

Ward 1 Neighborhood Planning Assembly (NPA)
Wednesday, June 11, 2025
In-person at the Friends Meeting House, 173 North Prospect Street
And Zoom online:
<https://zoom.us/j/96245939050>
Webinar ID: 962 4593 9050
Or by phone: +1 929 205 6099 ID = 962 4593 9050

Facilitator: Selene Colburn

Recorder: Jonathan Chapple-Sokol

6:15 - Welcome and Food (Namaste Kitchen Express)

6:30 - Formal Start - project & review agenda

Introductions: name, street

Announcements: share events, meetings, activities of interest to Ward 1 community.

6:40 - Speakout - an opportunity to raise concerns & appreciations about Ward 1 community

6:55 - School Commission update - Gary Golden and Matt Price

7:05 City Council update - Carter Neubieser & Allie Schacter

7:25 CDNR (Community Development & Revitalization) draft document clarifying City/NPA
relationship - Jonathan Chapple-Sokol & Carter Neubieser

7:45 Overdose Prevention Centers project - City team

8:15 Proposed U-Haul Storage Facility project - 436 Riverside Ave - Doug Goulette,
Bowman Development

<https://burlingtonvt.portal.civicclerk.com/event/8324/files/agenda/14071>

8:30 - Adjourn

Ward 1 NPA Steering Committee
Carol Livingston carol.livingston1951@gmail.com,
Jonathan Chapple-Sokol chapplesokol.npasc@gmail.com,
Selene Colburn selene.colburn@gmail.com,
Sam Doherty samcharlesdoherty@gmail.com
Gretchen Platt gshuman7005@yahoo.com
Rob Gutman rgutman@gmail.com

Resolution Relating to: Strengthening the Relationship between the City Administration, City Council, and Neighborhood Planning Assemblies (NPAs)

Presented by:

Carter Neubieser, Ward 1 City Councilor

Jonathan Chapple-Sokol, Ward 1 NPA

Steering Committee



Agenda & Notes before we get started:

- Presenters: Carter - Ward 1 City Councilor & Jonathan Chapple-Sokol, longtime Ward 1 NPA Steering Committee Member
- Over the next 20-30 minutes we will cover...
 - What it is the resolution does
 - How the work came about
 - Why it is needed and the problems it addresses
 - Discuss the practical implications
 - Q&A Period pen it up for questions
 - Ask the NPA to vote to voice their affirmative support



**What does this
resolution do ?**



**How did the NPA's
and this resolution
come about?**



Dates we are presenting to NPA's:

- Ward 3 - estimating June
- Ward 2 - unsure
- Ward 8 - unsure
- Ward 5 - May 15
- Ward 6 - May 1st
- Ward 4/7 - April 23rd
- Ward 1 is May 14th



**What problems
does the resolution
address?**



**The resolution does
the following...**



The City of Burlington and the Neighborhood Planning Assemblies affirm the following principles:

- The NPAs are essential to the civic health of our community.
- The NPAs shall be open and accessible to all city residents and shall abide by Open Meeting Law.
- The NPAs shall adhere to state and local laws regarding anti-discrimination, free speech, and accessibility.
- The NPAs shall adhere to the provisions of their bylaws and decisions shall be made in a transparent manner.
- The NPAs shall expend funds allocated to them by the City Council in a manner consistent with the City's terms, conditions, and restrictions.
- The NPAs shall set the terms and conditions for their gatherings and shall determine their agendas and priorities.

The Community and Economic Development Office (CEDO) shall:

- Develop a standardized process in collaboration with the NPAs by which each NPA can communicate a list of annual priorities to the City Council and City Administration
- Consult with other relevant city staff to develop easily understood materials that outline the legal requirements of the NPAs.
- Consult with other relevant city staff to review and update these materials as needed but no less than every three calendar years.
- Collaborate with NPAs and other relevant city staff to ensure NPAs understand the legal requirements of the NPAs.
- Include a representative, chosen by the NPAs to serve on hiring committees for staff roles predominantly focused on supporting and liaising with the NPAs

The City Council acknowledges and agrees that:

- The NPAs play an important role in the city's deliberative process.
- The advice and counsel received from residents at NPA meetings is valuable and important to the City's decision-making process.
- Individual City Councilors shall be encouraged to regularly attend NPA meetings in their respective Ward or District.

The City Council shall endeavor in good faith to consult with each NPA on:

- Issues that impact NPA governance and structure before proceeding with resolutions and ordinances.
- Issues that disproportionately impact a particular area of the city.
- Matters identified by the NPAs as priorities for the current fiscal year.
- All development projects that require Major Impact Review.
- Redistricting and changes to ward boundaries and polling places.
- Proposed charter changes and ballot questions that appear on the Annual Town Meeting Day ballot.

Q&A

Motion:

**Does the NPA support
the main spirit of this
resolution?**

Resolution Relating to:

Strengthening the Relationship between the City Administration, City Council, and Neighborhood Planning Assemblies (NPAs)

In the year Two Thousand and Twenty-Five Resolved by the City Council of the City of Burlington, as follows:

WHEREAS the City Council has adopted a resolution that encouraged and supported the establishment of Neighborhood Planning Assemblies in each of the city's wards; and

WHEREAS the Neighborhood Planning Assemblies were intended to be open and accessible to all voters of the city residing in a particular ward; and

WHEREAS the responsibility for organizing the Neighborhood Planning Assemblies was delegated to the Community and Economic Development Office; and

WHEREAS all residents of a particular ward are considered voting members of the Neighborhood Planning Assembly for that ward; and

WHEREAS each Neighborhood Planning Assembly has developed its own bylaws and meeting operating procedures; and

WHEREAS the Neighborhood Planning Assemblies were established to help provide city residents with information concerning city programs and activities; and

WHEREAS the Neighborhood Planning Assemblies were established to provide advice to the City Council, the various city commissions, and city administration with respect to governmental decisions, the allocation of revenues, and issues facing individual neighborhoods and the city as a whole; and

WHEREAS the priorities, needs, and interests of city residents has evolved over time as the city has grown and developed; and

WHEREAS the City Council frequently considers matters of importance that intersect with the interests and priorities of the Neighborhood Planning Assemblies; and

WHEREAS the City Council and Neighborhood Planning Assemblies have a mutual interest to work together for the benefit of city residents;

NOW, THEREFORE, BE IT RESOLVED that the City of Burlington and the Neighborhood Planning Assemblies affirm the following principles:

- The NPAs are essential to the civic health of our community.
- The NPAs shall be open and accessible to all city residents and shall abide by Open Meeting Law.
- The NPAs shall adhere to federal, state, and local laws regarding anti-discrimination, free speech, and accessibility.
- The NPAs shall adhere to the provisions of their bylaws and decisions shall be made in a transparent manner.

- The NPAs shall expend funds allocated to them by the City Council in a manner consistent with the City's terms, conditions, and restrictions.
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BE IT FURTHER RESOLVED that the Community and Economic Development Office (CEDO) shall:

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Burlington Overdose Prevention Center

Summer NPA Sessions

VCJR *Vermonters for
Criminal Justice Reform*



BURLINGTON
VERMONT

What we know today

- Partnership between City of Burlington and VCJR
- Project is a phased implementation aligned with Act 178 (2024) and VDH Guidelines
- Emphasis on community engagement and public health
- Project proposal was approved in a unanimous City Council vote on April 28th
- Project implementation documents are publicly available

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

Key Compliance Areas (Act 178 & VDH Guidelines)

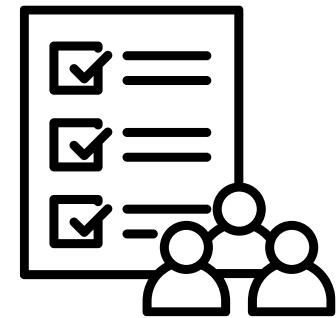
- Governance and Administrative Structure
- Service Assessment
- Required Policies and Procedures
- Site Readiness and Zoning
- Staffing Ratios and Training
- Emergency Protocols
- Data Collection, Reporting, and Evaluation

Phased Implementation Summary

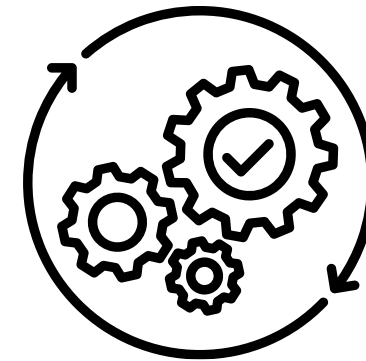


Phase 1: Planning & Capacity Building

Months 1-12

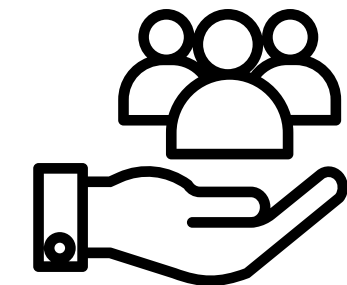


- Service Assessment
- Community Engagement
- Policy Development
- Site Selection



Phase 2: Operations & Compliance

Months 9-18



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

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.
-

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
-



Stay Engaged Theresa Vezina
Email: tvezina@burlingtonvt.gov

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

- ① Contracted work to begin July 1st 2025

- ① Service and Neighborhood Assessments

- ① Increase staffing at VCJR for planning & capacity building phase

- ① Begin site search and follow steps required for location selection

- ① Align our with project proposal & required operating guidelines

- ① Transparent communication with community & ongoing engagement

- ① Ongoing partnership between VCJR & City

Thank you for your support.



Contact Us



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Tom Dalton, Executive Director VCJR - tom@vcjr.org

Jess Kirby, Program Director VCJR- jess@vcjr.org

Sarah Ashley Simmons, Service Coordinator VCJR- sas@vcjr.org



To: Burlington City Council
From: Office of the Mayor in partnership with Vermonters for Criminal Justice Reform (VCJR)
Re: DRAFT Project Proposal for the Burlington Overdose Prevention Center (OPC) Pilot Program
Date: April 14, 2025

We intend to bring the below draft proposal to City Council for a vote on April 28, 2025. This proposal is therefore subject to revision following your feedback at the 4/14/25 meeting of the City Council.

I. Summary

The City of Burlington, in collaboration with Vermonters for Criminal Justice Reform (VCJR), is launching a comprehensive, evidence-based Overdose Prevention Center (OPC) pilot program. This initiative directly responds to Vermont's overdose crisis and fulfills the mandates of Act 178 (2024) and the Vermont Department of Health's OPC Operating Guidelines. Through a phased approach, the OPC will provide a safe and supervised environment for people who use drugs, offer a full continuum of care, reduce public drug use and syringe litter, and save lives.

The City of Burlington is required to submit a City Council-approved proposal that meets or exceeds the minimum requirements in [Act 178 \(2024\)](#) and the [OPC Operating Guidelines](#) set forth by the Vermont Department of Health (VDH) to establish a subrecipient agreement with VCJR for the implementation of an Overdose Prevention Center in Burlington. (See Attachment, OPC Guidelines Compliance Plan)

Our proposal outlines a phased approach to ensure a structured and efficient process, prioritizing service assessment and policy development to build capacity before full implementation. The attached Letters of Support show the commitment of our community partners to support this project.

II. Background & Purpose

Vermont continues to face a public health emergency due to fatal and non-fatal overdoses. The OPC will provide low-barrier, trauma-informed services to individuals using pre-obtained substances, aiming to decrease overdose deaths, reduce infectious disease transmission, and improve community health & safety.

The Center will serve as a safe space for individuals to:

- Consume pre-obtained substances under the observation of trained staff who are equipped to respond to overdoses and other emergencies.
- Access harm reduction supplies, including sterile syringes, naloxone, and drug-checking services to prevent contamination-related harms.

- Receive education on safer drug use, overdose prevention, and available treatment options.
- Connect to a continuum of care through low barrier, onsite access to addiction treatment, medical care, wound care, mental health services, housing support, and other social services.
- Obtain support in meeting basic needs.
- The program will center the dignity, safety, and well-being of participants while prioritizing public health, community safety, and harm reduction principles. By providing a low-barrier, non-judgmental space, the Center will not only save lives but also foster trust with people who use drugs, leading to greater opportunities for engagement in care and support services.

NOTE: Persons with substance use disorder can utilize all services at the Center, even if they are not a person consuming drugs on site.

A strong emphasis will be placed on ensuring meaningful participation from people with lived and living experience, public health experts, community partners and other key stakeholders. This approach will help build community-wide support, reduce stigma, and address the systemic inequities that exacerbate the overdose crisis.

III. Selected OPC Provider: Vermonters for Criminal Justice Reform (VCJR)

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. VCJR:

- 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.

VCJR's two-phase approach includes immediate provision of non-consumption services and a deliberate rollout of consumption-related services once all state-mandated infrastructure and protocols are in place. (See attachment, VCJR LOI Submission)

IV. Phased Implementation Plan

Phase 1: Planning & Capacity Building (8-12 months)

Objectives:

- Conduct a comprehensive Service Assessment to include neighborhood assessment.
- Identify and secure an accessible, code-compliant fixed-site facility.
- Hire and train staff; build administrative and data systems.
- Expand existing VCJR services as a first step to full implementation of supervised consumption services (harm reduction support, medical, peer support, etc.)

Responsibilities:

- VCJR: Service Assessment, engage community, develop required policies and procedures.
- City of Burlington: Coordinate citywide public engagement, support planning, submit required reports to the Vermont Department of Health.

Site Selection & Facility Planning

The successful implementation of the OPC pilot hinges on identifying a safe, accessible, and code-compliant facility that also has community buy-in. A thoughtful, community-informed site selection process will ensure the physical space meets operational requirements and integrates well within the surrounding neighborhood.

Site Selection Process

The City and VCJR will collaborate on a comprehensive, phased site selection plan, incorporating guidance from the OPC Operating Guidelines, harm reduction best practices, and community feedback. The process will include:

A Neighborhood Assessment (as part of Service Assessment) conducted in partnership with a qualified research entity (e.g., PIRE), this will assess:

- Data-informed assessment of community needs and overdose trends.
- Proximity to existing social and health services.
- Potential neighborhood impacts and mitigation strategies.
- Syringe litter and public use baselines.
- Accessibility for target populations.

Stakeholder & Community Engagement (Service Assessment)

- Host listening sessions with residents, businesses, and people with lived experience.
- Share criteria and timelines for site selection to build transparency and trust.
- Gather feedback on ideal locations, safety concerns, and accessibility.

Site Acquisition Plan

VCJR and the City will jointly develop a plan that includes:

- Site search through commercial brokers.
- Lease or purchase strategy.
- Due diligence for zoning, ADA compliance, safety, and ventilation standards.
- A preliminary facility design that aligns with OPC Guidelines (e.g., separate consumption and post-consumption areas, medical bays, counseling rooms, secure supply storage).

City Support & Entitlements

- The City will work in good faith to advance necessary zoning amendments as needed prior to site selection.
- The City will provide timely review of zoning, land use, and building permits to support program timelines.
- A pre-opening site inspection and approvals will occur at least 60 days prior to launch.

Facility Design Considerations

The facility will be designed with participant-centered needs in mind and meeting all state standards for:

- Supervised use spaces.
- Post-consumption monitoring areas.
- Medical and wound-care rooms.
- Confidential counseling and intake rooms.
- Staff and security areas.
- Handwashing and hygiene stations.
- Emergency response readiness.

Phase 2: Operations & Compliance

Objectives:

Relocate existing VCJR services to the newly acquired site (harm reduction support, medical, peer support, etc.).

Begin supervised consumption services (injection, ingestion, snorting & smoking) upon full compliance with the OPC Operating Guidelines prior to operation, including:

- City Council approved code-compliant fixed-site facility.
- Staffing ratios.
- Equipment and facility standards.
- Data collection and evaluation.
- Emergency protocols and referral systems.

V. OPC Services and Model

VCJR will utilize findings from the Service Assessment to design the Center services and model per the Operating Guidelines.

VCJR will provide at minimum State-Mandated Core Services:

- Supervised substance use and post-consumption monitoring.
- Overdose prevention and response.
- Drug checking (in partnership with VT CARES).
- Distribution of safer use and safer sex supplies.

- First aid and wound care.
- Infectious disease testing and education.
- Direct referrals to medical, housing, mental health, and treatment services.

Additional Services Currently provided by VCJR

- Peer support.
- Medical care (with Johnson Health Center).
- MOUD and mental health care.
- Case management, food and clothing assistance.

NOTE: Supervised consumption activities will take place in a private room/s, away from all other embedded ancillary medical, social and harm reduction services.

VI. Funding & Use of Opioid Settlement Funds

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.

Funding Commitments & Oversight

- The City of Burlington will serve as the fiscal agent, overseeing all disbursements and reporting obligations to the Vermont Department of Health (VDH).
- A subrecipient agreement between the City and VCJR will establish roles, responsibilities, and compliance measures.
- Funding will support both Phase 1 (planning & capacity building) and Phase 2 (operations & implementation).

Allowable Expenses

Funding will be allocated to eligible line items, including but not limited to:

- Staff salaries and training.
- Facility acquisition.
- Construction and/or customizations of building to meet requirements.
- Capacity building.
- Technology & software.
- Equipment and furnishings.
- Harm reduction and medical supplies.
- Community engagement and communications.
- Technical assistance (e.g., Project Weber/RENEW).
- Subcontracting for Service Assessment and evaluation support.

- Administrative and operational costs.

Budget Transparency & Reporting

- VCJR will develop a 12-month budget and narrative aligned with DSUP Invoice Template.
- The City will provide consolidated reports to VDH, City Council and the Legislature.
- Reports will include monthly and quarterly data, along with required annual outcome metrics.
- Budget updates will be shared regularly with City Council and stakeholders to ensure transparency and accountability.

Sustainability Planning

While the pilot is initially funded through settlement dollars, the City and VCJR are actively exploring additional public and private funding sources to ensure long-term sustainability, including:

- Other harm reduction or behavioral health grants.
- Additional Opioid Settlement Funds.
- Medicaid billing for eligible services.
- Philanthropic and community-based support.

Ongoing Community Engagement

VCJR and the City will lead sustained community engagement through:

- Engagement with people with lived/living experience.
- Engagement across diverse Stakeholders (EMS, police, social service orgs, health care providers).
- Community forums and presentations at Neighborhood Planning Assemblies.
- Media and public education campaigns.
- Community updates.

VII. Evaluation

All data and service metrics will be collected in accordance with Act 178 and submitted to the Vermont Department of Health.

This includes quarterly reporting:

- Participant visit records (de-identified).
- Number and outcomes of overdoses & interventions used to reverse overdoses.
- Number of EMS calls for assistance at the Center.
- Referrals and services accessed.
- Public health and safety outcomes.

This includes Annual Reporting:

- Number of program participants.
- Deidentified demographics.
- Number of overdoses and overdose reversals.
- Number of EMS and law enforcement calls for assistance at the Center.

- Number of participants directly referred to other services and the type of service.

This includes ACT 178 Study Requirements:

- Collect data and additional information as requested by the Vermont Department of Health (VDH).
- Work collaboratively with VDH and its associated contractors of complete the study described in Act 178, Section 3 (2024), and other evaluation initiatives.
- Provide data to VDH in a timely manner.

VII. City-Provider Partners Shared Commitment to Successful Implementation

- The Overdose Prevention Center (OPC) initiative represents a strong and intentional partnership between the City of Burlington and Vermonters for Criminal Justice Reform (VCJR), rooted in a shared commitment to health equity, public safety, and community well-being. This collaborative approach ensures that both entities are fully aligned in purpose, roles, and responsibility throughout the project.
- As the fiscal agent, the City of Burlington will provide essential oversight and administrative coordination. This includes managing the state grant award, submitting deliverables to the Vermont Department of Health (VDH), and facilitating education, engagement, and outreach activities to ensure community awareness and support. The City will also play a key role in supporting site readiness and aligning implementation efforts with local and state policies.
- Vermonters for Criminal Justice Reform (VCJR) will lead the day-to-day operations of the OPC. This includes staffing the site with trained personnel, delivering trauma-informed and evidence-based harm reduction services, collecting and reporting data, and ensuring full compliance with operational and safety guidelines. VCJR brings deep experience in research-informed service delivery and a strong commitment to person-centered care.
- To ensure accountability, transparency, and collaboration, the City and VCJR will hold regular monthly meetings to review progress, address challenges, and align on strategic decisions. This structure promotes shared ownership of the project's success and ensures that the voices of all stakeholders—especially people who use drugs and frontline service providers—are centered throughout implementation.
- Together, the City and VCJR are committed to establishing a model of care that is responsive, community-informed, and rooted in dignity, compassion, and public health best practices.

VIII. Conclusion: A Life-Saving Investment

Overdose Prevention Centers are proven tools for saving lives, reducing harm, and linking individuals to care. By supporting this pilot OPC in Burlington, the City Council will:

- Deliver a critical intervention for people at the highest risk.
- Improve public health and safety and reduce emergency service burdens.
- Build trust with vulnerable community members.
- Fulfill the mandates of Act 178 while centering dignity, equity, and public health.

The City of Burlington and VCJR are prepared to implement this evidence-based, community-informed solution with urgency, thoughtfulness, and integrity.

Attachments:

Vermont OPC Operating Guidelines

Grant Compliance Plan

VCJR LOI and Supplemental Response

Letters of Support (Johnson Health Care, Vermont CARES, Pathways, Howard Center, Karen Paul, Miro Weinberger)

City Council Memo 4/10/2025

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.

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

Email: tvezina@burlingtonvt.gov

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



Preliminary Drawings

Project Designed By



Project - Client



Composite Rendering

SHEET 01

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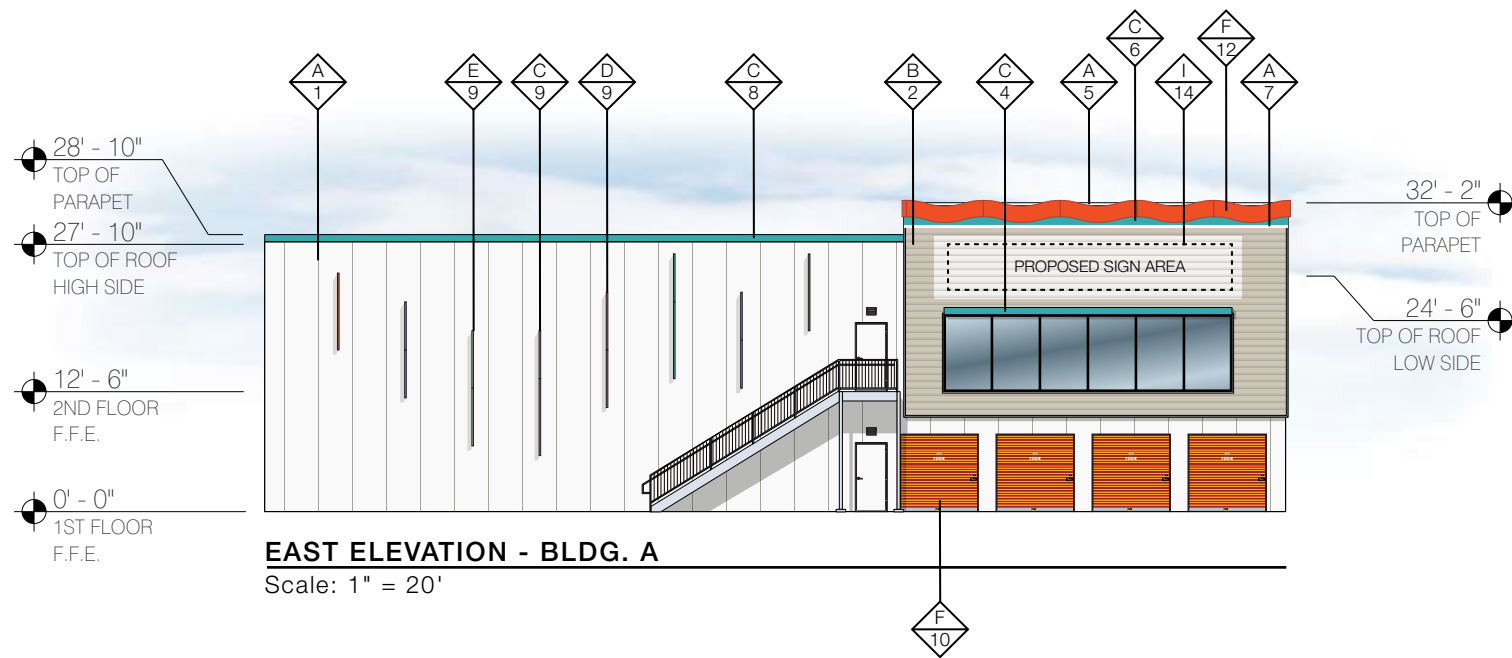
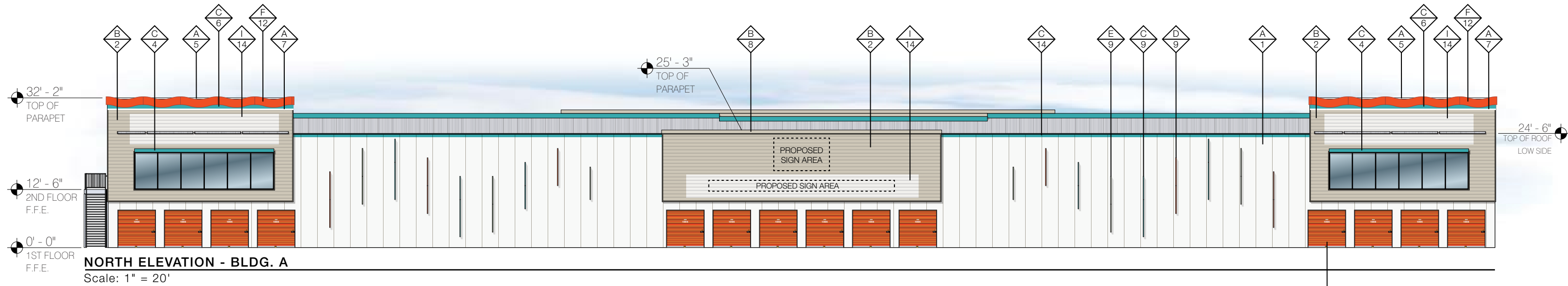
CHANGE IN MATERIAL COLORS TO PROVIDE VISUAL SEPARATION TO THE ELEVATION

CURVILINEAR CORNICE DESIGN TO ADD DEPTH TO THE PARAPET

IMP EXCEEDS SUSTAINABLE LEED STANDARDS BY PROVIDING SUPERIOR R-VALUE INSULATION FOR GREATER THERMAL EFFICIENCY

VERTICAL OFFSETS CREATE A PATTERN OF LIGHT, SHADOW, AND LYRICAL ARTICULATION

ARCHITECTURAL FENESTRATION TO ENHANCE RETAIL UNIFORMITY IN THE AREA



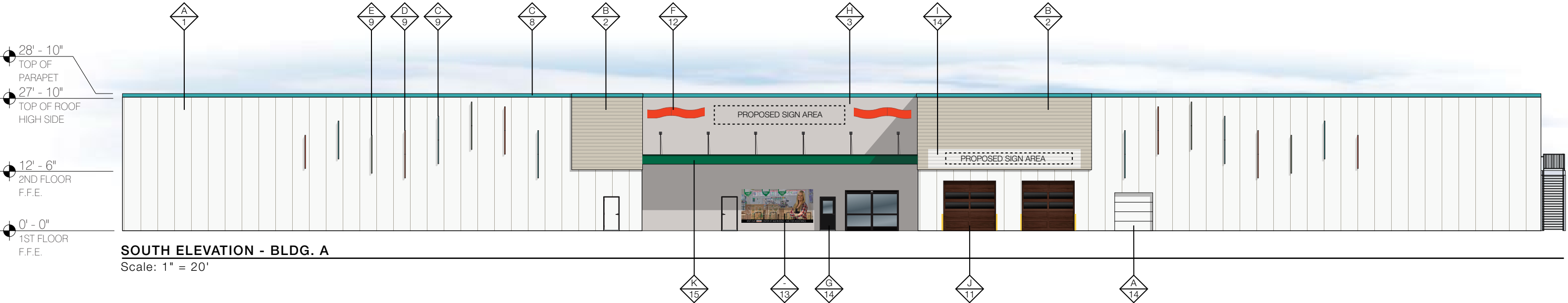
GENERAL NOTES:

THIS PROJECT WAS DESIGNED USING KINGSPAN METAL PRODUCTS. DEVIATING FROM KINGSPAN PANELS WILL ALTER THE FINAL APPROVED DESIGN OF YOUR BUILDING(S). PLEASE CONSULT WITH THE A&M FACILITY IMAGING TEAM IF A DIFFERENT SUPPLIER IS BEING USED.

D1 - THE PROPOSED IMP USES FULL-WIDTH PANELS. **DO NOT CUT IMP** DUE TO PAINT VARIATIONS. CONTACT THE DESIGNER AT A&M ASSOCIATES TO FIND A SOLUTION. P: 602.623.6841

D2 - THE PROPOSED PROJECT CONSISTS OF **42" WIDE IMP**. DEVIATING FROM THIS SIZE PANEL WILL ALTER THE LYRICAL FIN DESIGN. PLEASE CONTACT THE DESIGNER AT A&M ASSOCIATES SO THE PLAN DRAWINGS CAN BE UPDATED. P: 602.623.6841

COLORS				MATERIALS			
A	IMPERIAL WHITE (IMP CUSTOM COLOR)	I	SW 6182 ETHEREAL WHITE P57	1	42"W KINGSPAN KS SERIES AZTECO STUCCO EMBOSSED VERTICAL IMP	9	9"D LYRICAL ARTICULATED ACCENT FIN (DESIGN ELEMENT)
B	SANDSTONE (IMP CUSTOM COLOR)	J	IRONWOOD (FAUX WOODGRAIN FINISH)	2	16"W MORIN INTEGRITY XAB-16 HORIZONTAL PANELS	10	ARCHITECTURAL DETAIL
C	DESERT JEWEL P62	K	U-HAUL FOREST GREEN P9	3	LIGHT BROOM TILT-UP CONCRETE	11	ULTRA-GRAIN CLASSIC WALNUT CARRIAGE DOORS
D	SW 6884 AMBER EARTH P63			4	10"H x 3"D ARCHITECTURAL DETAILS	12	UNDULATING DESIGN
E	SW 6451 NURTURE GREEN P61			5	4.5"H TRIM TYP.	13	LIFESTYLE BANNER
F	SIERRA SUNSET P6			6	10.25"H FLAT METAL TRIM TYP.	14	PAINT DETAIL
G	SW EGGHELL BLACK P100			7	3"H FLAT METAL TRIM TYP.	15	2'H x 58'W x 10'D STORAGE: LOAD/UNLOAD AWNING
H	LIGHT BROOM FINISHED TILT WALL			8	9"H FLAT METAL TRIM TYP.		



SOUTH ELEVATION - BLDG. A
Scale: 1" = 20'



WEST ELEVATION - BLDG. A
Scale: 1" = 20'

GENERAL NOTES:

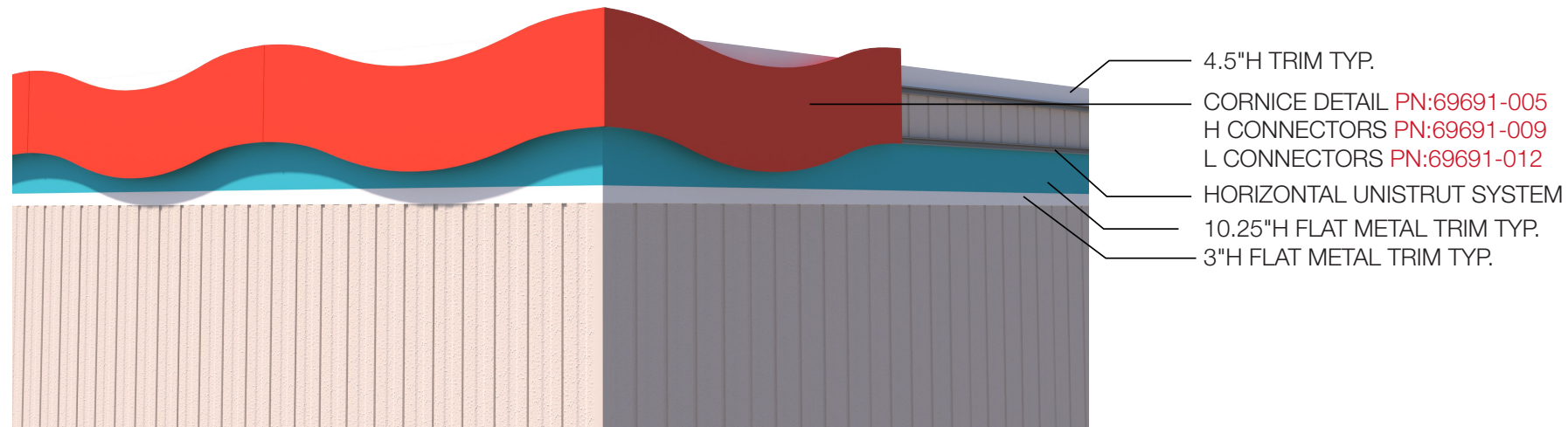
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Parapet Cornice Detail

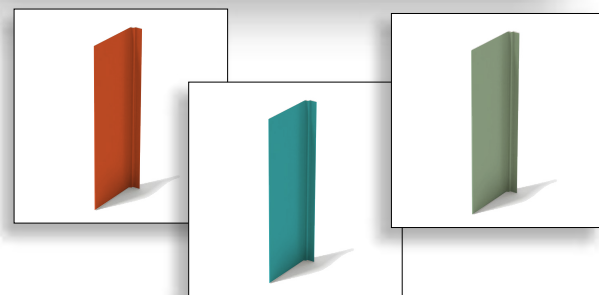


Stucco Embossed IMP
EXAMPLE



Light Broom Finished
TILT-UP CONCRETE
EXAMPLE

9"D Lyrical Articulated Design Element

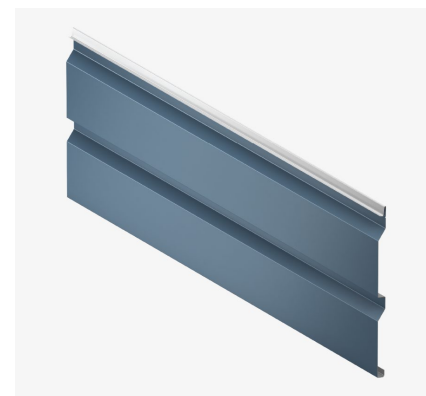


Morin
A Kingspan Group Company

Integrity XAB-16

INTEGRITY SERIES

The Integrity Series is a concealed fastener rainscreen, wall panel system. With a consistent depth of 7/8", it offers a minimalist design solution. Integrity Series offers 13 unique profiles featuring an asymmetrical box rib in varying configurations. Combine with other Integrity panels, or with panels from our Matrix Series or Pulse Series.



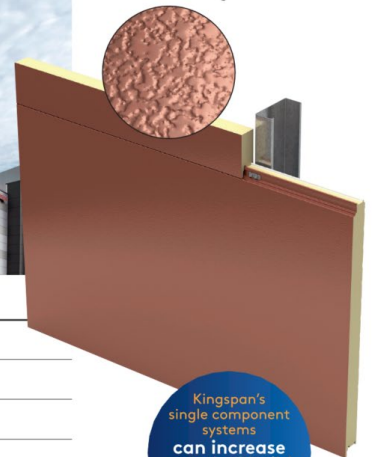
XAB-16



KS Azteco™ Data Sheet Insulated Wall Panel System



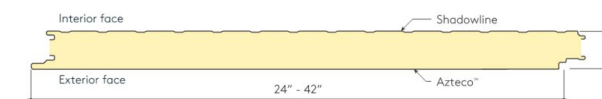
Azteco™ embossing

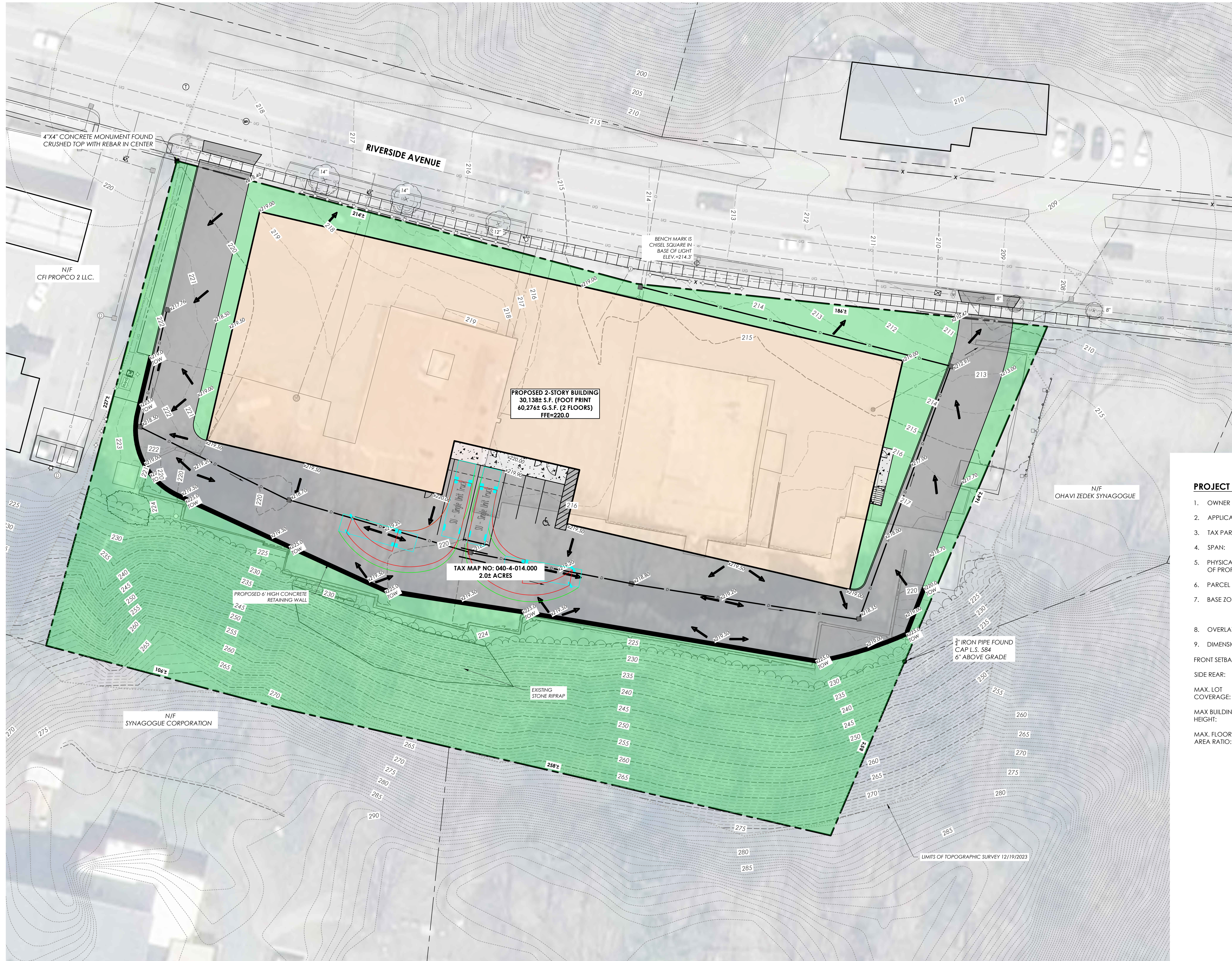


Kingspan's single component systems can increase speed of build by up to 50%

Product Specification

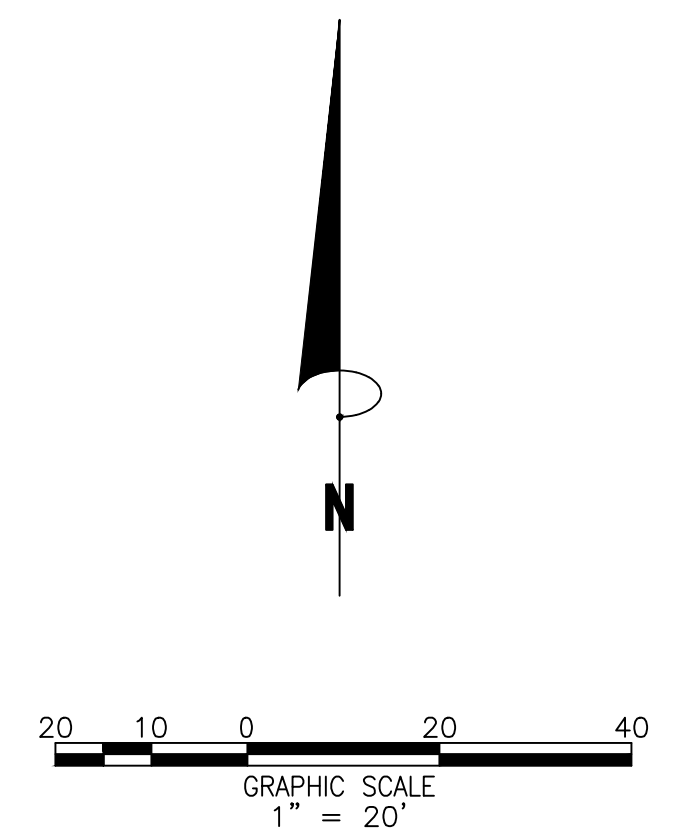
Profile:	Exterior: Flat Interior: Shadowline
Embossing:	Exterior: Azteco™ Interior: Stucco or non-embossed
Gauge:	Exterior: 26, 24, 22 ga Interior: 26, 24, 22 ga
Width:	24", 30", 36", 42"
Thickness:	2", 2.5", 3", 4", 5", 6"
Length:	8' - 53'
Reveal option:	Vertical: 1/8" Horizontal: 1/8" or 3/8"
Orientation:	Vertical or horizontal
Post fabrication (optional):	Trimless ends (Manufacturing limitations apply. Please contact us for detailed information)
R-value:	≈ 7.2 per inch per ASTM C518 @ 75°F mean temperature ≈ 8.25 per inch per ASTM C518 @ 35°F mean temperature





PROJECT INFORMATION:

- OWNER OF RECORD: AMERCO REAL ESTATE COMPANY
 - APPLICANT: AMERCO REAL ESTATE COMPANY
 - TAX PARCEL ID: 040-4-014-000
 - SPAN: 114-035-14182
 - PHYSICAL ADDRESS OF PROPERTY: 436 RIVERSIDE AVENUE BURLINGTON, VERMONT 05401
 - PARCEL SIZE: ± 2.00 ACRES
 - BASE ZONING DISTRICT: NEIGHBORHOOD ACTIVITY CENTER RIVERSIDE (NAC - R)
 - OVERLAY DISTRICT: DESIGN REVIEW
 - DIMENSION REQUIREMENTS
- | | PROPOSED |
|------------------------|-------------------------|
| FRONT SETBACK: | 0' AND 12' OFF CURB 10' |
| SIDE REAR: | 0' 35' |
| MAX. LOT COVERAGE: | 80% (64% ± CURRENT) |
| MAX BUILDING HEIGHT: | 35' 32' - 2' |
| MAX. FLOOR AREA RATIO: | 2 0.7 |



PLAN STATUS	
DATE	DESCRIPTION
DJG DESIGN	ANL DRAWN
DJG CHKD	
SCALE	1" = 20'
DATE	04/30/2025

Ward 1 Neighborhood Planning Assembly (NPA)
MINUTES
Wednesday, May 14, 2025
In-person at the Friends Meeting House, 173 North Prospect Street
And Zoom online:
<https://zoom.us/j/96245939050>
Webinar ID: 962 4593 9050
Or by phone: +1 929 205 6099 ID = 962 4593 9050

Facilitator: Sam Doherty

Recorder: Jonathan Chapple-Sokol

6:15 - Welcome and Food

6:30 - Formal Start - review agenda

Introductions: name, street

Sam Doherty

Rob Gutman

Gretchen Platt

Dave Cawley

Carter Neubieser

Katherine Verman

Angie Chapple-Sokol

Jonathan Chapple-Sokol

Carol Livingston

Caryn Long

Mark Demers

Gary Golden

Matt Price

Kathy Olwell

Mark Leopold

Peter Lackowski

Sharyl Green

Shawny Corey

Charlie Gianonni

Announcements: share events, meetings, activities of interest to Ward 1 community.

- CJ Knudsen of Lake Monsters: summer 2025 schedule. Lake Monsters are in the Futures Collegiate Baseball League (FCBL). More information here:

<https://vermontlakemonsters.com/>

playoffs) First game 5/31 :Last regular season game 8/9 (plus a week if team makes the

35 Home Games

3 Fireworks nights: 6/21; 7/18; 8/2

Kids eat free every Wednesday!

Fletcher Free Library has free passes to games! <https://fletcherfree.org/>

15 Lake Monsters games on TV!!! <https://vermontlakemonsters.com/wyci/>

Free parking at Trinity and Gut (with free shuttle, too!)

Lake monsters have given \$270K back to the community!

Announcements

Jonathan moves and Caryn seconded spending any NPA remaining funds on FPF, TMT, and sound system - Unanimous

Straw Poll questions about the new merged FPF neighborhood (Old North End). Small number of voters, but consensus was that folks preferred the old neighborhood (ONE East), would rather be connected with Centennial and/or Downtown, and feel ONE forum is too large:

1 person supported the current ONE configuration

9 people prefer the old configuration

9 people are unhappy with the current configuration

6:45 - **Speakout** - an opportunity to raise concerns & appreciations about Ward 1 community
Speakout got blended into remaining discourse.

7:05 - **School Commission update** - Gary Golden and Matt Price

Senate passed a version of Education bill slanted towards privatization. Weighting changes will be detrimental to Burlington, but extra money is included for smaller districts; lunch funding, after school activities will be affected.

Medicaid decisions will impact schools

Will go to Conference Committee to reconcile large differences between versions

7:20 - **City Council update** - Carter Neubieser

Health Care costs, UVMMC and Pharma, are the biggest drivers of tax increases

Very difficult times. Spending philosophy over the past several years did not consider operational efficiencies or program effectiveness. Tax increases have been used to cover gaps

37 of 100 new positions at City were funded with one-time moneys

Need to inventory and evaluate what we do

All cut are painful; Some cuts are more straightforward – high cost for small benefit

Consolidation of departments (CEDO/BWD) and internal services (IT) are opportunities

Tax Fairness group working on potential charter changes to create a more progressive tax structure.

RIFs are rare for the City; We do not have robust processes for some things. Some RIFs were not well handled by management.

Estimate \$1M reduction in gross receipts due to less tourism from Canada

Carter's update led into a discussion of the budget, Reductions in Force, city employees and service to the community

Comments:

With PRW/BCA cuts, how will the City serve kids this summer?

Cuts are hard, but can't give everyone everything

Understand cuts, but unhappy with how the cuts were made – ill will

Progressive taxing is OK, but what about growing the Grand List?

RIF'd staff close to retirement?

Little things at the neighborhood level can help

Invest EAP?

What can we as an NPA do to "make things right"?

Letter of appreciation to those who lost their jobs? To all employees?

NPA agreed that Steering Committee will broadcast a request for stories or expressions of appreciation to collect and send to folks who lost their jobs and publicly acknowledge our support for all employees. No employee's name will be publicly disclosed.

~~7:40 – City/NPA relationship: clarification in Community Development & Neighborhood Revitalization (CDNR) draft document – Carter Neubieser and Jonathan Chapple-Sokol~~

~~8:15 – Facilitator led discussion soliciting ideas for future NPA meeting topics, plus suggestions of ways to get involved in the neighborhoods over the summer~~

8:30 - Adjourn

Ward 1 NPA Steering Committee

Carol Livingston carol.livingston1951@gmail.com,

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Sam Doherty samcharlesdoherty@gmail.com

Gretchen Platt gshuman7005@yahoo.com

Rob Gutman rgutman@gmail.com