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STATE OF VERMONT
House of Representatives

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TO: Robin Scheu, Chair, House Committee on Appropriations
FROM: Theresa A. M. Wood, Chair, House Committee on Human Services
DATE: February 25, 2026
SUBJECT: House Committee on Human Services FY27 Budget Recommendations

On behalf of the House Committee on Human Services, please accept the attached recommendations regarding the FY27 budget and accompanying language. Thank you for the opportunity to weigh in on the priorities that impact Vermonters.

The Committee recognizes the changing financial picture of the State and as such we prioritized basics – food, shelter, and safety. For most items where the Committee recommends either restoring a cut proposed by the Administration or increasing a line item, we are also proposing an accompanying reduction or redirection of priorities. For instance, the Administration prioritized high-cost services at the upper end of the system of care for youth in custody while at the same time significantly cutting prevention services. The Committee chose to reduce expenditures for the high-end system of care and restore prevention services.

The Committee is not proposing any COLA increases; however, there are notations from FY26 BAA items that need to be annualized (i.e., ERC and AAA case management rate increases). Additionally, the “housing proposal” contained in the DCF budget is not included in our recommendations as it will travel separately in a bill still under consideration in the Committee. However, the Committee intends to stay within the Administration’s overall budget for that proposal.

There were additional items in the Administration’s budget not under the Committee’s jurisdiction, but that nonetheless impact individuals who are under HHS jurisdiction, and the Committee is compelled to include them in this memo. Specifically:

- HHS notes that the Administration eliminated \$1.5 million in the DMH budget allocated to DAs and SSAs. These funds were transferred several years ago from DCF to DMH specifically to provide early intervention supports for Reach Up families. This funding pays for case management by DAs and SSAs to ensure that Reach Up participants can access critical mental health supports essential for stability and success. Due to this cut, this service will no longer be available. More than 400 individuals are served each year.
- HHS notes that the Administration eliminated \$650,000 from the DMH budget for the Community Resource Center operated by the Champlain Valley Office of Economic Opportunity in Chittenden County. This Center has provided essential mental health supports for individuals who are also homeless. In the last year:
 - 2,152 unique individuals served;
 - 23,570 total visits;

- 36,858 hot meals provided (self-funded by CVOEO);
 - 168 individuals transitioned from homelessness to stable shelter or permanent housing;
 - 249 direct referrals to medical and mental health services; and
 - 729 distributions of survival gear.
- HHS also notes that the highly successful SASH program requires a gap year of funding because of delayed implementation of AHEAD. The administrative components of SASH are funded in the DAIL budget; however, it is unclear if any direct services are funded. A total of \$5.1 million GC is necessary to bridge FY27 until implementation of AHEAD.

And finally, the Committee has significant concerns regarding the high-end system of care expenses in DCF. Please see the attached memo from Rep. Donahue that further describes the issue.

Thank you for your consideration of the House Committee on Human Services' recommendations, and I look forward to further discussion.

/s

CC: Jill Krowinski, Speaker of the House
Alyssa Black, Chair, House Health Care

SFY27 BUDGET – HOUSE HUMAN SERVICES RECOMMENDATIONS

Department for Children and Families – Child Development Division				
Section	Governor's Recommendation	Budget Description/ Other Notes	HHS Recommendation	Priority
B.318	(\$2,049,043)	<ul style="list-style-type: none"> • This portion of the budget includes the following programmatic changes as well as net neutral transfers and loss of federal spending authority: <ul style="list-style-type: none"> ○ Increase of \$6,242,955 related to a child care special fund shortfall (shifting the shortfall into the General Fund) ○ Decrease of \$1,110,000 Strengthening Families. Program cut <ul style="list-style-type: none"> ▪ Additional funds available via Act 76 ○ Decrease of \$100,000 Child Care Capacity Grants reduction. <ul style="list-style-type: none"> ▪ Additional funds available via federal grants ○ \$122,933 Emergency Financial Relief utilization cut ○ \$100,000 in Child Care Eligibility Agreement efficiencies based on usage ○ \$100,000 Children's Trust Fund Program cut due to loss of federal funds 	<ul style="list-style-type: none"> • HHS concurs 	<ul style="list-style-type: none"> • N/A

B.318	None	<ul style="list-style-type: none"> Request of \$1,880,000 from Parent Child Centers for variety of increased expenses, including direct concrete supports to families 	<ul style="list-style-type: none"> Recommend increase of \$180,000 GF for concrete supports Increase line 603650 to \$7,209,750 Reduce line 603625, School Age Child Care from \$2,000,000 to \$1,820,000 	<ul style="list-style-type: none"> Highest
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Department for Children and Families – Family Services Division

Section	Governor's Recommendation	Budget Description/ Other Notes	HHS Recommendation	Priority
B.317	(\$194,373)	<ul style="list-style-type: none"> Nurturing Parent Program – 50% Reduction – Administered by Prevent Child Abuse Vermont 	<ul style="list-style-type: none"> Restore funding in full \$194,373 Reduce line item 603338 (High End System of Care) by \$164,588 GF; the GC match adds \$29,785 to fully offset the cut. The High End System of Care may also have carryforward because River Valley has not opened yet. 	<ul style="list-style-type: none"> Highest
B.317	(\$293,866) (\$200,000)	<ul style="list-style-type: none"> Post Permanency Program -- 25% cut to support for new adoptions and guardianships Post Adoption Consortium 	<ul style="list-style-type: none"> Restore funding in full \$293,866 Reduce line item 603338 (High End System of Care) by \$123,218 GF to offset this change. The GC match adds \$170,648 to fully offset the cut. The High End System may also have carryforward because River Valley has not opened yet. Do not object to post adoption consortium cut 	<ul style="list-style-type: none"> Highest

B.317	None	<ul style="list-style-type: none"> Supervised Visitation 	<ul style="list-style-type: none"> Increase \$249,300 GF \$137,500 transfer from Center for Crime Victims Services Unit to DCF Follow up to report indicates significant gaps in terms of access to supervised visitation across the state. HHS recommends adjusting existing supervised visitation funding to stabilize the six existing sites to prevent further closures, start up funding for two additional sites where programs don't exist, towards a long-term plan of all counties having access, and a part-time position to coordinate the needs assessment and develop new sites. Recommend transfer of \$249,300 from the CHINS special funds in Judiciary. See language 	<ul style="list-style-type: none"> Highest
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Department for Children and Families – Economic Services Division				
Section	Governor's Recommendation	Budget Description/ Other Notes	HHS Recommendation	Priority
B.321	Total net decrease of (\$7,174,987)	<ul style="list-style-type: none"> The recommended decreases are as follows: 	<ul style="list-style-type: none"> HHS concurs with decreases except that housing related items are pending separate bill under 	<ul style="list-style-type: none"> N/A

		<ul style="list-style-type: none"> ○ \$139,171 Social Security Specialist Agreement Cut (GF) ○ \$32,809 Personal needs and Incidentals Caseload Adj. (BAA Item) (GF) ○ \$7,450,963 General Assistance Emergency Housing (GF) ● Recommended net increase for Support Services Caseload Adjustment (BAA item); \$447,956 GF 	consideration and not included here.	
Vermont Food Bank	None	<ul style="list-style-type: none"> ● Food purchasing for community partners 	<ul style="list-style-type: none"> ● \$2,000,000 for direct food assistance to communities ● HHS supports recommendations of the Agriculture and Food Resiliency and Government Operations Committees for Vermonters Feeding Vermonters Program (\$2M) and Emergency Food Distribution (\$1M) 	<ul style="list-style-type: none"> ● Highest
B.323	Net decrease (\$4,066,916) GF/GC	<ul style="list-style-type: none"> ● The recommended decreases are as follows: <ul style="list-style-type: none"> ○ Caseload Adj. (\$3,325,591) GF ○ Reach First Program Cut (\$108,360) GF ○ Pregnant and Parenting Bed Reduction (\$217,282) Medicaid GCF ○ Social Security Agreement Cut (\$148,111) GF ○ Reach Up Housing Agreement Cuts (\$266,572) GF 	<ul style="list-style-type: none"> ● HHS concurs, but notes that there have been decreases in the budget for Reach Up in the last two years; benefit is not keeping up with actual increased cost of living 	<ul style="list-style-type: none"> ● N/A

Department for Children and Families – Office of Economic Opportunity

Section	Governor's Recommendation	Budget Description/ Other Notes	HHS Recommendation	Priority
B.325	Net increase of \$23,023,200 for grants GF	<ul style="list-style-type: none"> • Recommended increases are: <ul style="list-style-type: none"> ○ Annualization of Permanent Supportive Housing (PSH) Community Transition Supports (BAA item) \$436,200 FF ○ Cold Weather Shelter (Shift from 1x to Base) \$1,300,000 GF ○ Base impact of 1x (HOP) shelter expansion investments \$6,200,000 GF ○ Family Specific Sheltering Option (Housing Initiative) \$7,884,000 GF ○ Medically Vulnerable Sheltering Option (Housing Initiative) \$2,628,000 GF ○ Substance Use Recovery (Housing Initiative) \$1,200,000 GF ○ Case Management Enhancements (Housing Initiative) \$1,275,000 GF ○ Domestic Violence Sheltering Option (Housing Initiative) \$500,000 GF ○ Rental Assistance \$1,400,000 GF 	<ul style="list-style-type: none"> • Pending separate bill under consideration and not included here 	<ul style="list-style-type: none"> • N/A

		<ul style="list-style-type: none"> ○ Natural Support Connections (Housing Initiative) \$200,000 GF ○ 21 Limited Services positions \$2,239,794 (Housing initiative) 		
B.321	(\$332,000)	<ul style="list-style-type: none"> ● Decrease Vermont 211 ● Eliminate overnight coverage 	<ul style="list-style-type: none"> ● HHS supports House Health Care Recommendation in Sec. A of their budget letter: "The sum of \$332,000 is appropriated from the Health IT-Fund to the Department of Mental Health in fiscal year 2027 for a grant to Vermont 211 to establish a closed loop referral system between Vermont 211 and health care providers at University of Vermont Health." 	● High
	None	<ul style="list-style-type: none"> ● End Homelessness Vermont \$511,625 	<ul style="list-style-type: none"> ● Support for disability-focused, peer led case management, housing and benefits navigation ● Endorsement and recommendation from 15 other community partner organizations. ● Source of funds SFY25 carryforward 	● Highest

Department of Disabilities, Aging and Independent Living

Section	Governor's Recommendation	Budget Description/ Other Notes	HHS Recommendation	Priority
B.330	None	<ul style="list-style-type: none"> ● 986,622 Meals on Wheels delivered ● \$13.43 FY 2024 rate study average/meal cost 	<ul style="list-style-type: none"> ● \$1,000,000 GF See language 	● Highest

		<ul style="list-style-type: none"> • \$11.1M total annual cost • With GF, GC and OAA total funding \$4,162,594 		
B.334.1	None	<ul style="list-style-type: none"> • Annualization of FY 26 BAA item to restore rates to FY 25 level 	<ul style="list-style-type: none"> • \$1,072,061 GC for ERC Level 1 	<ul style="list-style-type: none"> • Highest
B.334.1	None	<ul style="list-style-type: none"> • Annualization of FY 26 BAA item; 2% FY 26 COLA not included in FY 26 budget 	<ul style="list-style-type: none"> • \$336,211 GC AAA case management rate 	<ul style="list-style-type: none"> • Highest
B.334	None	<ul style="list-style-type: none"> • Home Share expanded in FY 26 to NEK with one time funds • Homeless prevention • Assists older Vermonters, individuals with disabilities and/or low-income people to remain housed • Expecting 100+ applications 	<ul style="list-style-type: none"> • \$235,000 GF • Reduce Choices for Care by \$560,458 GC to offset this request 	<ul style="list-style-type: none"> • Highest
B.334.1	None	<ul style="list-style-type: none"> • Vermont Ombudsman Program requested \$275,000 • 493 complaints were opened FY25 (12% increase). • 87% of closed complaints were verified with 93% to the satisfaction of the client, not including withdrawals 	<ul style="list-style-type: none"> • Recommend \$110,000 GC to retain 1 employee for extra caseload work • Reduce Choices for Care by \$110,000 GC 	<ul style="list-style-type: none"> • High
B.331	(\$150,000)	<ul style="list-style-type: none"> • Eliminates Vermont Support Service Provider (SSP) program • Provides essential Co-Navigator services for Deaf Blind residents, enabling autonomy, community access, and navigation with environmental information. 	<ul style="list-style-type: none"> • Restore full funding \$150,000 GF • Reduce Choices for Care by \$326,726 (GC) 	<ul style="list-style-type: none"> • Highest

Department of Health

Section	Governor's Recommendation	Budget Description/ Other Notes	HHS Recommendation	Priority
B. 311	Total net decrease (\$7,580,727)	<ul style="list-style-type: none"> Eliminate funding for AHEC and Health Care Professional Loan Repay programs 	<ul style="list-style-type: none"> VDH reports that health care professional tuition assistance is eligible under Rural Health Transformation Grant HHS supports Health Care Committee's recommendation to restore funding for AHEC 	<ul style="list-style-type: none"> High
B. 312	(\$421,693) net decrease	<ul style="list-style-type: none"> 2 Spending authority catch-up items (Immunization Program, Fire Safety) 	<ul style="list-style-type: none"> HHS concurs 	<ul style="list-style-type: none"> N/A
B. 313	\$1,224,970 None	<ul style="list-style-type: none"> Prevention program; increase from Cannabis Excise Tax 	<ul style="list-style-type: none"> HHS recommends different priorities in H.660; see bill for recommendations \$800,000 for recovery centers from Substance Use Prevention Fund Continues FY 26 funding level; see language 	<ul style="list-style-type: none"> Highest

Other

Section	Governor's Recommendation	Budget Description/ Other Notes	HHS Recommendation	Priority
Benefit Assisters	None	<ul style="list-style-type: none"> • \$4,950,000 • Cross-organization collaboration from 16 different community partners, representing 46 different organizations across AHS • Direct result of HR1 	<ul style="list-style-type: none"> • \$4,950,000 (probably eligible for some level of GC) • Recommend using portion of \$50 million set aside in FY 26 for issues arising from HR1 • Needed to prevent eligible individuals from losing benefits (e.g. DCF issued 3 Squares (SNAP) benefit termination letters to 2100 people effective 03/01/26) 	<ul style="list-style-type: none"> • Highest
B.314 – DMH	(\$160,000)	<ul style="list-style-type: none"> • Eliminates Chittenden County Community Outreach Program 	<ul style="list-style-type: none"> • HHS concurs with House Health Care recommendation to maintain program within the DMH budget • Community partners (e.g., libraries, municipalities) report high satisfaction with this service • Supports individuals who are homeless with mental health challenges 	

Proposed Budget Language

Sec. A. CHOICES FOR CARE; FISCAL YEAR 2028 BUDGET

For the fiscal year 2028 budget, the Department of Disabilities, Aging, and Independent Living shall present as separate line items for the Choices for Care Program home- and community-based services and skilled nursing facility services.

Sec. B. MEAL-DELIVERY SERVICES

(a) It is the intent of the General Assembly to ensure that appropriated funds for nutrition and meal-delivery services are directed equitably and that the General Assembly receives transparent and detailed information regarding the distribution and use of appropriated funds.

(b) General fund and global commitment monies that are distributed from the Department of Disabilities, Aging, and Independent Living to the Vermont Center for Independent Living and the area agencies on aging for meal-delivery services shall be used solely for these services and shall not cover any administrative fees.

(c) The Department shall distribute funds to the area agencies on aging and to the Vermont Center for Independent Living for the exclusive purpose of supporting home-delivered meal and congregate production, including food costs, preparation, volunteer recruitment, and delivery to eligible older Vermonters.

Sec. C. 33 V.S.A. § 507 is added to read:

§ 507. REPORT; HOME-DELIVERED ON CONGREGATE MEALS

Annually, on or before January 1, the Department shall submit a written report to the House Committee on Human Services and to the Senate Committee on Health and Welfare that addresses:

- (1) the total number of meals provided statewide, disaggregated by provider and by home-delivered versus congregate meal type;
- (2) the per-meal reimbursement rates paid by each provider to any subcontracted provider;
- (3) the methodology used to establish reimbursement rates;

(4) the total amount of funds appropriated and expended for home-delivered and congregate meal services;

(5) the amount of funds distributed to each provider and any subcontracted provider; and

(6) the number of individuals on waiting lists for each provider and length of time on list.

Sec. D. HEALTH; PUBLIC HEALTH

(a) HIV/AIDS funding:

(1) In fiscal year 2027 and as provided in this section, the Department of Health shall provide grants in the amount of \$475,000 in AIDS Medication Rebates special funds to the Vermont AIDS service and peer-support organizations for client-based support services. The Department of Health AIDS Program shall meet at least quarterly with the Community Advisory Group with current information and data relating to service initiatives. The funds shall be allocated according to a request for proposal process.

(2) In fiscal year 2027 and as provided by this section, the Department of Health shall provide grants in the amount of \$340,000 from the General Fund for HIV and Harm Reduction Services to the following organizations:

(A) Vermont CARES: \$165,000;

(B) AIDS Project of Southern Vermont: \$110,000; and

(C) HIV/HCV Resource Center: \$60,000.

(3) Ryan White Title II funds for AIDS services and the Vermont Medication Assistance Program shall be distributed in accordance with federal guidelines. The federal guidelines shall not apply to programs or services funded solely by the General Fund.

(A) The Secretary of Human Services shall immediately notify the Joint Fiscal Committee if at any time there are insufficient funds in the Vermont Medication Assistance Program to assist all eligible individuals. The Secretary shall work in collaboration with persons living with HIV/AIDS to develop a plan to continue access to Vermont Medication Assistance Program medications until such time as the General Assembly can take action.

(B) As provided in this section, the Secretary of Human Services shall work in collaboration with the Vermont Medication Assistance Program Advisory Committee, which shall be composed of not less than 50 percent of members who are living with HIV/AIDS. If a modification to the Program's eligibility requirements or benefit coverage is considered, the Committee shall make recommendations regarding the Program's formulary of approved medication, related laboratory testing, nutritional supplements, and eligibility for the Program.

(4) In fiscal year 2027, the Department of Health shall provide grants in the amount of \$400,000 from the General Fund for HIV and Harm Reduction Services on or before September 1, 2026. The method by which these prevention funds are distributed shall be determined by mutual agreement of the Department of Health and the Vermont AIDS service organizations and other Vermont HIV/AIDS prevention providers.

(5) In fiscal year 2027, the Department of Health shall not reduce any grants to the Vermont AIDS service and peer-support organizations or syringe service programs from funds appropriated for HIV/AIDS services to levels below those in fiscal year 2026 without receiving prior approval from the Joint Fiscal Committee.

Sec. E. APPROPRIATION; RECOVERY PARTNERS OF VERMONT

In fiscal year 2027, \$800,000 is appropriated from the Substance Misuse Prevention Special Fund to the Department of Health for distribution to individual recovery centers in accordance with the recommendations of Recovery Partners of Vermont.

Sec. F. SUPERVISED VISITATION PROGRAM

(a) In fiscal year 2027, \$137,500 of General Fund that has historically been distributed to the Vermont Center for Crime Victim Services for supervised visitation shall be transferred to the Department for Children and Families. These monies shall be combined with the \$100,000 federal funds allocated by the Office of Child Support for the same purpose. Together these consolidated funds amounting to \$237,500 shall be distributed from the Department to supervised visitation programs.

(b) In fiscal year 2027, \$249,300 is appropriated from the General Fund to the Department for Children and Families for distribution for supervised visitation as follows:

(1) \$199,300 to the six existing community-based supervised visitation sites with remaining monies used for start-up funding for two additional sites in counties where programs do not currently exist to become operational on January 1, 2027.

(2) \$50,000 to the Vermont Network Against Domestic Violence and Sexual Violence for a statewide supervised visitation coordinator who shall initiate a needs assessment to assist in development of a sustainable coordinated system with equitable access to supervised visitation statewide. The coordinator shall work with the Department to develop a funding formula for supervised visitation sites, to identify the community partners to develop two new supervised visitation sites during fiscal year 2027, and to begin planning for the creation of four additional supervised visitation sites, two each to become operational beginning in fiscal years 2028 and 2029.

Sec. G. HIGH-END SYSTEM FACILITIES FOR YOUTH

In fiscal year 2027, the Departments for Children and Families and of Buildings and General Services shall not expend funds for further development of the Green Mountain Youth Campus, until the Agency of Human Services provides to the House Committees on Appropriations, on Health Care, and on Human Services and to the Senate Committees on Appropriations and on Health and Welfare a complete, unambiguous written analysis of the estimated costs of a five-year operating budget as requested in 2025 Acts and Resolves No. 27, Sec. E.300.1 for full utilization of the proposed 41-bed high-end system of care.

Sec. H. RESIDENTIAL CRISIS STABILIZATION SERVICES FOR YOUTH

In fiscal year 2027, the Agency of Human Services shall not distribute funding to West River Haven prior to renegotiating the current contract between the Agency and West River Haven for residential crisis stabilization services for youth in a manner that ensures rates are more closely aligned with care provided at Red Clover and in the Brattleboro Retreat's inpatient psychiatry unit.

MEMORANDUM

TO: House Committee on Human Services
FROM: Rep. Anne Donahue
DATE: Feb. 25, 2026
RE: Recommendations for Budget Language on High-End System Costs

In its BAA budget recommendations, the Human Services Committee expressed concern that a full picture of the projected annualized funding for the high-end system of care has yet to be presented to the General Assembly, despite the budget request last year that it be presented along with the Administration's FY27 budget.

As feared, even in the coming fiscal year, the costs of just the first three permanent beds are already resulting in proposals to drain the budget of money from crucial prevention programs. There was \$619,234 in savings from reduced foster care costs, identified as resulting from prevention services. However, the proposed budget actually significantly cuts two prevention programs. The cuts total \$488,239 in GC cuts but with the lost match, only add \$287,804 in GF to help further subsidize the three River Haven high-end beds budgeted at \$4.3 million. (Red Clover's \$4.1 budget is being proposed as a one-time expenditure because it will continue being a "temporary program" until the Green Mountain Youth Campus (GMYC) is built, so it is not even within the budget shifts required this year.) There is also no clarity as to how \$4.3 million in the FY26 is projected to be spent this year for River Haven, including \$1.9 million in BAA, which is not yet open. DCF has indicated that there may be carryover in the River Haven budget at the end of FY26.

Recommendation 1. The prevention programs must be restored through a \$287,804 reduction to the "high-end" program budget, including from the potential carryover savings from the \$2 million.

In the 2024 budget, in order to have insights into long-term projected budget impacts, the General Assembly requested that by January 15, 2025, DCF report on "*the anticipated cost differential*" between operating Woodside and operating "*the various residential treatment programs for youth developed to replace the former Woodside Juvenile Rehabilitation Center.*" The report came on March 27 and provided only the FY26 budget projection and a conclusion that "*DCF acknowledges that its proposed system of care will cost more to operate than Woodside cost several years ago.*" (\$6,196,808). It cited smaller, more therapeutic facilities, and a barrier to comparative costs based on significant cost increases, particularly for workforce. The operating costs for the first seven beds are now budgeted at \$8.4 million.

In the 2025 budget, the General Assembly again sought clearer forecasting, requesting that when the FY27 budget was presented, AHS provide a "*projected five-year operating budget*" across departments "*for full utilization of the high-end system components as currently planned,*" citing the 41 new beds in previously presented plans. In the FY27 budget book, DCF reported that "*Because there have been very recent changes to the system of care, the multi-departmental group is still finalizing that data that is requested in Act 27.*" Preliminary data was then submitted from DCF alone, but it failed to include any projected cost estimates. DCF said on Feb. 15, "*... projections for SFY 28 and beyond ... are not figures that we have available at this time.*"

It is a frightening prospect that the State is moving full speed ahead and signing high-cost multiyear contracts, without a sense of future costs. This year's proposed budget underscores the consequence of disregard of cost before proceeding.

To date, seven of the 41 beds are open, or will open imminently. The operating costs for the two programs (a four-bed and a three-bed) total \$4.1 and \$4.3 million, respectively. Both are operating under contract with private companies. The operating cost **per bed per day** (occupied or not) at the West River Haven Crisis Stabilization facility is \$3,927. The operating cost per bed per day (occupied or not) at the temporary Red Clover in Middlesex is \$2,825 **per bed per day** (the exact same cost as youth inpatient psychiatry at the Brattleboro Retreat, but without psychiatry services.)

At Red Clover, the cost of staffing is \$2,674,510 of the \$4.1 million budget for 33 staff, and at West River Haven it is \$3,501,895 of the \$4.3 million budget for 38.5 staff. It is unclear how many are required to be on site. According to DCF, the contract percentage going to out-of-state administrative overhead for the Abraxis Group is \$564,787. The Abraxis Group president made \$1.4 million per year in 2024, and two others made \$904,526 and \$771,633. Bonuses alone for top corporate staff totaled \$625,000.

It cost more than \$2 million to refurbish the basement of an existing sheriff's office to create three bedrooms and one common area for River Haven. Perhaps that investment made the State reticent to back out when it could not find a provider willing to contract for less than an irrational, almost \$4,000 per bed per day cost—a provider, in addition, with serious licensing violations in other states.

The failure to develop any projections of the costs—and the unclear ability of the State to make judgements about cost-benefits of the facilities and contracts established to date—raise serious questions about legislative responsibilities for oversight of its current intended directions. The contract signed with Abraxis should raise alarms.

Recommendation 2. The General Assembly should require AHS to renegotiate the contract prior to the start of the FY27 budget, without spending authority for the budgeted line item under the current contract until that has occurred.

Recommendation 3. The General Assembly should freeze any expenditures for further development of the Green Mountain Youth Campus until the Agency of Human Services can provide a clear analysis of the estimated and potential costs intended new system. The work on the GMYC is ongoing. It has been difficult to identify where the development funds authorized for that work now sit; DCF says there were capital funds appropriated to BGS that “may still be available” but that are not under the Department's control.