



DEPARTMENT OF MENTAL HEALTH

FY27 BUDGET

Emily Hawes, Commissioner
Samantha Sweet, Deputy Commissioner

DEPARTMENT OF MENTAL HEALTH

Our Mission:

To promote mental health as a vital part of overall well-being by advancing prevention, early intervention, and recovery-focused care. We partner with individuals, families, and communities to provide equitable, effective, and compassionate support that fosters resilience, empowers Vermonters to achieve their goals, and ensures they can live, work, learn, and thrive in their communities.

Our Vision:

Mental health is a cornerstone of health in Vermont. Vermonters live in caring, inclusive communities that respond with compassion and respect to mental health needs, ensuring everyone can thrive and participate fully in their lives.



OUR CORE VALUES



Compassion

- We approach all people with care, empathy, and respect. Compassion guides how we support Vermonters and each other—especially in times of vulnerability, crisis, or need.



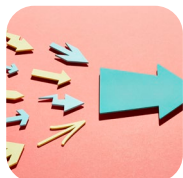
Equity

- We work to ensure everyone has what they need to thrive. This includes addressing systemic barriers and advancing inclusion across race, gender, sexual orientation, geography, ability, identity, religion, and lived experience.



Integrity

- We act with honesty, transparency, and consistency. We do what's right—even when it's hard—and follow through on our commitments with fairness and clarity.



Collaboration

- We believe we are stronger when we work together. We actively seek partnerships across systems with communities, organizations, and individuals to build solutions that reflect shared voices and inclusive leadership.



Accountability

- We take responsibility for our actions, services, and outcomes. Accountability reflects our duty to serve the public, support one another, and deliver high-quality, person-centered care.

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 (326)

245 at Care Facilities, 81 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

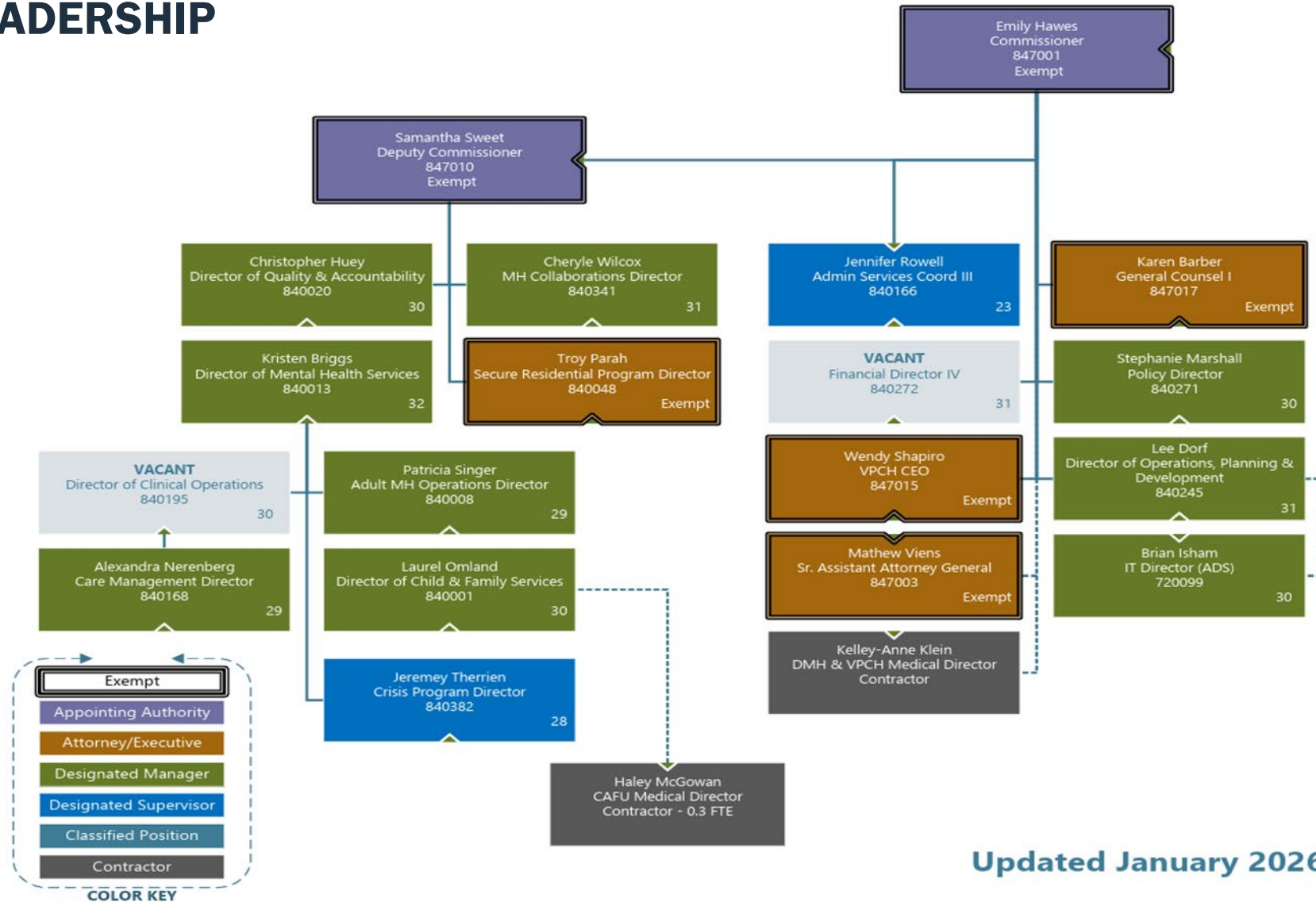
Notable Collaborations

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

Community Partners

Vermont Care Partners, National Alliance on Mental Illness VT, Pathways, and many others.

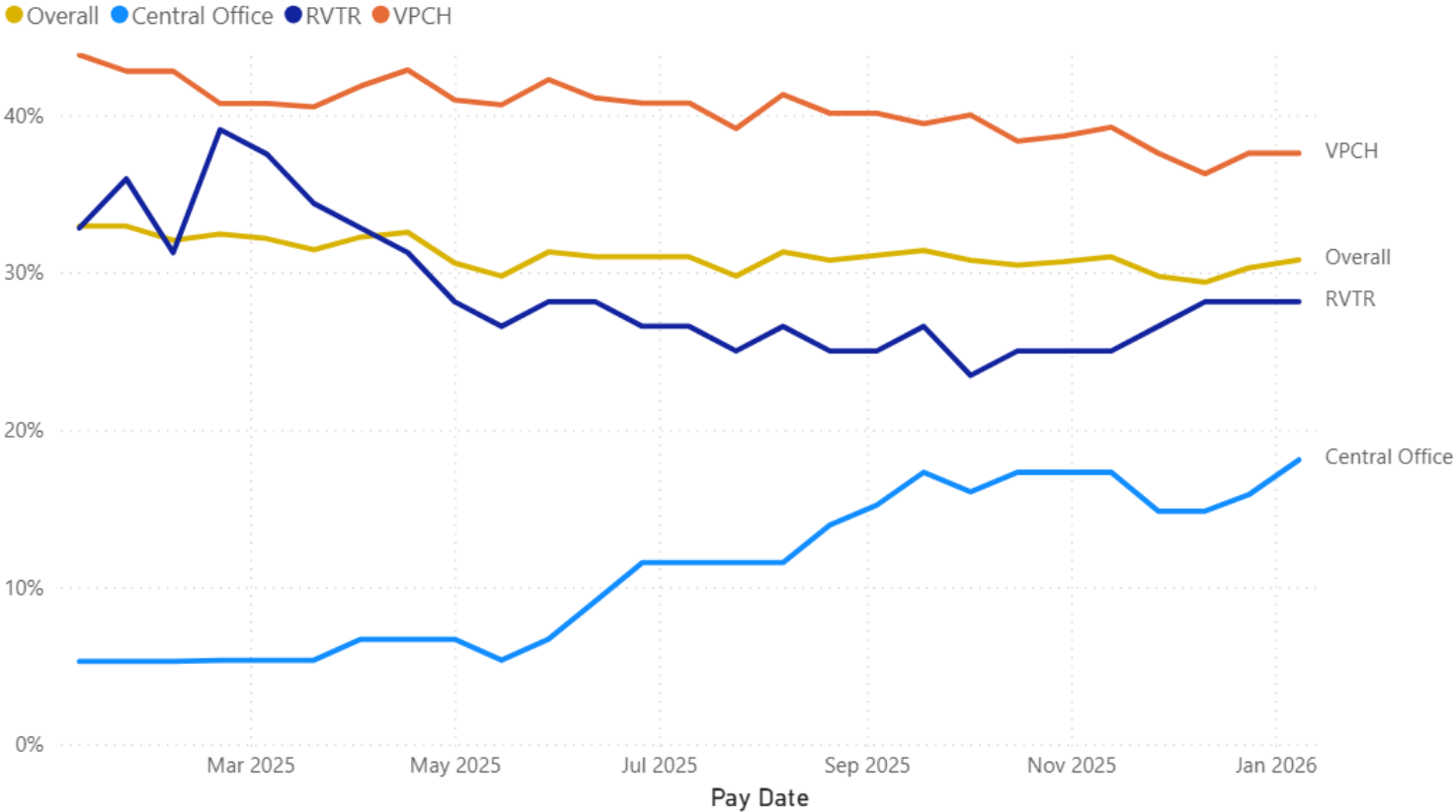
DMH LEADERSHIP



Updated January 2026

VACANCIES

DMH Vacancy Rate by Location



One Year Ago

32.9%
Overall
5.3%
Central Office
32.8%
RVTR
43.8%
VPCH

Today

30.8%
Overall
18.1%
Central Office
28.1%
RVTR
37.6%
VPCH

As of 1/22/2026

MENTAL HEALTH RESIDENTIAL AND CRISIS CAPACITY

Designated Agencies

- Adult Crisis Beds: 38 beds
- Youth Crisis Beds: 18 beds
- Adult Intensive Residential: 42 beds
- Adult Residential: 148 beds

Designated Hospitals

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

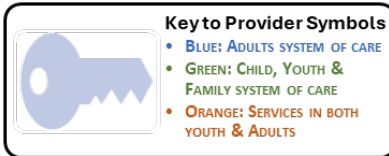
Peer Service Agencies

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

State Secure Residential

- River Valley Therapeutic Residence: 16 beds

MENTAL HEALTH SYSTEM OF CARE



Inpatient Hospitalization

Children & Adolescent

General Inpatient (Adult)

Level One Inpatient (Adult)

Secure Residential

River Valley Therapeutic Residence (RVTR)

Intensive Residential & Treatment Programs

Youth Residential (PNMI)

Intensive Recovery Residential

Peer-run Residential

Youth Psychiatric Residential Treatment Facility (PRTF)

Crisis Supports & Response

Children's Crisis Stabilization Program

Youth Hospital Diversion Program

Adult Integrated Crisis Beds

Mental Health Urgent Cares (Adult/Youth)

988 Crisis Lifeline Centers

Mobile Crisis Response

Crisis Assessment, Support & Referral

Community Mental Health

Micro-residential (HCBS)

Youth Group Homes (PNMI)

Group Residential Homes

Shelter & Care Vouchers
DMH Housing Vouchers

- Individual, family, and group therapy
- Clinical assessment
- Medical consultation and medication
- Service planning and coordination
- Community supports & employment services
- Schools/PCP/Early care & learning ctrs (youth only)
- Peer programming (adults only)
- Prevention work (youth only)
- Continuing Education & Advocacy

Updated October 2025

CCBHC



CCBHCs are a new model for community-based health care agencies, designed to deliver integrated mental health and substance use disorder services.



The model emphasizes accessible care, tailored to community needs, and addressing barriers to wellness.



Vermont is one of ten states selected to participate in the federal demonstration, which includes an enhanced Federal Medical Assistance Percentage (FMAP) from July 2025 through June 2029.



The first two Vermont CCBHCs went live on July 1, 2025.

CCBHC – PARTNERSHIP AND COLLABORATION

Vermont Department of Mental Health (DMH)
and
Vermont Department of Health-Division of Substance Use Programs (VDH-DSU)



Aligning Missions for Impact

- Working together to ensure our efforts complement and strengthen each other's goals.



Shared Values, Stronger Together

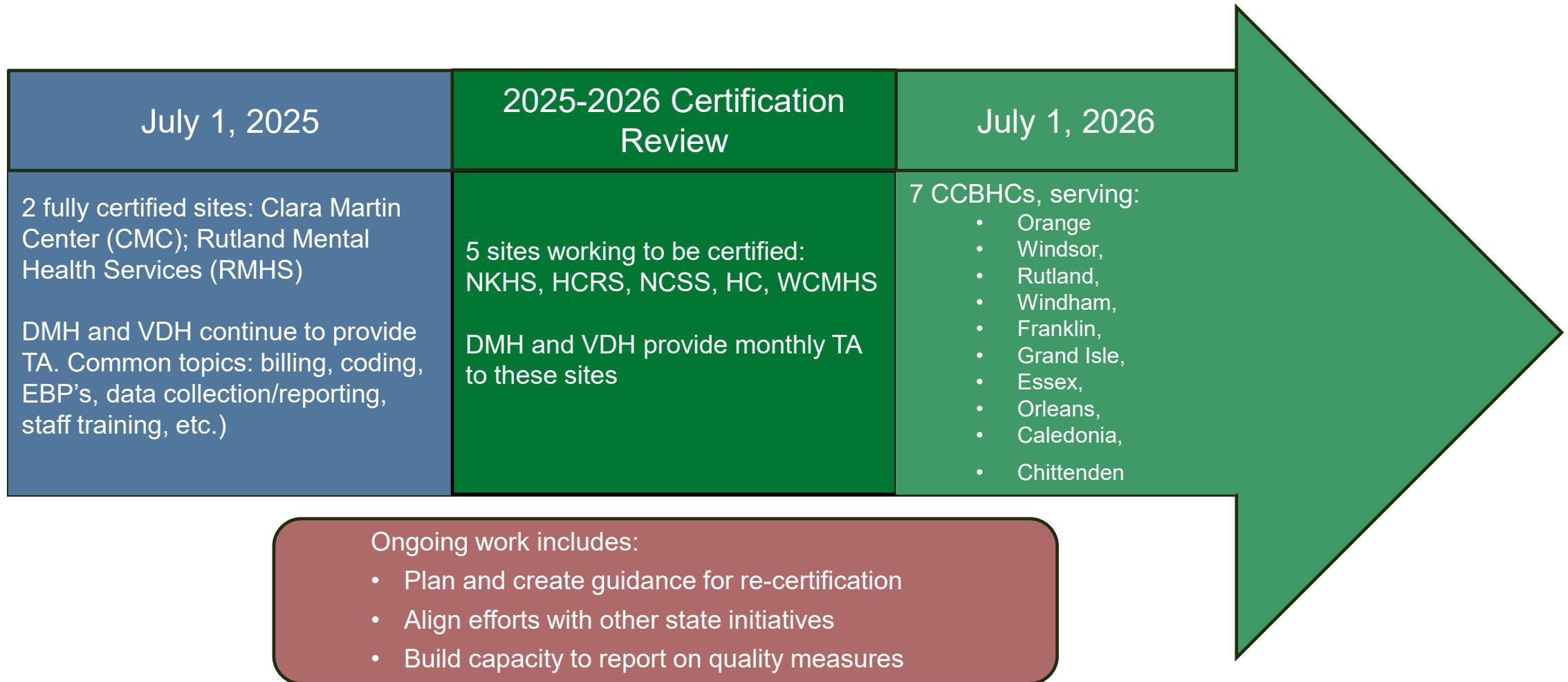
- Building on common principles to create meaningful, lasting change.



Collaborative Learning

- Engaging in continuous knowledge-sharing to grow and improve collectively.

CCBHC –IMPLEMENTATION TIMELINE



CCBHC – PROGRAM REQUIREMENTS

Staffing

**Availability and
Accessibility of
Services**

**Care
Coordination**

**Scope of
Services**

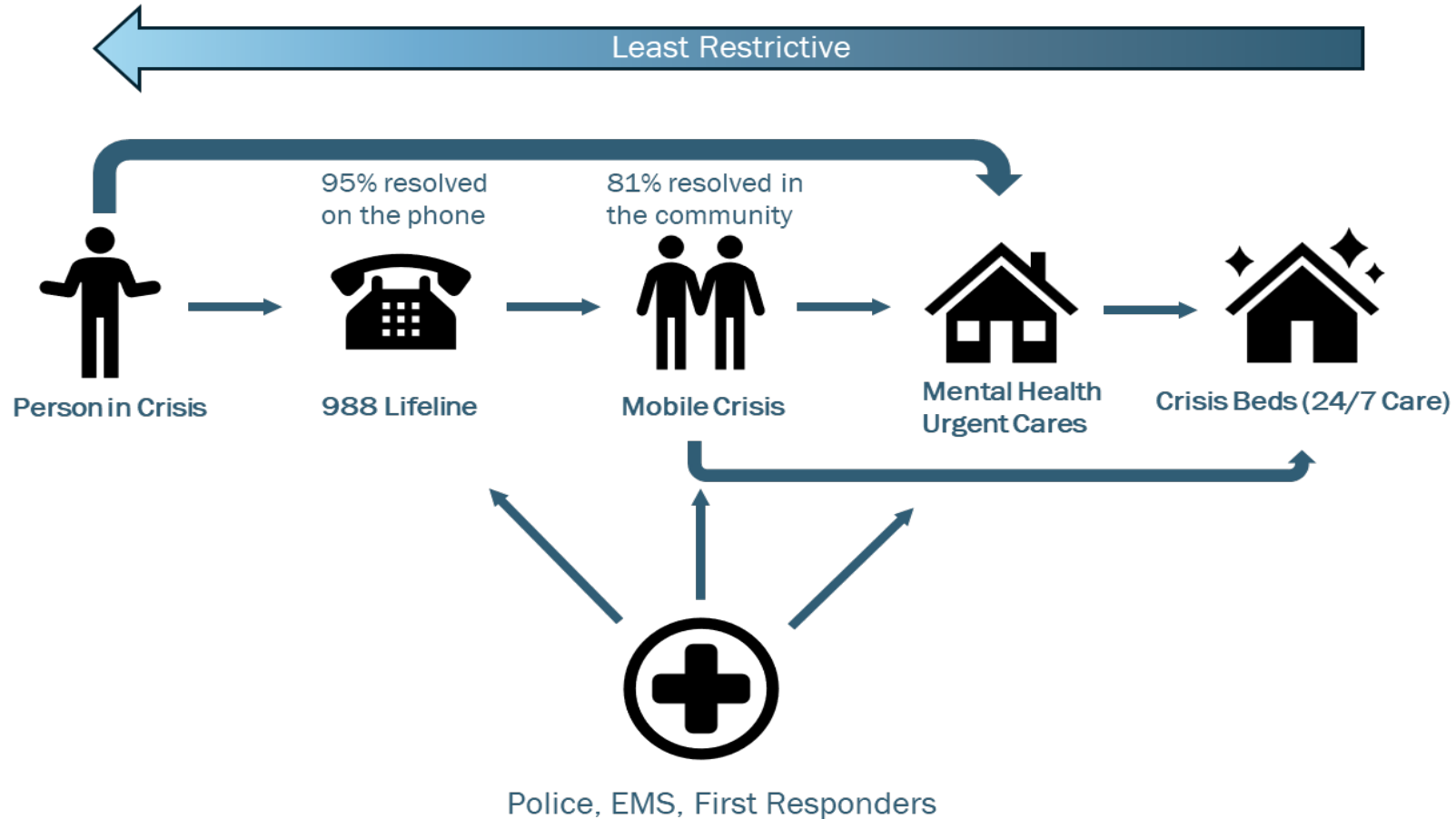
**Quality and
Reporting**

**Oversight and
Certification**

CCBHC –REQUIRED SCOPE OF SERVICES



CRISIS SYSTEM OF CARE



Integrated Crisis Services in Vermont

This is the crisis continuum of care within the context of the entire mental health and substance use system of care. In Vermont, someone experiencing a mental health or substance use crisis can seek treatment at any point of access.

988: THE VISION



988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress, thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress.

People can call or text 988 or chat at 988lifeline.org for themselves or if they are worried about a loved one.

In Vermont, there are two 24/7 988 call centers, NKHS and NCSS, that provide continuous coverage for calls, chats, and texts.

The long-term vision for 988 is to build a robust crisis care response system across the country that links callers to community-based providers who can deliver a full range of crisis care services.

988: IMPACT AND UPDATES



There are around 1,750 calls a month. In November 2025, there were 1,613 Vermont calls with an 82% in state answering rate.



Average of 131 chats, 190 texts per month.



Vermont's goal is to answer more than 90% of calls with an answering rate less than 20 seconds.



A new bidirectional transfer protocol is in place to allow calls to transfer to and from 911 when appropriate

NEW



With 988, Vermonters have access to a crisis counselor 24/7. The caller will always be connected to a live person.



MOBILE CRISIS RESPONSE

What is Mobile Crisis?

- Two-person team responding to a mental health and/or substance use crisis.
- Provides emergency screening and assessment to determine next steps.
- Most crises are resolved in the community - individuals are referred to additional services when needed.
- Includes follow-up services, to check on safety planning and make sure that the crisis has resolved.

Vermont Mobile Crisis

- DMH executed the Statewide Mobile Crisis contract with Health Care & Rehabilitation Services (HCRS) effective January 1, 2024.
- HCRS sub-contracts with the other 9 DAs to provide statewide coverage.
- Available 24/7, statewide

Impact (2025)

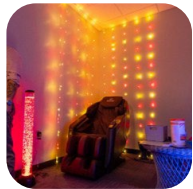
- New software (BHL) allows statewide dispatch through 988.
- 83% of encounters were successfully diverted from the hospital and inpatient care.
- 91% of encounters did not include law enforcement.
- 91% of all responses were under 60 minutes.

MENTAL HEALTH URGENT CARES



A Critical Alternative to Emergency Departments

- Immediate, community-based mental health support in a supportive setting. There are currently six programs actively serving Vermonters.



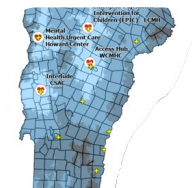
A Much-Needed Service

- Access to timely, compassionate crisis care before a crisis escalates.



Positive Community & Media Response

- High engagement and support - recognized as a transformative approach in mental health crisis intervention.



Building a Stronger Mental Health System

- Ensuring same-day access to person-centered, and stigma-free care.



Sustainable Expansion

- Examining opportunities to expand services at existing, successful sites

SVMC YOUTH INPATIENT FACILITY



In June of 2022, DMH solicited proposals from qualified health care organizations connected or affiliated with a general medical facility to provide inpatient psychiatric services for children and youth under the age of 18 years.



The mission was to:

- Expand and diversify capacity for inpatient psychiatric services for Vermont youth (under age 18).
- Reduce the number of youth awaiting inpatient beds in emergency departments.
- Integrate mental health care into the broader healthcare system, addressing the issue of denied admissions due to medical needs that require a hospital setting.



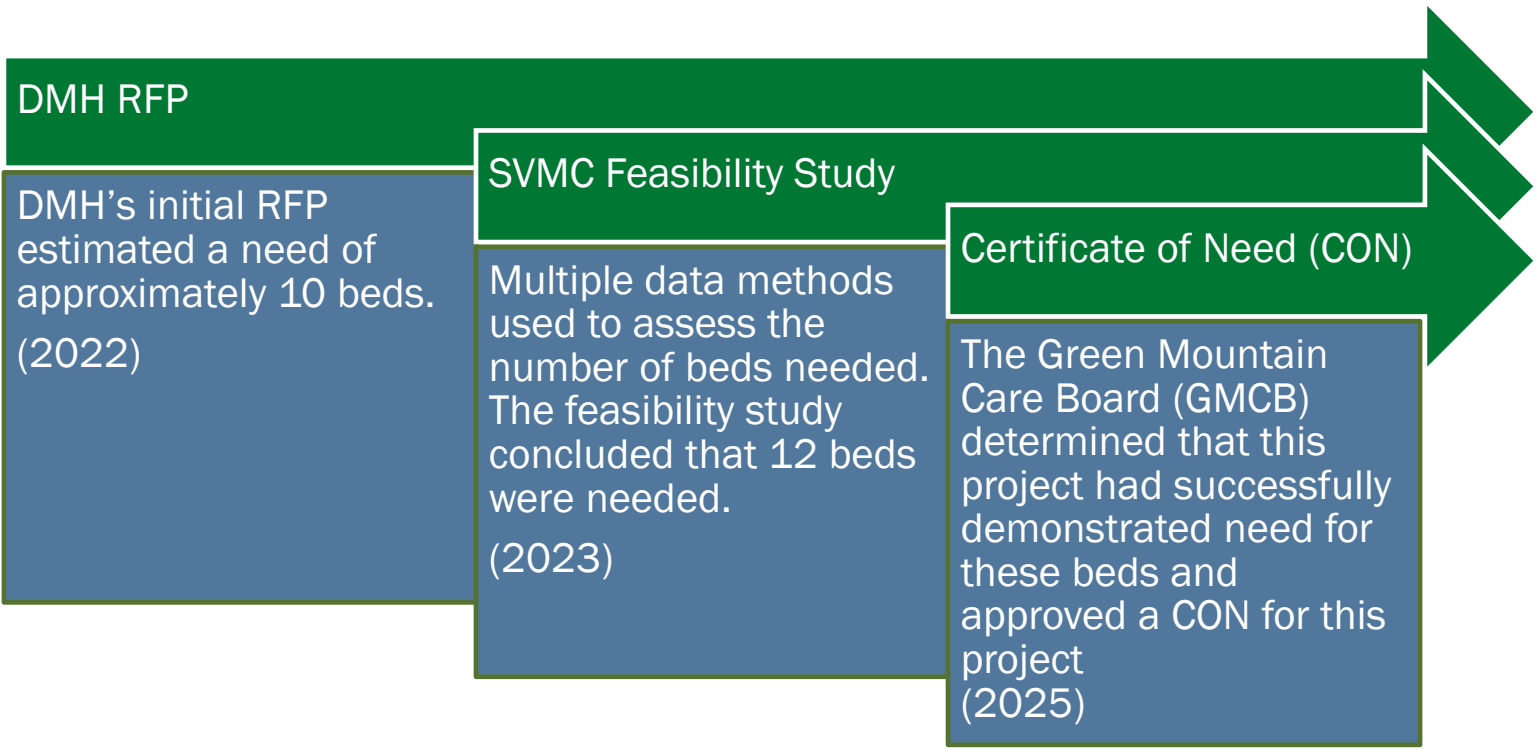
Southwestern Vermont Medical Center (SVMC) in Bennington, Vermont was selected to develop a 10-12 inpatient mental health unit for adolescents ages 12- 17.



SVMC is ready to begin construction as soon as contracts are finalized between the State of Vermont and SVMC.

SVMC YOUTH INPATIENT FACILITY – BED NUMBER

The number of new inpatient psychiatric beds for youth was determined through a multi-year process involving multiple stakeholders. While overall capacity of the inpatient system for youth in Vermont has expanded since lows during the COVID-19 pandemic, need for twelve additional beds has been confirmed through multiple assessments and review.



PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR YOUTH (PRTF)



The Agency of Human Services team continues to work towards standing up a Psychiatric Residential Treatment Facility in Vermont to address the high number of children placed out of state by the Departments of Mental Health, Children and Families, and Disabilities, Aging, and Independent Living.



The Brattleboro Retreat and the Agency of Human Services are finishing final edits of the contract. Once, the contract is signed by all parties, the Retreat will be able to begin renovations to the space where the PRTF will be held on the campus of the Retreat. Concurrently, the Retreat will begin hiring and training staff.



This continues to put the opening on track for **July 2026**.

BED NUMBER DETERMINATION – PRTF

Bed capacity needs for the PRTF were determined by reviewing data and trends across AHS departments regarding youth who were placed at out of state PRTFs or needed a PRTF level of care.

	Total Vermont youth who are out of state	Youth in an out of state program that isn't a PRTF	Youth in an out of state PRTF	% Out of State in a PRTF	Referral pending for Out of State placement in a residential or PRTF
DMH	44	40	4	9%	11
DCF	49	42	7	14%	11
DAIL	11	9	2	18%	4
Total AHS	104	91	13	13%	26

(As of 1/22/2026)

	Total Vermont youth who are out of state	Youth in an out of state program that isn't a PRTF	Youth in an out of state PRTF	% Out of State in a PRTF
DMH	56	47	9	16%
DCF	71	60	11	15%
DAIL	11	7	4	36%
Total AHS	138	114	24	17%

(FY25 Totals)

CURRENT CAPACITY – CRISIS AND LOW-END RESIDENTIAL CAPACITY* FOR YOUTH

Program Type	Maximum Licensed Capacity (total possible beds)	# Beds Currently Open	# Beds currently closed	Hours of Operation
Crisis Beds (ages 5-13)	6	4	2	Monday - Friday
Hospital Diversion Program North (ages 11 – 18)	6	4	2	Monday - Friday
Hospital Diversion Program South (ages 11 – 18)	6	4	2	24/7
Staffed Living Programs	23	16	7	24/7
Group Homes	17	16	1	24/7

Point in Time – 1/23/26

*This chart only includes Crisis and Residential Programs that both DMH and DCF use. DCF has some other crisis and small group home programs that only DCF uses.

LONGITUDINAL DATA

Dashboards and Scorecards:

DMH has transitioned to publicly available [dashboards](#) for information on:

- Designated Agency Caseload Counts
- Mobile Crisis Response
- Success Beyond Six
- DMH Vacancy and Turnover
- Mental Health Urgent Cares

In addition, DMH reports through [multiple public scorecards](#) using the RBA framework.

Reports:

2026 Legislative Reports:

- [Mental Health System of Care: Reforming Vermont's Mental Health System](#)
- [Problem Gambling Program and Expenditures](#)
- [Independent Evaluation of the Administration of Involuntary Non-Emergency Medications Under Act 114](#)

The Department additionally produces an [Annual Statistical Report](#), providing detailed information on supports and services, pressures on community services, goals accomplished, funding information, and future directions.

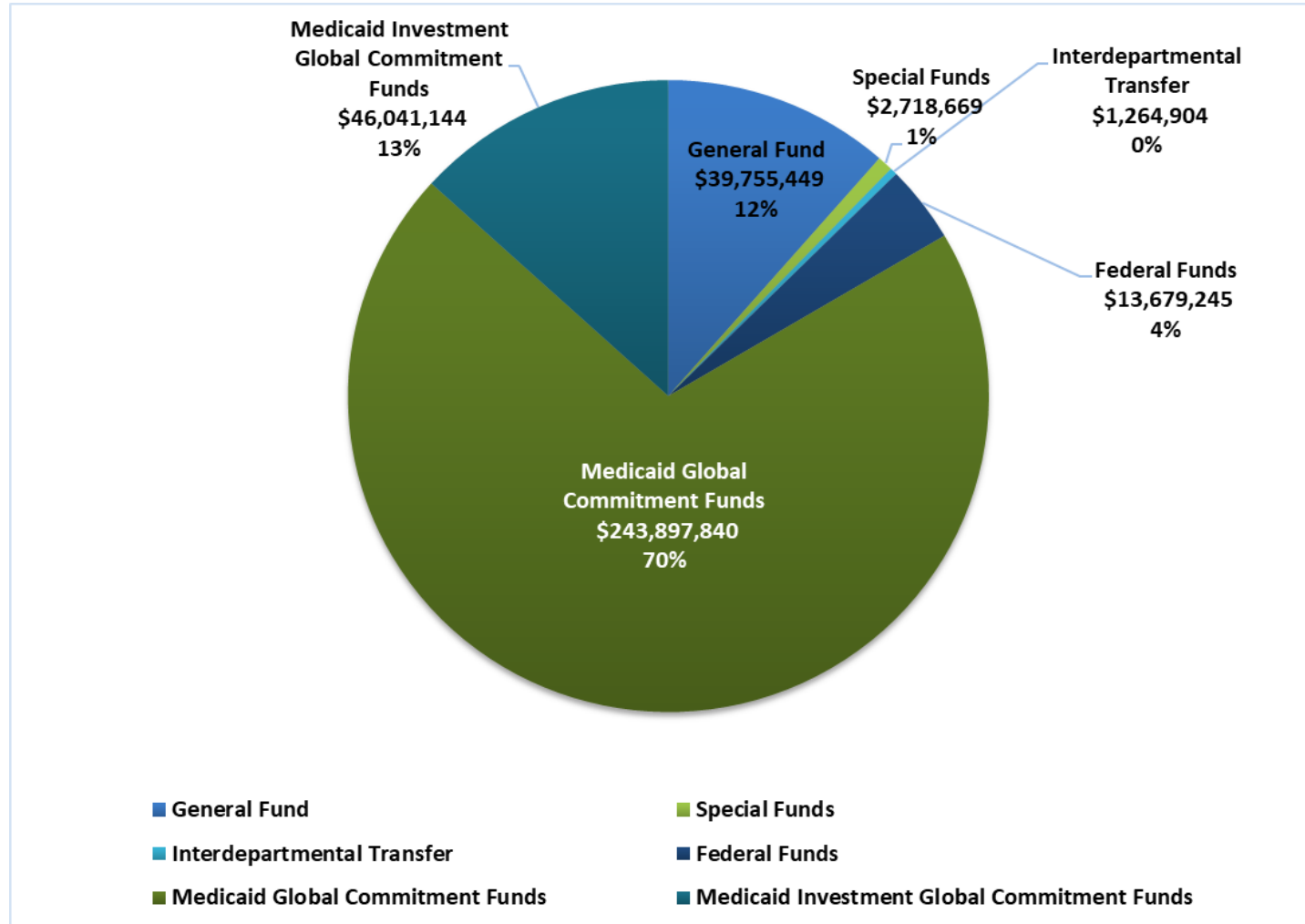


BUDGET REQUEST (UPS/DOWNS) COMPARATIVE ANALYSIS

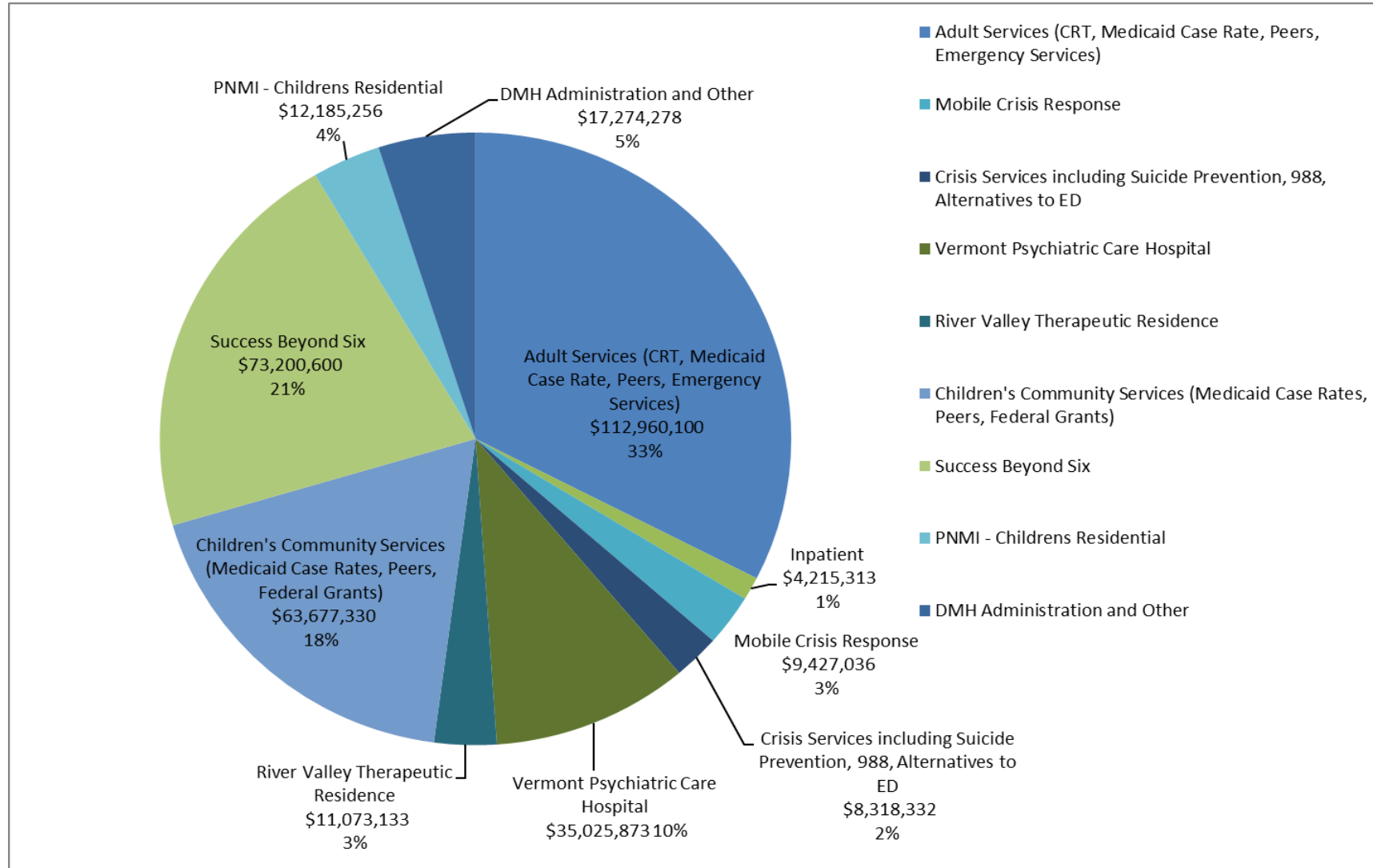
FY27 BUDGET

SUMMARY

FY27 GOVERNOR'S RECOMMENDED BUDGET \$347,357,251



FY27 PROPOSED EXPENSES



FY27 Department Request - DMH								
		GF	SF	IdptT	FF	Medicaid GCF	Invmnt GCF	TOTAL
Sec. B.314	Approp #3150070000 - DMH Mental Health As Passed FY26	13,127,716	6,836	1,307,809	13,158,032	229,071,588	37,896,252	294,568,233
	Other Changes: (Please insert changes to your base appropriation that occurred after the passage of the FY26 budget)							
	FY26 After Other Changes	0	0	0	0	0	0	0
	Total After FY26 Other Changes	13,127,716	6,836	1,307,809	13,158,032	229,071,588	37,896,252	294,568,233
	FY26 After Other Changes							
	Personal Services:							
	500000: Salary & Wages: Classified Employees							
	500010: Salary & Wages: Exempt Employees	698,406		(14,498)	397,764		(149,876)	931,796
	501500: Health Insurance: Classified Employees							
	501510: Health Insurances: Exempt Employees	167,327		(2,148)	109,636		(70,977)	203,838
	502000: Retirement: Classified Employees							
	502010: Retirement: Exempt Employees	193,467		(4,175)	109,844		(42,596)	256,540
	All Other Employee Payroll Related Fringe Benefits	44,591		(1,965)	18,538		(17,257)	43,907
	504040: VT Family & Medical Leave Insurance Premium	1,958		(54)	583		(720)	1,767
	504045: Child Care Contribution	3,127		(65)	1,805		(641)	4,226
	505200: Workers' Compensation Insurance Premium	4,970			4,745		1,582	11,297
	Transportation Increased Cost for Youth and Adults (BAA item)	320,000				(150,000)		170,000
	Forensic Evaluations Increased Cost (BAA item)	645,000						645,000
	Preadmission Screening and Resident Review Nurse Increased Cost	40,000			40,000			80,000
	Peer Credentialing and Training Move from Grants (DMH B.314 net-neutral)	187,500			187,500			375,000
	Mental Health Training for First Responders - Team Two			(20,000)			(89,671)	(109,671)
	Bed Board - Act 79						(15,000)	(15,000)
	Suicide Initiative project management						(10,000)	(10,000)
	Operating Expenses:							
	515010: Fee-for-Space Charge	2,581			2,465		821	5,867
	516000: Insurance Other Than Employee Benefits	116			111		37	264
	516010: Insurance - General Liability	152			146		49	347
	516671: VISION/ISD	22,725			21,693		7,231	51,649
	516685: ADS Allocated Charge	317,610			303,171		101,057	721,838
	519006: Human Resources Services	37,130			35,442		11,815	84,387

FY27 Department Request - DMH								
		GF	SF	IdptT	FF	Medicaid GCF	Invmnt GCF	TOTAL
Sec. B.314	Approp #3150070000 - DMH Mental Health As Passed FY26	13,127,716	6,836	1,307,809	13,158,032	229,071,588	37,896,252	294,568,233
	Other Changes: (Please insert changes to your base appropriation that occurred after the passage of the FY26 budget)							
	FY26 After Other Changes	0	0	0	0	0	0	0
	Total After FY26 Other Changes	13,127,716	6,836	1,307,809	13,158,032	229,071,588	37,896,252	294,568,233
	FY26 After Other Changes							
	Grants:							
	Peer Credentialing and Training Move to Contracts (DMH B.314 net-neutral)	(187,500)			(187,500)			(375,000)
	Alternatives to Emergency Departments, annualization						578,395	578,395
	Behavioral Health Link (BH Link) agreement for 988	161,141			131,842			292,983
	988 Increased Cost - Universal Service Fund Spending Authority (Act 145)		1,000,000					1,000,000
	Forensic Assertive Community Treatment (FACT) Funds (AHS net-neutral w/ DOC B.338.1)	100,000						100,000
	Certified Community-Based integrated Health Centers (CCBHC) rate adjustment for 5 new centers					4,969,031		4,969,031
	Transfer funding from VDH DSU for CCBHC (net-neutral with VDH B.313)					934,702		934,702
	Residential and Crisis Bed Room and Board; Federal Revenue Reconciliation (AHS net-neutral with AHSCO B.300) (BAA item)	409,004			(409,004)			0
	Private Non-Medical Institution (PNMI) Utilization and Cost Increase	453,342				1,227,729		1,681,071
	PNMI Inflationary Increase from Rate Setting	45,369				298,597		343,966
	Integrated Family Services (IFS) program ended, funds returned to DAIL (AHS net-neutral w/ DAIL B.333)					(490,485)		(490,485)
	ARCh Program ended, funds returned to DAIL (AHS net-neutral w/ DAIL B.333))					(496,938)		(496,938)
	Nursing Services at Community Care Home						(74,464)	(74,464)
	Community Outreach - Chittenden County	(160,000)						(160,000)
	Inpatient Hospital (Level 1 Under-utilization)						(1,714,110)	(1,714,110)
	Outpatient Services - TBI Waiver					(339,900)		(339,900)
	Outpatient Services - Elder Care					(349,763)		(349,763)
	Outpatient Services - Reach Up	(260,669)				(1,248,243)		(1,508,912)
	Vermont Collaborative for Practice Improvement & Innovation Training						(77,868)	(77,868)
	Designated Agency (DA) Special Services						(7,424)	(7,424)
	Puppets in Education						(6,000)	(6,000)
	Care Coordination for Children	(247,568)			(247,568)			(495,136)
	Collaborative Systems Integration Project (CSIP) - Outpatient Program for Justice Involved					(195,581)		(195,581)
	Lifeline Suicide Prevention - Center for Health and Learning						(51,214)	(51,214)
	Safe Haven @ Clara Martin						(136,830)	(136,830)
	Youth in Transition (YIT) Investment (DA) Vermont Federation						(183,563)	(183,563)
	FY27 Subtotal of Increases/Decreases	2,999,779	1,000,000	(42,905)	521,213	4,159,149	(1,947,224)	6,690,012
	FY27 Gov Recommended	16,127,495	1,006,836	1,264,904	13,679,245	233,230,737	35,949,028	301,258,245
	FY27 Legislative Changes							
	FY27 Subtotal of Legislative Changes	0	0	0	0	0	0	0
	FY27 As Passed - Dept ID 3150070000	16,127,495	1,006,836	1,264,904	13,679,245	233,230,737	35,949,028	301,258,245

DMH BUDGET UPS - GROSS: \$6,891,194

Salary and Fringe (including Shift Differential Increases and Overtime)

Benefit rate changes, including retirement

Alternatives to Emergency Departments, annualization - Some alternatives to EDs are funded through Home and Community-Based Services (HCBS) FMAP dollars, which expire in March. This budget up addresses the annualization.

Forensic Assertive Community Treatment (FACT) Funds (AHS net-neutral w/ DOC B.338.1) - Provides assertive community treatment for adults involved with criminal justice system. Program delivered by Pathways.

Private Non-Medical Institution (PNMI) Budget Pressures for utilization and case mix - Reflects an increase in utilization and case mix, both in and out of state. Was also a BAA item.

Private Non-Medical Institution (PNMI) rate adjustment - Required rate adjustment.

NEW BUDGET INITIATIVES

Behavioral Health Link (BH Link) agreement for 988 (\$292,283) - Centralized dispatch utilized by 988 operators for enhanced mobile crisis response.

988 Increased Cost - Universal Service Fund Spending Authority (Act 145) (\$1,000,000) - Allows DMH to spend waterfall dollars received.

CCBHC Reimbursement Model for HC, HCRS, NKHS, NCSS and WCMH (\$4,969,031) - Rate adjustment for additional agencies.

DMH BUDGET DOWNS – GROSS (\$7,845,668)

Mental Health Training for First Responders - Team Two (\$109,671) - Multidisciplinary training for first responders. DMH will continue training, however, will no longer contract out. Will take in-house, overseen by DMH crisis program.

Bed Board - Act 79 (\$15,000) - Bed board provides system wide snapshot of bed availability. State of Vermont will bring this in-house and no longer contract out for management.

Suicide Initiative project management (\$10,000) - Supports the work of the Governor's Challenge. DMH can manage this work in-house.

Nursing Services at Community Care Home (\$74,464) – Washington County Mental Health Services (WCMH) Kirby House nursing services. These services are not offered statewide, and there is an opportunity to combine into a CCBHC rate.

Community Outreach - Chittenden County (\$160,000) - Shift response to 988 and enhanced mobile crisis which are both 24/7 programs.

Outpatient Services – Individuals would shift to traditional access for services and case management.

TBI Waiver (\$339,900)

Eldercare (\$349,763)

Reach Up (\$1,508,912)

Vermont Collaborative for Practice Improvement & Innovation Training (\$77,868) - Training funds contract ended June 2025. DMH has incorporated training tasks internally across suicide prevention director and DMH training coordinator.

BUDGET DOWNS CONTINUED:

Designated Agency (DA) Special Services (\$7,424) - Respite dollars for youth in Integrated Family Services (IFS). IFS has ended; DMH no longer need these funds.

Puppets in Education (\$6,000) - The Vermont Family Network provides this program focused on youth mental health. DMH funding subsidizes performance costs.

Care Coordination for Children (EPSDT- Medicaid admin) (\$495,136) - Embedded mental health clinician at Milton Family Practice as well as support within Howard Center First Call. Focus of the work is to connect individuals with Medicaid related benefits as well as screening/assessment. The Milton practice is also a Blueprint medical home providing the same supports. Enhanced mobile crisis can fulfill this work within Chittenden county and statewide.

Collaborative Systems Integration Project (CSIP) - Outpatient Program for Justice Involved (\$195,581) - Provides community supports for non-Medicaid, non-SMI, eligible population in WCMH service area.

Safe Haven @ Clara Martin (\$136,830) - Supports services for uninsured and non-SMI. Will need to shift to traditional outpatient services.

Youth in Transition (YIT) Investment (DA) (\$183,563) - This segment of YIT funding supports the program in DAs. Individuals can still receive services in traditional outpatient setting. Funding remains for the remaining contract holder (Elevate Youth Services)

Reduce VPCH to 21 beds from 25 beds (eliminates 12 positions) (\$1,422,809) - VPCH has been at a census of 21 for past several years, this reduction reflects current system status and helps to operationalize at 21 vs. 25.

BUDGET DOWNS CONTINUED

- **Transfer of funding from DMH to DCF to move Integrating Family Services (IFS) programs back to DCF – AHS net neutral**
- **ARCh Program ended, funds returned to DAIL – AHS net neutral**
- **Inpatient Hospital (Level 1 Under-utilization) - Rutland Regional Hospital based on reconciliation.**
- **Lifeline Suicide Prevention - Center for Health and Learning (CHL) has dissolved as an organization. Some of the activities previously organized by CHL will be brought in house and managed by the Suicide Prevention Director.**

YEAR OVER YEAR CHANGES – PERSONAL SERVICES, OPERATING EXPENSES, GRANTS

	DMH FY26 Total As Passed	DMH FY27 Total Request	Total Change
Personal Services	53,393,643.00	57,691,118.00	4,297,475.00
Operating Expenses	5,813,975.00	6,737,495.00	923,520.00
Grants	279,691,678.00	282,928,638.00	3,236,960.00
Total	338,899,296.00	347,357,251.00	8,457,955.00

	DMH FY26 Total As Passed	DMH FY27 Total Request	Total Change
General Funds	31,995,840.00	39,755,449.00	7,759,609.00
Special Funds	1,718,092.00	2,718,669.00	1,000,577.00
Interdepartmental Funding	1,307,809.00	1,264,904.00	(42,905.00)
Federal Funding	13,158,032.00	13,679,245.00	521,213.00
GC Medicaid	238,633,794.00	243,897,840.00	5,264,046.00
GC Investment	52,085,729.00	46,041,144.00	(6,044,585.00)
Total	338,899,296.00	347,357,251.00	8,457,955.00

GRANTS

Program	Dollars
Adult Outpatient, SMI, Emergency, Mobile Crisis, Suicide Prevention, Inpatient Hospital, Adult Other	\$ 122,964,863
Children's Services, Success Beyond Six, PNMI, Mobile Crisis, Youth In Transition, Respite	\$ 150,137,776
Project Aware	\$ 1,600,000
Intensive Residential Programs and Recovery Housing (PATH providers, see legislature housing report, Alyssum and Another way)	\$ 2,380,063
Family Support Services (NFI -provider agreement)	\$ 5,845,936
Total Budget	\$ 282,928,638

CARRYFORWARD

AHS Department	Appropriation Description	Amount Requested for Carryforward	Explanation
Dept. of Mental Health	DMH-Psychiatric Youth Facility	1,000,000.00	This funding is start-up funds for the youth beds at SVMC. This is in addition to the construction funding of \$9.2M capital funds. This will provide SVMC with funding needed while hiring and training staff prior to being able to admit children to the unit.



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