ACT 115 Section 13: Working Group on Services for Individual with Eating Disorders

Date: 10/24/2022 **Time:** 10:00 – 11:30am **Location:** Microsoft Teams

Chairs (DMH): Kelley Klein, MD; Haley McGowan, DO

Members: Laurel Omland (DMH), Alexandra Karambelas (DMH), Laura Lyford (DMH), Kim Swartz (VDH), Jen Smith (VCP), Annie Valentine (VHEC/UVM), Aubrey Carpenter (VHEC/UVM), Sarah Binshadler (VHEC/Middlebury), Erica Gibson (VT Medical Society), Elaina Efird (AND), Tom Wiegel (BCBS), Danielle Bragg (DVHA), Beth Younce (VT School RN Association)

MEETING NOTES

The majority of this meeting was spent in small groups, which included several members of the public in addition to workgroup members. Groups were assigned the following topics for discussion:

Identify priorities for Eating Disorder Treatment in Vermont, utilizing an Appreciative Inquiry model:

1. ***Discover:*** *Appreciating the best of 'what is.' What does Vermont do well that should continue or be augmented/improved? What are Vermont's areas of strength and success?*

2. ***Dream:*** *Imagining 'what could be.' Using past achievements and successes, imagine new possibilities and envisage a preferred future. If we could recommend anything, what would our ideal be?*

3. ***Design:*** *Determining 'what should be' by way of 3-5 strategic priorities. Bring together the stories from discovery ('what is') with the imagination and creativity from dream ('what might be') to envision and recommend the 'ideal for Vermont.'*

Notes from each breakout group are included below, with a preliminary list of potential recommendations compiled at the end. These initial, draft recommendations can serve as a starting point for our next meeting (Nov. 28th), which will be devoted entirely to public comment.

Breakout Group #1

Task #1:
Lack of services/availability. Waitlists are long. Some insurance complication. Availability of outpatient providers is often lacking. People not on the same page with communicating information, seeing this mixed messaging and often with athletes. Integrated care is missing. ED doctors don't have time/patience to go over things. Doctors mention there not being anything they can do. Wait until they're just about passed out to go to ED for fluids and then discharged once no longer life-threatening. Statewide system of integrated care, no silos. Need to be inclusive of multiple disciplines, coherent and cooperative.

Task #2:
Inpatient facilities that can restrain vs. not. ERC/Walden will restrain, Center for Change will not.

Plan for educating families on ED's (courses). More education for primary care providers, bare minimum if anything. More preventative care. More with school systems. Language and educative pre and post treatment. Remove stigmas about talking about it. Only dealing with fractals. Systemic oppression. Treating symptoms.

Task #3:
Discover – The State is trying to create more connections with outside providers, though this is very challenging for kids. Out of state adds to the complexity and reacclimate people into the community back home very difficult.
Dream – Collaborative, not competitive. PHP/IOP opening. Education, clinical and payment pieces, need coherence within the state. State demographics need to be considered for a statewide program.

Breakout Group #2

Primary VT needs:

1. Better case management/care coordination
2. Educational and outreach materials/campaign to easily connect families to vital information and providers
3. More accessible supports for continuing education and consultation for providers

Recommendations:

1. Create list of individual providers who have competency serving this population. As a first step we would need to assess how we define specialists- create a screening process as a group or best practice/ list of core competencies.
2. Continue to develop our list of provider trainings/ continuing education trainings. Create a sub-group to assess best practices in order to pick a few key options to support or fund as a state. Kimberly has begun this list, and may be worth coordinating with her to review as a group.
3. Create better outreach and educational materials for families (public health approach)
    a. Create a resource map of providers currently accepting patients
    b. Develop a map of care teams- group of providers who agree to be part of a team in an ongoing manner
    c. Create a diagram for community members to understand how individual providers are supposed to work together
    d. Develop a guide for families to identify warning signs, intervene or provide initial support, and how to support individuals at risk in seeking care
    e. Create a monthly/regular consultation call/drop-in hours or learning collaborative for providers
4. Some providers have skills (DBT etc), but don't feel confident serving this population. How to increase comfort? Outreach? Reference NFI crossroads DBT/IOP program that incorporated ED-specific training into broader medical trainings with availability for consultation
5. Funding ideas:
    a. Utilize funding to create statewide consultation program
    b. Utilize funding to create incentive program for private practices, primary care practices, DAs etc. to have staff attend continuing ed trainings, assess internal screening and referral practices etc.
    c. Utilize funding to create an outreach/educational campaign for the public

Breakout Group #3:

1. **Discover:** Appreciating the best of 'what is.'
    - Parent perspective: providers have been knowledgeable and helpful. Once you find your way in, the links to the limited resources that exist are great. Families very appreciative of the connections and ability to build relationships.
    - Providers are strong advocates.
    - DMH training/workgroup as an example that VT is responsive.
    - General willingness to pay for those services available. DVHA willing to step up to the plate for out of state services. Always willing to have conversations with other providers, and enroll them in VT Medicaid.
    - Good protocol in place at UVMMC and Dartmouth for medical stabilization.
    - Adolescent medicine providing education to school RNs and physical educators through columns, conferences, Zoom talks. Able to train peds residents and psychology residents in EDs, getting experience/training that they hadn't previously.
2. **Dream:** Imagining 'what could be.'
    - More comprehensive OP program that is truly multidisciplinary (below IOP/PHP level). Solid network of people that can work well together. Supports that are regionally accessible. Capacity to support even at a distance.
    - Partner to get a residential program open in VT (5-year dream). Strategically located for Vermonters. Challenge is population to support it; can be financially limiting.
    - Perhaps small number of patients within larger general hospital? Some note that it's very challenging to support eating disorder patients on general medical unit.
    - True dream is to have full continuum in state – inpatient/residential/IOP/PHP → OP, though not realistic.
    - Website or clearinghouse for families to get connected with resources.
    - Notable how many people have personal experience with loved ones having EDs, but how little people and providers actually know about them. Need one place to go to get people started. No Facebook page, website, etc. exists. Lots of asking around until you find someone who knows what they're doing. Lists of providers often outdated.
    - Host ED conference here in Vermont?
    - Education: How do we prevent people from moving away for tx; support providers who are VT established. Therapists seeking supervision. VT Psychological Assoc has hosted a few things, but few and far between.
3. **Design:** Determining 'what should be' by way of 3-5 strategic priorities.
    - "Train the trainer" model to leverage expertise of those we have in VT, while also recruiting. Needs to be ongoing – not just one day trainings but sustainable, ongoing discussions, collaboration, consultation with specialists.
    - Stronger family support programming – peer/parents support specialists, parent groups.
    - Online website/clearinghouse for families that feels like a warm, local place to access. Helps families navigate system, find resources.
    - Unlike to be able to support residential, but other ways to support round the clock care and support. IOP/PHP (that can flex up or down) is more fiscally manageable.
    - Explore options for federal or state money to help existing programs to expand. Vermont has a lot of buildings going unused.

Draft strategic priorities – COMPILED

1. **Education:**
    a. "Train the trainer" model to leverage expertise of those we have in VT, while also recruiting. Needs to be ongoing – not just one day trainings but sustainable, ongoing discussions, collaboration, consultation with specialists.
    b. Continue to develop our list of provider trainings/ continuing education trainings.
    c. Create a sub-group to assess best practices in order to pick a few key options to support or fund as a state.
    d. Create incentive program for private practices, primary care practices, DAs etc. to have staff attend continuing ed trainings, assess internal screening and referral practices etc.
2. **Providers/Programs/Programming:**
    a. Explore options for federal or state money to help existing programs to expand. Vermont has a lot of buildings going unused.
    b. Stronger family support programming – peer/parent support specialists, parent groups.
    c. Create statewide consultation program; Create a monthly/regular consultation call/drop-in hours or learning collaborative for providers. Possibility to utilize VTCPAP in some way?
    d. Unlikely to be able to support residential, but other ways to support round the clock care and support. IOP/PHP (that can flex up or down) is more fiscally manageable.
3. **Navigation:**
    a. Online website/clearinghouse for families that feels like a warm, local place to access. Helps families navigate system, find resources.
    b. Create list of individual providers who have competency serving this population. As a first step we would need to assess how we define specialists- create a screening process as a group or best practice/ list of core competencies.
    c. Create a resource map of providers currently accepting patients
    d. Develop a map of care teams- group of providers who agree to be part of a team in an ongoing manner
    e. Create a diagram for community members to understand how individual providers are supposed to work together
4. **Awareness/Public Health:**
    a. Create better outreach and educational materials for families (public health approach)
    b. Develop a guide for families to identify warning signs, intervene or provide initial support, and how to support individuals at risk in seeking care
    c. Public health campaign to promote early intervention, as many youth are deep into their eating disorders before accessing care of any kind.

Next meeting: November 28th; 10 – 11:30am. Meeting will be dedicated entirely to public comment.