Virginia Mental Health Access Program (VMAP)

Addressing the Mental Health Crisis in Pediatrics

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Scope of the Problem Nationally

• More than 1 in 5 (22.1%) U.S. children have 1 or more mental, emotional, developmental, or behavioral problems.
  • National Survey of Children’s Health, 2018-2019

• According to the World Health Organization, half of all mental illnesses begin by age 14.

• Many patients with mental health symptoms will see PCPs before they have been diagnosed with a mental health condition.
Scope of the Problem in Virginia

In the *State of Mental Health in America 2023* report:

- **124,000** (19.56%) Virginia children have had *at least one major depressive episode*.
- **90,000** children (60.2%) who have had a *major depressive episode* did not receive mental health treatment in Virginia.
- Of those *with severe depression* who *received* treatment, only **34.9%** received some consistent treatment.
Scope of the Problem

• Suicide is the 2nd leading cause of death for ages 10-24.
  • National Institute of Mental Health, 2021

• Virginia is 1 of 5 states that has experienced an increase in the number of youth suicides and an increase in the proportion of all suicides occurring among youth since the pandemic.
Scope of the Problem in Virginia

According to the 2022 Virginia School Survey of Climate and Working Conditions,

- 40% of Virginia high schoolers surveyed felt sad or hopeless almost every day for >=2 weeks in a row.
- 10% of middle school and 13% of high school students indicated that they had seriously considered attempting suicide in the past 12 months.
- Of those, 56% indicated they made a plan about how they would attempt suicide.
Workforce Shortage

• Virginia ranks 48th lowest in the country when considering prevalence of mental illness in our youth compared to access to care.
  • (The State of Mental Health in America, 2023)

• Virginia ranks 39th lowest in country for the number of psychiatrists, psychologists, licensed social workers, counselors, therapists and advanced practice nurses specializing in mental health care per population.
  • (The State of Mental Health in America, 2023)

• Only four counties have sufficient numbers of child and adolescent psychiatrists which represents only 23,086 of the 1.86 million children in Virginia.
  • (American Academy of Child and Adolescent Psychiatry, 2019)
Mostly Sufficient Supply (>=47)
High Shortage (18-46)*
Severe Shortage (1-17)*
No CAPs

(American Academy of Child and Adolescent Psychiatry, 2019)
And then you add a pandemic...

Impacts on mental health are more pronounced in young people (<25 years of age) based on a Mental Health America Survey data April and May 2020.

Survey of 11–17-year-olds results:

<table>
<thead>
<tr>
<th>What contributed to your MH problem right now?</th>
<th>ANXIETY (N=1368)</th>
<th>DEPRESSION (N=2828)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loneliness or isolation</td>
<td>76.5%</td>
<td>81.8%</td>
</tr>
<tr>
<td>Past trauma</td>
<td>50.8%</td>
<td>47.9%</td>
</tr>
<tr>
<td>Relationship problems</td>
<td>39.7%</td>
<td>42.0%</td>
</tr>
<tr>
<td>Coronavirus</td>
<td>31.6%</td>
<td>27.3%</td>
</tr>
</tbody>
</table>
COVID’s Impact on Pediatric Patients

- In August 2021, the Virginia Chapter of the American Academy of Pediatrics in partnership with DBHDS conducted a survey of primary care providers.

- 90% of respondents reported an increase in mental and behavioral health issues in children since June 2020.

- 62% of respondents reported they cannot currently meet this need and the majority anticipate the need will only continue to increase.
Why Virginia Needs a Mental Health Access Program

There is adequate access to child psychiatry for my patients (n=125)

There is adequate access to other child mental health services for my patients (aside from psychiatry, such as therapy) (n=124)

With the existing resources, I am usually able to meet the needs of children with mental health problems (n=116)

When I need a child psychiatric consultation (corridor or phone), I am able to receive one in a timely manner (n=121)

(VA AAP Survey Data)
Key Statistics

- **91% of Virginia localities** are mental health professional shortage areas (VDH Data from HRSA, 2022).

- **In Virginia, there are only 14 child and adolescent psychiatrists available per 100,000 children below the age of 18** (American Academy of Child and Adolescent Psychiatry, 2019).

- **Over 65% of pediatricians** reported they lacked mental and behavioral health knowledge and skills (McMillan, Land, & Leslie, 2017).
A Solution to the Problem: VMAP – a statewide Mental Health Access Program

Focused on children and adolescents
Question Time!

Have you heard of the Virginia Mental Health Access Program (VMAP)?

https://www.menti.com/alxshh9t5rup
Pediatric Mental Health Access Programs
**Provider Education**

Several education opportunities for primary care providers on screening, diagnosis, management, and treatment of pediatric mental health conditions.

- REACH PPP
- QI Projects
- Project ECHO
- Guidebook

**The VMAP Line**

Connects primary care providers to regional hubs that offer pediatric mental health consultation and care navigation to support with patients 21 and under.

- Child and adolescent psychiatrists
- Licensed mental health professionals (psychologists and/or social workers)
- Care navigators
How Does VMAP Work?

- PCP Mental Health Education
- PCP Calls VMAP
- Regional Hub Team Completes Intake

- Child Psychiatry Consult
- Child Psychology Consult

- Care Navigation
1,228 providers registered for VMAP

5,513 calls to VMAP line

23,371 hours of VMAP training

Data collected from August 1, 2019 – July 31, 2023
Calls to the VMAP Line
Year Over Year
VMAP Guidebook
For Promoting Child and Adolescent Behavioral & Mental Health in Primary Care

• Compilation of evidence-based practices, up-to-date resources, and practical knowledge specifically geared towards pediatric and adolescent health care providers.

• Available to download for free!
VMAP Guidebook

Contains care guides on the following topics:

- Disruptive Behavior & Aggression in Children 2-10
- Psychosis
- Substance Use Disorder
- Eating Disorders
- Sleep Challenges

- Depression
- Suicidality
- Anxiety
- Trauma & PTSD
- ADHD
- Bipolar Disorder
Question Time!

What is the biggest challenge facing your community right now?

https://www.menti.com/alxshh9t5rup
VMAP Care Navigation

Family-led and Person Centered
- Families know what’s best for their children
- Acknowledge lived experiences of the family and how they have or will impact the process
- Families are capable of accomplishing their goals

Embraces the MI Spirit
- CNs take a collaborative approach when providing appropriate resources
- Use evocation to draw out the unique needs, desires, and strengths of the family as they navigate the mental health world
- Families retain their autonomy when exploring resources with CNs
Call to Family → Provide Resources → Follow Up → Close Case

Establish Rapport  Gather Information  Educate and Inform
Call to Family → Provide Resources → Follow Up → Close Case

Collaborate with Colleagues  Vet and Research Providers  Report back to PCP
Call to Family → Provide Resources → Follow Up → Close Case

Family-Directed | Report Outcomes to PCP | Impermanent Status
Care Navigation Outcomes

• VMAP received 2,036 care navigation cases between Nov 2020 and Dec 2022.*

• Of all cases closed by the end of 2022, 61% of families received resources directly from our care navigators. In 32% of them, navigators were unable to reach the family but provided resources directly to the PCP. In 7% of closed cases, families reported no longer being interested in services when contacted by VMAP.

• Of the 61% that received resources, 18% completed the recommended appointments or were on a waiting list, 19% no additional follow up was needed, and in 19% of the cases our care navigators were unable to verify the families' connections to services.

• The most common resources provided to PCPs and families included Counselors/Therapists (45%), Non-VMAP psychiatrists (29%), and Psychological testing (6%).

*Approximately 3,612 total cases opened as of Sept 2023.
Care Navigation Outcomes

Barriers to Care Navigation Referrals, 2022*

- **Lower Priority/Too Busy**: 40%
- **Resource Availability Issue**: 34%
- **Insurance or Financial Issues**: 15%
- **Referral Provider Unresponsive**: 8%
- **Resource Quality Issue**: 8%
- **Transportation/Location Issues**: 8%

**Barriers Reported <5%**
- Referrals are not Necessary: 2%
- Other Logistical Issues: 2%
- SDOH Issues: 1%
- No Reason Given: 1%

*Please note that percentages don't equal 100% due to the question being a "Select all that apply" format.*
Mental Health Levels of Care

- **In Patient & Hospital Residential (Locked)**: 24 hours
- **Crisis Stabilization Unit (Not Locked)**: 20+ hours per week
- **Partial Hospitalization Program**: 9+ hours per week
- **Intensive Outpatient Program**: 5-15 hours per week
- **Intensive In-Home Therapy**: 1-4 hours per week
- **Applied Behavioral Analysis**: 5-15 hours per week
- **Individual & Family Therapy**: 1-4 hours per week
- **Psychiatry/Psychological Testing**: 1-4 hours per week
- **Topic/Population Groups**: 1-4 hours per week
Middle Levels of Care - PHP

Partial Hospitalization Program (PHP): 20+Hrs/ Wk of Group, Family, Individual, Therapy & Psychiatry. Examples: Suicidal/ Homicidal ideation without intent, able to Safety Plan, able to communicate with family about safety, self-injurious actions like cutting, not attending/ successful at school due to mental health.

• Substance misuse treatment ASAM level 2.5
Middle Levels of Care - IOP

Intensive Outpatient Program (IOP): 12+ Hrs/ Wk Group & Family Therapy. Examples: currently stabilized but formerly severe symptoms needing intense support to maintain safety/ stability, escalation or lack of progress in less intense therapy, thoughts of self-injury or suicide/ homicide infrequent, using Safety Plan, communicating with family but needing help to communicate with them and use Safety Plan.

Substance misuse treatment ASAM level 2.5
Middle Levels of Care - IIH

Intensive In Home Therapy (IIH) & Applied Behavioral Analysis (ABA): Varies ~ 5 to 15 Hrs/ Wk Individual & Family. Examples: problematic behaviors like outbursts, breaking things, self-isolation; also for Autism diagnosis for activities of daily living and educational activities.
Mental Health Levels of Care

**Inpatient Hospital & Residential:** 24 Hrs/day Medical & Therapy Staff, Locked, voluntary or involuntary. Examples: Suicidal or Homicidal attempt or plan/ intent, not eating/ drinking, unable to make Safety Plan, psychosis, inability to communicate with family about safety, family not able to keep safe at home.

**Crisis Stabilization Unit:** 24 Hrs/day Therapy Staff, Unlocked. Examples: increase in mental symptoms, severe family conflict, thoughts of suicide/ self-injury, able to Safety Plan and use coping strategies with staff help.

Virtual Residential/ Residential Prevention up to 40 Hrs/ wk

**Partial Hospitalization Program (PHP):** 20+Hrs/ Wk of Group, Family, Individual, Therapy & Psychiatry. Examples: Suicidal/ Homicidal ideation without intent, able to Safety Plan, able to communicate with family about safety, self-injurious actions like cutting, not attending/ successful at school due to mental health.

**Intensive Outpatient Program (IOP):** 12+ Hrs/ Wk Group & Family Therapy. Examples: currently stabilized but formerly severe symptoms needing intense support to maintain safety/ stability, escalation or lack of progress in less intense therapy, thoughts of self-injury or suicide/ homicide infrequent, using Safety Plan, communicating with family but needing help to communicate with them and use Safety Plan.

**Intensive In Home Therapy (IIH) & Applied Behavioral Analysis (ABA):** Varies ~ 5 to 15 Hrs/ Wk Individual & Family. Examples: behaviors like outbursts, breaking things, self-isolation, Autism.

**Problem/ Population Groups:** 1 – 4 Hrs/ Wk Group. Examples: Social Skills, Anger, Teens, Anxiety.

**Psychiatry & Psychological Testing:** varies ~ 1 to 4 Hrs/ month. Testing to diagnose Autism, ADHD, Depression, Bipolar Disorder, Learning Disabilities. Psychiatry for psychiatric mediations.

**Individual and Family Therapy:** 1-2 Hrs/ Wk. Examples: worries, adjusting to stressful life events, working on mental health symptoms, improving family communication, unhealthy behaviors that aren’t safety concerns like excessive gaming, self-isolation, arguing with parents excessively.

**All Levels: Crisis Assessment & Intervention**

Examples: CR2 or CSB Mobile Crisis for refusing to leave home, not willing to go to office, serious mental health worsening.
Ideal vs Available Treatment

• Regionally different levels of care are available
• Even when available variable access
• Informing and bridging ideal vs best in real world
How Do CSA Coordinators Interact With VMAP?
Working with VMAP: Example 1

- Provide an example of proactively working with VMAP
- What would you ask VMAP?
- What do you need from CN to help you?
Working with VMAP: Example 2

• Provide an example of a case where a family is looking for care and coordinating care with VMAP/CSA.
• How would you coordinate with VMAP?
Working with VMAP: Example 3

• Give an example of a problem/crisis case and working with CSA. Provide example of the breakdown and how to solve this problem.
• What does VMAP need to know to navigate your system?
Question Time!

Now that you know about VMAP how do you think you will interact with it?

https://www.menti.com/alxshh9t5rup
What are providers saying?

“This service was invaluable, and the patient has since returned to school and is doing much better! He will continue to see his therapist, but this service helped him "get over the hump" of a very difficult mental health crisis.”

“VMAP is a lifeline for pediatricians who are prescribing far more SSRIs than antibiotics this year—they help us help kids faced with months of waiting for care.”
Current Partners & Funders

- Virginia Department of Behavioral Health & Developmental Services
- MSV Foundation
- VDH Virginia Department of Health
- Virginia Chapter American Academy of Pediatrics
- UVA Children’s
- INOVA Health System
- CENTRA
- VCU Health
- Children’s National Hospital
- State Council of Higher Education for Virginia
- Mount Rogers Community Services
- Greater Lynchburg Community Foundation
- VAFCC
- CHKD
- UNITE US
- Carilion Children’s
Contact Your Hub Team

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Register with VMAP

www.vmap.org

1-888-371-VMAP (8627)

Follow us @VMAPva
References


“Adolescent and young adult health,” World Health Organization, Adolescent and young adult health (who.int), 10 August 2022.


Virginia School Survey of Climate & Working Conditions (2022), administered by The Virginia Department of Education and the Virginia Department of Criminal Justice Service.

Virginia Department of Health using data from the US Health Resources and Services Administration (July 2022)