

COMMISSIONER'S MESSAGE

The Governor's Commission on Successful Aging has been studying health care issues in the context of aging. Their findings and recommendations in three areas – oral health, falls prevention, and mental health and substance abuse – were recently presented to the Governor by members of the Commission's Health Reform Subcommittee. Governor Shumlin and his staff reviewed their report and offered positive reinforcement to the work accomplished by the diverse group of people he appointed to serve. Vermonters who work and volunteer for organizations devoted to aging issues, and state government representatives from the departments of Health (VDH), Mental Health (DMH), and Disabilities, Aging and Independent Living (DAIL) serve on the Commission, whose charge was to make recommendations to the Governor. Now that the Governor has met to listen and react to the report, we in DMH can begin to frame how best to respond within existing resources and capacities to the core recommendation to the Governor: *State government, particularly Vermont's Departments of Mental Health, Disabilities, Aging and Independent living, and Health, should work collaboratively and seek input from designated agencies, community partners, stakeholders, and other resources of state government to define action steps and strategies designed to strengthen prevention and treatment interventions for Vermonters age 65 and older.*

The full report will make an important contribution to our understanding of the health status of older Vermonters. It is noted that the aging of the Baby Boomers, those born between 1945 and 1965, will cause a demographic bubble that will triple the number of people over 80 years of age by 2025. Prevention strategies and recommendations for health-related vulnerabilities of growing older will require the analysis of resources, system capacities, and ongoing health reform efforts. We look forward to how the array of public and private agencies can make a real difference toward the goal of enabling people to age in supportive communities with dignity, respect and independence.

--- Frank Reed, Commissioner

LEGISLATIVE AND REGULATORY

- **Secure Residential Facility: Planning for Site, Design and Individuals Served**
The 7-bed Middlesex Therapeutic Community Residence (MTCR) opened in 2013 as a temporary solution to Vermont's need for a locked residential facility to accommodate individuals who no longer require inpatient acute psychiatric hospitalization, but must remain in a secure setting for an extended period of time. The State has taken a number

of planning and evaluation steps to prepare for developing a permanent replacement for the MTCR. These include collaboration with the Department of Buildings and General Services (BGS) on siting considerations; discussions with the Agency of Human Services on the needs of populations not currently served by DMH; a request for information from non-governmental agencies, architects and developers; and dialogue with the Legislature. Act No. 26 [Sec.30] of 2015 requires the Secretary of Human Services to conduct an examination of the needs of the agency for siting and designing a secure residential facility. The examination shall analyze the operating costs for the facility, including the staffing, size of the facility, the quality of care supported by the structure, and the broadest options available for the management and ownership of the facility. DMH has helped to facilitate these discussions and further understanding of the issues involved. The Secretary's report is found at this link on the DMH website.
http://mentalhealth.vermont.gov/sites/dmh/files/SRR_Plan_for_Siting_and_Design2-22-16.pdf

- **CON Review of Electronic Health Record Development at VPCH**

The Department of Mental Health submitted the CON report covering the last quarter of 2015. In accord with the Certificate of Need issued in November 2012, DMH provides the Green Mountain Care Board with CON Implementation Reports at 3-month intervals. Beginning in 2016, these reports will focus on the Electronic Health Record development and implementation as the hospital is fully operational in other respects. Any changes to the VPCH campus, i.e. the proposed garage and added parking, will be reported as well.
http://mentalhealth.vermont.gov/sites/dmh/files/CON_Implementation_Report_2-23-16.pdf

PROMOTING HEALTH, WELLNESS AND RECOVERY

- **Diabetes 101: What is diabetes? How is it diagnosed, treated and measured?**

Diabetes is a disease that makes your blood sugar too high. There are two major types of diabetes – Type 1 and Type 2. Ninety percent of people living with diabetes have “Type 2”. They are not efficiently using insulin, a hormone produced by the body that enables your cells to use the carbohydrates from the food you eat. This is sometimes called “insulin resistance”, and results in high levels of sugar in the blood. Only about 10 percent of people living with diabetes have “Type 1”; they don't produce any insulin. Unlike Type 2 diabetes, Type 1 diabetes is not preventable but can be managed. When a woman develops diabetes during her pregnancy it's called “gestational diabetes”. This increases her risk for Type 2 in the future.

High blood sugar over time increases the risk of getting heart disease, kidney disease, blindness, pain and other health problems. People who manage their diabetes well by keeping blood sugar and blood pressure under control usually avoid these problems. Healthy eating, physical activity and medications are the cornerstones of control. Self-management support from community programs and regular visits with medical providers are also keys to successful management.

Approximately 1 in 3 adults has prediabetes, a condition where sugar levels are higher than normal but not high enough to be classified as Type 2 diabetes. However, most do not know that they have it. Knowing whether or not you have prediabetes provides an opportunity and an incentive to take action with healthier eating and physical activity to prevent or delay diabetes from developing. If you are overweight, a small loss of body weight (5 to 10 percent of your current weight) can keep diabetes out of the picture.

Blood sugar is commonly checked with either a fasting blood sugar or an A1C lab measurement. The fasting sugar shows the blood sugar measurement for that specific time, while the A1C measures an average blood sugar for the past 3 months.

Numbers for Diagnosing Prediabetes and Diabetes		
	Fasting Blood Sugar	A1C Test
Normal	Below 100 mg/dl	5.6% or below
Prediabetes	100 mg/dl – 125 mg/dl	5.7% – 6.4%
Diabetes	126 mg/dl or above	6.5% or above

Insulin is frequently a prescribed medication for all types of diabetes. It is taken at home, most commonly as an injection with a syringe or “pen”, or through an insulin pump. Healthy eating and physical activity are also recommended for diabetes treatment and management.

Diabetes is a serious condition, but people with diabetes can lead active, healthy lives. Information about free self-management programs for diabetes prevention or for diabetes management is available at www.myhealthyvt.org. Robin Edelman of the Vermont Department of Health contributed this article. Find more resources at <http://healthvermont.gov/prevent/diabetes/diabetes.aspx>.

COMMUNITY MENTAL HEALTH SERVICES

- **Howard Center’s Community Education Series**

Public understanding about mental health and addiction issues has progressed. Still, many more opportunities to explore topics, increase accessibility to services and treatment, reduce stigma and fear through education, and raise awareness of community resources are needed. The expertise, experience and knowledge of Howard Center providers are shared in this free, open Community Education Series. Registration is not required; seating is first come, first served.

- ✓ **Autism: Information and Resources for Transitioning into Adulthood**

Anne Vernon, MA

MARCH 31

6:00 pm – 7:30 pm

DEALER.COM -- 1 Howard Street, Burlington (corner of Howard and Pine Streets)

- ✓ **Understanding Trauma and Its Impact: Creating a Trauma Informed Community**
Beth Holden, MS, LCMHC, LADC and Kerry Stout, LICSW, LADC
APRIL 21 6:00 pm – 7:30 pm
DEALER.COM -- 1 Howard Street, Burlington (corner of Howard and Pine Streets)
- ✓ **“Healing Voices” film: Rethinking our Cultural Understanding of Mental Illness**
Panel Discussion: Sandra Steingard, MD, and Matt Bousquet and Sean Lynch
APRIL 29 6:00 pm – 8:30 pm
LAKE AND COLLEGE BLACK BOX THEATER – 60 LAKE ST., BURLINGTON
- ✓ **Six Myths and Five Secrets of Better Sleep**
Joseph Lasek, MD
MAY 19 6:00 pm – 7:30 pm
DEALER.COM -- 1 Howard Street, Burlington (corner of Howard and Pine Streets)

DEALER.COM, a major employer serving the auto industry’s marketing needs, is donating the use of their space (theater, sound system, and parking) to Howard Center as a contribution to the community.

RESEARCH STUDIES AND FINDINGS

- **Early Episode Psychosis**



- Yale-led study reveals early, aggressive psychosis treatment justifies cost
- The additional cost of intensive treatment for people who have just experienced their first psychotic episode is justified by the significant improvement the treatment produces in quality of life, according to a Yale-led study published in the journal *Schizophrenia Bulletin*. **Robert Rosenheck, MD**, professor of psychiatry and of health policy, and senior associate in Health Services Research at the VA New England Mental Illness, Research, Education and Clinical Center, was lead author of the study.

Yale-led study reveals early, aggressive psychosis treatment justifies cost

by Bill Hathaway

February 1, 2016

This article is republished from [Yale News](#). For questions, please contact Bill Hathaway at william.hathaway@yale.edu.

The additional cost of intensive treatment for individuals who have just experienced their first psychotic episode is justified by the significant improvement the treatment produces in quality of life, according to a Yale-led study published February 1, 2016, in the journal *Schizophrenia Bulletin*.

“Typically, only the sickest people receive the most intensive treatments, but our analysis shows that aggressive early intervention pays off with improved relationships, a greater likelihood of being enrolled in school or employed, and an overall sense of well-being,” said Dr. Robert Rosenheck, professor of psychiatry and public health at Yale, senior

associate in Health Services Research at the VA New England Mental Illness, Research, Education and Clinical Center, and lead author of the study.

The first onset of schizophrenia — marked by delusions, hallucinations, disorganized thinking, and inability to maintain daily routine — usually occurs in young adults who often are unaware of what is happening to them. Anti-psychotic drugs yield only partial improvement for most people with the disorder, which can cause profound long-term disability.

The National Institute of Mental Health (NIMH) in 2014 earmarked \$25 million to investigate whether comprehensive early treatment can improve outcomes and especially the most important outcome — quality of life. Several studies have found that providing services such as personalized medication counseling, family counseling, self-management therapy, and job and education counseling can reduce symptoms for newly diagnosed people with schizophrenia as compared to standard community care, but the studies have not focused on quality of life and cost-effectiveness. The new study led by Rosenheck and John Kane of the Hofstra North Shore-LIJ School of Medicine, senior author of the paper, used a complex analysis to show the quality of life benefits justified the approximately 27% increase in costs from the standard care approach.

“The question people hesitate to ask is: How much should we spend to help someone to live a better life — actively socializing, engaged in the world, and curious about things going on around them?” Rosenheck said, “The answer is that the quality of life benefits realized by providing the right treatment at the right time are greater than the costs.”

The NIMH provided funding for the study. The *Advisory* publishes occasional research findings with educational value related to the work of the Department of Mental Health. Early Episode Psychosis (EEP) is a project of the Vermont Cooperative for Practice Improvement (VCPI), to which 10 percent of Mental Health Block Grant funding is allocated as required by SAMHSA.

FOCUS ON SUCCESSFUL AGING

- **Preparing for our Future Selves: How 21st Century Demographics Will Change our Lives**
Governor Madeleine M. Kunin, Marsh Professor-at-Large, is sponsoring a free public lecture on our aging population by Professor Sarah Harper, Co-Director of the Oxford Institute of Population Ageing, Professor of Gerontology at the University of Oxford and Senior Research Fellow at Nuffield College. She will speak on “Preparing for our Future Selves: How 21st Century Demographics Will Changes our Lives” on Thursday, March 24th in the Dudley H. Davis Center Livak Ballroom at The University of Vermont. This is a rare opportunity to get the big picture in population changes that will have significant impact on us here in Vermont. Contact Renée Bourassa, UVM Conference and Event Services, at 802-656-0856 or renee.bourassa@uvm.edu for more information.

WATERBURY STATE OFFICE COMPLEX

- **Randolph Sheppard Vending Facility Program**

The *Advisory* has brought readers into the transition of the Agency of Human Services movement into its beautiful and functional new space in Waterbury that is welcoming new groups of employees every week. One area getting busier is the café located in the atrium on the second floor where an increasingly diversified menu for breakfast, lunch and snacks are offered. While the café serves AHS employees and visitors to the WSOC, it also will provide remunerative employment and self-support to the blind and visually impaired under a 1936 federal program, the *Randolph-Sheppard Act*, that was intended to enhance employment opportunities for trained, licensed blind persons to operate facilities that include cafeterias, snack bars and automatic vending machines that are on federal property. Through the enactment of state laws, including Vermont, the program has broadened to include other locations as well. The Overlook Café at 108 Cherry Street in Burlington, which is home to the Vermont Department of Health, is similarly operated. Also being operated by a consumer of the Division for the Blind and Visually Impaired is the Courthouse Café at 32 Cherry Street, serving the Edward J. Costello Family Court. Once the Waterbury café is fully operational, staffing will enable individuals with visual impairments or blindness to obtain on-the-job training, work experience, and/or operate this type of business if they choose. Meaningful employment is an important part of a healthy lifestyle for most people with or without a disability.

MILESTONE IN VERMONT MENTAL HEALTH

- **In Memory of Carmen Thibodeau: Shaping DMH's Family-Friendly and Informed Legacy**
Vermont's family and consumer-informed system of care was shaped in part by the founders of AMI-VT, the Alliance for the Mentally Ill, founded by Roch and Carmen Thibodeau. Carmen, who recently passed away, is remembered along with co-founders Priscilla Welsh and Rita and Jim Hunt, as a leader in the development of NAMI Vermont. Meetings held around Priscilla's kitchen table brought together families experiencing crisis and finding support through what became NAMI. Carmen was a Howard Center board member for 13 years and made lasting contributions to the system of care. She is remembered by many families involved in the movement as a devoted friend who dedicated so many years to help other families, advocate for mental health parity, and challenge the stigma of mental illness through education, support, and grassroots political action. Carmen and her husband were instrumental in working with the Department of Mental Health toward supporting the movement financially with public funds, and the partnership they formed continues today. They also influenced teaching about mental illness at The University of Vermont. They worked with the Howard Center at a time when families had fewer community options and turned to NAMI and leaders like Carmen for help. Our thoughts and sympathies are with her family and friends.