Testimony to VT House Healthcare Committee

Alexander Smith, MA

Director of Adult Mental Health Services at Counseling Service of Addison County

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Thank you for this opportunity to meet with you, and for all you're doing to support quality healthcare systems for all, while also dealing with the realities of competing needs and pressures. I know it is not easy, and now that I've acknowledged this, I'm about to add to this burden by speaking to another need I'm hoping you can pay attention to.

I want to speak to the impact of the mental health urgent care initiatives, from the perspective of our program in Addison County, Interlude, as the grant funding is coming to an end, and there's no clear funding commitment yet to move forward. Additionally, Interlude illustrates a unique aspect of low barrier engagement that we think is critical in maximizing the impact for all the urgent care programs.

I have 3 main asks:

1. that we find funding for Interlude to continue beyond June 30 when the grant ends,
2. that we do what we can to support the "firehouse model" of funding so that these programs can protect the low barrier that has been so effective, and
3. that we do what we can to adequately support the peer based staffing to be able to sustain the highly effective and personally demanding work we are asking them to do.

To give a little background - Interlude came out of the work of a committee of clients, family representatives, and staff over a 2 year period who were trying to figure out alternatives that could help reduce the need for involuntary admissions as well as the very difficult situations that develop in emergency departments while people are experiencing mental health crises and awaiting hospitalization.

Funding possibilities first came from a federal earmark facilitated by Senator Sanders, then Vermont legislative support helped to generate a grant process facilitated by DMH.

The model our work group came up with was to offer alternative crisis support on weekdays in a welcoming and comfortable space, based on the concept of the Living Room model. Instead of greeting people with a lot of forms and pre-populated assessment questions, staff would prioritize taking the time to hear what brings guests in and invite discussion of how best the staff can be of support. The staff would work from the Intentional Peer Support framework which is one of our core approaches in the Vermont system of care. The work would also be

informed by the more clinically generated approach called Open Dialogue, that CSAC and some other DA's have been working with over the past 14 years or so.

While all the urgent care programs in Vermont include peer support, Interlude is the only program that doesn't try to introduce clinical approaches onsite, although they do support quick engagement with other services as sought by the guest. The staff focus on listening intently, offering mutuality, letting people define what they need, and giving things some time, which almost always allows whatever distress a guest is coming in with to calm and feel more workable.

In terms of results, I have to say that I have been working in the Vermont system of care for over 40 years and I am seeing differences in engagement and response to the low barrier, welcoming, peer based supports that Interlude offers that really stand out to me.

Through calendar years 2024 and 2025, Interlude has met with 143 people coping with mental health crises through about 1,200 encounters. Not included in these numbers is another 15 to 20 open dialogue network processes Interlude staff have assisted with offsite. These numbers are smaller than other urgent care programs, but when adjusted for regional population rates they are comparable. People have come in coping with mental health crises of all types, and Interlude has had notable efficacy in being available to some people who have felt too much distrust to engage in other more conventional mental health services. This impact has been further indicated by the fact that several people have opted to participate anonymously

Since the start of the program in 2023 only one guest went from Interlude to the ED, and that was a voluntary choice. There have been some situations where Interlude has visited and assisted people in the emergency department and helped them to transition out of the ED, averting the admission altogether.

Guests have shared that Interlude literally saved their lives. Some have commented on the sense of safety and trust they quickly experience after they walk in the door, and how different in a better way this feels than when they attempted to seek mental health support in the past. Some have expressed that they feel they can speak to things that otherwise they fear might get them locked up. Others have commented on the experience of talking with people who "get it", who have been through similar challenges with mental health conditions as well as adverse experiences in some services systems.

One person who had come while in crisis, and also coping with stressors of being unhoused and unemployed, returned after months without contact, now housed, employed, and feeling good about life, just to thank the staff and "see where it all started."

For some people this has been their first point of engagement in services and there are others who have had a broader range of mental health supports who have decided to add Interlude

into their range of options to help get through a difficult time. The staff sometimes go offsite to offer support in other settings (including the ED). When circumstances allow, they also participate in open dialogue network meetings with guests and their personal networks in an effort to collaboratively understand and plan for how to get through the crisis at hand. This way of meeting in times of mental health crisis has also been especially effective.

Another data point of note is that CSAC has been running at population adjusted rates of involuntary admission that are half to a third of state averages, and Interlude has played an important role in these results.

We're also experiencing something that we've also heard other peer led crisis support alternatives describe – that aggressive reactions from guests almost never occur in these spaces, which is likely a result of the collaborative relational dynamics and the non-institutional cues in the space.

The key ingredients to why this is working so well include:

- Most importantly, the ethos of Intentional Peer Support – people are met collaboratively and listened to intently. The guests are the ones defining their experience and guiding the supports they need. They are met with mutuality, respect, and transparency.
- They are met in a welcoming comfortable space where we're decidedly trying to avert any kinds of institutional cues in the meeting space – a vast difference from the atmosphere of a busy emergency department.
- Very low barrier availability – walk in availability, no billing or intake formalities, and people can participate anonymously if they feel they need to. This is an especially important point regarding the funding model – it is critical that these programs are funded through a "firehouse model" as some of our other crisis resources are. Hitting people walking through the door with a lot of intake and billing formalities will largely undermine the efficacy of these programs. We know of many people who would not have engaged if they were met with these requirements.

The issues around what do regarding people who seem to clearly need to be in treatment but who aren't choosing to do so for whatever reasons, can be very difficult for those around them, especially family members, but also for our treatment providers and crisis responders, and sometime these situations can be impactful for other community members. Anything we can do to reduce the barriers to access for some of these folks so that they can find their way into supports that feel safe and approachable, can make a big difference, as we've seen play out with these urgent care programs, and as we've definitely seen with Interlude.

I want to thank you for considering the impact of Interlude and the other urgent care programs. I also want to thank NAMI Vermont and Vermont Care Partners for their advocacy, for this day

together, and the opportunity to participate. I am proud of Vermont for all that we offer in our systems of care and we mustn't let up in trying to figure out the best ways to be of help. There is much more impact we can have with emphasis on low barrier engagement, attention to relationship and power dynamics, and truly collaborative person-centered care. We also don't want to lose ground with all that has been accomplished.

Thank you!