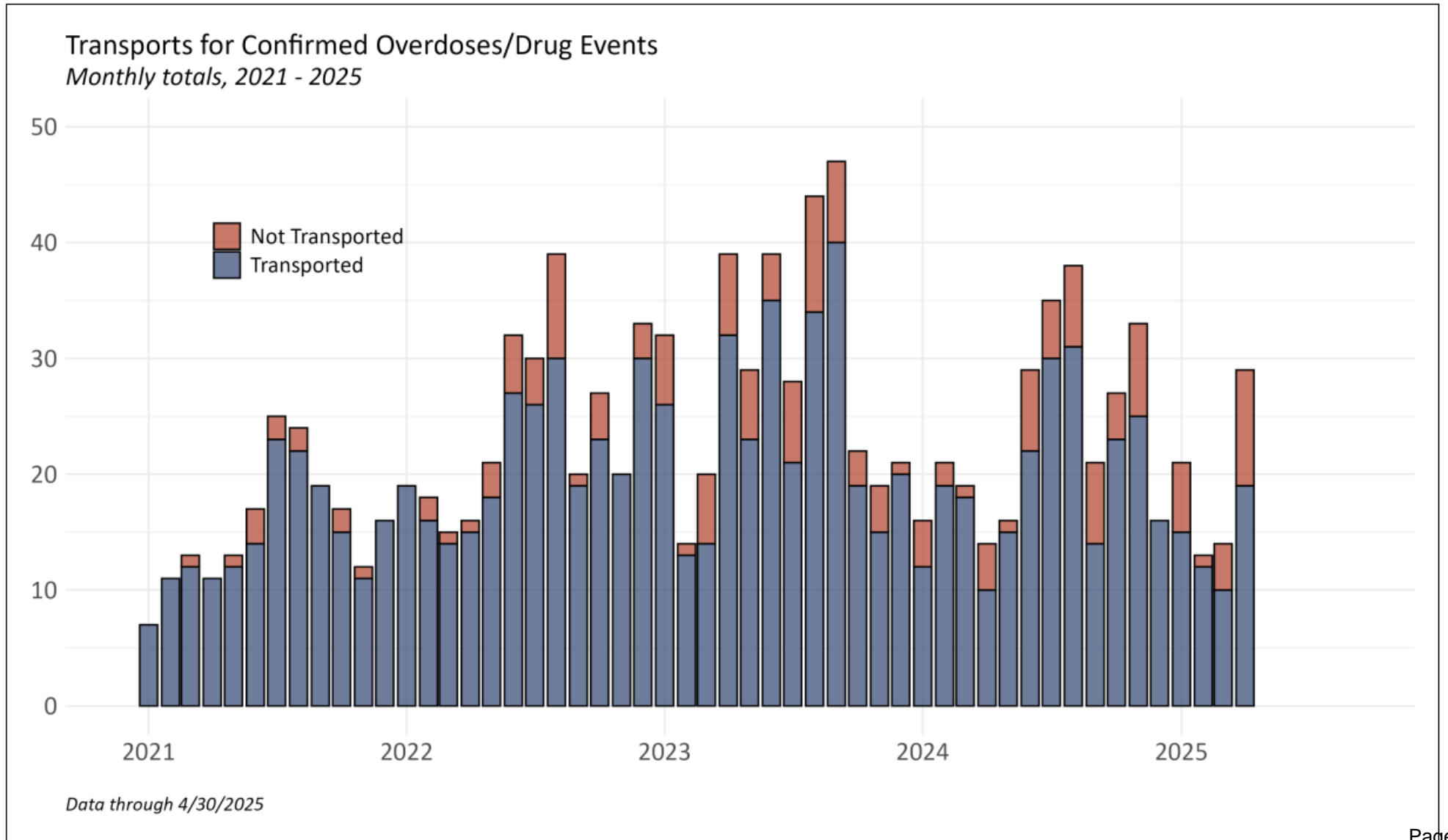


Data is for “confirmed” overdoses as reported by the ambulance crew on their state EMS run form.



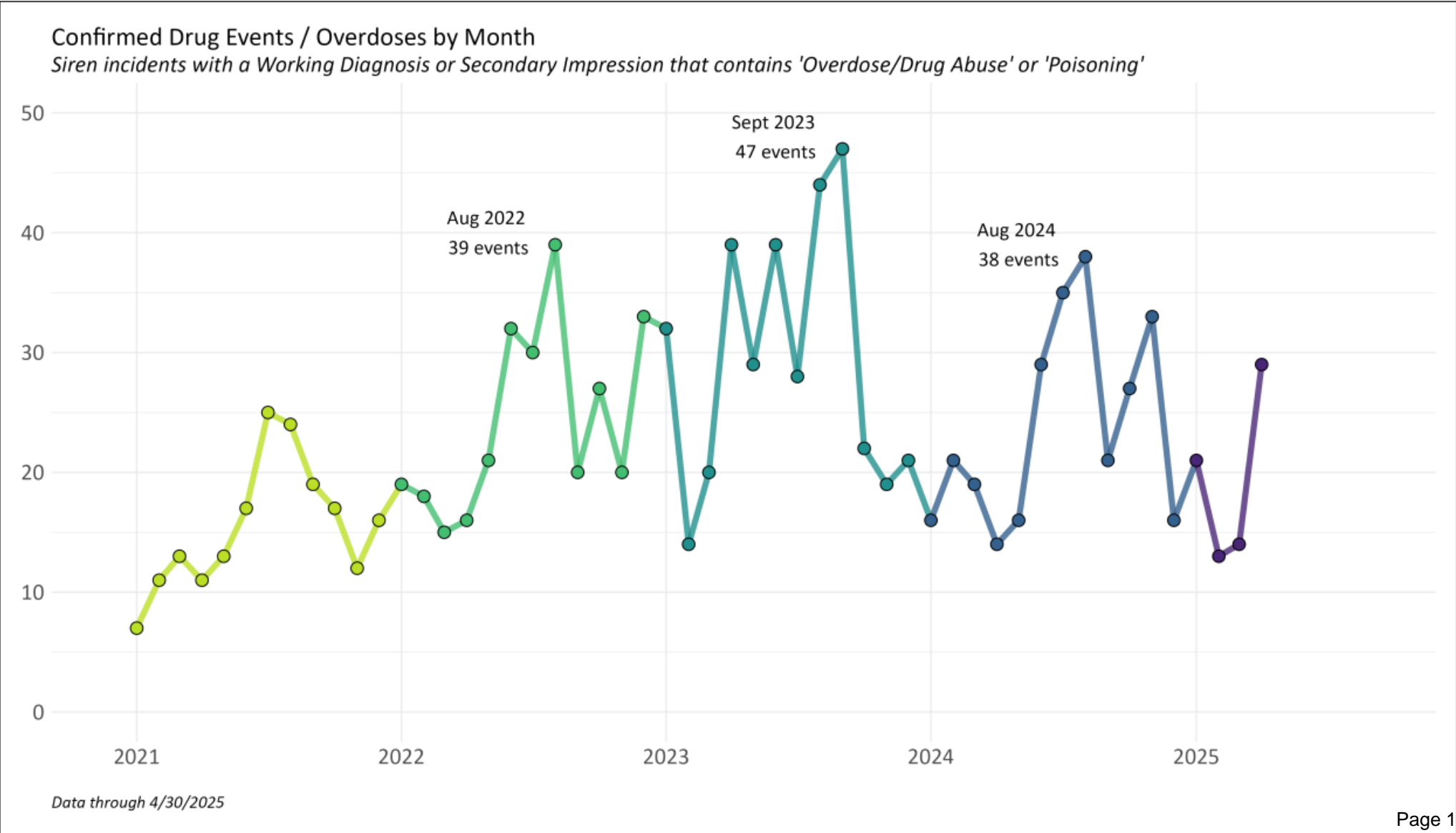


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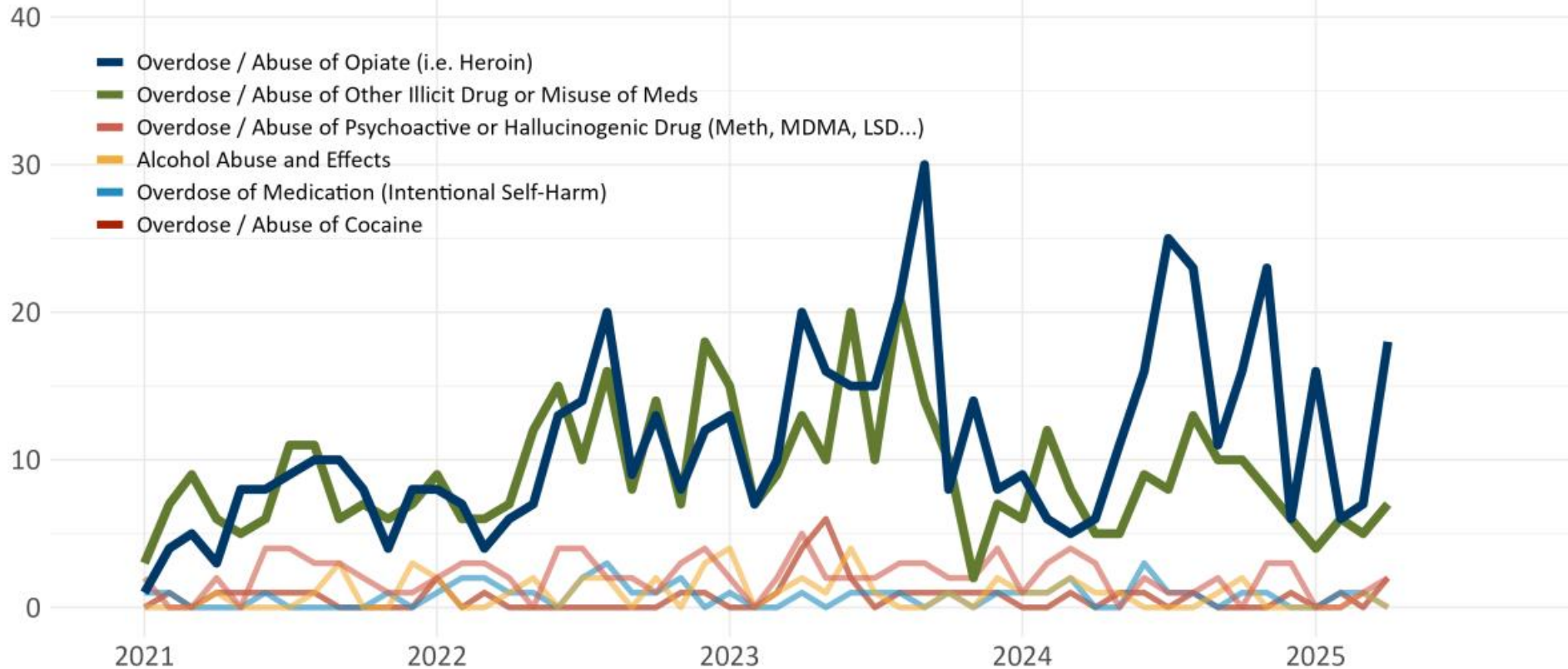


Confirmed overdoses by month as reported on state EMS run forms.





Monthly Working Diagnoses & Secondary Impressions for Confirmed Overdoses / Drug Events *Top diagnoses that reference substances*



Note: Incidents can have more than one Secondary Impression.

Note: This chart excludes alcohol-only events.

Non-substance diagnoses include 'Altered Mental Status', 'Anxiety Attack / Acute Stress Reaction', and 'Psychiatric / Behavioral Problem'

Data through 4/30/2025



BFD Community Response Team (CRT)
 Results since rollout 10/16/2023

Total:	2587	3037	355	233	63	20	4
	# of Attendees	# of Wound Care Items Distributed	# of Comfort Care Supplies Distributed	# of NLB Kits Distributed	Total # Referrals/ Bridge to Service Providers	Total Request For CRT Members Via Phone	Total Above & Beyond Incidents

Total Filings

COUNTY	Total by County	Average by County	Average Percentile	2023	2023	2023	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2025	2025	2025	2025	2025	2025	2025	2025	2025	2025
				October	November	December	January	February	2024 March	2024 April	2024 May	2024 June	2024 July	August	September	October	November	December	January	February	2025 March	2025 April	2025 May	2025 June	2025 July	2025 August	2025 September	2025 October
Addison	757	39.84	23.00%	33	45	31	30	28	33	26	46	22	43	40	40	45	48	49	63	43	37	55						
Bennington	1,841	96.89	61.50%	82	89	72	128	101	84	96	126	97	130	118	147	123	73	68	87	66	78	76						
Caledonia	954	50.21	38.40%	68	54	73	67	48	39	48	43	31	36	45	57	38	47	48	62	41	55	54						
Chittenden	4,677	246.16	100.00%	241	263	244	312	220	283	261	227	257	203	272	242	295	220	237	202	196	238	264						
Essex	152	8.00	7.60%	10	4	13	7	8	13	12	12	8	6	6	6	6	4	7	12	3	7	8						
Franklin	2,124	111.79	76.90%	122	87	96	116	102	106	97	123	115	132	112	126	155	94	133	104	78	113	113						
Grand Isle	82	4.32	0.00%	16	3	5	1	2	1	6	5	7	4	7	2	3	3	1	0	3	7	6						
Lamoille	822	43.26	30.70%	40	38	53	54	38	40	41	51	40	45	55	45	30	59	40	38	31	31	53						
Orange	626	32.95	15.30%	26	21	18	28	31	45	30	43	23	35	30	33	32	77	22	38	33	32	29						
Orleans	1,355	71.32	46.10%	64	58	57	85	59	76	69	91	72	78	74	96	86	86	53	71	67	56	57						
Rutland	2,298	120.95	84.60%	139	96	107	122	116	140	134	119	124	146	128	133	109	89	103	101	138	123	131						
Washington	2,377	125.11	92.30%	157	157	113	121	105	90	121	110	70	135	146	154	123	120	136	151	129	100	139						
Windham	2,046	107.68	69.20%	97	104	91	90	84	111	103	109	111	135	85	142	142	85	104	114	99	121	119						
Windsor	1,402	73.79	53.80%	79	72	68	74	48	55	58	77	77	79	87	94	76	50	74	95	90	70	79						
Monthly Total				1,174	1,091	1,041	1,235	990	1,116	1,102	1,182	1,054	1,207	1,205	1,317	1,263	1,055	1,075	1,138	1,017	1,068	1,183	-	-	-	-	-	-
2024 Total							1,235	2,225	3,341	4,443	5,625	6,679	7,886	9,091	10,408	11,671	12,726	13,801										
2025 Total																			1,138	2,155	3,223	4,406	4,406	4,406	4,406	4,406	4,406	
Running total					2,265	3,306	4,541	5,531	6,647	7,749	8,931	9,985	11,192	12,397	13,714	14,977	16,032											

	Total by County	Average by County
10th Percentile	294.2	15.48
20th Percentile	704.6	37.08
30th Percentile	815.5	42.92
40th Percentile	1034.2	54.43
50th Percentile	1378.5	72.55
60th Percentile	1753.2	92.27
70th Percentile	2053.8	108.09
80th Percentile	2193.6	115.45
90th Percentile	2353.3	123.86
100th Percentile	4677	246.16

Misdemeanor Filings

	Total by County	Average by County	Average Percentile	2023 December	2024 January	2024 February	2024 March	2024 April	2024 May	2024 June	2024 July	2024 August	2024 September	2024 October	2024 November	2024 December	2025 January	2025 February	2025 March	2025 April	2025 May	2025 June	2025 July	2025 August	2025 September	2025 October	2025 November	2025 December
Addison	522	30.71	23.00%	23	25	20	26	19	35	17	32	31	32	37	42	39	50	30	26	38								
Bennington	1,128	66.35	61.50%	50	88	65	53	65	95	69	99	76	98	86	47	42	57	35	51	52								
Caledonia	645	37.94	38.40%	62	57	34	28	36	36	26	31	34	48	31	35	39	45	28	37	38								
Chittenden	3,228	189.88	100.00%	193	247	179	228	207	173	193	135	210	183	237	180	185	147	148	189	194								
Essex	88	5.18	7.60%	6	5	5	9	7	5	6	3	4	4	5	2	6	9	1	4	7								
Franklin	1,570	92.35	84.60%	78	93	79	96	79	104	95	106	91	94	133	75	109	84	68	88	98								
Grand Isle	45	2.65	0.00%	5	1	1	1	3	5	6	4	4	2	1	0	0	0	3	7	2								
Lamoille	567	33.35	30.70%	38	39	30	25	30	41	30	34	48	33	20	46	32	30	27	19	45								
Orange	429	25.24	15.30%	13	21	21	37	22	28	18	28	17	24	20	59	15	32	28	24	22								
Orleans	971	57.12	53.80%	44	66	44	62	55	76	59	54	61	83	71	71	40	44	51	45	45								
Rutland	1,539	90.53	76.90%	75	101	89	96	92	93	92	108	95	100	86	60	81	75	108	87	101								
Washington	1,624	95.53	92.30%	76	92	86	63	92	87	56	98	130	126	93	92	109	111	113	81	119								
Windham	1,462	86.00	69.20%	73	77	68	88	81	88	89	103	62	115	115	74	81	88	76	89	95								
Windsor	921	54.18	46.10%	54	50	39	39	44	53	50	60	62	68	56	38	49	69	70	57	63								
Monthly Total				790	962	760	851	832	919	806	895	925	1,010	991	821	827	841	786	804	919	-	-	-	-	-	-	-	-
2024 Running total					962	1,722	2,573	3,405	4,324	5,130	6,025	6,950	7,960	8,951	9,772	10,599												
2025 Running total																	841	1627	2431	3350	3350	3350	3350	3350	3350	3350	3350	3350
Running total					1,752	2,512	3,363	4,195	5,114	5,920	6,815	7,740	8,750	9,741	10,562	11,389	12,230	13,016	13,820	14,739	14,739	14,739	14,739	14,739	14,739	14,739	14,739	14,739
Total by County																												
Average by County																												
10th Percentile	190.3	11.19																										
20th Percentile	484.8	28.52																										
30th Percentile	562.5	33.09																										
40th Percentile	700.2	41.19																										
50th Percentile	946	55.65																										
60th Percentile	1096.6	64.51																										
70th Percentile	1469.7	86.45																										
80th Percentile	1551.4	91.26																										
90th Percentile	1607.8	94.58																										
100th Percentile	3228	189.88																										

Felony Filings

	Total by county	Average by County	Average Percentile	2023 December	2024 January	2024 February	2024 March	2024 April	2024 May	2024 June	2024 July	2024 August	2024 September	2024 October	2024 November	2024 December	2025 January	2025 February	2025 March	2025 April	2025 May	2025 June	2025 July	2025 August	2025 September	2025 October	2025 November	2025 December
Addison	156	9.18	23.00%	8	5	8	7	7	11	5	11	9	8	8	6	10	13	13	11	16								
Bennington	542	31.88	92.30%	22	40	36	31	31	28	31	36	42	49	37	26	26	30	31	27	24								
Caledonia	187	11.00	38.40%	11	10	14	11	12	7	5	5	11	9	7	12	9	17	13	18	16								
Chittenden	945	55.59	100.00%	51	65	41	55	54	54	64	68	62	59	58	40	52	55	48	49	70								
Essex	50	2.94	7.60%	7	2	3	4	5	7	2	3	2	2	1	2	1	3	2	3	1								
Franklin	355	20.88	61.50%	18	23	23	10	18	19	20	36	21	32	22	19	24	20	10	25	15								
Grand Isle	18	1.06	0.00%	0	0	1	0	3	0	1	0	3	0	2	3	1	0	0	0	4								
Lamoille	177	10.41	30.70%	15	15	8	15	11	10	10	11	7	12	10	13	8	8	4	12	8								
Orange	150	8.82	15.30%	5	7	10	8	8	15	5	7	13	9	12	18	7	6	5	8	7								
Orleans	262	15.41	46.10%	13	19	15	14	14	15	13	24	13	13	15	15	13	27	16	11	12								
Rutland	524	30.82	84.60%	32	21	27	44	42	26	32	38	33	33	23	29	22	26	30	36	30								
Washington	439	25.82	76.90%	37	29	19	27	29	23	14	37	16	28	30	28	27	40	16	19	20								
Windham	383	22.53	69.20%	18	13	16	23	22	21	22	32	23	27	27	11	23	26	23	32	24								
Windsor	330	19.41	53.80%	14	24	9	16	14	24	27	19	25	26	20	12	25	26	20	13	16								
Monthly Total				251	273	230	265	270	263	248	322	280	307	272	234	248	297	231	264	263	0	0	0	0	0	0	0	0
2024 Running total					273	503	768	1038	1301	1549	1871	2151	2458	2730	2964	3212												
2025 Running total																	297	528	792	1055	1055	1055	1055	1055	1055	1055	1055	1055
Running total					524	754	1,019	1,289	1,552	1,800	2,122	2,402	2,709	2,981	3,215	3,463	3,760	3,991	4,255	4,518	4,518	4,518	4,518	4,518	4,518	4,518	4,518	4,518

	Total by County	Average by County
10th Percentile	80	4.71
20th Percentile	153.6	9.04
30th Percentile	174.9	10.29
40th Percentile	202	11.88
50th Percentile	296	17.41
60th Percentile	350	20.59
70th Percentile	388.6	22.86
80th Percentile	473	27.82
90th Percentile	536.6	31.56
100th Percentile	945	55.59

	# of months over 100% Clearance	Rate	2022	2023	2023					2023	2023	2023	2023	2023	2024	2024					2024	2024	2024	2024	2024	2025	2025			
			December	January	February	2023 March	2023 April	2023 May	2023 June	2023 July	August	September	October	November	December	January	February	2024 March	2024 April	2024 May	2024 June	2024 July	August	September	October	November	December	January	February	2025 March
Addison	12	207%	69%	133%	300%	91%	75%	98%	89%	62%	76%	111%	86%	85%	131%	105%	143%	202%	85%	87%	90%	84%	133%	79%	69%	103%	61%	112%	148%	71%
Bennington	15	59%	97%	132%	62%	92%	111%	65%	95%	88%	88%	128%	101%	130%	95%	129%	139%	128%	126%	98%	97%	77%	91%	144%	150%	100%	134%	217%	132%	108%
Caledonia	15	93%	63%	85%	200%	197%	179%	71%	72%	99%	130%	94%	98%	75%	97%	100%	241%	152%	145%	131%	75%	91%	105%	124%	117%	71%	107%	133%	104%	117%
Chittenden	15	75%	114%	67%	105%	122%	83%	80%	107%	69%	118%	88%	78%	95%	114%	86%	109%	104%	126%	104%	126%	85%	127%	100%	78%	92%	123%	83%	106%	95%
Essex	14	114%	85%	136%	325%	94%	125%	65%	78%	77%	108%	100%	183%	150%	75%	147%	59%	70%	70%	94%	60%	95%	129%	159%	213%	120%	88%	143%	80%	153%
Franklin	10	128%	101%	91%	217%	105%	62%	135%	111%	89%	80%	99%	140%	85%	71%	84%	84%	114%	98%	85%	65%	90%	66%	79%	97%	77%	82%	85%	119%	109%
Grand Isle	16	100%	120%	110%	85%	64%	72%	130%	263%	67%	75%	55%	240%	113%	138%	267%	160%	171%	163%	44%	25%	130%	129%	90%	100%	525%	350%	143%	69%	78%
Lamoille	16	74%	57%	95%	85%	191%	239%	119%	154%	113%	102%	179%	166%	87%	134%	157%	68%	147%	96%	76%	112%	78%	135%	117%	58%	79%	203%	121%	95%	78%
Orange	12	83%	65%	94%	86%	88%	90%	94%	58%	56%	90%	122%	161%	178%	138%	103%	65%	106%	127%	115%	111%	48%	102%	96%	80%	89%	77%	107%	89%	117%
Orleans	21	59%	75%	75%	147%	101%	83%	114%	68%	115%	109%	145%	96%	110%	93%	173%	110%	117%	112%	126%	180%	114%	166%	91%	124%	131%	106%	132%	122%	141%
Rutland	25	142%	108%	106%	114%	153%	117%	109%	105%	138%	160%	115%	123%	136%	133%	145%	122%	123%	111%	121%	96%	78%	123%	113%	157%	95%	92%	135%	115%	106%
Washington	12	124%	147%	122%	114%	83%	107%	91%	64%	109%	97%	98%	87%	90%	115%	107%	96%	103%	121%	129%	93%	85%	63%	91%	71%	62%	74%	75%	113%	76%
Windham	13	124%	101%	112%	275%	117%	104%	64%	92%	93%	97%	108%	119%	93%	99%	113%	73%	105%	73%	89%	88%	130%	77%	92%	120%	81%	90%	88%	117%	90%
Windsor	14	121%	84%	130%	136%	111%	129%	73%	98%	111%	109%	102%	122%	79%	102%	99%	105%	83%	88%	90%	74%	70%	102%	98%	110%	89%	96%	87%	81%	106%

Counties over 100% Clearance	Rate	7	6	8	10	8	8	5	5	5	7	8	9	6	8	10	8	12	8	6	4	3	10	6	7	4	6	9	9	8
Number of Months in Dataset	29																													
Mean # of Counties with CR over 100%	7.2413793																													

CRIMINAL BACKLOG INFORMATION

5.1.25

Pending cases by county:

COUNTY	NEW FELONIES FILED	NEW MISD FILED	TOTAL CASES FILED	Under dispo guidelines	Near dispo guideline *	Over dispo guideline	N/A**	Total Pending Cases	Clearance rate For past month
Addison	16	38	55	262	43	61	29	395	71%
Bennington	24	52	76	389	64	232	135	820	108%
Caledonia	16	38	54	293	48	440	124	905	117%
Chittenden	70	194	264	1,517	200	671	235	2,623	95%
Essex	1	7	8	79	14	65	24	182	153%
Franklin	15	98	113	837	104	266	105	1312	109%
Grand Isle	4	2	6	17	14	13	0	44	78%
Lamoille	8	45	53	243	28	105	92	468	78%
Orange	7	22	29	189	35	121	26	371	117%
Orleans	12	45	57	301	60	460	73	894	141%
Rutland	30	101	131	664	90	456	129	1339	106%
Washington	20	119	139	862	117	358	200	1537	76%
Windham	24	95	119	632	105	591	145	1473	90%
Windsor	16	63	79	465	50	279	132	926	106%
Totals:	263	919	1182	6750	972	4118	1449	13289	99%

* The “Near” category is intended as an alert that a case is close to the time to disposition goal when active days are in this range. It is the interval between 0.75 of the disposition guideline and the disposition. For example, if the disposition guideline is 120 days, near would be 90 – 120 days, under would be less than 90 days and over would be greater than 120 days.

** “N/A” is an abbreviation for not applicable. The Judiciary utilizes a data tool, CORE, for measuring disposition time. The implementation of disposition guidelines in CORE is focused on the interval between case filing and entry of judgment for Court Statistics Project (CSP) case types having a disposition guideline. Circumstances where a case would have a guideline status of “n/a” would include reopened disposition (aka post judgment) or a case type with no disposition guideline. (These are predominantly VOP cases)

Division		Civil	Criminal	Environmental	Family	Judicial Bureau	Probate
StatewideCourt_CC	Unit	Clearanc e Rate	Clearanc e Rate	Clearance Rate	Clearanc e Rate	Clearanc e Rate	Clearanc e Rate
Superior Court	Total	124%	99%		97%		104%
	Addison	119%	71%		97%		75%
	Bennington	112%	108%		136%		137%
	Caledonia	155%	117%		124%		223%
	Chittenden	150%	95%		102%		131%
	Essex	125%	153%		83%		75%
	Franklin	127%	109%		68%		231%
	Grand Isle	275%	78%		100%		50%
	Lamoille	123%	78%		80%		108%
	Orange	100%	117%		106%		32%
	Orleans	163%	141%		100%		158%
	Rutland	132%	106%		80%		90%
	Washington	77%	76%		109%		61%
	Windham	89%	90%		99%		89%
	Windsor	110%	106%		93%		68%
Statewide Courts	Total			133%		99%	
	Environmental			133%			
	Judicial Bureau					99%	
Total		124%	99%	133%	97%	99%	104%

Comparison of pending case values from 3-1-23 to 05-1-25

COUNTY	Under dispo guidelines	Near dispo guideline *	Over dispo guideline	N/A**	Total Pending (per judiciary)	Total pending (per math)	Total percent change in case volume from 3-1-23 to 05-1-25	Ranked total change in volume	Percent change in over Disposition guidelines cases from 3-1-23 to 05-1-25	Ranked change in over disposition cases based on percentage reduction
Addison	151	21	-133	-82	-43	-43	-10%	12	-69%	5
Bennington	122	-25	-723	-160	-786	-786	-49%	5	-76%	3
Caledonia	98	3	-627	-167	-693	-693	-43%	6	-59%	8
Chittenden	679	-27	-850	-342	-270	-540	-17%	9	-56%	9
Essex	53	6	-99	-46	-86	-86	-32%	7	-60%	7
Franklin	536	32	-209	-251	108	108	9%	14	-44%	12
Grand Isle	-3	9	-57	-21	-72	-72	-62%	1	-81%	2
Lamoille	41	-23	-670	-42	-694	-694	-60%	2	-86%	1
Orange	84	18	-77	-76	-51	-51	-12%	11	-39%	13
Orleans	75	-12	-848	-148	-933	-933	-51%	3	-65%	6
Rutland	286	-29	-1291	-317	-1351	-1351	-50%	4	-74%	4
Washington	566	45	-331	-277	3	3	0%	13	-48%	11
Windham	370	18	-331	-314	-259	-257	-15%	10	-36%	14
Windsor	213	-7	-304	-188	-286	-286	-24%	8	-52%	10
Total	3271	29	-6550	-2431	-5413	-5681				

Planning for Site Selection: Overdose Prevention Center (OPC) in Burlington

The City of Burlington, in partnership with Vermonters for Criminal Justice Reform (VCJR), is in the very earliest stages of implementing an Overdose Prevention Center. No site has been selected, and formal planning for site selection has not yet begun. Our first steps involve collaboration with police, fire, and EMS services, laying the groundwork for a thoughtful, data and community-informed approach.

What to Expect:

A Community-Driven Process

As required by Act 178 (2024) and the Vermont Department of Health OPC Operating Guidelines, the City and VCJR will launch a comprehensive Service Assessment, including a Neighborhood Assessment and robust public engagement, before any site decisions are made.

This process will include:

- Engagement with people who will use the Center.
- Listening sessions with residents, businesses, and stakeholders.
- Community forums and NPA (Neighborhood Planning Assembly) presentations later this summer.
- Transparent communication about potential locations, safety concerns, accessibility, and design features.
- A formal Service Assessment Report that summarizes community feedback and informs the final plan, submitted to the Vermont Department of Health at least 90 days before operations can begin.
- City Council approval.



BURLINGTON
VERMONT

Stay Engaged
Theresa Vezina

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Commitment to You: Your Voice Matters

We recognize that people may have questions, concerns, or strong opinions. Whether you're in support or feeling uncertain, your input is important.

We are committed to:

- ✓ Ensuring transparency
- ✓ Uplifting community feedback
- ✓ Reducing neighborhood impact
- ✓ Integrating safety & public health best practices

Site Selection Will Prioritize:

- Accessibility to people most impacted by overdose
- Proximity to existing social and health services
- Public safety and neighborhood considerations
- Zoning, ADA compliance, and design standards
- Mitigation of syringe litter and outdoor use

Vermont Overdose Prevention Center Operating Guidelines

Published September 2024



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I. Introduction

A. Authority

- i. These Operating Guidelines (“Guidelines”) for Overdose Prevention Centers have been developed by the Vermont Department of Health in accordance with Act 178 (2024).

B. Purpose

- ii. These Guidelines apply to all entities establishing or operating an Overdose Prevention Center.
- iii. The purpose of the Guidelines is to establish requirements for operating an Overdose Prevention Center in Vermont, and to provide administrative instructions and best practice recommendations for doing so.

C. Definitions

- i. “ASAM” means the American Society of Addiction Medicine.
- ii. “Code of Conduct” means a set of guidelines that establishes the expected behaviors and standards at the Overdose Prevention Center.
- iii. “De-Escalation” means a set of techniques that Staff may use to reduce Participant agitation or aggression, while also improving Participant-Staff relationships.
- iv. “Department” means the Vermont Department of Health.
- v. “Fixed Site” means an Overdose Prevention Center that operates at a permanent location inside of a building.
- vi. “Grievance” means an expression of dissatisfaction about any matter.
- vii. “Hazardous Waste” means waste that can harm people or the environment if not managed and handled properly and includes, but is not limited to, syringes, needles, blades, razors, unused substances, drug residue, chemicals, radioactive materials, and contaminated containers.
- viii. “Health Care Services” means any treatment or procedure delivered by a licensed health care professional to maintain an individual's physical or mental health or to diagnose or treat an individual's physical or mental health condition, including services ordered by a licensed health care professional, chronic care management, preventive care, wellness services, and medically necessary services to assist in activities of daily living.

- ix. "HCV" means hepatitis C virus.
- x. "HIV" means human immunodeficiency virus.
- xi. "Ineligibility Criteria" means the behaviors, conditions, or other considerations that would make accessing services at an OPC unsafe for the Participant or the staff and the volunteers.
- xii. "Intervention" means providing a treatment, procedure, or other action to prevent harm, reduce potential harm, or treat or improve the health or wellbeing of an individual.
- xiii. "Licensed Health Care Professional" means an individual required by law to hold a license, registration, or certification to provide health care services in Vermont.
- xiv. "Living Experience" means an individual who currently uses substances.
- xv. "Lived Experience" means an individual who has previously used substances.
- xvi. "Medical Director" means the Overdose Prevention Center Staff position with the responsibilities set forth in Section IV.B.ii. herein.
- xvii. "Mobile Site" means an Overdose Prevention Center that can move locations, such as a van or a bus, or a non-permanent unit or short-term unit that operates for less than 180 days.
- xviii. "Observation" and "Observe" mean to view and monitor the condition of a Participant at no more than five-minute intervals during and after the consumption of a substance.
- xix. "Opioid antagonist" means a medication that prevents opioid receptors from being activated in the central or peripheral nervous system and can, thereby, block the effects of opioids and treat an opioid overdose.
- xx. "Overramping" means an overdose-like experience related to stimulants and can include both physical and psychological symptoms.
- xxi. "Overdose Prevention Center" or "OPC" means an organization providing the facilities and services described in 18 V.S.A. § 4256(a).
- xxii. "Overdose Prevention Center Director" or "OPC Director" means the Overdose Prevention Center Staff position with the responsibilities set forth in Section IV.B.iii. herein.
- xxiii. "Overdose Prevention Center Managing Personnel" or "OPC Managing Personnel" means the Medical Director, OPC Director, RPIC, and any other personnel designated by the Administrative Body as a member of the OPC Managing Personnel.
- xxiv. "Participant" means each unique individual using the services provided by an Overdose Prevention Center.

- xxv. “Participant Visit” means each time a Participant enters the Overdose Prevention Center.
- xxvi. “Responsible Person in Charge” or “RPIC” means the Overdose Prevention Center Staff position with the responsibilities set forth in Section IV.B.v. herein.
- xxvii. “Reportable and Communicable Diseases” means identified diseases, syndromes, and treatments identified in the Vermont’s Reportable and Communicable Diseases Rules that must be reported to the Department. The Reportable and Communicable Diseases Rule can be found on the Health Department’s website.
- xxviii. “Staff” means individuals employed by or contracting with the Overdose Prevention Center to provide services at the Overdose Prevention Center.
- xxix. “STI” means sexually transmitted infection.
- xxx. “Termination” means ending the ability for a Participant to access services at the Overdose Prevention Center.
- xxxi. “Total Visits” means the total number of Participant Visits, as that term is defined above.

II. Management

A. Administrative Body

- i. Each Overdose Prevention Center must have an Administrative Body.
- ii. If an established organization is operating an Overdose Prevention Center and the established organization has an existing Administrative Body (e.g., a Board of Directors), the established organization’s existing Administrative Body may serve as the Administrative Body for the Overdose Prevention Center.
- iii. The Administrative Body shall have procedures governing the role and function of the Administrative Body, including procedures establishing a meeting schedule for the Administrative Body.
- iv. Duties
 - 1. Each Overdose Prevention Center shall have an Administrative Body that is ultimately responsible for
 - a. Development and maintenance of the policies and procedures set forth in Section II.B., herein;
 - b. Management and control of the finances and operations of the Overdose Prevention Center;

- c. Assurance of quality care and services;
- d. Compliance with these Operating Guidelines and all other applicable laws; and
- e. Maintenance of all relevant health and safety requirements, including ensuring that the Overdose Prevention Center maintains the necessary levels of qualified Staff, physical resources, financial reserves, equipment, supplies, and services to ensure the health and safety of the Staff, volunteers, and Participants.

B. Required Policies and Procedures

- i. In consultation with community partners, individuals with Living and Lived Experience, OPC Management Personnel, and others, the Administrative Body shall develop new policies and procedures or adapt and revise existing policies and procedures to address the following topics as they relate to the Overdose Prevention Center:
 - 1. Employment and Staff Contracting, including
 - a. Job descriptions for OPC Staff that include, at a minimum, the responsibilities set forth in Section IV, herein;
 - b. Qualifications, education, training, and experience Staff members must hold to provide care to a Participant, specific, where necessary, for each service provided at the Overdose Prevention Center and consistent with Section IV, herein;
 - c. A determination of whether to perform criminal background checks and state and federal registry checks and, if so, how to account for results in hiring determinations; and
 - d. Codes of ethics and conduct for volunteers and employees.
 - 2. Quality assurance and assessment, including evaluations of Staff competence, Overdose Prevention Center compliance with these operating guidelines, and Overdose Prevention Center responsiveness to community needs;
 - 3. Volunteer roles and training requirements;
 - 4. The Medical Director role, including number of hours required to be present at the OPC site and on-call responsibilities;
 - 5. Conflict of interest policy and protocol for the Administrative Body, Staff, and volunteers;

6. Budget development, fiscal management, and financial record keeping;
7. Fiscal audits and oversight;
8. Services to be provided at the Overdose Prevention Center, which shall include those services set forth in Section VI, herein;
9. Participant orientation, including the timing of such an orientation and a process for obtaining a Participant's informed consent for services, as needed;
10. Participant-to-Staff ratios for each Overdose Prevention Center space, ensuring there is at least one Overdose Prevention Specialist for every four Participants in consumption and post-consumption spaces;
11. Environmental management and establishment of environmental controls to assure a safe, comfortable, sanitary environment. Such a policy shall include requirements addressing the cleaning of surfaces that may be contaminated with leftover drug residue and/or hazardous waste and the infection control procedures set forth in the OPC's Infection Control and Infectious Disease Prevention policies;
12. Infection control and infectious disease prevention, as informed by the Medical Director, in compliance with state and federal laws, and including those requirements set forth in Section III.D., herein;
13. Reporting of Reportable and Communicable Diseases to the Health Department, consistent with the Reportable and Communicable Diseases Rule;
14. Participant navigation of the Overdose Prevention Center spaces, as informed by the Overdose Prevention Center Director;
15. Security measures for the Overdose Prevention Center, which shall address the unique needs of Participants, Staff, and volunteers and shall include those requirements set forth in Section III.G.;
16. Hazardous waste management, handling, and disposal;
17. Emergency response, including responding to overdoses for opioids, stimulants, and other substances;
18. Coordination with local emergency medical services ensuring that the policy and procedure are agreed upon with local emergency medical services;

19. Coordination with local hospitals that may receive transported Participants, ensuring that the policy and procedure are agreed upon with the local hospitals;
20. Engagement with local fire and law enforcement services, ensuring that local fire and law enforcement have been consulted about how the Overdose Prevention Center will engage with local fire and law enforcement;
21. Collection of Participant information and assignment of a non-identifiable Participant ID in accordance with Sections II.C., V.C., and VI;
22. Staff access to Participant records, including how often and for what purposes Staff may access a Participant's records. Such a policy shall limit Staff access to Participant records to the minimum necessary to provide safe and effective services to the Participant and to protect the Staff;
23. Participant record keeping requirements, including those requirements set forth in Section II.C.v.1. and those set forth in VI.ii., regarding referrals;
24. Confidentiality requirements, including those requirements set forth in Section III.c.i.;
25. Data collection and reporting requirements, including those requirements set forth in Section II.C.;
26. Data sharing to inform the Department of Health's evaluation efforts as set forth in Section II.C.;
27. Data security measures including safeguarding against security breaches;
28. Participant Ineligibility Criteria and Participant screening, including those requirements set forth in Section V.B.;
29. Provision of services to Participants younger than 18-years-old, ensuring compliance with state and federal laws regarding access to and the provision of medical and nonmedical treatment for substance use for minors;
30. A Code of Conduct governing Participant conduct in the OPC while participating in OPC services;
31. Consequences for violating the Code of Conduct, striving to ensure Participants remain eligible for Overdose Prevention Center services whenever possible;
32. Termination of Participant access to Overdose Prevention Center services;
33. Grievance processes for Staff, volunteers, and Participants, including processes for Participants who have been excluded

- from receiving Overdose Prevention Center services due to a violation of the Code of Conduct;
34. Observation, as that term is defined herein, of Participants during and after use of a substance;
 35. Responding to Participants' carrying guns and violence in the Overdose Prevention Center;
 36. Community Service Assessment requirements, including those requirements set forth in Section II.C.iv.;
 37. Community outreach to ensure effective and ongoing community engagement;
 38. Business internal control documentation;
 39. Participant storage requirements, abandoned property, and unclaimed property;
 40. Drug disposal by Participants and for drugs left behind; and
 41. Adoption of new policies, protocols and procedures, including those identified by OPC Management Personnel.

C. Data Reporting and Evaluation.

- i. Within 10 business days of a request by the Department, the Administrative Body shall provide to the Department the policies and procedures developed by the Administrative Body pursuant to Section II.B.
- ii. In the interest of ensuring data quality and effective program evaluation, Overdose Prevention Centers shall collect data (e.g., the data specified in Section III.B.) in a manner that is consistent with and aligns with evaluation efforts.
- iii. Upon request from the Department, the Administrative Body shall provide to the Department a budget and budget narrative of the initial 12-month period of an Overdose Prevention Center. The budget and budget narrative shall include at least the applicable line items from the Division of Substance Use Programs Invoice Template, which can be found on the Department's website or can be requested from the Department.
- iv. Service Assessment
 1. Prior to opening and operating, an Overdose Prevention Center shall engage individuals with Living Experience from the geographic region to be served through the Overdose Prevention Center to inform the structure and organization of the Overdose Prevention Center's operation.

- a. Individuals with Living Experience should be compensated by the Overdose Prevention Center for their time participating in the service assessment process.
 - b. Individuals with Living Experience should be asked the following questions:
 - i. What services would be helpful at the Overdose Prevention Center to help them reduce their risk of overdose?
 - ii. How far would you be willing to travel to use an Overdose Prevention Center?
 - iii. What model would be most accessible: fixed site or mobile site?
 - iv. What location would be best for a fixed site Overdose Prevention Center (if applicable)?
 - v. What locations would be best for a mobile Overdose Prevention Center to be accessed (if applicable)?
 - vi. What days and hours of operation would be ideal for an Overdose Prevention Center?
 - vii. What is your preferred method of consuming substances?
 - viii. What safety measures would need to be in place to ensure a welcoming and accessible environment for an Overdose Prevention Center?
 - ix. What would be the best ways to spread the news or advertise that the Overdose Prevention Center was available?
2. Following the initial engagement with individuals with living experience, an organization shall engage with community partners and other interested parties to help inform the Overdose Prevention Center's operation. The following sectors shall be engaged through this process:
- a. Local social service providers;
 - b. Mental health providers;
 - c. Substance use treatment and recovery providers;
 - d. Harm reduction agencies serving the same geographic region;
 - e. Individuals with Lived Experience;
 - f. Law enforcement and public safety agencies;

- g. Emergency medical services agencies;
 - h. Local hospitals;
 - i. Restorative justice organizations;
 - j. City or town government officials;
 - k. City or town employees, including grounds, road maintenance, sanitation, and park and recreation staff;
 - l. Community-Creating Providers, including, but not limited to, health care providers who support lesbian, gay, bisexual, trans and queer communities, Black, Indigenous, and People of Color communities, disability communities, and veteran communities; and
 - m. Public transportation providers.
3. Summary findings from these engagement sessions should be documented in a Service Assessment Report, which shall be submitted to the Health Department 90 days prior to opening an Overdose Prevention Center.
- a. The summary findings must include:
 - i. Summary responses to and findings from the questions asked to individuals with Living Experiences;
 - ii. Summary findings of the engagement sessions with community partners and other interested parties;
 - iii. A list of community partners and other interested parties engaged as part of this process;
 - iv. A description of the target Participant population;
 - v. The potential number of Participants based on local harm reduction service information;
 - vi. Identification of area(s) to locate an Overdose Prevention Center;
 - vii. Type of Proposed Overdose Prevention Center Site (i.e., fixed, mobile, both)
 - viii. Anticipated impact of an Overdose Prevention Center on the community; and
 - ix. Services to be provided at the Overdose Prevention Center.
 - v. *Administrative Records and Reports.*
 - 1. The Overdose Prevention Center shall maintain administrative records, which shall include the following deidentified data.

The data shall be specific to each day the Overdose Prevention Center is open and each day's data shall be separately documented in the record.

- a. Number of visits
 - i. Number of Participant Visits (by Participant ID number)
 - ii. Number of Total Visits (by Participant ID number)
 - iii. Total number of visits per day
- b. Number of Participants by consumption method
- c. Numbers of services used, including but not limited to:
 - iv. Drug-checking
 - v. HIV/HCV/STI screening
 - vi. Safer-smoke supplies provided
 - vii. Safer-injection supplies provided
 - viii. Safer-snort supplies provided
 - ix. Wound-care supplies provided
 - x. Wound-care first aid provided
 - xi. First aid provided
- d. Participant Visit times of check-in and check-out
- e. Overdoses
 - xii. Number of non-fatal overdoses
 - xiii. Number of fatal overdoses
 - a. In Overdose Prevention Center
 - b. During transportation to the local hospital
 - xiv. Number of opioid antagonists used for each overdose (if applicable), including full or partial doses
 - xv. Number of non-opioid antagonist interventions used for opioid overdoses and type of interventions
 - xvi. Number of and type of interventions used for overamping
 - xvii. Number of times emergency services called for an overdose response
 - xviii. Number of times Participant transported to hospital
 - xix. Drug(s) suspected to have resulted in the overdose
- f. Number of referrals broken down by referral type.

2. Each Overdose Prevention Center shall report the above data in aggregate to the Department, monthly for the first 3 months of operation, and then quarterly thereafter. Data shall be reported by the 15th of the month following the end of the reporting period.
- vi. *Act 178 Study*
 1. Overdose Prevention Centers shall support the Department of Health and its associated contractors in their effort to complete the study described in Act 178, Section 3 (2024) and other evaluation initiatives. Overdose Prevention Centers shall strive to provide data to the Department of Health in a timely manner and to collect the data and additional information requested by the Department and its contractors.
 - vii. *Annual Reporting Requirements*
 1. As required by 18 V.S.A. Sec. 4256(d), the Overdose Prevention Center shall publicly post the following data annually on or before January 15th:
 - a. Number of program Participants;
 - b. Deidentified demographic information of program Participants;
 - c. Number of overdoses and the number of overdoses reversed on-site;
 - d. Number of times emergency medical services were contacted and responded for assistance;
 - e. Number of times law enforcement were contacted and responded for assistance; and
 - f. The number of Participants directly and formally referred to other services and the type of services.

III. Operations

A. Hours of Operation

- i. The hours of operation for Overdose Prevention Centers shall be informed by the following:
 1. Engagement of anticipated Participants through the needs assessment process described in Section II.C.iv. of these Guidelines;
 2. Trend data on non-fatal and fatal overdoses as identified by the Health Department; and

3. Staffing levels, to ensure appropriate implementation of services and consumption supervision.
- ii. The hours of operation shall be posted conspicuously on the door of the Overdose Prevention Center, online, and on VT Helplink.
 1. Any changes to the hours of operation shall be identified and communicated two weeks in advance to Participants, posted on the door of the Overdose Prevention Center, online, and on VT Helplink.
 2. If, during an emergency, the Overdose Prevention Center needs to change the hours of operation and cannot provide two weeks' notice, the Overdose Prevention Center shall provide as much notice as possible and shall post updated hours of operation conspicuously on the door of the Overdose Prevention Center, online, and on VT Helplink.

B. Records Content and Maintenance.

- i. Overdose Prevention Centers shall maintain a record for every Participant in accordance with the policies and procedures adopted pursuant to Section II herein.
 1. A Participant's name shall never be included in their Participant record. The Participant record shall include the non-identifiable Participant ID, assigned in accordance with the policy adopted pursuant to Section II.B., herein.
 2. Records and all the data contained therein shall be confidential and maintained in accordance with Section III.C.
- ii. Overdose Prevention Centers shall attempt to collect the following information, at a minimum, at the time of the Participant's orientation, and to confirm or update the information at intervals determined by the Overdose Prevention Center:
 1. Consideration of whether any of the Ineligibility Criteria apply to the Participant;
 2. The following demographic information:
 - a. Date of birth
 - b. Race(s)
 - c. Ethnicity or ethnicities
 - d. Gender
 - e. Housing status
 - f. Town in which they typically sleep
 - g. Town in which they spend most of their waking hours
 - h. Sexual Orientation

- iii. All information from Participants should be collected through self-report by the Participant, through informed consent, and with the understanding that accessing services will not be denied for refusal to provide the information requested.
- iv. Overdose Prevention Centers shall collect the following information at each Participant Visit:
 - 1. The services provided to the Participant;
 - 2. If a referral was provided; and
 - 3. Any emergency services provided.
- v. Staff shall strive to collect data and maintain records in a manner that is minimally intrusive and burdensome for Participants.

C. Confidentiality

- i. Overdose Prevention Centers shall collect, store, and disclose protected health information, data, and other Participant information and records in compliance with 42 C.F.R. Part 2, HIPAA, and all other applicable state and federal laws.
- ii. Overdose Prevention Centers shall comply with all state and federal laws regarding notification and reporting of breaches of protected health information.

D. Infection Control

- i. The Infection Control policy and procedures adopted in accordance with Section III.D. herein, shall include provisions governing the following topics:
 - 1. Infection surveillance;
 - 2. Reporting occurrences of Reportable and Communicable Diseases and other infections in accordance with federal and state law;
 - 3. Sanitization or disinfection of all Participant areas, as appropriate, including a process for ensuring sanitization of consumption spaces between Participants;
 - 4. Handling and disposal of hazardous and medical waste and contaminants;
 - 5. A process for responding to, reporting, and monitoring accidental needlesticks or other injuries from used drug tools; and
 - 6. Evaluating occurrences of infection to assess ways to prevent recurrent infections

E. Physical Space

i. *Fixed Location*

1. Overdose Prevention Centers shall have the following areas in their fixed site locations:
 - a. Registration and waiting area where Participants are greeted, wait for an available consumption area, and receive their orientation;
 - b. Supplies area where supplies, including safer use supplies and tools, are made available to Participants for use in the consumption spaces and for use outside of the Overdose Prevention Center;
 - c. A non-smoking consumption area for other methods of consumption, observed in accordance with the Observation policy adopted pursuant to Section II.B.i.32. herein;
 - d. Post-consumption area, observed in accordance with the Observation policy adopted pursuant to Section II.B.i.32. herein;
 - e. Medical intervention area where Staff and volunteers can provide additional health services, such as first aid and wound care first aid;
 - f. Private consultation areas for Staff and volunteers to meet with Participants for referrals and other needs; and
 - g. A secured area accessed only by Staff and volunteers for storage of supplies and equipment and other needs, such as a Staff break room.
2. All consumption areas shall be laid out to ensure Overdose Prevention Specialists can Observe Participants in accordance with the OPC's Observation Policy.
3. The spaces within the Overdose Prevention Center shall permit unimpeded access for emergency medical services. This shall include ensuring all doorways, hallways, and walkways are wide enough for ambulance stretchers and wheelchairs.
4. The medical intervention area shall be able to accommodate multiple emergency responses at one time.
5. The Overdose Prevention Center's interior and exterior space shall be compliant with the Americans with Disabilities Act.

6. All areas of the Overdose Prevention Center shall be well lit, except for areas serving Participants in need of dimly lit spaces. The Overdose Prevention Center shall have an emergency lighting system to ensure appropriate levels of light in the event the primary source of electricity is disrupted.
 7. Overdose Prevention Centers shall be designed such that Participants are not visible to people located outside the building.
 8. Overdose Prevention Centers shall have a secure storage area for Participants to use.
- ii. Smoking Consumption Area
1. Within twelve months of opening an Overdose Prevention Center, an Overdose Prevention Center shall have a smoking-consumption area that complies with the requirements of these guidelines.
 - a. If an Overdose Prevention Center is unable to complete the work of building a compliant smoking-consumption area within this twelve-month period, the Overdose Prevention Center shall provide the following notice to the public and the Department:
 - i. The Overdose Prevention Center smoking-consumption area is not complete; and
 - ii. The specific date the compliant smoking-consumption area in the Overdose Prevention Center will be complete, which shall be no later than twelve months after the original twelve-month period.
 2. The smoking consumption area shall include:
 - a. Non-porous and non-permeable chair and counter or table; and
 - b. Hazardous waste disposal receptacles.
 3. If the smoking consumption area is inside of the building, there must be a mechanical ventilation system that runs at all times the Overdose Prevention Center is open for Participants or is occupied by Staff.
 - a. The mechanical ventilation system serving the smoking-consumption area shall be separate from the ventilation system serving the rest of the Overdose Prevention Center building.
 - b. The mechanical ventilation system for the smoking-consumption area shall be designed to ensure smoke

- does not move into the non-smoking spaces of the building when people enter and exit the smoking-consumption area.
- c. The air from the smoking-consumption area shall be ventilated directly outside of the building. Air from the smoking consumption area shall not be recirculated through the Overdose Prevention Center building.
 - d. The smoking-consumption area shall be sufficiently separated from non-smoking areas of the Overdose Prevention Center such that smoke from the smoking-consumption area does not negatively impact the air quality for the surrounding, non-smoking areas.
4. If the smoking-consumption area at the OPC is not inside of the OPC building, the OPC shall ensure that the smoking consumption of substances at the OPC does not impact the air quality for the rest of the Overdose Prevention Center's fixed-site location, for neighboring buildings, or for the public.
- iii. *Mobile Location.*
1. Mobile units shall adhere to the standards described in parts 2-4 and 6-8 of Section III.E.i., herein.
 2. Staff in mobile units shall be able to observe Participants in accordance with the OPC's Observation policy adopted pursuant to Section II.B.i.32. herein.
 3. Mobile units shall ensure that they have a potable source of water and sufficient plumbing for handwashing for Participants.
 4. Mobile units shall ensure that phone service is available at all locations where the unit stops in the event emergency services must be called to serve Participants.
 5. Smoking-consumption is not permitted inside of a mobile unit.

F. Equipment and Supplies

- i. Overdose Prevention Centers shall have the following equipment on site:
 1. Safer-smoke supplies
 2. Safer-snort supplies
 3. Safer-injection supplies including syringes
 4. Drug-preparation tools
 5. Saline and distilled water for drug preparation
 6. Naloxone

7. Self-inflating bag valve mask
 8. Pulse-oximeters
 9. Automated external defibrillator (AED)
 10. Handwashing stations
 11. Personal protective equipment for Staff and volunteers
 12. Hospital-grade disinfectant cleaning supplies to be used in all areas of the Overdose Prevention Center
 13. Hazardous waste disposal equipment, including sharps disposal and fire-proof ash disposal for smoking-consumption areas
 14. Ash and other smoking litter disposal equipment
 15. Fire extinguishers
 16. Drug-checking equipment, including test strips or Fourier-transform infrared spectroscopy and associated materials and
 17. Appropriate equipment to effectively log required Participant data.
- ii. Drug-checking services must be in compliance with the Vermont Community Drug-Checking Program Guidelines.
 - iii. All furniture in consumption and medical intervention areas of the Overdose Prevention Center must be nonporous and nonpermeable.
 - iv. All equipment shall be stored in a safe manner, including storage of oxygen tanks away from sources of heat and flame.
 - v. Handwashing stations shall be readily available to Participants throughout the Overdose Prevention Center. The non-smoking consumption area shall have sufficient handwashing stations to allow Participants to use the stations while not disrupting the flow of the Overdose Prevention Center.

G. Security

- i. Overdose Prevention Centers shall comply with policies for security and coordination with emergency medical services, hospitals, fire and law enforcement agencies, as developed in accordance with Section II.B., herein.
- ii. Security measures shall, at a minimum, address the following:
 1. Ensuring Participants can enter and exit the Overdose Prevention Center safely;
 2. Ensuring entrances to the consumption areas are secured to ensure Overdose Prevention Center Staff and volunteers can

- control the entrance and exit of Participants for the safety and well-being of all Participants, Staff and volunteers;
- 3. Ensuring Participants have a safe location in the Overdose Prevention Center to store personal items when accessing the consumption and post consumption areas of the Overdose Prevention Center; and
- 4. The location and use of security and panic alarms.
- iii. Staff and volunteers shall wear an identification badge with a photo that states at a minimum their name and position at the Overdose Prevention Center.
 - 1. The Responsible Person in Charge for each shift shall include on their identification badge that they are serving in that position.
- iv. The Overdose Prevention Centers shall establish a process for Participants entering and exiting the Center.

H. Emergency Protocols

- i. Overdose Prevention Centers shall comply with policies for responses to emergencies and for coordination with emergency medical services, hospitals, fire, and law enforcement agencies, as developed in accordance with Section II.B., herein.
- ii. Emergency policies and procedures shall clearly indicate the necessary steps to treat an overdose, including when to provide oxygen, to administer an opioid antagonist, and to call emergency services.
 - 1. Emergency policies and procedures shall address how to safely move a Participant from a smoking-consumption area to a non-smoking area of the building prior to use of oxygen.
- iii. All Overdose Prevention Center Staff and volunteers shall receive sufficient training on all emergency policies and procedures to ensure a safe environment for Participants, volunteers, and Staff members.
- iv. Overdose Prevention Centers shall develop a process to ensure Participants agree, prior to engagement in services at the Overdose Prevention Center, to comply with and adhere to the emergency protocols and procedures.

IV. Staff and Training

A. Staffing

- i. During operating hours, Overdose Prevention Centers shall have trained professionals present in the building or mobile facility who can provide, at a minimum, basic medical care, such as CPR, overdose interventions, first aid, and wound care, and who can perform medical assessments of Participants to determine if there is a need for emergency medical service response.
- ii. Overdose Prevention Center Staff and volunteers, who provide services at an Overdose Prevention Center that require a state or federal license or registration to provide, shall hold the required license or registration. The license or registration shall be current and in good standing.

B. Staff

- i. Generally
 1. Overdose Prevention Centers shall employ or contract with a Medical Director, and shall employ an OPC Director and Overdose Prevention Specialists in accordance with these Guidelines and the policies adopted pursuant to Section II.B.
 2. Overdose Prevention Specialists
 - a. Each Overdose Prevention Center shall maintain appropriate numbers of trained Overdose Prevention Specialists during operating hours.
 - b. Overdose Prevention Centers shall maintain a ratio of Overdose Prevention Specialists that meets the requirements of the policy adopted in Section II.B. but there shall never be more than four Participants for every one Staff member in a consumption and post-consumption area.
 3. Responsible Person in Charge (RPIC)
 - a. An Overdose Prevention Center shall ensure that there is a Responsible Person in Charge identified and present at the Overdose Prevention Center the entire time the Overdose Prevention Center is open.
 - b. Any Staff member meeting the qualifications established in the policies developed pursuant to Section II.B.i.1., herein, may serve as the RPIC. Volunteers shall not serve as the RPIC.

ii. Medical Director

1. The Medical Director shall be a physician licensed in accordance with 26 V.S.A. Chapter 23 or 26 V.S.A. Chapter 33, an advanced nurse practitioner licensed in accordance with 26 V.S.A. Ch. 28, or a physician assistant licensed in accordance with 26 V.S.A. Ch. 31.
2. The Medical Director shall be present at the Overdose Prevention Center at least five (5) hours per week and available for on-call responsibilities in accordance with the policy adopted pursuant to these Guidelines.
3. The Medical Director shall provide general supervision to OPC Staff providing services to Participants.
4. The Medical Director shall be responsible for the following within the Overdose Prevention Center:
 - a. Developing training plans for each Overdose Prevention Center Staff member with direct Participant contact, including initial and ongoing training requirements;
 - b. Ensuring each Overdose Prevention Center Staff member and volunteer is proficient in:
 - i. Recognizing signs of overdose of opioids, stimulants, and other substances;
 - ii. Responding to overdoses of opioids, stimulants, and other substances;
 - iii. Infection control and infectious disease prevention protocols and practices; and
 - iv. Other relevant trainings as required in policies established in accordance with Section II.B., herein.
 - c. Assisting with medically complex cases and providing support for wound care for Participants;
 - d. Supporting the Administrative Body with the development and implementation of policies, protocols, and procedures; and
 - e. Development of overdose response policies, protocols, and procedures.

iii. OPC Director

1. The Overdose Prevention Center Director shall be proficient in operations, financial management, records management, personnel management, community development, and overdose response.

2. The Overdose Prevention Center Director is responsible for the following:
 - a. Day-to-day operations of the Overdose Prevention Center;
 - b. Managing Staff, ensuring the appropriate Staffing levels for each day, and adjusting Overdose Prevention Center Participant flow if there is a reduced Staffing capacity;
 - c. Developing Staff and volunteer orientation policies, protocols, and procedures;
 - d. Ensuring all Staff and volunteers have completed required trainings prior to working directly with Participants;
 - e. Maintaining security measures for Participants, Staff, and volunteers; and
 - f. Receiving and responding to community concerns.
- iv. Overdose Prevention Specialists
 1. Overdose Prevention Specialists shall be responsible for
 - a. Observing Participants in consumption areas, in accordance with the Observation policy adopted pursuant to Section II.B.;
 - b. Observing Participants in post-consumption areas, in accordance with the Observation policy adopted pursuant to Section II.B.;
 - c. Responding to overdoses in the Overdose Prevention Center in accordance with the policies adopted pursuant to Section II.B.; and
 - d. Providing harm reduction, overdose prevention, infectious disease, sexually transmitted infections, drug tool disposal, and first aid education to Participants.
- v. *Responsible Person in Charge*
 1. There shall be a Responsible Person in Charge assigned and present during all hours of operation of the OPC.
 2. The Responsible Person in Charge is responsible for the following during their shift:
 - a. Monitoring the ratio of Overdose Prevention Specialists to Participants in consumption and post-consumption spaces to ensure that the number of Participants never exceeds four for every one specialist;
 - b. Monitoring the Overdose Prevention Center to ensure Participants' needs are met and to minimize, to the

- extent possible, the waiting time for Participants at the consumption spaces;
 - c. Monitor compliance with Overdose Prevention Center policies and procedures by Participants, Staff, and volunteers;
 - d. Ensuring the appropriate procedures are observed when Staff respond to an overdose; and,
 - e. Maintaining appropriate safety of Participants, Staff, and volunteers.
 - 3. This role shall be integrated into all emergency and operational procedures for the Overdose Prevention Center.
- vi. Other Staff
 - 1. The Overdose Prevention Center may employ other Staff, as needed, including peers, case managers, medical professionals, and mental health counselors.
 - 2. Licensed Health Care Professionals
 - a. If a licensed health care professional is employed by, contracts with, or volunteers at an Overdose Prevention Center to provide health care services within the scope of that licensed health care profession, the licensed health care professional shall hold a current license in that profession, in good standing, and in Vermont.
 - b. Licensed health care professionals employed by, contracting with, or volunteering at an Overdose Prevention Center shall practice competently, provide safe and acceptable care to Participants, and provide care that conforms to the essential standards of acceptable and prevailing practice.

C. Training

- i. Required Training for All Staff
 - 1. All Overdose Prevention Center Staff and volunteers are required to satisfactorily complete training in the following areas as part of their orientation and at regular intervals, thereafter, as determined by the Administrative Body, Medical Director, and Overdose Prevention Center Director in the policy established pursuant to Section II.B., herein:
 - a. Proper use of the equipment and supplies listed in Section III.F.
 - b. CPR

- c. AED use
 - d. Administration of opioid antagonists
 - e. De-escalation
 - f. Stigma related to substance use
 - g. Translation services
 - h. Monitoring and assessing oxygen levels
 - i. Infection control and infectious disease prevention
 - j. Collection, disposal, and transportation of hazardous waste
 - k. Storage and handling of drug tools and other drug use equipment
 - l. Obtaining informed consent
 - m. The ASAM levels of care
 - n. Substance use and mental health resources in Vermont, including use of VT Helplink’s website
 - o. Participant confidentiality, including 42 CFR Part 2, HIPAA, and other applicable Federal and State laws
 - p. Any other trainings as determined by the Administrative Body, Medical Director, or Overdose Prevention Center Director.
- ii. Required Training for Medical Director, Overdose Prevention Center Director, and Overdose Prevention Specialists:
1. In addition to the trainings set forth in subsection (i), the Medical Director, Overdose Prevention Center Director, Overdose Prevention Specialists, and any other positions engaging with Participants in consumption and post-consumption areas shall complete training in the following areas in accordance with the policies adopted pursuant to Section II.B., herein:
 - a. Harm-reduction practices and safer-use skills
 - b. How to educate Participants on harm reduction practices and safer use skills
 - c. Identification and response to overdoses of all drug classes and of different complexities
 - d. Mental health first aid
 - e. First aid and wound-care first aid
 - f. Overdose safety assessments, including assessing when a Participant can safely leave the Overdose Prevention Center without risk of overdose from consumption at the Overdose Prevention Center
 - g. Safer sex practices
 - h. How to educate Participants on safer sex practices

- i. How to conduct HIV, hepatitis, and sexually transmitted infections screenings and communicating results
- j. How to report communicable diseases to the Health Department in alignment with the Reportable and Communicable Diseases Rule
- k. Community drug-checking and result delivery in accordance with state and federal laws
- l. Withdrawal management when an opioid antagonist is administered to a Participant on site
- m. Culturally appropriate care
- n. Trauma-informed care
- o. Person-centered approaches

V. Provision of Services

A. Rights of Participants

- i. Code of Conduct.
 - 1. The Code of Conduct developed by the Administrative Body, in accordance with Section II.B., herein, shall be posted within the Overdose Prevention Center in a conspicuous location.
 - 2. A written copy of the Code of Conduct and the consequences of failing to observe the Code of Conduct shall be provided to each Participant during their orientation. Overdose Prevention Specialists or other specified Staff shall review with the Participant the Code of Conduct and the potential consequences of violating the Code of Conduct.
 - 3. The Code of Conduct shall be translated into at least the following languages:
 - a. Arabic
 - b. Burmese
 - c. Dari
 - d. French
 - e. Kirundi
 - f. Nepali
 - g. Pashto
 - h. Somali
 - i. Spanish
 - j. Swahili
 - k. Vietnamese
- ii. Grievance Policies and Procedures

1. Grievance policies and procedures developed by the Administrative Body, in accordance with Section II.B., herein, shall be posted in a conspicuous location within the Overdose Prevention Center.
2. Grievance policies and procedures shall be provided to Participants during their orientation to the Overdose Prevention Center.

B. Participant Eligibility

- i. The Overdose Prevention Centers shall develop a policy regarding Ineligibility Criteria in accordance with Section II.B.
- ii. The Overdose Prevention Center shall also establish a process for screening Participants to determine whether any of the Ineligibility Criteria apply.
- iii. Participants shall not be asked to present identification to be eligible for services.
- iv. The Ineligibility Criteria and screening process developed pursuant to Section II.B. shall be posted conspicuously at the registration area of the Overdose Prevention Center.
- v. When a Participant arrives at an Overdose Prevention Center, they shall first be screened for Ineligibility Criteria by a Staff person, who has been trained in accordance with these operating guidelines and Overdose Prevention Center policies.
 1. After completion of the screening process, the Staff person who conducted the screening will determine whether the Participant is eligible for services at the Overdose Prevention Center.
 2. If the Staff person conducting the screening determines the Participant is not eligible for services, the Participant may file a grievance in accordance with the grievance policies and procedures established by the Overdose Prevention Center.
 3. If the Participant is deemed eligible for services, the Participant shall be provided with a Participant orientation.
 4. A Participant deemed ineligible for services may be deemed eligible for services at a later date.
- vi. The policy for denial of services developed in accordance with Section II.B., herein, shall include protocols for addressing the needs of Participants who cannot self-inject or who are overly intoxicated and other circumstances that make a Participant ineligible for services. The policies shall consider the personal and professional

liability of the individual Staff and the whole Overdose Prevention Center.

C. Participant Orientation

- i. After a Staff member determines that a Participant is eligible to receive services from the Overdose Prevention Center, an orientation to the Overdose Prevention Center and services shall be provided by the Overdose Prevention Center Staff to the Participant.
- ii. The orientation shall include the following:
 1. The mission and value statements of the Overdose Prevention Center
 2. Services provided at the Overdose Prevention Center
 3. Services available through consultation and referral
 4. Participant Code of Conduct and potential consequences for violating the Code of Conduct
 5. Overdose Prevention Center policies and procedures, including
 - a. Emergency Procedures
 - b. Drug usage and sharing policy
 - c. Disposal of paraphernalia
 - d. Confidentiality and anonymity
 - e. Participant termination criteria and Grievance process
 - f. Security
- iii. Participants shall agree to the Emergency Procedures prior to receiving services.
- iv. Participants shall receive their Participant ID following completion of their orientation.
 1. The Participant ID is intended to allow anonymity of the Participant while allowing the Overdose Prevention Center the ability to track the Participant's Overdose Prevention Center use and medical and other referrals. This will facilitate effective follow-up and wrap around support of Participants.

VI. Required Services

- i. General
 1. Overdose Prevention Centers shall provide the following services, at a minimum:
 - i. Observation of consumption of pre-obtained substances through injection, snorting, or ingestion;

- ii. In accordance with III.E.ii.1, observation of pre-obtained substances through smoking; and
 - iii. Post-consumption observation and assessment of safety following consumption.
- 2. Overdose response including observing oxygen levels, administering opioid antagonists, responding to overheating and seizures, and calling emergency medical services;
- 3. Education on safer use, harm reduction, and overdose prevention practices;
- 4. Education on overdose responses including responses to opioid, stimulant, and multi-substance overdoses;
- 5. Provision of supplies for safer use and harm reduction practices including:
 - i. Safer-smoke supplies
 - ii. Safer-snort supplies
 - iii. Safer-injection supplies, including syringes
 - iv. Drug-preparation tools
 - v. Opioid antagonists
- 6. Education on disposal of use tools including syringes;
- 7. Collection and secured disposal of hazardous materials, including hypodermic needles and syringes, other injection equipment, and other drug-consumption tools;
- 8. Education on safer sex practices;
- 9. Provision of safer sex supplies, including condoms and lubrication;
- 10. Infectious disease education;
- 11. HIV, HCV, and STI screenings;
- 12. First aid;
- 13. Wound-care first aid;
- 14. Drug-checking;
- 15. Support using VT Helplink services; and
- 16. Referrals to:
 - i. Substance use treatment services
 - ii. Substance use recovery services
 - iii. Harm reduction organizations
 - iv. Wound care services
 - v. Primary care, dental, infectious disease providers, and other medical services
 - vi. Housing, nutritional support, and other social services

- vii. Legal aid services
- viii. Mental health service

ii. Referrals

1. Overdose Prevention Centers shall establish direct referral processes through which the Overdose Prevention Center contacts the agency being referred to on behalf of the Participant to reduce the burden on the Participant to initiate the engagement.
2. The direct referral processes shall include informed consent by the Participant and align with federal regulation regarding sharing of protected health information.
3. The Overdose Prevention Center shall maintain a record of referrals made on behalf of a Participant. The record shall be maintained separately from the Participant's Overdose Prevention Center record. The record shall contain the Participant's ID, the Participant's name, and any other information needed to make the referral. The record shall be maintained in accordance with the Confidentiality policy established pursuant to Section II.B. of these Guidelines and subject to Section III.C herein.
4. Overdose Prevention Centers shall establish direct referral processes with at least the following service providers in their geographic region:
 - i. Hub provider
 - ii. Infectious disease provider
 - iii. Mental health agency
5. Overdose Prevention Centers shall establish an evaluation process with direct referral agencies to identify the number of direct referrals made by the Overdose Prevention Center that resulted in at least one appointment by the Participant.
6. Overdose Prevention Centers shall have an established shared response protocol with the mental health crisis team serving in the Center's geographic region.



Burlington Overdose Prevention Center Proposal

Presented to Burlington City Council • April 14, 2025



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Burlington OPC Work Session

Guiding our conversation around implementation and compliance for a vote of approval on April 28th

Overview of Proposal

- Partnership between City of Burlington and VCJR
- Project Proposal with phased implementation aligned with Act 178 (2024) and VDH Guidelines
- Emphasis on community engagement and public health

Project Funding Summary

This pilot program is funded through the Vermont Opioid Abatement Special Fund, consistent with state priorities and national opioid settlement guidance.

- Section 2 of Act No. 178 appropriates for Fiscal Year 2025 \$1.1 million to VDH for the purpose of awarding grants to the City for establishing an OPC upon submission of a grant proposal that has been approved by the City Council and that meets the requirements of 18 V.S.A. § 4256 and the Guidelines.
- Section 2 also expresses the General Assembly's intention to continue appropriating funds for the same purpose through Fiscal Year 2028.

VCJR is uniquely suited to implement Burlington's OPC due to its trusted relationships with the target population and deep roots in harm reduction and public health.

- Operates a low-barrier recovery center in downtown Burlington
- Has extensive experience with overdose prevention, wound care, and peer support
- Partners with organizations such as Johnson Health Center, Vermont CARES, Pathways Vermont, and Howard Center
- Employs staff with lived experience and proven success in supporting individuals with substance use disorder

LOI Proposal Review Committee

- Theresa Vezina, Special Assistant on OPC Implementation
- Joe Magee, Deputy Chief of Staff
- Sarah Russell, Special Assistant to End Homelessness
- Jennifer Tomczak, Burlington Board of Health
- Judy Rivers, Burlington Board of Health
- Lacey Smith, Assistant Director of CAIP @ BPD
- Chief LaChance, Burlington Fire Department
- Martina Anderson, Director of Communications VAMHAR
- Elly Riser, MD, MPH UVM Health Network

Scoring Rubric for Overdose Prevention Center (OPC) LOI Review Actual Scoring:

- 5 – Outstanding: Exceeds expectations with a clear, detailed, and compelling response.
- 4 – Strong: Meets all criteria with solid detail and justification.
- 3 – Satisfactory: Adequately addresses the criteria but lacks depth or specificity.
- 2 – Needs Improvement: Some elements are missing or unclear.
- 1 – Weak: Does not sufficiently address the criteria.
- 0 – Not Addressed: Required information is absent.

Category	Criteria	Total Average Score (0-5)
Organizational Fit	Clearly articulates the organization's mission, values, and experience in harm reduction, public health, or related fields. Demonstrates a strong alignment with OPC goals.	4.7
Project Vision	Provides a well-defined, high-level overview of the proposed OPC, including key objectives, services, and intended impact.	4.1
Organizational Capacity	Demonstrates sufficient expertise, staff qualifications, and administrative capacity to support OPC implementation. Highlights existing resources and partnerships. Identifies capacity-building needs realistically.	3.6
Community Engagement	Outlines a comprehensive strategy to engage key stakeholders, including people with lived experience and community partners. Emphasizes collaboration with the City of Burlington.	4.6
Letters of Support	Three strong letters of support from stakeholders or community partners that affirm the organization's capacity and commitment to the OPC project.	4.8
Compliance & Understanding	Includes a clear statement affirming compliance with Vermont Department of Health Guidelines and Act No. 178. Demonstrates an understanding of regulatory and operational requirements.	4.5
Total Score	<i>(Maximum 30 points)</i>	27

Key Compliance Areas (Act 178 & VDH Guidelines)

- Governance and Administrative Structure
- Service Assessment
- Required Policies and Procedures
- Site Readiness and Zoning
- Staffing Ratios and Training
- Emergency Protocols
- Data Collection, Reporting, and Evaluation

Phased Implementation Summary

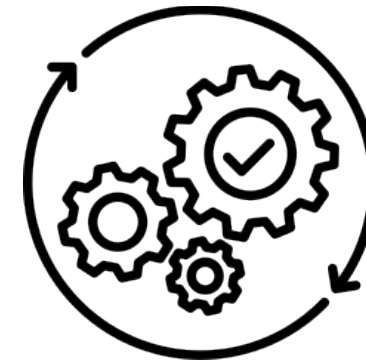


Phase 1: Planning & Capacity Building

Months 1-12



- Service Assessment
- Community Engagement
- Policy Development
- Site Selection



Phase 2: Operations & Compliance

Months 9-18



- Secure Site
- Staffing
- Equipment
- Training
- Security
- Supervised Use
- Data & Reporting
- Evaluation

Phase 1: Service Assessment



- Engagement with people who use drugs
- Community & stakeholder outreach
- Overdose trends & hot spot data
- Neighborhood assessment
- Final Service Assessment report

Phase 1: Site Selection & Facility Planning




- Site Acquisition Plan
- Real estate market assessment
- Accessibility, zoning, ADA compliance
- Preliminary facility design
- City support on entitlements
- Community engagement
- Be a Good neighbor

Phase 2: Site Setup & Service Launch

- ✓ Site Approved by Council & Secured
- ✓ Equipment, Supplies, Staffing
- ✓ Emergency protocol training, security, final intake process
- ✓ Submit all compliance documents 90 days prior to launch

Required Services & Staffing

- 
- Supervised use, wound care, drug checking
 - Infectious disease counseling and reporting
 - Substance Use Treatment Services & referrals
 - Peer support, referrals, overdose response
 - Licensed medical staff, trained overdose prevention specialists
 - HIPAA and 42 CFR compliance

Evaluation & Data Reporting



- Monthly & Quarterly Reports to VDH
- Annual Public Reports
- Aggregate de-identified data
- Participation in Act 178 Public Health Impact Study

Next Steps & Shared Commitments

- ✓ City Council Vote on Proposal April

- ✓ Submit City Council Approved Proposal to VDH

- ✓ Continued engagement with City Council is critical

- ✓ Transparent communication with community & ongoing engagement

- ✓ Ongoing partnership between VCJR & City

- ✓ Continue aligning with VDH guidelines

Thank you for your support.



Contact Us



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