



Vermont Care Partners FY27 Budget Request

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VCP network agencies specialize in providing mental health, substance use, and developmental disability services and supports in your community.

Vermont Care Partners

A statewide network of 16 agencies providing essential mental health, substance use, and developmental disability services to people in their homes and communities.

40,141



PEOPLE
SERVED

5,260



PEOPLE
SERVED DAILY

3,720,602

SERVICES
PROVIDED

≈14,000/DAY

5,002



DA/SSA STAFF

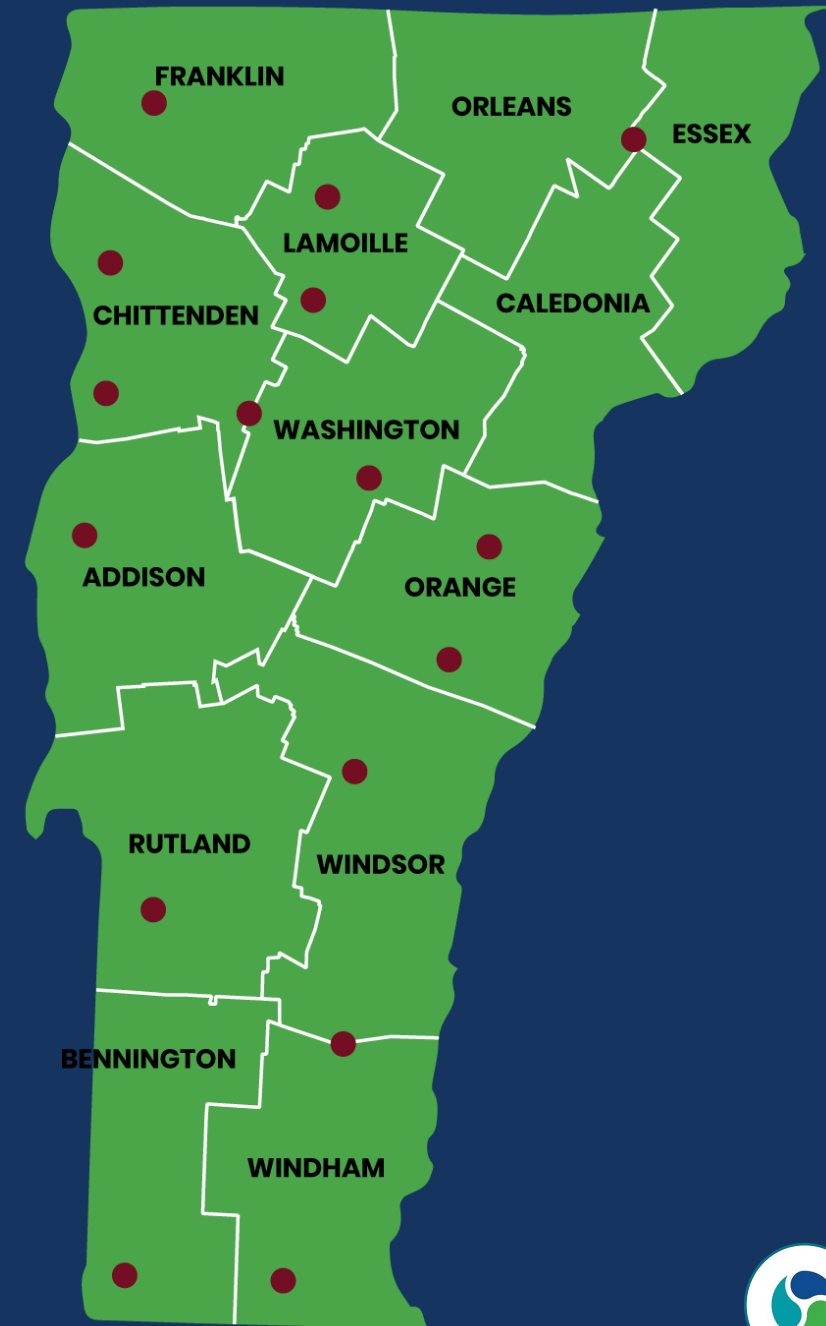
64%



SERVICES
PROVIDED IN THE
HOME/COMMUNITY



- Champlain Community Services (CCS)
- Clara Martin Center (CMC)
- Counseling Service of Addison County (CSAC)
- Families First in Southern Vermont (FFSV)
- Green Mountain Support Services (GMSS)
- Health Care and Rehabilitation Services (HCRS)
- Howard Center (HC)
- Lamoille County Mental Health Services (LCMHS)
- Lincoln Street, Inc. (LSI)
- NFI Vermont, Inc. (NFI)
- Northeast Kingdom Human Services (NKHS)
- Northwestern Counseling & Support Services (NCSS)
- Rutland Mental Health Services (RMHS)
- United Counseling Service of Bennington County (UCS)
- Upper Valley Services (UVS)
- Washington County Mental Health Services (WCMHS)



NE CPI vs AHS DA/SSA Inflationary Increases					
	CPI Calendar year	Inflationary Appropriation, DMH/DAIL	Variance bet/ DMH,DAIL and CPI	Inflationary Appropriation, DSU	Variance bet/ DSU and CPI
FY08	5.00%	4.00%	-1.00%	0.00%	-5.0%
FY09	-1.17%	-1.25%	-0.08%	0.00%	1.2%
FY10	1.70%	0.00%	-1.70%	0.00%	-1.7%
FY11	3.36%	-2.00%	-5.36%	0.00%	-3.4%
FY12	1.45%	-2.50%	-3.95%	0.00%	-1.5%
FY13	1.55%	0.00%	-1.55%	0.00%	-1.5%
FY14	1.90%	3.00%	1.10%	1.50%	-0.4%
FY 15	0.00%	0.22%	0.22%	0.20%	0.2%
FY 16	0.80%	0.48%	-0.32%	0.00%	-0.8%
FY 17	1.50%	2.00%	0.50%	0.20%	-1.3%
FY 18	2.60%	2.10%	-0.50%	0.00%	-2.6%
FY 19	1.60%	3.80%	2.20%	0.00%	-1.6%
FY 20	1.60%	2.29%	0.69%	0.00%	-1.6%
FY 21	3.92%	0.00%	-3.92%	0.00%	-3.9%
FY 22	6.97%	3.00%	-3.97%	3.00%	-4.0%
FY 23	3.45%	8.00%	4.55%	5.00%	1.6%
FY 24	3.38%	5.00%	1.62%	4.25%	0.9%
FY 25	3.16%	3.00%	-0.16%	3.00%	-0.2%
FY 26	3.00%	2.00%	-1.00%	0.00%	-3.0%
Cummulative	45.77%	33.14%	-12.63%	17.15%	-28.62%

CPI – Consumer Price Index

DSU – Department of Substance Use

DMH – Department of Mental Health

DAIL – Department of Disability, Aging, and Independent Living



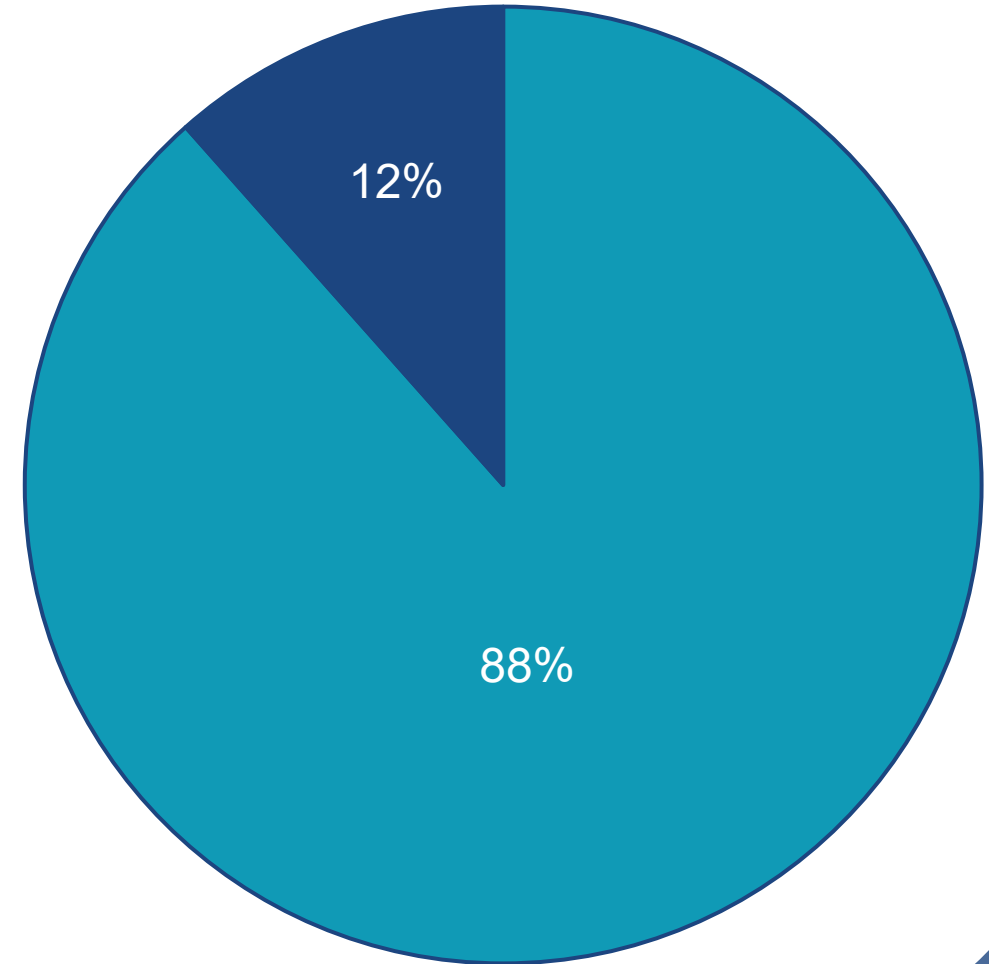
VCP Revenue Mix

88% State Funds Include:

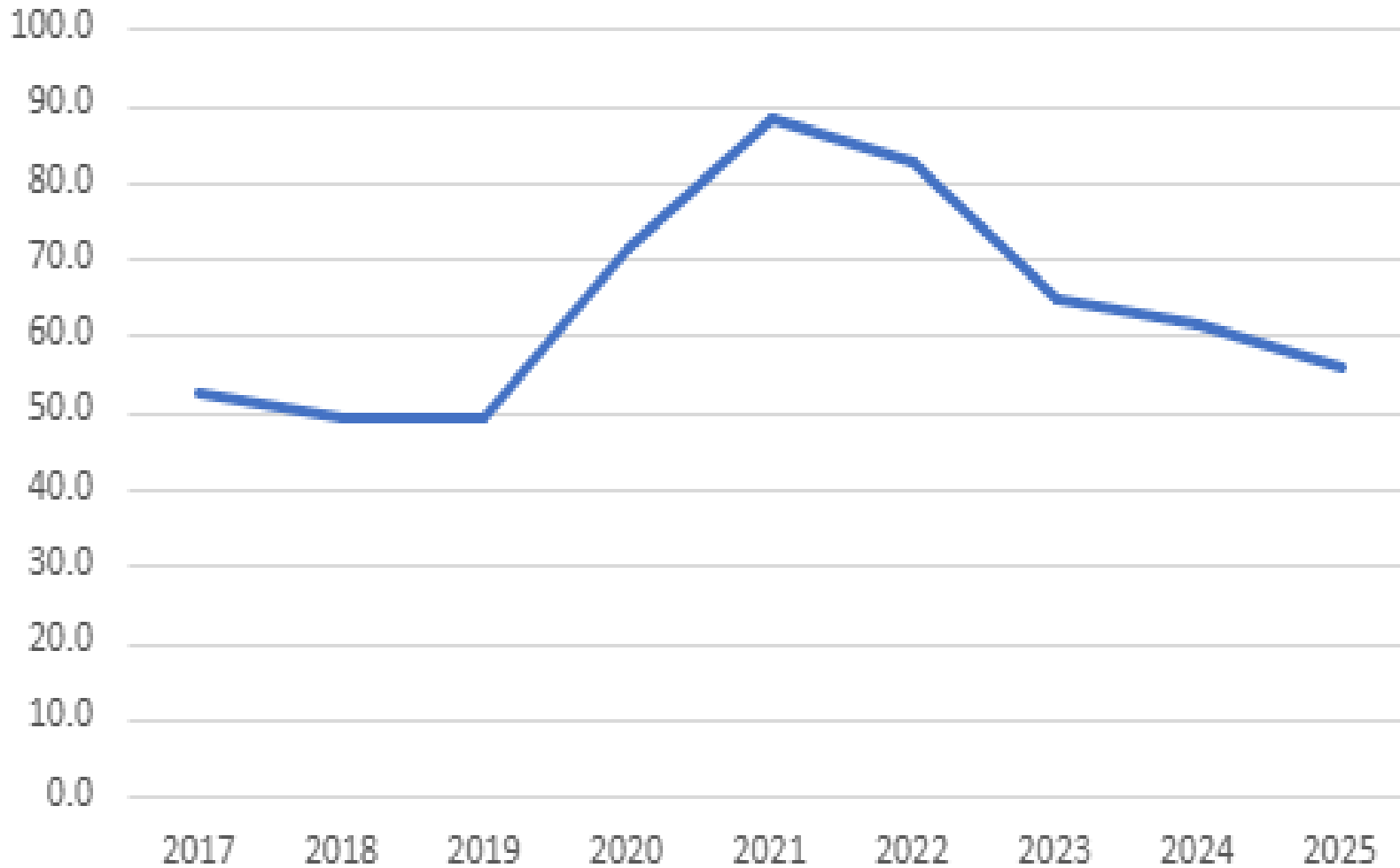
- DS Waiver - 46.86%
- Federal Match, School Revenue, and Success Beyond Six - 35.11%
- State Grants & Contracts - 6.48%

12% Non-State Funds Include:

- First Party (Client Fees) - .68%
- Third Party - 1.11%
- Non-Medicaid Services - 4.27%
- Federal Grants/Contracts - 1.44%
- Local & Other - 4.04%



DA/SSA System Days Cash



Key Benchmarks for Community Mental Health Centers

Target (Healthy): 90–180 days (3–6 months) of operating expenses.

Minimum (Vulnerable): Below 60–90 days is often considered risky, especially for organizations reliant on state, grant, or Medicaid funding.

Ideal (Robust): 180+ days allows for significant investment in infrastructure, new programs, or handling major, unexpected revenue disruptions.



Arch Program – Howard	\$496,938
Nursing @ Kirby House – WCMHS	\$74,464
Community Outreach – Howard	\$160,000
TBI Waiver – DMH Only	\$339,900
Eldercare – Network	\$349,763
Reach Up - Network	\$1,508,912
DA Special Services - NCSS	\$7,424
CSIP (Outpatient for Justice Involved Individuals) WCMHS	\$195,581
Safe Haven - Clara Martin	\$136,830
First Call & Milton Primary Care Clinician – Howard	\$42,000
Youth in Transition - Network	\$183,563
Team Two - VCP	\$109,671

**FY27
Budget
Cuts –
\$3.6M**



Where Are We Now?

System Reform & Transformation

CCBHC

Conflict of
Interest Free
Case Mgmt.

Crisis
Continuum

AHS
Transformation
/RHTP

DS Payment
Reform

Federal
Changes

PIP/Crisis
Bed Shifts

Tier 3/Tier 4
Residential



Budget Request Overview

3.5% inflationary increase is needed to work toward stability of our system of care - \$5.8M in General Fund dollars.

The Drivers Behind This Request

As the state implements new payment models for services, other critical programs remain funded through base appropriations that do not automatically adjust for inflation. This creates a growing gap: some services are updated to reflect rising costs, while others must absorb those same pressures without adjustment.

More than 80% of provider budgets are personnel costs, meaning inflation directly affects the ability to hire and retain the staff needed to deliver care.

Key Pressures on the System:

- Rising wages and benefits across the healthcare and human services workforce
- Escalating operating costs, including health insurance, utilities, transportation, and technology
- Workforce competition with hospitals, schools, and private employers
- Increasing service demand and complexity, without corresponding base funding growth
- Programs outside recent payment reforms have no mechanism to absorb these costs without cutting staff or services



CCBHC Progress

Outpatient MH
and SU
Services

Targeted Case
Management

Screening,
Assessment,
and Diagnosis

Person and
Family Centered
Treatment
Planning

Peer Support
and Family &
Caregiver
Supports

Psychiatric
Rehab
Services

Crisis
Services

Integrated
Services for
Uniformed
Service
Members and
Veterans

Primary Care
Screening &
Monitoring

Cohort 1 – Started July 1, 2025

- Rutland Mental Health Services
- Clara Martin Center

Cohort 2 – Starting July 1, 2026

- Northwestern Counseling & Support Services
- Washington Country Mental Health Services
- HCRS
- Howard Center
- Northeast Kingdom Human Services

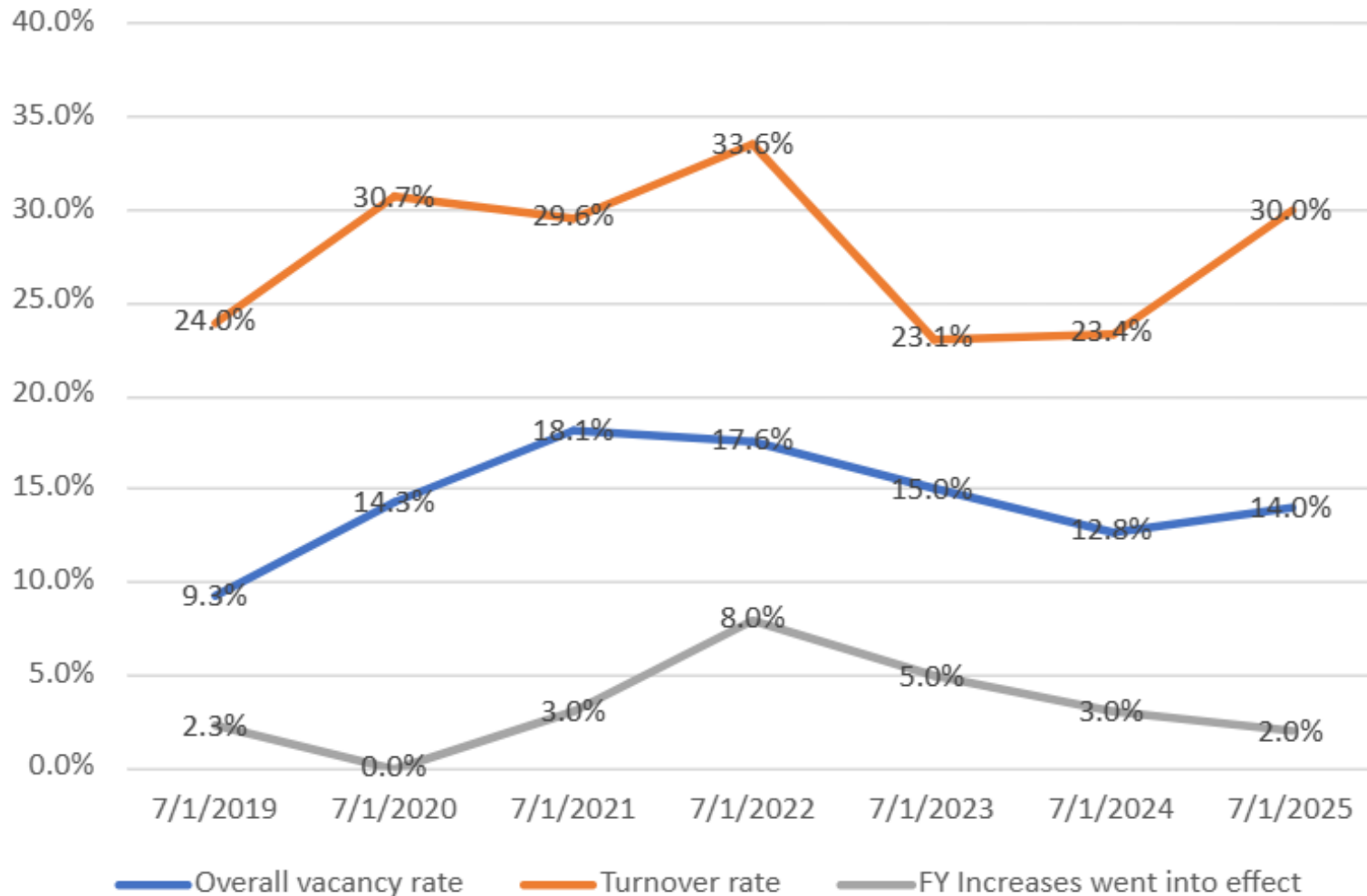
Cohort 3 – TBD

- Lamoille County Mental Health Services
- United Counseling Service
- Counseling Services of Addison County



Vacancy & Turnover

VCP Agency Turnover & Vacancy Data



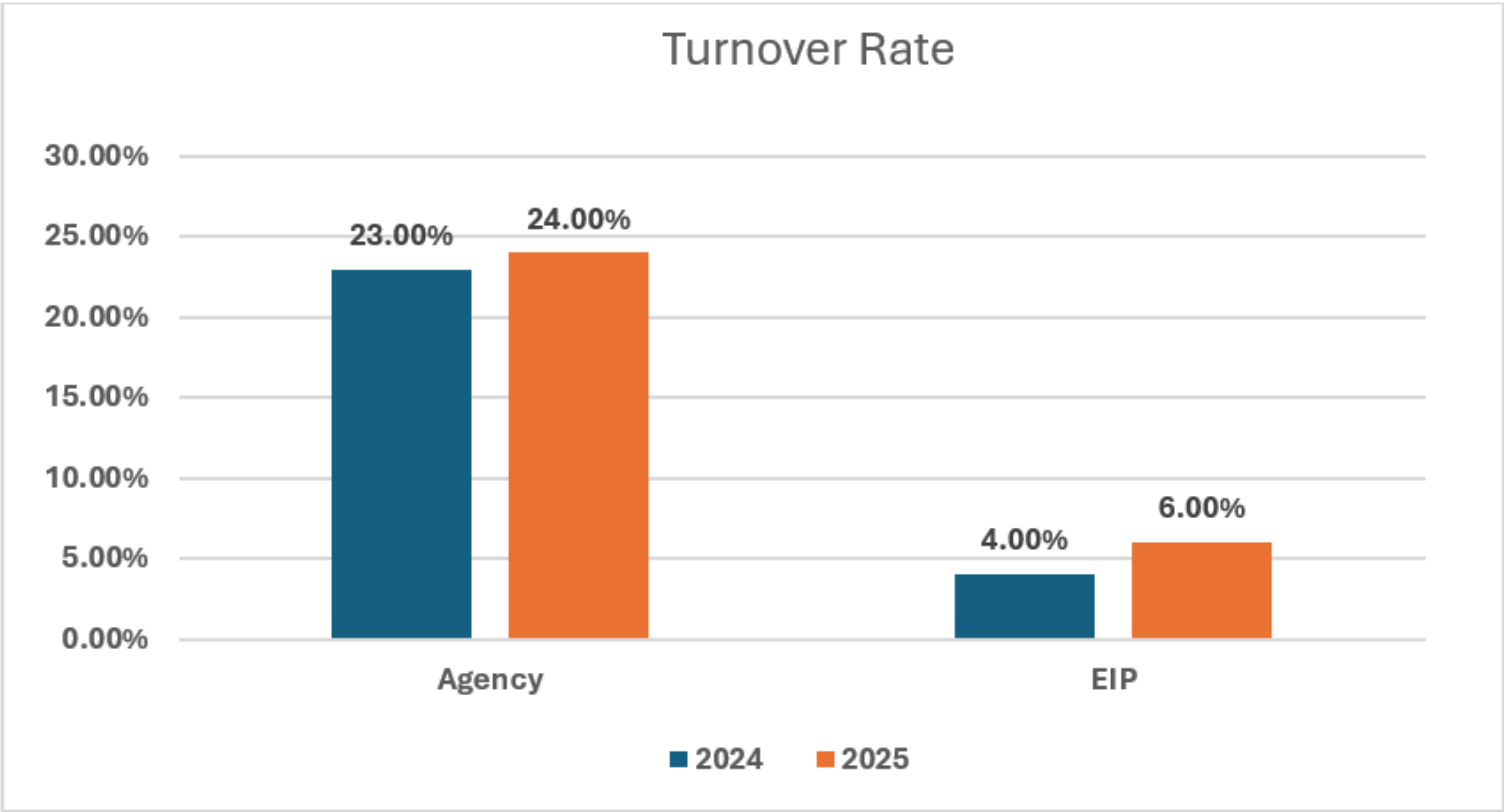
Turnover by Department

	FY23	FY24	FY25
Developmental Services	24.00%	20.40%	17.70%
Mental Health/Substance Use	19.50%	19.50%	15.80%
Admin/Other	8.80%	6.00%	5.70%



Employee Investment Program

Type	2024 Average Turnover Rate	2025 Average Turnover Rate	Combined Total
Agency	23%	24%	23%
EIP Participants	4%	6%	5%



The Employee Investment Program addresses the critical shortage of mental health, intellectual and developmental disabilities, and substance use professionals in Vermont by providing financial investments to attract and retain qualified staff.



Budget Request – Restore Elder Care Program Funding

The Eldercare Program serves older Vermonters facing mental health and substance use challenges who have limited access to services and supports and experience barriers to office-based care.

One in four Vermont residents are over the age of 60 - making it the 4th oldest population in the country - DAIL

Rates of suicide in Vermonters ages 60-84 are consistently higher than the national average

Older Vermonters higher risk of anxiety, depression, and suicide can be caused by social isolation, financial stress, and loss of loved ones

We need to ensure we're supporting our aging population



Expand mental health supports in housing (through SASH wellness hours and other affordable housing programs) and other living situations (shelters, pods, group housing) and increase access to elder care clinician care.



Identify pathways for increasing investment in Elder Care Clinicians.



Eldercare by the Numbers

Agencies
Providing This
Service:

- NCSS
- NKHS
- HCRS
- RMHS
- WCMHS
- Howard

Of Program
FTEs

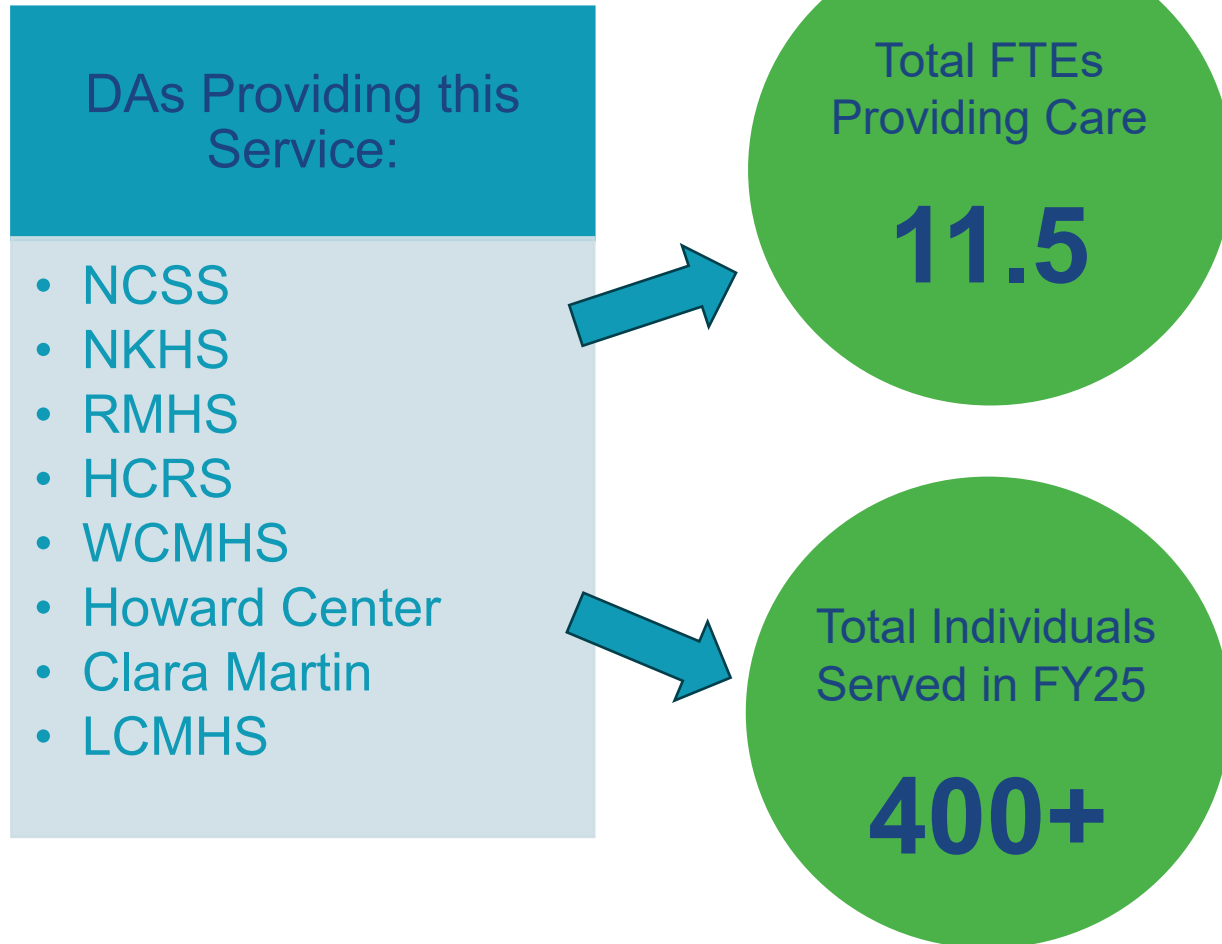
5.7

Average
Clients/Month

127



Budget Request - Reach Up: Low Barrier Access that Works



- Serves highly vulnerable Vermonters who are often hesitant to engage in mental health and substance use treatment
- Delivered through a partnership between DAs and Economic Services Reach Up staff
- Builds trust first and meets people where they are – without requiring a full intake process
- Creates a bridge into the right level of care, preventing disengagement and supporting access to therapy and higher levels of support



Youth In Transition

Agencies Providing This Service:

UCS
CSAC
NCSS
Howard
CMC
HCRS

YIT is a low-barrier, flexible support program for youth ages 16 to 22 that serves young people regardless of insurance status. It is an important doorway into care for youth who don't meet traditional eligibility rules, can't navigate complex systems, or would otherwise fall through the cracks. This program fills the gaps that other parts of the system can't - and keeps vulnerable youth connected to support instead of crisis and helps them successfully transition to adulthood.



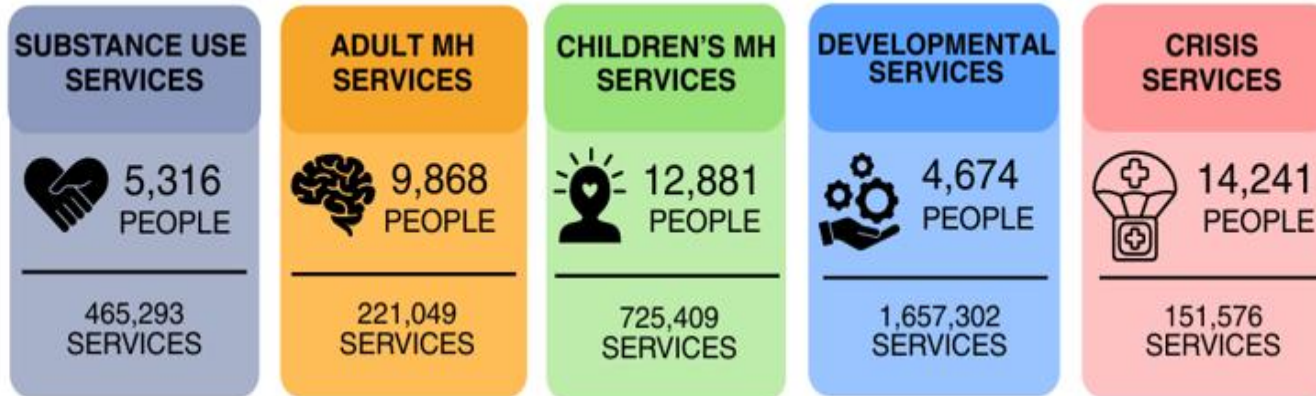
- **Leadership and Empowerment**
- **Outreach**
- **Care Navigation**
- **Systems of Care Coordination**



VERMONT'S COMMUNITY-BASED SERVICES BY THE NUMBERS - FY25



PROGRAM HIGHLIGHTS



VCP By the Numbers

CLIENT SATISFACTION



43% of individuals with I/DD have co-occurring MH needs



VT Is What We Invest In...



