



DEPARTMENT OF MENTAL HEALTH

FY26 BUDGET

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DEPARTMENT OF MENTAL HEALTH

Mission:

To promote and improve the mental health of Vermonters.

Vision:

Mental Health will be a cornerstone of health in Vermont.

People will live in caring communities with compassion for and a determination to respond effectively and respectfully to the mental health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental health treatment and supports as needed to live, work, learn, and participate fully in their communities.



OVERVIEW AND PARTNERSHIPS

Oversight & Designation

10 Designated Agencies

2 Specialized Service Agencies

6 Designated Hospitals

Operation and Care

Vermont Psychiatric Care Hospital (25 beds)

River Valley Therapeutic Residence (16 beds)

Staff Positions (302)

233 at Care Facilities, 69 at Central Office:

Administrative Support, Business Office & Legal Services

Quality, Research and Statistics Teams

Clinical Care Management Team

Operations, Policy and Planning Team

Child, Adolescent and Family Team

Adult Mental Health Services Team

Suicide Prevention Team

Notable Collaborations

Vermont hospitals, forensic psychiatrist, psychiatric consultation with primary care, law enforcement, courts, other VT state agencies and departments.

Community Partners

Vermont Care Partners, Vermont Federation of Families for Children's Mental Health, Center for Health and Learning,, National Alliance on Mental Illness VT, Pathways, and many others.

MENTAL HEALTH RESIDENTIAL AND CRISIS CAPACITY

Designated Agencies

- Adult Crisis Beds: 38 beds
- Youth Crisis Beds: 18 beds
- Adult Intensive Residential: 42 beds

Designated Hospitals

- Adult – Level 1 involuntary: 57 beds
- Adult – Non-Level 1 (involuntary and voluntary): 128 beds
- Children and Youth: 30 beds

Peer Service Agencies

- Adult Crisis Beds: 2 beds
- Adult Intensive Residential: 5 beds

State Secure Residential

- River Valley Therapeutic Residence: 16 beds

NEW INITIATIVES: CCBHC

CCBHC's 9 Required Services



NEW INITIATIVES: CCBHC

Be an integrated and sustainably-financed model for care delivery

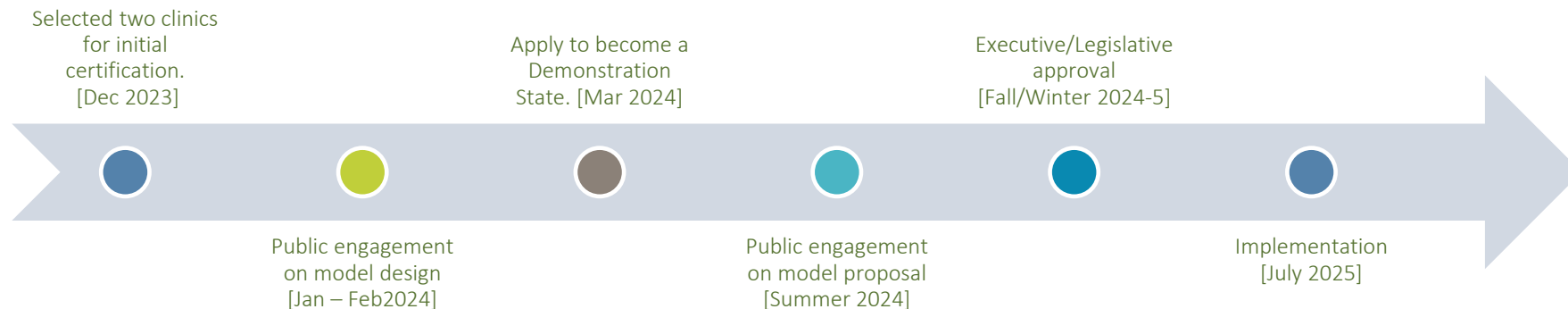
- **Ensure access** to integrated, evidence-based substance use disorder and mental health services, including 24/7 crisis response and medication-assisted treatment (MAT).
- **Meet stringent criteria** regarding timeline of access, quality reporting, staffing and coordination with social services, criminal justice and education systems.
- **Receive flexible funding** to support the real costs of expanding services to fully meet the need for care in their communities.

CCBHCs have dramatically increased access to mental health and substance use disorder treatment, expanded states' capacity to address the overdose crisis and established innovative partnerships with law enforcement, schools and hospitals to improve care, reduce recidivism and prevent hospital readmissions.

Note: In Vermont, we have renamed the program to “Certified Community-Based integrated Health Centers” while retaining the CCBHC acronym for national consistency.

NEW INITIATIVES: CCBHC

- Five Designated Agencies received federal planning grants for \$1 million per year for four years to prepare to become a Certified Community Behavioral Health Clinic (CCBHC). They are:
 - Clara Martin Center [**Preliminary Certification – with a start date of 7/1/2025**]
 - Health Care & Rehabilitation Services of Vermont
 - Howard Center
 - Northeast Kingdom Human Services
 - Rutland Mental Health Services [**Preliminary Certification – with a start date of 7/1/2025**]
- Vermont received a federal planning for \$1 (Mar 2023-Mar 2024) to cover state costs related to implementation.



NEW INITIATIVES: ALTERNATIVES TO EMERGENCY DEPARTMENTS



A Critical Alternative to Emergency Departments

- Provides immediate, community-based mental health support.
- Designed to offer a more appropriate care setting for those in crisis.

A Much-Needed Service in Vermont

- Expanding access to timely, compassionate crisis care.
- Helping individuals receive support before a crisis escalates.

Positive Community & Media Response

- High engagement and support from local communities, providers, and media.
- Recognized as a transformative approach in mental health crisis intervention.

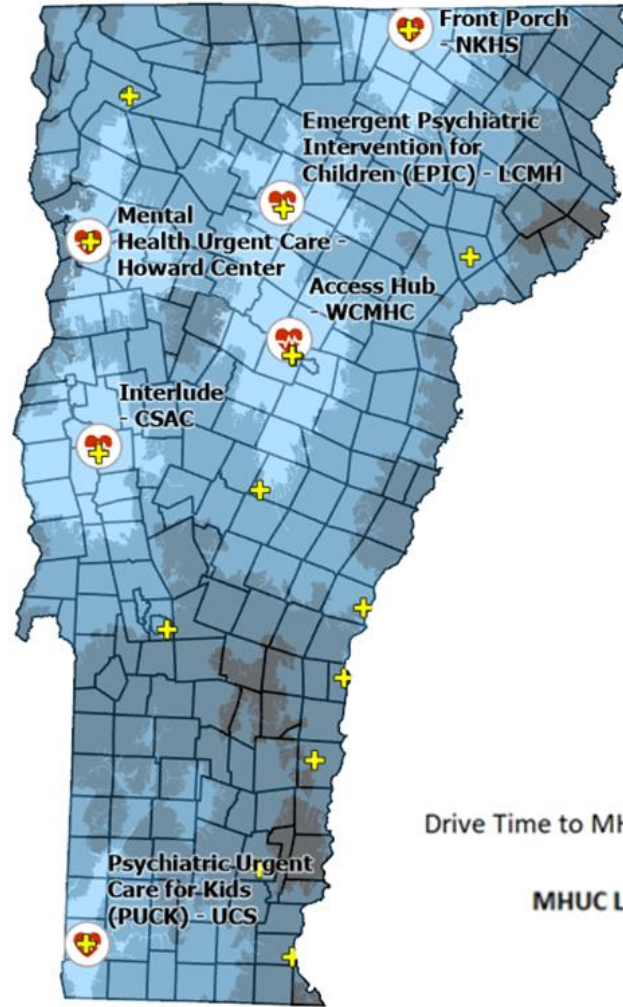
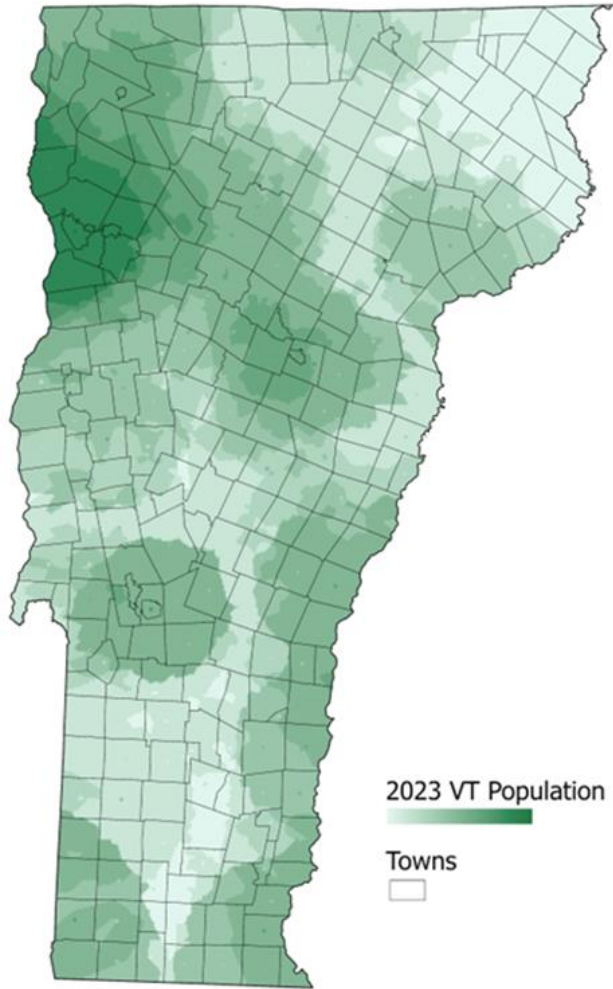
Building a Stronger Mental Health System

- Strengthening Vermont's behavioral health infrastructure.
- Ensuring same-day access to person-centered, and stigma-free care.

ALTERNATIVES TO THE EDs

Program	Ages Served	Address	Hours	Phone Contact
Interlude (CSAC)	Adults 18+	99 Maple Street, Maple Works Complex Suite 16 Middlebury	Monday-Friday, 10am-6pm	(802) 458-8219
Front Porch (NKHS)	All Ages	235 Lakemont Road Newport	24/7/365	(802) 624-4016
Access Hub (WCMHS)	Adults 18+	34 Barre Street Montpelier	Monday-Thursday, 7am-7pm Friday, 7am-4pm	(802) 301-3200
Mental Health Urgent Care (HC)	Adults 18+	1 South Prospect Street, Arnold Building Burlington	Monday-Friday, 9am-5pm	(802) 488-6482
Psychiatric Urgent Care for Kids (UCS)	Youth, Ages 3-18	314 Dewey Street Bennington	Monday-Friday, 8am-5pm Saturday, 9am-12pm	(802) 442-5491
Emergent Psychiatric Intervention for Children (LCMHS)	Youth of all ages	72 Harrel Street Morristown	Monday-Friday, 9am-4pm	(802) 888-5026
Youth Stabilization Program (HCRS)	Youth, Ages 12-18	413 Canal St Brattleboro	Monday-Friday, 9am-5pm	(802) 886-4500
Burlington Crisis Assessment, Response, and Engagement Services (Burlington Police Department)	Ages 6+	Burlington	Monday-Friday, 8:30am-4:30pm	

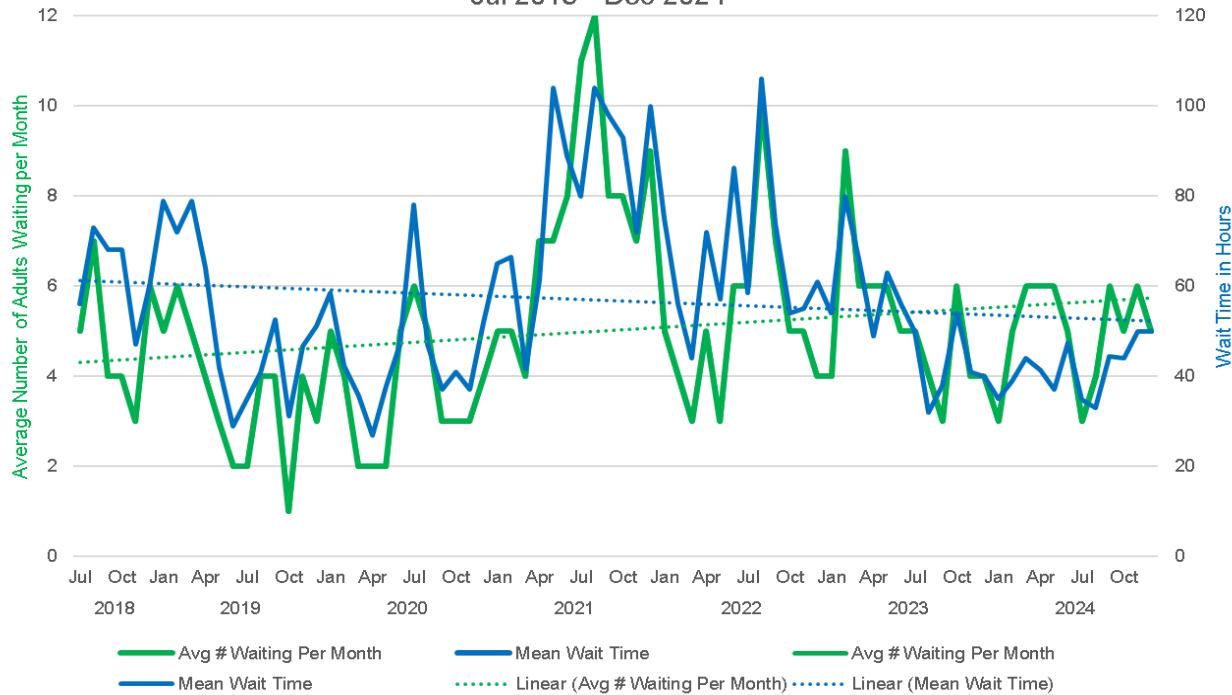
NEW INITIATIVES: ALTERNATIVES TO EMERGENCY DEPARTMENTS



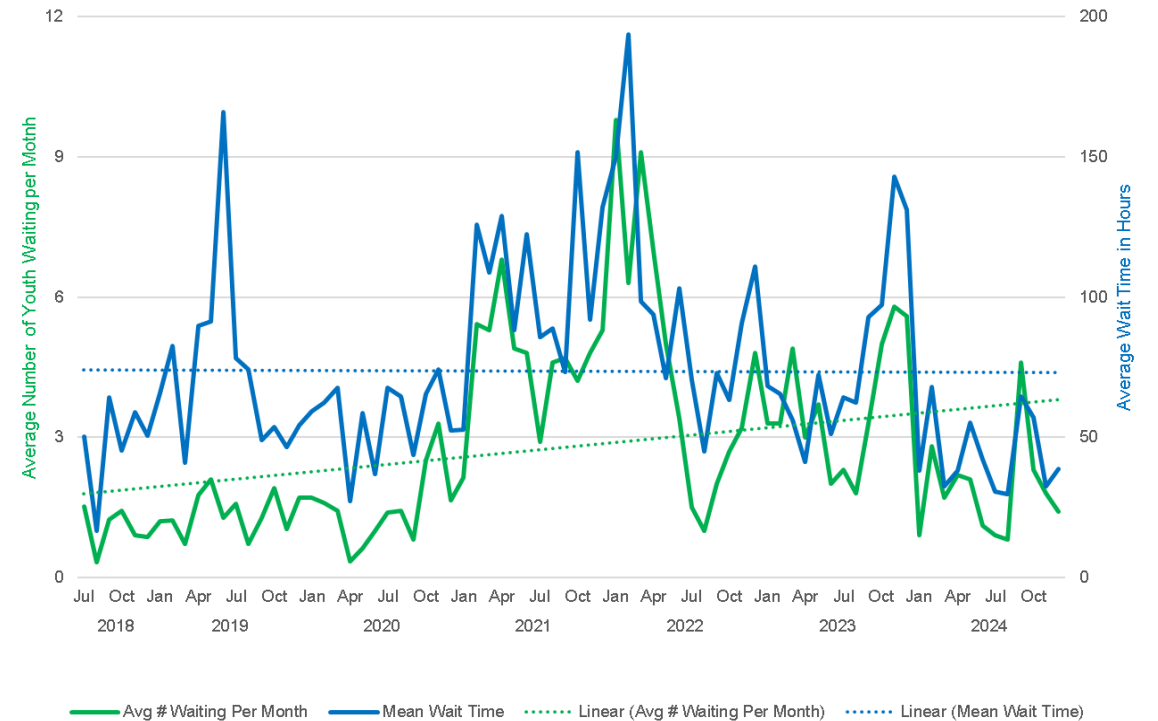
DRIVE-TIME ANALYSIS

PERFORMANCE IMPROVEMENT: HOSPITAL WAIT TIMES

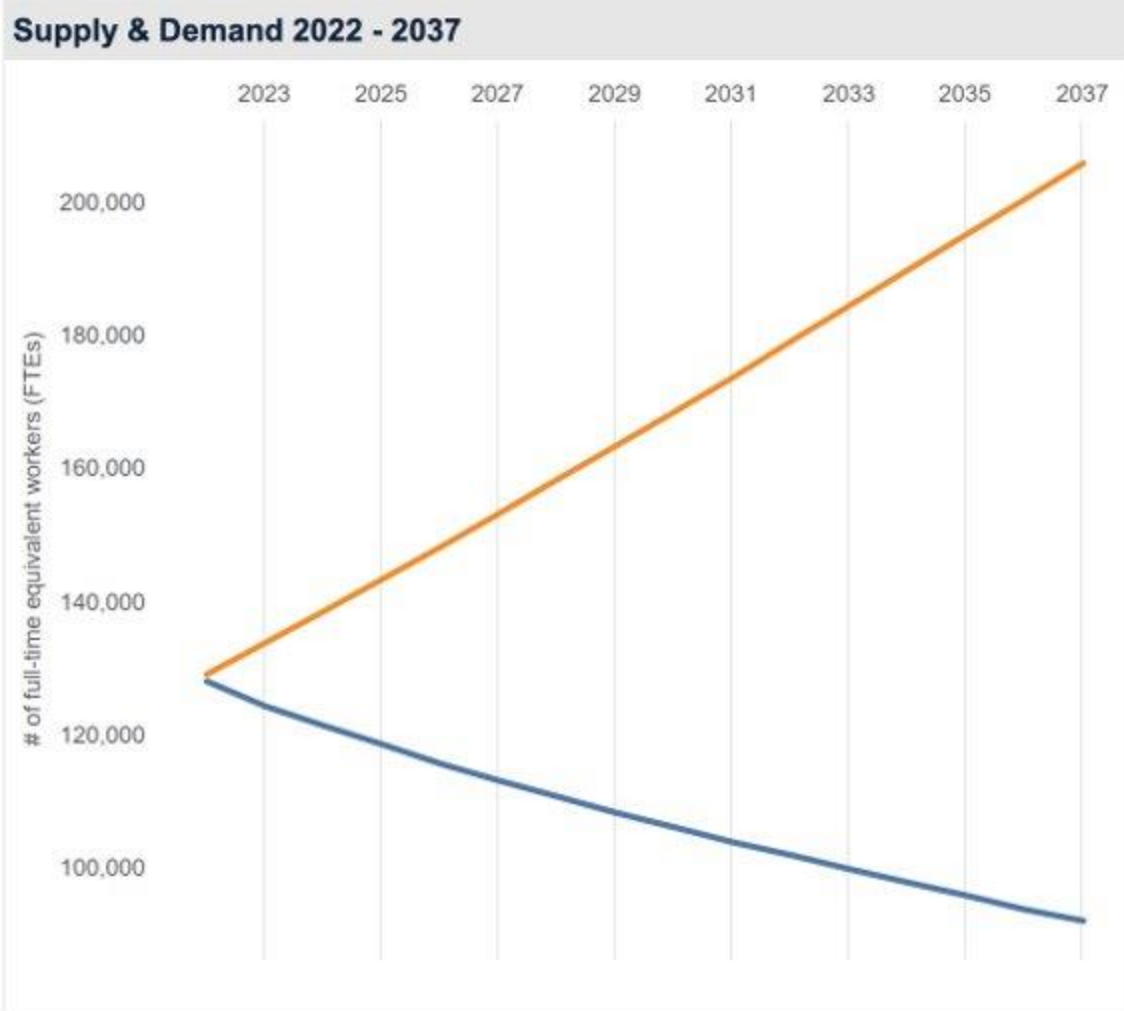
Comparison of Wait Time to Average Numbers of Adults Waiting Inpatient Placement for Adult Emergency Exams, Warrants, and Forensic Observations
Jul 2018 - Dec 2024



Comparison of Average Wait Time to Average Numbers of Youth Waiting Inpatient Placement for Youth Emergency Exams and Medicaid Voluntary and Forensic Observations
Jul 2018 - Dec 2024



Supply
Demand



A NATIONAL MENTAL HEALTH WORKFORCE SHORTAGE

A Widespread Need for Mental Health Providers Across All Levels of Care

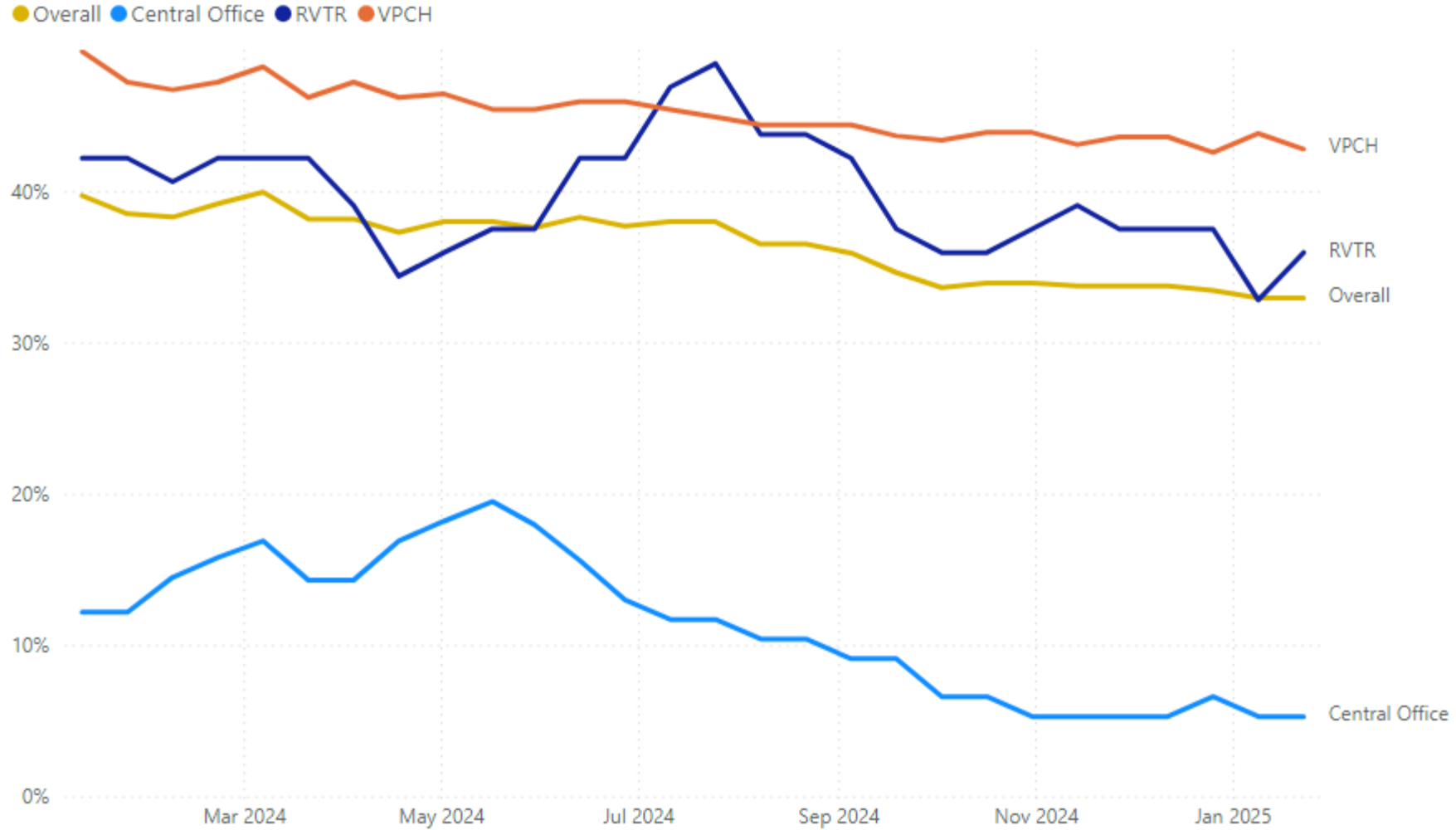
- Nationwide shortages affecting mental health providers at all levels
- **Vermont's Impact:** Shortages seen in **Designated Agencies, private practices, and state facilities.**
- Increased demand for services, but **insufficient workforce to meet needs.**

Source: Department of Health and Human Services, January 2025

<https://data.hrsa.gov/topics/health-workforce/workforce-projections>

CHALLENGES: STAFFING

Vacancy Rate by Location



One Year Ago

39.7% Overall

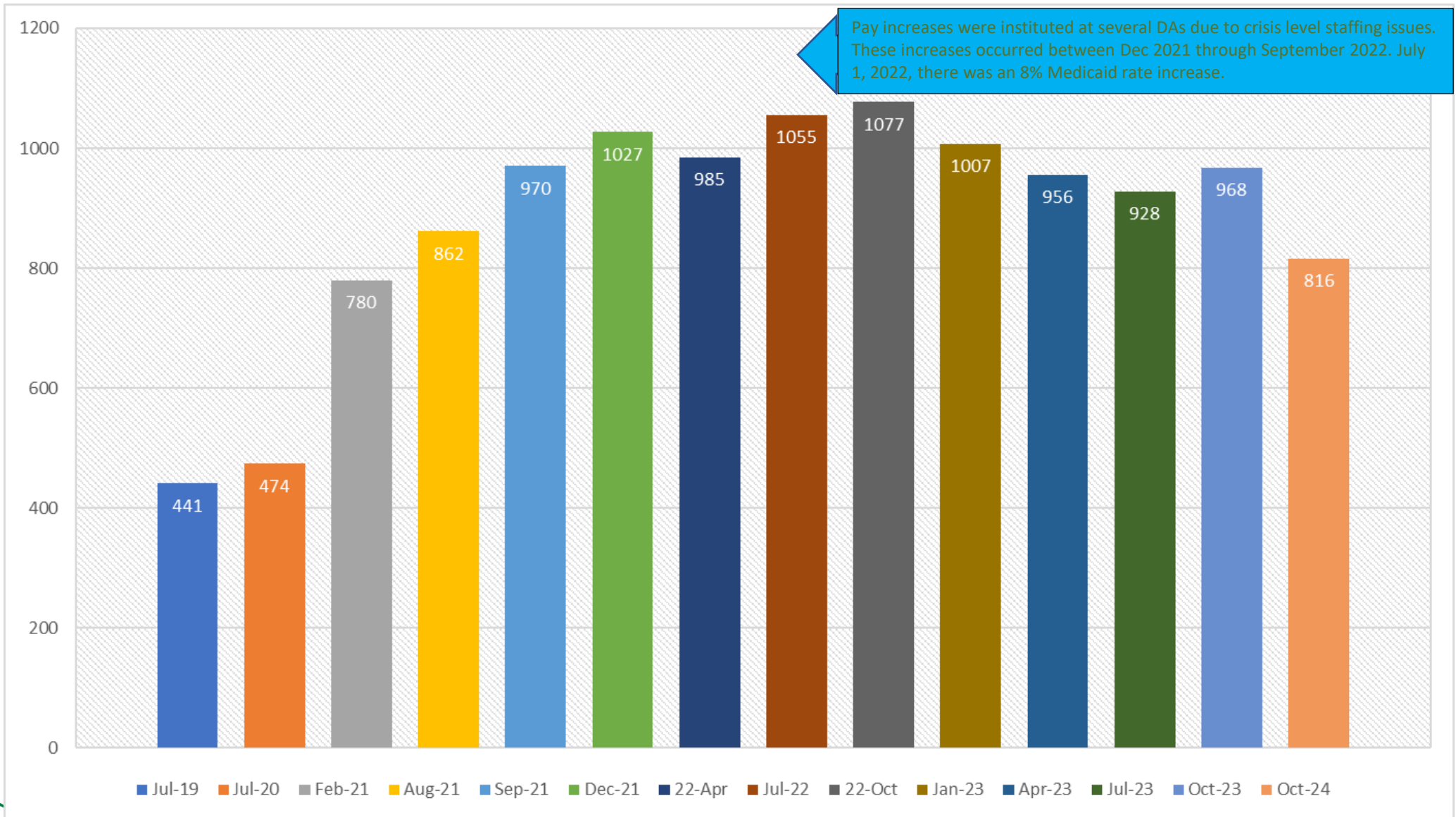
- 42.2% RVTR
- 49.2% VPCH
- 12.2% Central Office

Today

32.9% Overall

- 35.9% RVTR
- 42.8% VPCH
- 5.3% Central Office

DA & SSA: VACANCY NUMBERS



WHAT HAS BEEN DONE TO SUPPORT DA/SSA WORKFORCE?

June 2021 – DA/SSA Workforce Task Force Launched

- Led by DMH with DSU, DOC, DAIL, Vermont Care Partners, and DA/SSA representatives.

Outcome: Developed and implemented an action plan for recruitment and retention.

December 2021 – Immediate Workforce Stabilization Funding

- **\$2M allocated by AHS Secretary’s Office for retention efforts** across the mental health network.
- Submitted **\$15M request to CMS (via increased FMAP for HCBS) for recruitment, training, and infrastructure improvements.**

Outcome: Strengthened workforce support across the mental health network.

2022 Legislative Session – Financial Incentives to Retain & Recruit Providers

- **8% Medicaid rate increase** in the DMH Medicaid budget.
- **Broadened VT Relocation Incentives eligibility** to include mental health and developmental disabilities (MH/DD) professionals.
- **\$1.25M allocated for tuition reimbursement and loan repayment** from COVID State Fiscal Recovery Funds.

Outcome: Direct investment in workforce retention and recruitment. Funds are nearly fully utilized.

WHAT HAS BEEN DONE TO SUPPORT DA/SSA WORKFORCE?

March 2022 – AHS Premium Pay Program

- **\$14.1M allocated** across the DA/SSA system.

Outcome: Direct investment in retention efforts for mental health professionals.

2022-2023 – ARPA Funds for Mental Health Facilities

- **\$4M distributed to improve safety, accessibility, and capacity** in mental health facilities.

Outcome:

- Enhancements in group homes, crisis beds, and intensive residential programs.
- ADA upgrades, HVAC installations, weatherization, bathroom and kitchen improvements.
- Completed in December 2024, improving quality of life for both staff and clients.

2023 Legislative Session – Expanding Financial Support

- **5% Medicaid rate increase** for DA/SSA providers.
- **\$3M investment (matched to \$6.9M)** for workforce retention. By December 2024, \$500,000 distributed; first annual report due February 2025.

2024 Legislative Session – Continued Workforce Investments

- **3% Medicaid rate increase** to further support provider pay rates.

Fall 2024 – Statewide Mental Health Workforce Recruitment Campaign

- **\$550,000 from HCBS FMAP leveraged** by DAIL, DMH, and DSU.



SUMMARY

PROPOSED EXPENSES

BUDGET REQUEST (UPS/DOWNS)

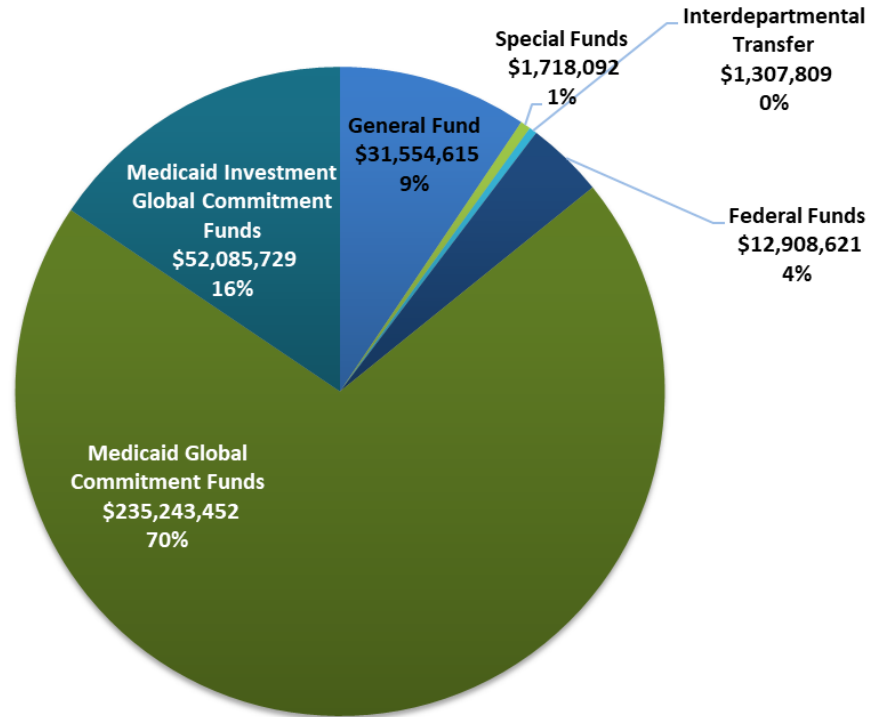
FY26 BUDGET

SUMMARY

FY26

GOVERNOR'S RECOMMENDED BUDGET

\$334,818,318



DMH Budget Ups - Gross: \$7,101,586

- Salary and Fringe (including Shift Differential Increases and Overtime)
- Benefit rate changes, including retirement
- Act 264 Parent Rep Stipends and Training
- Internal Service Fund Changes
- PNMI Budget Pressures for utilization and case mix
- Private Non-Medical Institution (PNMI) rate adjustment
- Additional Federal and Interdepartmental Spending Authority

Budget Initiatives - Gross \$4,104,032

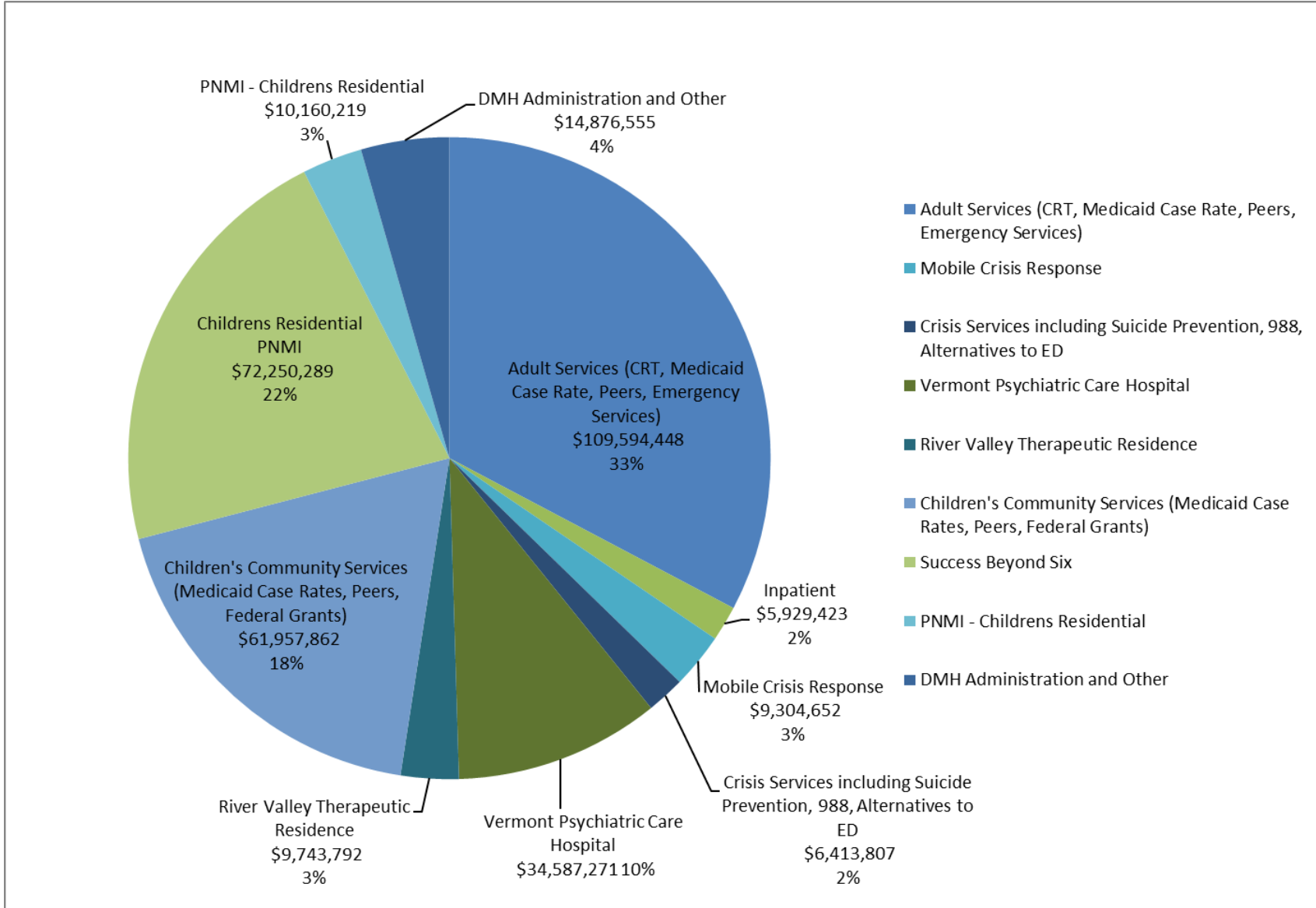
- CCBHC Reimbursement Model for CMC and RMHS
- Alternatives to the Emergency Department (4 regions)

DMH Budget Downs - Gross (\$2,721,523)

- Movement of funding to DVHA to support Northeastern Family Institute (NFI) Hospital Diversion rates
- Howard Center Community Outreach
- Embedded Clinicians in Pediatric Practice



FY26 PROPOSED EXPENSES



BUDGET REQUEST

The Department of Mental Health (DMH) is separating the overall budget into two distinct appropriations. B.314 (3150070000 - DMH Mental Health) is assigned only to DMH central office activities to include all personal services, operating and grant programs. B.315 (3150100000 – DMH Mental Health Facilities) is assigned to the DMH facilities – Vermont Psychiatric Care Hospital (VPCH) and River Valley Therapeutic Community Residence (RVTR). This is being done in an effort to offer transparency into the funding for these two facilities.

Within this presentation, there will be line items transferring funds out of one appropriation into the other.

Expenses associated with Department of Mental Health (DMH) Central Office (B.314)

Personal Services Transfer to Mental Health Facilities Appropriation (B.315)

Gross: (\$38,681,170) General Fund Equivalent: (\$23,103,963)

This funding represents the personal services portion of the budget that will be transferred to Appropriation #3150100000 – DMH Mental Health Facilities.

BUDGET REQUEST (CONT'D)

Salary and Fringe Increases for DMH Central Office

Gross: \$1,039,213 General Fund Equivalent: \$387,407

This is the annualization of the FY25 salary and fringe increases for DMH Central Office.

Salary & Wages - \$483,275

Health Insurance – \$254,593

Retirement – \$253,792

Other Payroll Fringe Benefits - \$37,151

VT Family & Medical Leave Insurance Premium – \$2,056

Child Care Contribution - \$8,346

Internal Service Fund – Workers Compensation

Gross: **(\$5,336)** General Fund Equivalent: **(\$13,608)**

This is the fund adjustment from GC to GF for Workers Compensation Insurance.

BUDGET REQUEST (CONT'D)

Other Personal Services

Gross: (\$237,266) General Fund Equivalent: (\$118,633)

In FY 24, DMH requested funding to add four (4) Mobile Crisis positions. These costs were allocated under “Other Personal Services”, however, in the FY 25 budget cycle two of the positions had not been assigned position numbers. These two positions have been assigned and are now included in the base budget increases indicated in the salary and fringe line items outlined above.

Act 264 Board Stipends and Parent Representation

Gross: \$150,000 General Fund Equivalent: \$110,000

Beginning in July 2022, the Department of Mental Health (DMH) began paying for parent representation as mandated by Act 264. This was previously funded through the Mental Health Block Grant and as general fund through a separate grant agreement.

Over the last year and a half, DMH oversaw parent representatives, offering support and training and paying stipends for attendance at meetings. We used those invoices to determine how much we were spending so we could put out a Request for Grant Award (RFGA) for one vendor to pay parent representatives, offer training and support, and report to the State Interagency Team on these statutorily mandated activities under Act 264. This request is to cover the cost of all of the activities under this agreement.

DMH worked with agency departments to collaborate on these activities and offer some funding to support them. That is why a portion of this request is interdepartmental funds.

BUDGET REQUEST (CONT'D)

Operating Expenses:

Operating Expense Transfer to Mental Health Facilities Appropriation (B.315)

Gross: (\$3,306,308) General Fund Equivalent: (\$1,501,079)

This funding represents the operating expense portion of the budget that will be transferred to Appropriation #3150100000 – DMH Mental Health Facilities.

Operating Expenses include things such a fee for space, insurance expenses, travel, office and other supplies, etc.

Internal Service Fund Charges

Gross: \$167,509 General Fund Equivalent: \$88,344

515010: Fee-for-Space Charge - \$106,710

516000: Insurance Other Than Employee Benefits – (\$4)

516010: Insurance - General Liability – (\$1,132)

516671: VISION/ISD - \$31,903

516685: ADS Allocated Charge - \$37,706

519006: Human Resources Services – (\$7,674)

This represents the cost changes for internal service fund charges.

BUDGET REQUEST (CONT'D)

Technical Correction – Operating Fund Sources: \$0

Gross: \$0 General Fund Equivalent: \$53,262

This is a technical correction to DMH fund sources to better align with how we earn our funding. These expenses are funded with multiple fund sources, such as General Fund, Federal Funds and Global Commitment Investments. After reviewing the DMH cost allocation and some of the expenditures, we discovered that the mix of funding was not accurate.

516662 Agency of Digital Services (ADS) End User Computing Exp

Gross: \$40,829 General Fund Equivalent: \$19,400

This is funding to account for increased cost of ADS End User expenses. This expense line is associated with ADS staff time, which has had increased expenses over the last couple of years.

BUDGET REQUEST (CONT'D)

Transfer to Department for Children and Families (DCF) - Child Development Division (CDD) Children's Integrated Services (CIS) funds for Northwest Counseling Support Services (NCSS) (AHS net-neutral)

Gross: (\$846,817) General Fund Equivalent:

In 2015, the CDD division of DCF transferred CIS funds to DMH for the Integrating Family Services (IFS) program at NCSS to cover mental health services for children. This funding and program are being moved back to DCF as a net neutral transfer.

There is no service impact, this aligned payment streams with dept who oversee the programmatic work given that payment evolution has shifted from the IFS payments to implementation of CCBHCs. In this instance, Children's Integrated Services was in the IFS grants and the funds were shifted back to CDD as they oversee all other CIS funds in the state.

Transfer to Department for Children and Families (DCF) Funded Developmental Services (DS) Waiver Children for Northwest Counseling Support Services (NCSS) (AHS net-neutral)

Gross: (\$435,988) General Fund Equivalent:

In 2015, DCF transferred funds to DMH for the Integrating Family Services (IFS) program at NCSS to cover mental health services for DS Waiver children. This funding and program are being moved back to DCF as a net neutral transfer.

As stated above, there is not impact to services, rather this is aligning payment streams with the department who oversees the programmatic work due to the implementation of CCBHC.

Transfer to DCF - CDD funds for Addison County Parent Child Center(APCC) (AHS net-neutral)

Gross: (\$739,896) General Fund Equivalent:

In 2015, DCF transferred funds to DMH for the Integrating Family Services (IFS) program at Addison County Parent Child Center This funding program are being moved back to DCF as a net neutral transfer. DCF oversees all of the Parent Child Centers and the services that they provide. This will have no impact to services.

BUDGET REQUEST (CONT'D)

CCBHC:

In May 2024, Vermont was selected by the federal government as one of ten states to participate in the Certified Community Behavioral Health Clinic (CCBHC) demonstration, now named Certified Community-based Integrated Health Centers, which will run from July 1, 2025, to June 30, 2029. This initiative is aimed at transforming how mental health and substance use disorder care is delivered, providing an integrated model for substance use and mental health services. CCBHCs are specially certified clinics that are required to deliver nine essential services, including 24-hour crisis intervention, evidence-based treatment, and coordinated care. To meet these goals, CCBHCs must adhere to stringent standards for timely access to care, quality reporting, staffing, and service coordination.

As part of this demonstration, AHS has set a strategic goal to transition two of the state's Designated Agencies (DA) to the CCBHC model by July 2025 and all ten by January 2028. This transition will enable the state to leverage enhanced Federal Medical Assistance Percentages (FMAP) funding. The enhanced FMAP is equivalent to the State's CHIP rate (71.17%).

Transfer from Vermont Department of Health (VDH) for Substance Use (SUD) services in Certified Community-Based Integrated Health Center (CCBHC) (AHS net-neutral)

Gross: \$594,020

Because CCBHC is a co-occurring payment model, the Department of Health will transfer associated cost to DMH as a net neutral transfer.

CCBHC Rate Adjustment for Clara Martin Center (CMC) and Rutland Mental Health Services (RMHS)

Gross: \$2,643,779

This is the cost associated with these two entities becoming CCBHCs beginning July 1, 2025.

BUDGET REQUEST (CONT'D)

Federal Spending Authority

Gross: \$1,128,903 General Fund Equivalent: \$0

When DMH applies for and receives federal grants, we must request permission from JFO and the Governor's office through the AA-1 process prior to accepting the award. Because DMH has received more federal awards in recent years, we are requesting the additional spending authority in our budget for those grants that have been approved through the AA-1 process.

Some examples of federal grants where we have received new or increased funding are:

- Mental Health Block Grant (COVID and ARPA Supplemental)
- Pediatric Mental Health Care Access New Area Expansion (PMHCA)
- Project Aware

Inter-Departmental Spending Authority

Gross: \$472,219 General Fund Equivalent: \$0

DMH has had more interdepartmental collaborations requiring Memorandums of Understandings (MOU) over the past number of years creating the need for more Interdepartmental Transfer (IDT) fund spending authority each year. Adding these funds to the base budget will allow DMH the needed spending authority in the base budget, thus minimizing the need for Excess Receipts Requests.

Some examples of MOUs are:

- Preschool Development Grant Birth through Five (PDG) Award with DCF
- Health Resources and Services Administration (HRSA) Grant through VDH
- Parent Rep Stipends

Inter-Departmental Spending Authority for Responsible Gaming (Department of Liquor and Lottery (DLL) MOU)

Gross: \$500,000 General Fund Equivalent: \$0

DMH has an interdepartmental agreement with DLL to develop and run a problem gambling program.

BUDGET REQUEST (CONT'D)

Private Non-Medical Institutions (PNMI) Budget Pressure

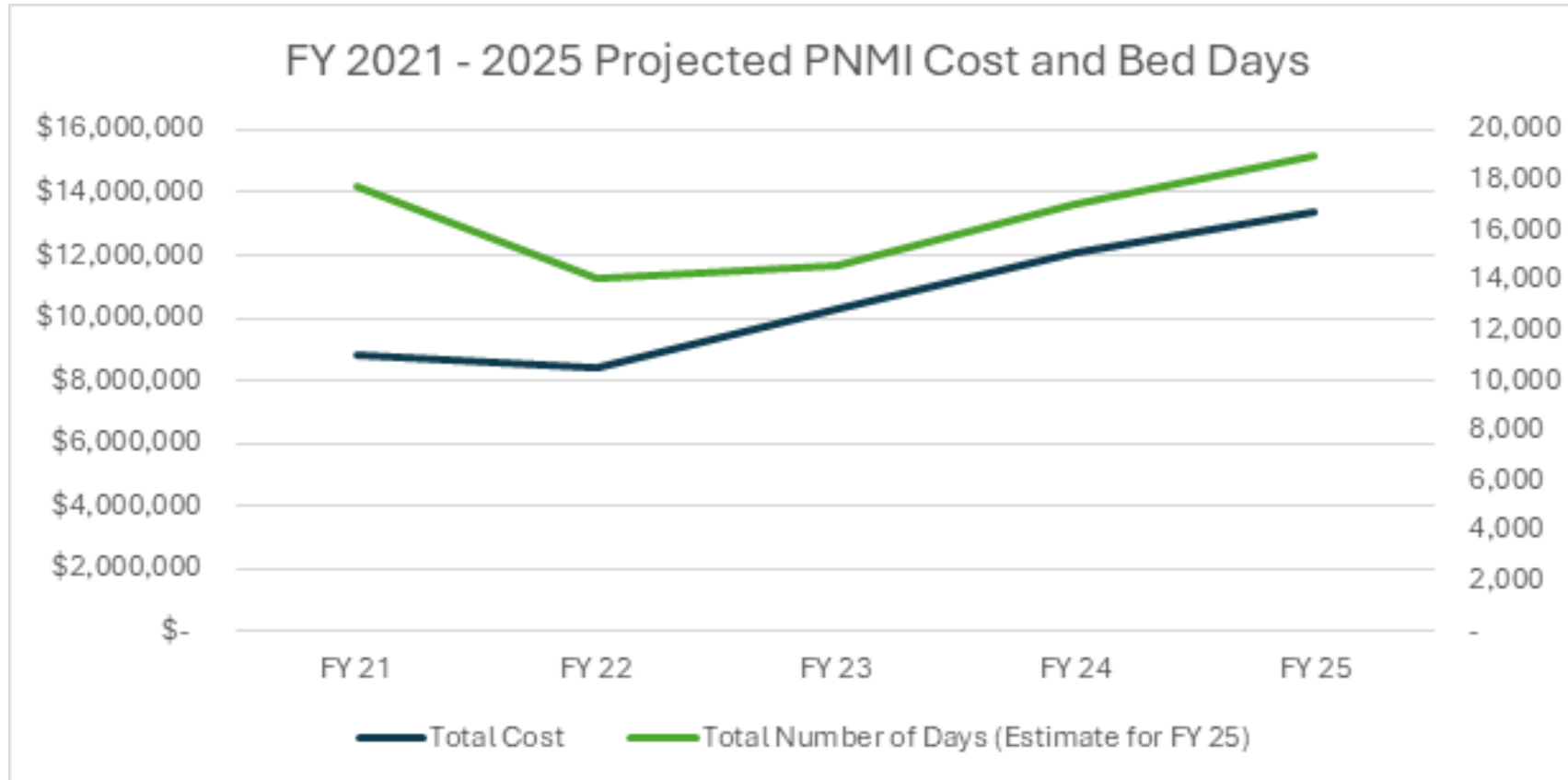
Gross: \$822,304 General Fund Equivalent: \$563,132

The State of Vermont funds a network of treatment facilities for children and adolescents with emotional behavior and other challenges through Private Nonmedical Institutions (PNMI) for Residential Child Care, part of the State's Medicaid program. The facilities provide treatment for children and adolescents and families which is designed to build on their strengths and return children to their homes and communities whenever possible and appropriate.

DMH is projecting a budget pressure for PNMI due to the utilization and mix of placements in and out of state, for Vermont's most vulnerable youth population. In addition, some of this increase is due to the rate setting process outlined in the PNMI rules. For FY 25, DMH received additional funding to cover the projected cost of these changes which includes inflationary increases.

(This also takes into consideration some offset cost due to the PRTF being online during the second half of FY 25.)

BUDGET REQUEST (CONT'D)



BUDGET REQUEST (CONT'D)

Private Non-Medical Institutions (PNMI) inflationary increase

Gross: \$309,448 General Fund Equivalent: \$147,198

This is the annual inflationary increase for PNMI facilities as calculated by the Division of Rate Setting. The rates are set annually for the in-state facilities by the Department of Vermont Health Access (DVHA) as required by rule, and were amended effective FY 24 to include an annual inflationary adjustment.

Pathways Vermont convert GF to GC for funding

Gross: \$370,179 General Fund Equivalent: **(\$2,726)**

During the FY 22 budget session, DMH received general fund for Pathways to begin providing services to individuals in the Bennington region. During FY 22 and a portion of FY 23, Pathways required general fund to implement this program, however, a portion of this is now part of the mental health case rate. DMH is converting general funds to global commitment funds sustain Soteria, Warm Line, Community Center along with other consumer support and peer programs.

Howard Center Community Outreach

Gross: **(\$160,000)** General Fund Equivalent: **(\$160,000)**

The proposal seeks to begin integrating existing outreach programs into the statewide enhanced mobile crisis program launched by the Department of Mental Health (DMH) on January 1, 2024. The enhanced mobile crisis program, designed to provide timely, in-person support to individuals experiencing emotional, mental health, or substance use crises, offers 24/7 access to a 2-person crisis response team dispatched through a centralized, easily accessible number (9-8-8).

DMH does not anticipate an impact to the community, as these staff will be transitioned to the Mobile Crisis Response team. For FY24: 1494 phone calls out of 2256 contacts. 66% of all contacts are phone calls.

Embedded clinicians in pediatric offices Howard Center (HC) and Northeast Kingdom Human Services (NKHS)

Gross: **(\$538,822)** General Fund Equivalent: **(\$269,411)**

This program is to fund one position each at NKHS and HC, and are funded with Medicaid Admin (50% General Fund, 50% Federal Funds). NKHS has been vacant since 2020. Furthermore, AHS has advanced other statewide resources to address the need for support in pediatric offices, such as through the *Vermont Consultation and Psychiatry Access Program, Blueprint for Health, and billable service*.

DMH does not anticipate an impact to the community.

BUDGET REQUEST (CONT'D)

Shared Living Providers No Longer GC Eligible

Gross: \$0 General Fund Equivalent: \$174,173

The waiver covering services to individuals with Serious Mental Illness (in Vermont, we refer to this as the Community Rehabilitation and Treatment, or CRT, program) will have services are moving to the State Plan Amendment effective 7/1/25. All services rendered will need to be rehabilitative. This change is required by the federal government, under a Corrective Action Plan, to either move the services to the State Plan or come into compliance with Conflict Free Case Management rules. The State Plan services must be rehabilitative and recovery focused. Habilitative services like shared living providers cannot be paid for within the mental health State Plan Amendment.

There are currently four (4) Designated Agencies that have Shared Living Providers to care for eight (8) long term CRT individuals. Because this service is no longer authorized under the 1115 Waiver due to CMS regulations around conflict free case management, this cost must move to State General Fund.

Alternatives to Emergency Departments

Gross: \$866,233 General Fund Equivalent: \$356,801

DMH currently utilizes HCBS FMAP dollars to support a variety of Alternatives to Emergency-Departments, otherwise known as Mental health urgent care, statewide. HCBS FMAP dollars expire March 2026 This funding supports the last quarter of FY26 and will remain in our base to partially support future iterations of the MH urgent care programs. Each urgent care proposed an ongoing sustainability plan for us to consider for future state which may include a regional approach and be rolled into the CCBHC rate. This funding supports ¼ of the cost for the following programs:

Washington County Mental Health (WCMH) Access Hub

Counseling Services of Addison County (CSAC) – Interlude

United Counseling Services (UCS) – PUCK

Health Care and Rehabilitation Services (HCRS) YSP

BUDGET REQUEST (CONT'D)

Section B.315, Mental Health Facilities Appropriation

Personal Services Transfer to Mental Health Facilities Appropriation (B.315)

Gross: \$38,681,170 General Fund Equivalent: \$23,103,963

This funding represents the personal services portion of the budget that will be transferred from Appropriation #315070000 – DMH Mental Health.

Salary and Fringe Increases

Gross: \$2,298,155 General Fund Equivalent: \$3,899,882

This is the annualization of the FY25 salary and fringe increases for the two facilities under this appropriation. The General Fund (GF) Equivalent is higher than the overall increase because of the Institution for Mental Disease (IMD) phase down and moving cost from Global Commitment GC to GF.

The Agency of Human Services (AHS) was required by the Centers for Medicare & Medicaid Services (CMS) in Vermont's Global Commitment of Health 1115 Demonstration Waiver to phase down the use of Medicaid through calendar year 2029.

Salary & Wages - \$950,302

Health Insurance – \$594,271

Retirement – \$649,176

Other Payroll Fringe Benefits - \$81,974

VT Family & Medical Leave Insurance Premium – \$3,308

Child Care Contribution - \$19,124

BUDGET REQUEST (CONT'D)

Internal Service Fund – Workers Compensation

Gross: **(\$50,321)** General Fund Equivalent: **(\$31,326)**

This is the fund adjustment for Workers Compensation Insurance.

508000 Vacancy Turnover Savings

Gross: \$8,113 General Fund Equivalent: \$140,726

This is an adjustment to Vacancy Savings.

Operating Expenses:

Operating Expense Transfer to Mental Health Facilities Appropriation (B.315)

Gross: \$3,306,308 General Fund Equivalent: \$1,501,079

This funding represents the operating expense portion of the budget that will be transferred from Appropriation #315070000 – DMH Mental Health Facilities.

Internal Service Fund Charges

Gross: \$87,638 General Fund Equivalent: (\$25,534)

515010: Fee-for-Space Charge - \$91,613

516000: Insurance Other Than Employee Benefits – **(\$8)**

516010: Insurance - General Liability – **(\$3,967)**

516671: VISION/ISD

516685: ADS Allocated Charge

519006: Human Resources Services

These are internal fund service charge changes for the two facilities (VPCH and RVTR)



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