VERMONT
DEPARTMENT OF HEALTH

Opioid Settlement Advisory Committee

Date:	5/22/2026
Location and Time:	Via Microsoft Teams 10:00 - noon
Present:	Rick Hildebrant, Daniel Franklin, Monica Hutt, Jess Kirby, Deb Wright, Madeline Motta, Stacy Sigmon, Tim Tanner, Amie Wunderlich
Absent:	Shawn Burke, Ruth Hardy, Thomas Davis, Matt Prouty, Eric Maguire
Meeting Facilitator and Note Taker:	Rick Hildebrant, MD, Sarah Gregorek

Agenda Item	**Discussion**	**Next Steps**
Approve April 27, 2026, Minutes	Daniel Franklin made a motion to approve the 4/27/2026 minutes, and Tin Tanner seconded, the motion passed unanimously.	
OSAC Process Guidelines Discussion – Lauren Layman	Pursuant to the statute governing OSAC, the committee adopted operating procedures. One of the operating procedures requires the committee to adopt a process for its annual funding review and once you've adopted that process, and you've started your review, you're not permitted to change that process. The Department has drafted a funding process guideline for your review, and you will vote on it at an upcoming meeting. The 2027 Opioid Abatement Special Fund Appropriations Bill, H660, has passed both the House and Senate. The legislature has directed, in fiscal year 2028, unless the program or initiative was previously identified in statute as intended for annual funding, The committee may not accept funding proposals or make funding recommendations for any other initiatives except the following four proposals that the legislature has said are intended for annual funding, they are: 1. outreach workers, 2. syringe service programs, SSPs 3. recovery residences 4. overdose prevention center	

	Those are the areas where the committee may make funding recommendations and review the sustainability plan. This review will need to happen by December, 2026. The other directive from this bill is for the committee to review the outcomes of all previously funded programs and initiatives for FY2029 Funding so that gives us approximately 18 months to review that information.	
Contingency Management Christine Haynes, Howard Center Emily Trutor, and Julia Harrison Vermont Department of Health	Christine Haner is the clinical manager at the Howard Center for the Criminal Justice Program. Beginning in September 2024, the Howard Center launched their first contingency management (CM) program within the treatment courts. The population for treatment courts are all high risk, and there is a high prevalence of stimulant use disorders among that population (80%). CM is a 24-week program where individuals provide two urine analysis (UA) per week and if they're negative for stimulants, we incentivize them with $25 for each negative UA. We started incentivizing attendance for the first 12 weeks of the program, twice a week to our harm reduction group, which has been highly effective in getting participants to engage, come and see us so we can help them remove barriers because most of them are homeless and a majority eventually test negative for stimulants. We had a lot of the participants coming into treatment court from the correctional facility. Ninety percent would not enter treatment court, they would abscond immediately after release, and we would have no contact with them. So, we began a re-entry program, where we meet with the individuals prior to their change of plea, incentivize them to meet after their change of plea, they provide a urine drug screen and then incentivize them again to build a relationship while they're in the facility. Our re-entry process has been successful and the data shows that post-release individuals are engaging more in treatment and moving towards abstinence.	

	The other CM project we are focusing on is transitioning from inpatient into intensive outpatient treatment (IOT). We lose individuals at that point, so I am working with Valley Vista to start that incentive process in their aftercare planning. And then when they come into for IOP we continue that outpatient treatment and start them in the 24-week program. This program has been one of the best evidence-based treatments for stimulant disorder that has had such a positive impact on our clients. Rick Rawson from UVM is currently analyzing the data regarding the individuals from Howard Center on the CM program and will share it with the committee soon. Christine invited a person with lived experience to join the meeting, and he shared his story of how CM helped him with stimulant use disorder. Julia Harrison is the Deputy Director at the Division of Substance Use Programs Contingency Management is a behavioral technique to employ the systematic delivery of positive reinforcements for predetermined goal behaviors. So it's providing tangible items such as gift cards or reloadable debit cards that can be earned for a submission of a stimulant negative urine drug specimen or completion of another goal behavior and these contingency management has been available to the preferred provider network through grant agreements that began in fiscal year 24 so we're nearing the end of our third year implementing this program. Vermont is the first state in the country to fund contingency management with opioid settlement funds. We have 15 providers offering contingency management across 20 locations in the state. There are several different protocols that have been developed to target behaviors regarding stimulant negative urine drug screens, attendance in certain groups or programs. Attendance is the target behavior which evolves into a negative UA. We've had about 750 clients enrolled in contingency management since this program was funded.	

Recovery Residences Outcomes– Emily Trutor	The most recently released legislative report included 145 residences across the state with an additional 10 that opened in Essex through the Vermont Foundation of Recovery. Of that inventory of 155, we currently fund 118. And we fund, so recovery residences are a home-like environments where individuals can reside while they're operationalizing their recovery plan. Individuals enter this space where they come together with mutual agreements as an individual and as a housemate to live under a set of guidelines and expectations and then to actively work through their recovery plan. We utilize a national model that's through the National Alliance of Recovery Residences. We have a Vermont chapter known as VTARR, so the Vermont Alliance of Recovery Residences. We have 29 recovery residences and or SUD transitional housing locations in eight counties. The goal in this program is to ensure individuals with substance use disorder and their families have access to safe, supportive housing while they build the recovery capital and develop sober living skills. What's awesome about the investment from the Opioid Abatement Settlement Committee and the fund itself in partnership with a general fund investment that came as base in FY23, over the last three years, increased the funded capacity by the Department of Health by approximately 50%. They also facilitate the voucher program. Vouchers are financial support when an individual may first enter a recovery home because they may not yet have employment. In addition, we have had two recent reports. One is the assessment of recovery residences and the other is the certified recovery residence exit and transfer data report. See reports within the presentation. New legislation grants authority to the Department of Health to establish and oversee a certification process for recovery residences. It requires the Department of Health to establish data collection standards and reporting requirements for certified recovery residences. Our goal is to get to 400 beds statewide.	See presentation

Outreach and Engagement Services Outcomes – Julia Harrison	We have 26 outreach positions that are funded throughout the preferred provider network. They're meant to increase motivation of and engagement with individuals with substance use disorders, in community settings, such as police barracks, shelter, social service organizations, and elsewhere in the community. This funding was also provided to the preferred provider network through grant agreements that began in fiscal year 24. Based on our reporting for this current fiscal year, which is 10 1/2 months in, so this number is likely to increase as the year goes on, 624 individuals began treatment services because of that direct outreach. Another success is we recently convened the outreach staff peer network. We want to really create peer-to-peer learning opportunities because outreach is being performed in so many different settings. The organizations really can tailor this to meet their community. Workforce remains a challenge, at least seven organizations reported that their outreach position was vacant at some point during this current fiscal year. and recruitment or retention are both areas of challenge. Based on the reports that we've received from providers, they've outreached over 8,000 individuals and they've had over 2,600 contacts with community partners. These positions are both embedded in their communities and working with community partners and working directly with individuals in need of services.	See presentation
Syringe Service Providers (SSP) Outcomes– Emily Trutor	SSPs offer free and anonymous services including syringes, supplies, overdose prevention resources and education, and other services in multiple communities across the state. Clients of SSPs are protected from our state's paraphernalia law. Vermont has outlined guidelines for operating SSPs and needle disposal within the state. For FY27, we're collecting additional sets of metrics in our grant agreements. We'll be working on number of program participants, number of syringes distributed, number of syringes collected, and the number and type of referrals made to participants.	See presentation

	We have a set of seven objectives. The first is to ensure SSPs maintain or exceed a return rate of 95% consistently with participants. We are seeking to work with SSPs to ensure they are collecting disposal and return data per client and by location. We would like to establish a mechanism of accountability for safe syringe disposal among SSP participants. We are going to work to increase community disposal options, increase community knowledge and utilization of safe disposal options. We're looking to further to increase state involvement and oversight of syringe disposal in communities. And then strengthen the community relationships between SSPs and the areas that they serve.	
Public Comment	Kathleen Katt – Oxford House Oxford House currently has been in operation for 51 years. We have 4,300 houses across the country. and 34,000 beds and continuously expanding. I met with the NY OSAC committee in New York, and we have now 8 county contracts through the opioid settlement funds where we have hired outreach staff to open and train on the model. They work within the system of the treatment prevention and recovery system. They provide technical support and assistance to the members of the house, which then eventually the model is self-sustainable. I would like to be considered as a Vermont Recovery Residence and would welcome the opportunity to come back and present. Ed Baker Leaving the meeting feeling very optimistic and hopeful and enthusiastic. I appreciate Doug sharing his personal story and hopefully this will open the door to more people with lived and living experience coming before this committee because it's absolutely crucial.	
Next Meeting	June 22, 2026, 10 - noon	