10:00 -	Working Group Overview:
10:10am	 Task/charge put forth by legislature: "There is created the Working Group on Services for Individuals with Eating Disorders to assess those services available to individuals with an eating disorder in Vermont and make recommendations to the General Assembly as to how access for services might be improved." The Working Group shall: (A) conduct an inventory of existing services in Vermont for individuals with eating disorders; and (B) provide recommendations for expanding and improving existing services for individuals with eating disorders. Introduction of Participants Joining Today:
	Participants provide brief introduction of themselves
10:10 – 10:15am	 Recap Outlook: Meeting #1 (8/29): Introductions and inventory. In addition to introducing the working group and its members, we'd like to keep the main focus today on creating an inventory of what exists for Vermonters and Vermont families struggling with eating disorders, as well as determining what else we need to know in order to make that inventory comprehensive. Meeting #2 (9/26): Wrap up inventory and spend much of the meeting identify and discussing what it reveals about gaps/needs. Meeting #3 (10/24): Work in small groups then reconvene; begin drafting the recommendations to the legislature Meeting #4 (11/28): Public contribution Meeting #5 in December: Reflect on where we've been and finalize the recommendations. Haley and Kelley will draft formalized recommendations and send them back to the group for feedback before final submission in early 2023 (due to legislature by February 1, 2023).
10:15- 10:20am	 Introduction of public contribution: Expectations for contributions: Time available for each speaker Framework for discussions
10:20-11:30	Public Contributions

Public Comments

Speaker 1 - 12 step program was successful for a family, good family connections, bring the patient back into the moment, a program that people can believe in where the patient is in charge. Willing to help in any way.

Speaker 2 – lack of training of hospital staff and doctors around weighing patients without their consent and telling patients their weight without them wanting to know; nothing once you're released from the hospital

there's no transitional support, more outreach to gender/sexuality/race groups. 4/29/22 Burlington Need a Walk <u>burlingtonvtneedawalk@gmail.com</u>

Speaker 3 – lack of communication between providers (outside UVM network/ED's); contradicting views/goals created a mistrust; lack of services in VT, had to travel out of state, struggling to adjust away from home and then reacclimating to being back home; a better plan for reintegration from out-of-state care; creating a roadmap/early intervention. Happy to be a part of any future groups.

Speaker 4 – nothing in the community, inpatient stays were often traumatizing.

Speaker 5 – Occupational Therapists have a different perspective than mental health providers as some eating disorders are sensory in nature. Consider this perspective.

Speaker 6 – including residential care covered by adults with Green Mountain Care, approval process for single case agreements (many are denied) given limited contract work done with other facilities.

Speaker 7 – wife went to out-of-state clinics; hospitals in state are limited in what they can do; many places don't take Medicare, can't accept money out of pocket because they're on Medicare; do people know if eating disorders begin as a mental disorder and turn into a physical on or a physical that then causes mental health disorders; need to make sure there is a human element involved. Need support services for family members supporting those with eating disorders.

Speaker 8/9 – free searchable online database on a national level through national coalition for alliance on eating disorders, can search by state, insurance options, etc. (Don't want VT to have to reinvent the wheel). Free trainings online for providers, schools, teachers, kids, families. Offers resources, support, early intervention, education. All free and can send info to you. attend clinician lead online groups. https://www.allianceforeatingdisorders.com/

Speaker 10 – resources in VT are not anywhere near what was needed; traumatizing to send child out of state and was told it would only be for a couple of months and it ended up being a year; been all over various states seeking services. Insurance paid for services due to medical necessity because daughter's weight was so low and they also had the means to move around. Those whose weight isn't low enough often experience insurance coverage challenges and not everyone has the means to be able to go to programs out-of-state. Need more awareness and early intervention.

Speaker 11 – was told by the provider that they would not find what they need in VT and needed to begin looking out-of-state. Need more support groups. Need a center to access services in the north and south of VT.

Speaker 12 – long wait lists for specialists; once they did see specialist, they didn't ask the right questions/never mentioned the possibility of an eating disorder; lack of support in school systems. Pediatricians are in the dark about services/resources.

Speaker 13 – education where people see the symptoms first; education for people to not do more harm (antifat bias); ED certification is cost-prohibitive to a lot of providers.

Speaker 14 – so much time is lost in trying to find care since services are so lacking. Disproportionate aftercare.

Speaker 15 – not enough providers, out-of-state students' insurance won't cover VT.

Speaker 16 – DMH budget should allocate funds to eating disorder services.

Speaker 17 – UVM Dietetics: body embracing speaker in April 2023

Please send additional comments to <u>AHS.DMHCommunications@vermont.gov</u>