



VMAP

Virginia Mental Health
Access Program

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.
 - *2022 Evaluation of suicides among U.S. adolescents during the COVID-19 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.

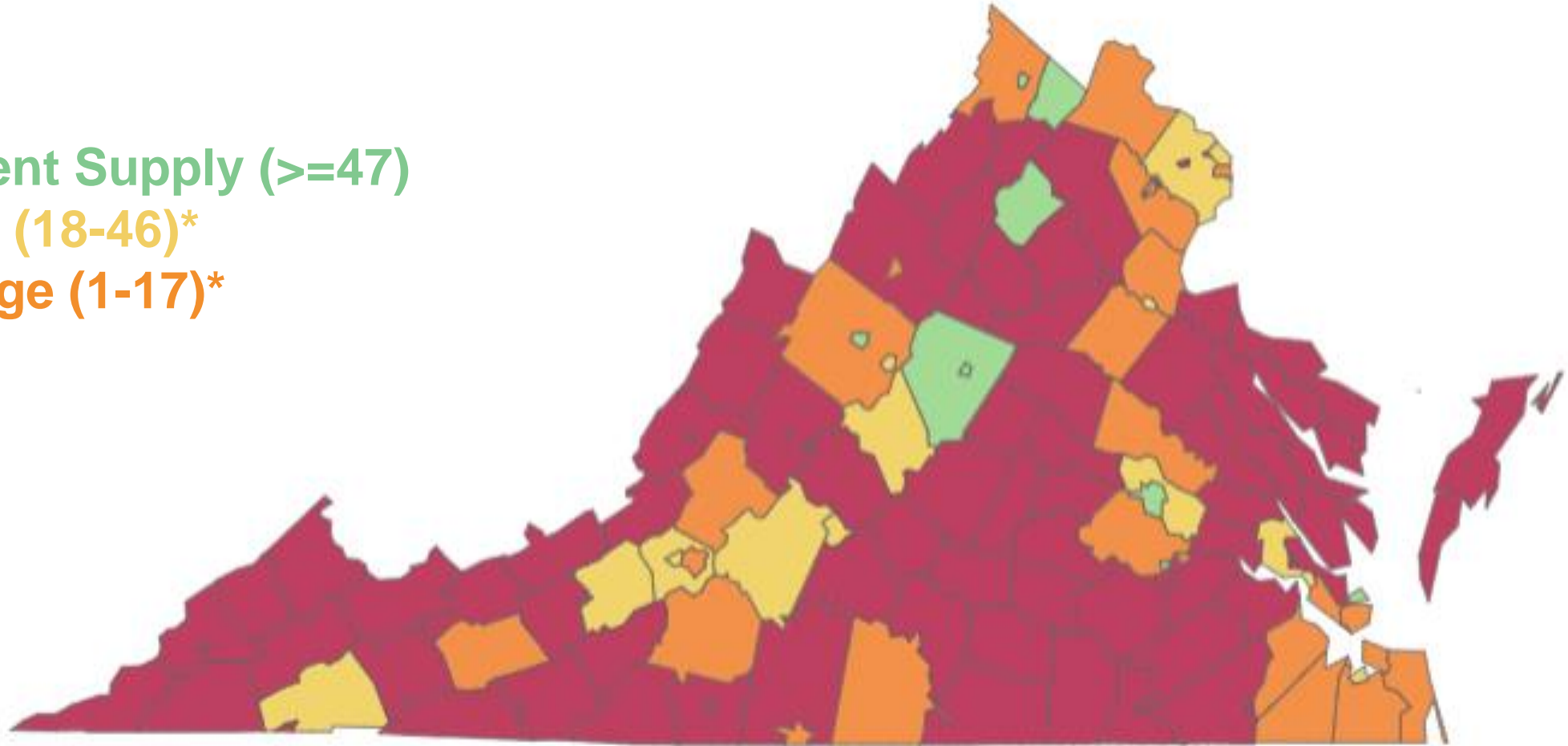


Workforce Shortage

- 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)*

Child & Adolescent Psychiatrist Shortage Virginia

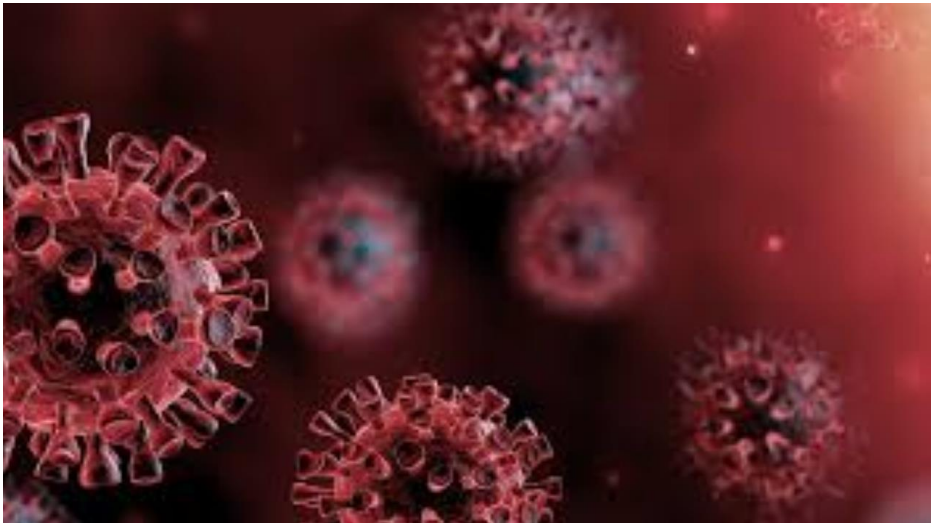
Mostly Sufficient Supply (≥ 47)
High Shortage (18-46)*
Severe Shortage (1-17)*
No CAPs



(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



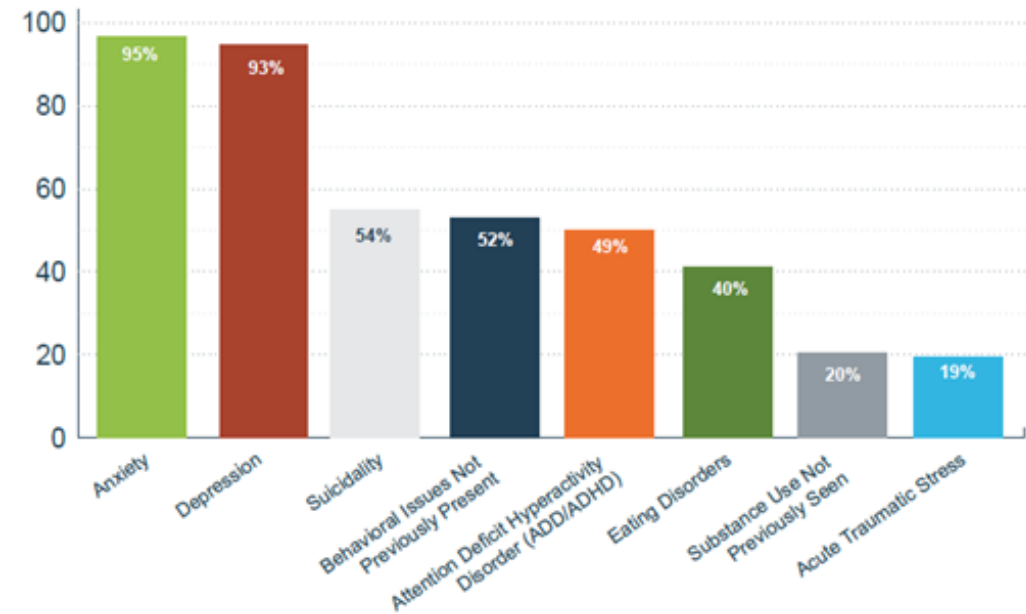
Survey of 11–17-year-olds results:

What contributed to your MH problem right now?	ANXIETY (N=1368)	DEPRESSION (N=2828)
Loneliness or isolation	76.5%	81.8%
Past trauma	50.8%	47.9%
Relationship problems	39.7%	42.0%
Coronavirus	31.6%	27.3%

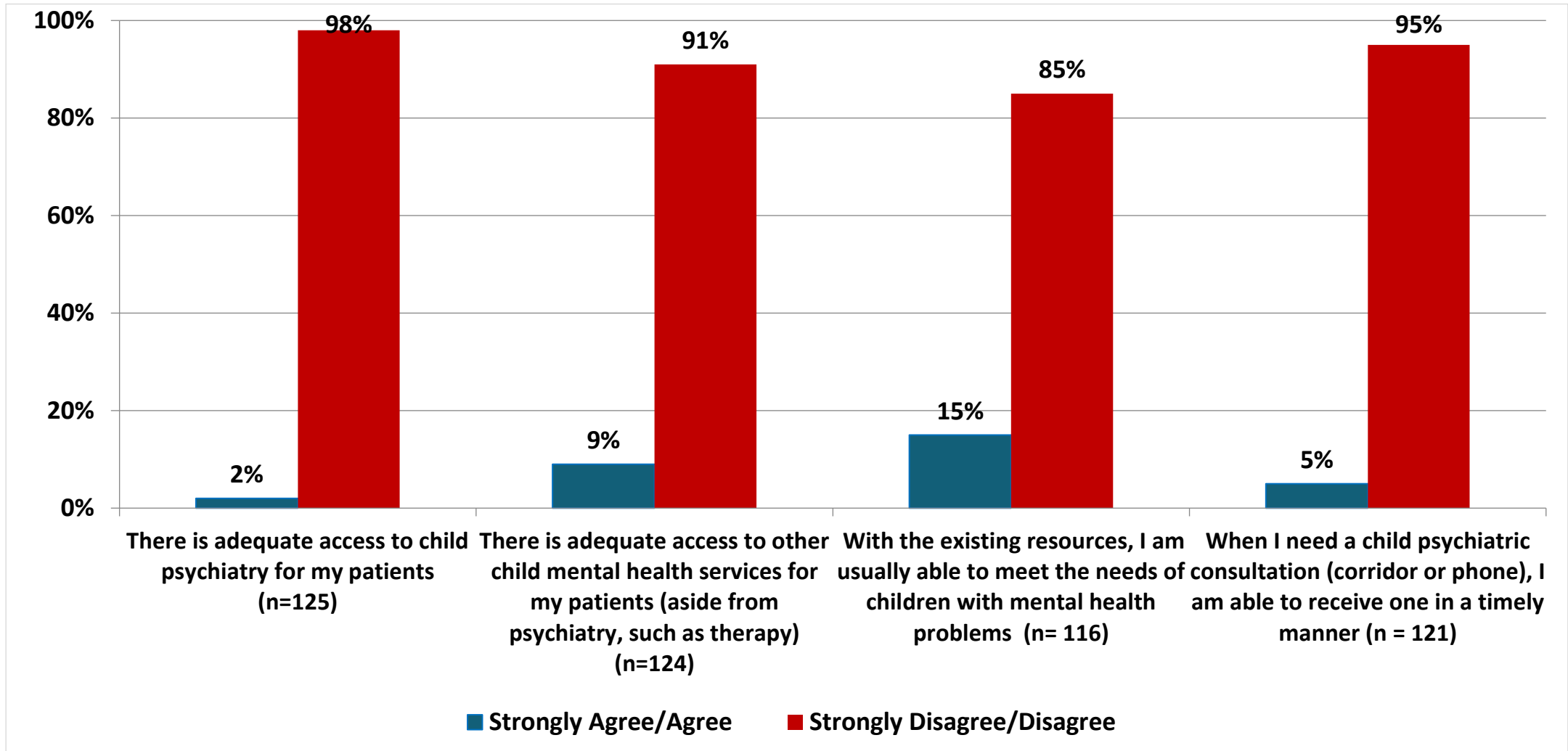
COVID's Impact on Pediatric Patients

- 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.

Reported Increases in Symptoms/Problems in Pediatric Patients since Covid-19



Why Virginia Needs a Mental Health Access Program



(VA AAP Survey Data)

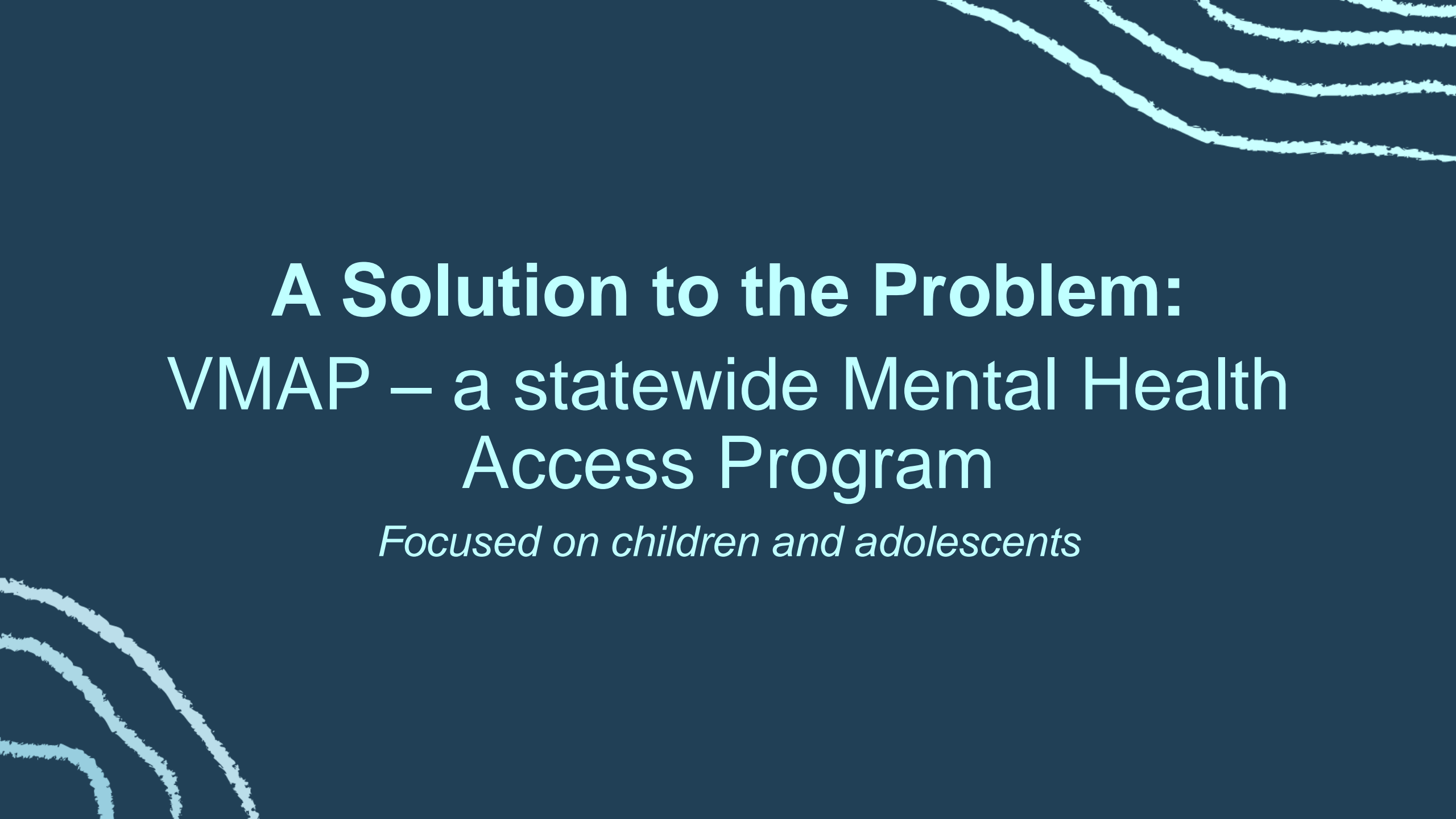
Key Statistics

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

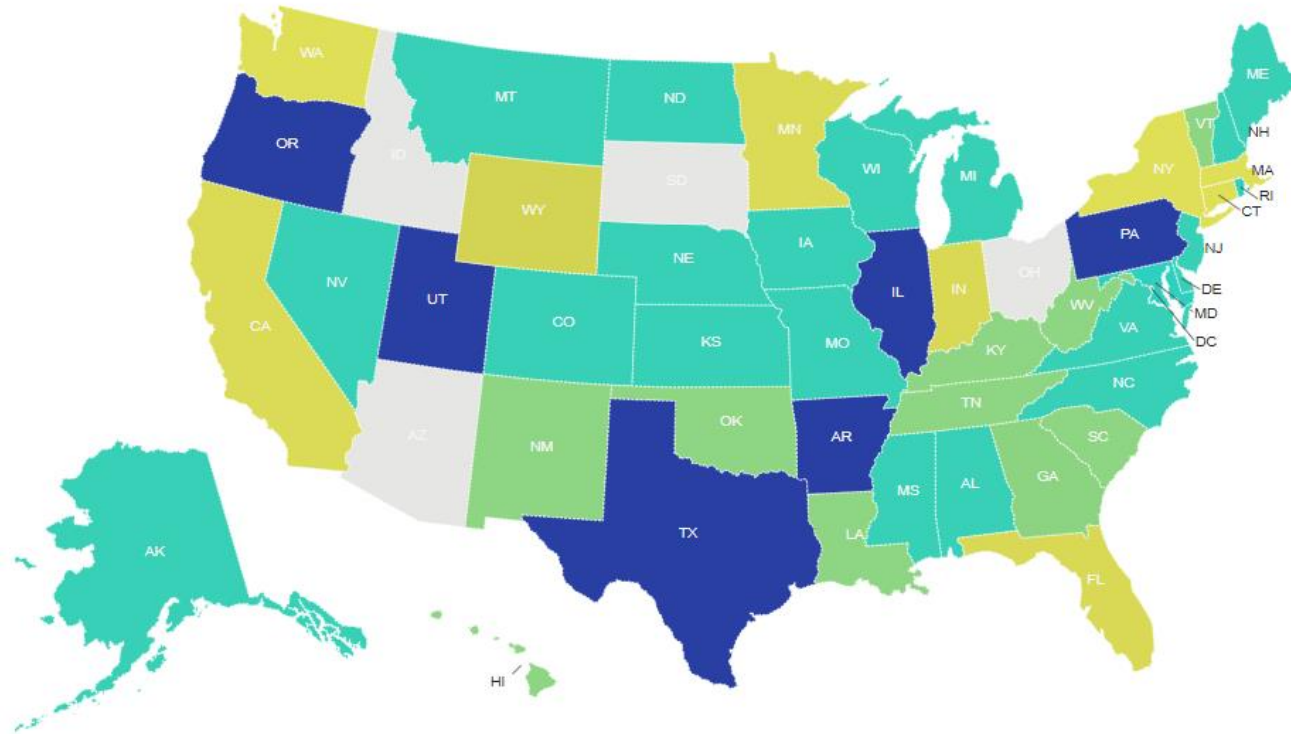
Question Time!

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

<https://www.menti.com/alxshh9t5rup>



Pediatric Mental Health Access Programs





Virginia Mental Health Access Program

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

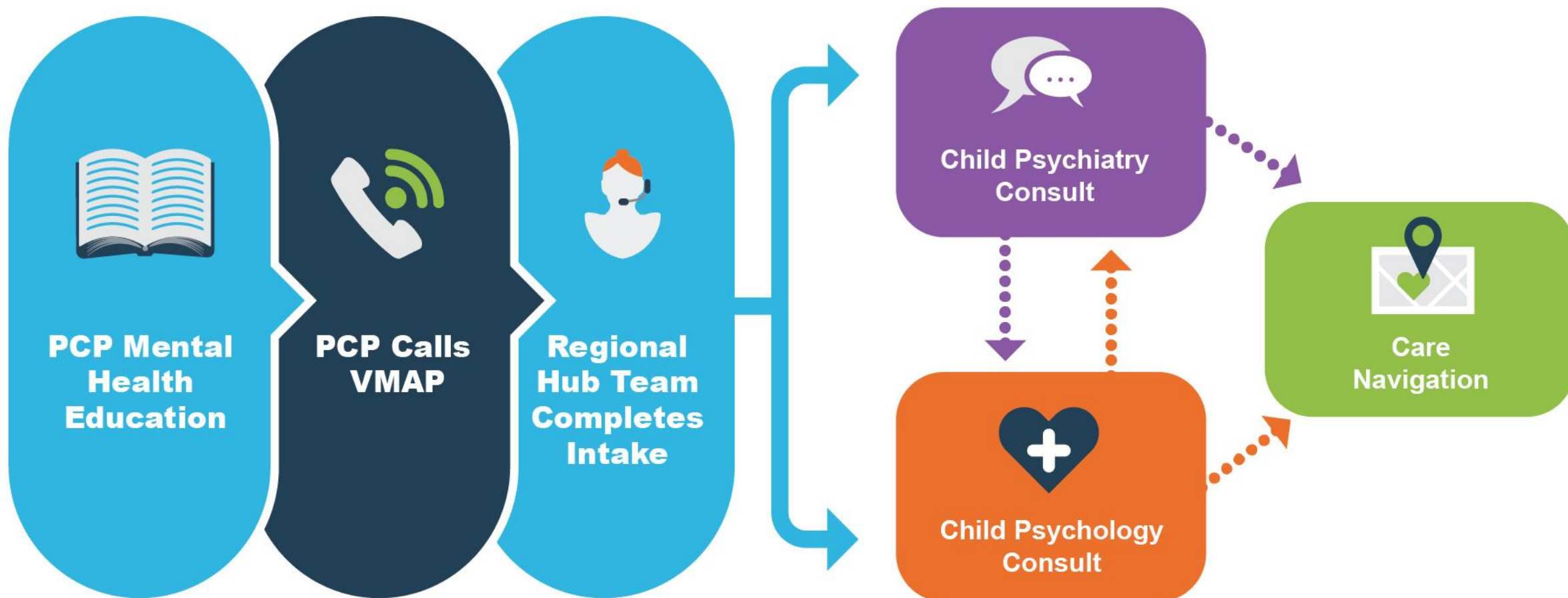
Connects primary care providers to regional hubs that offer pediatric mental health consultation and care navigation to support with patients 21 and under.

Child and adolescent psychiatrists

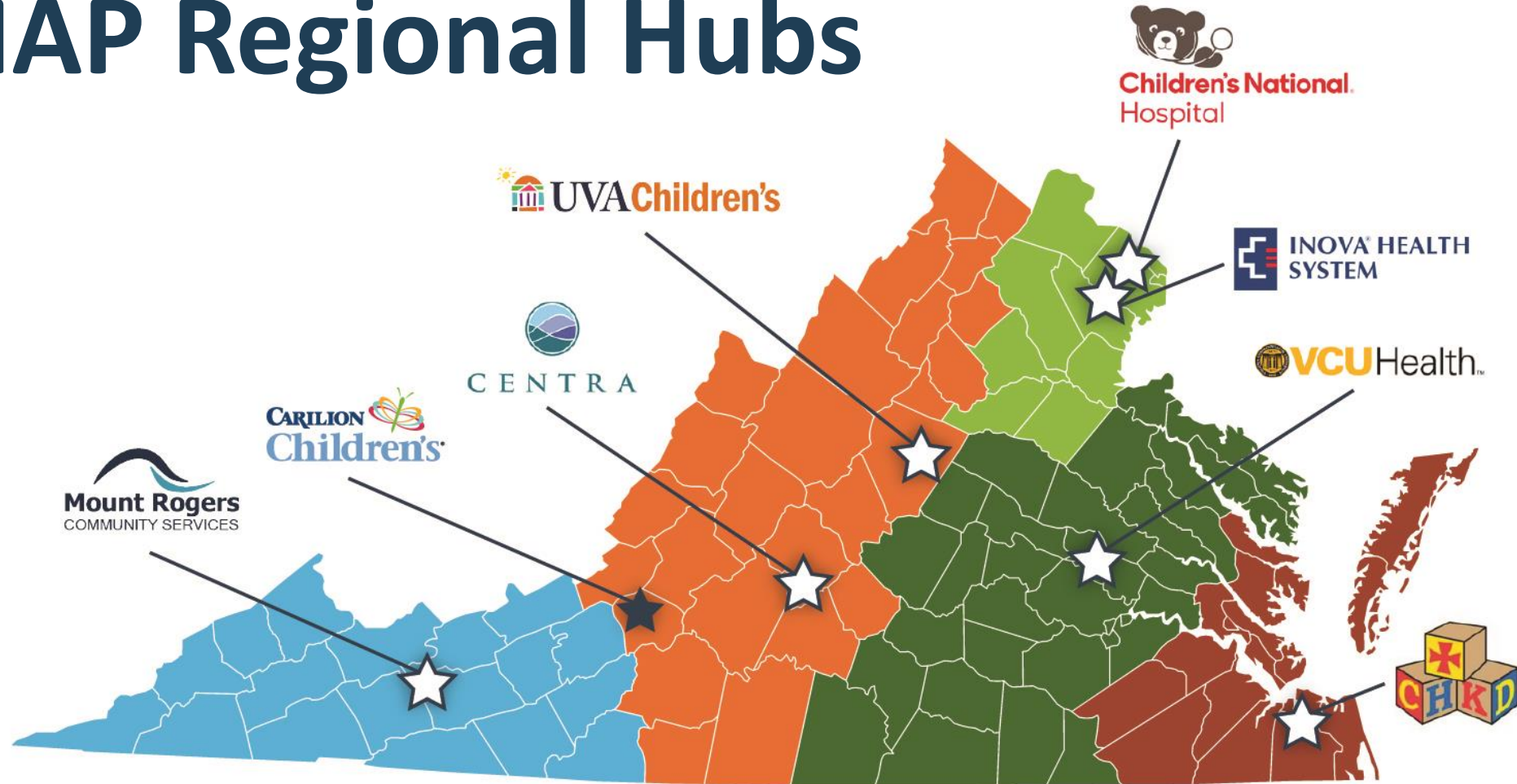
Licensed mental health professionals
(psychologists and/or social workers)

Care navigators

How Does VMAP Work?



VMAP Regional Hubs



-  **North**
Launched October 2020
-  **East**
Launched January 2021
-  **Southwest**
Launched July 2021
-  **Central**
Launched August 2021
-  **West**
Launched February 2022

 **Statewide Early Childhood Hub**
Launched May 2023

1,228
providers
registered
for VMAP



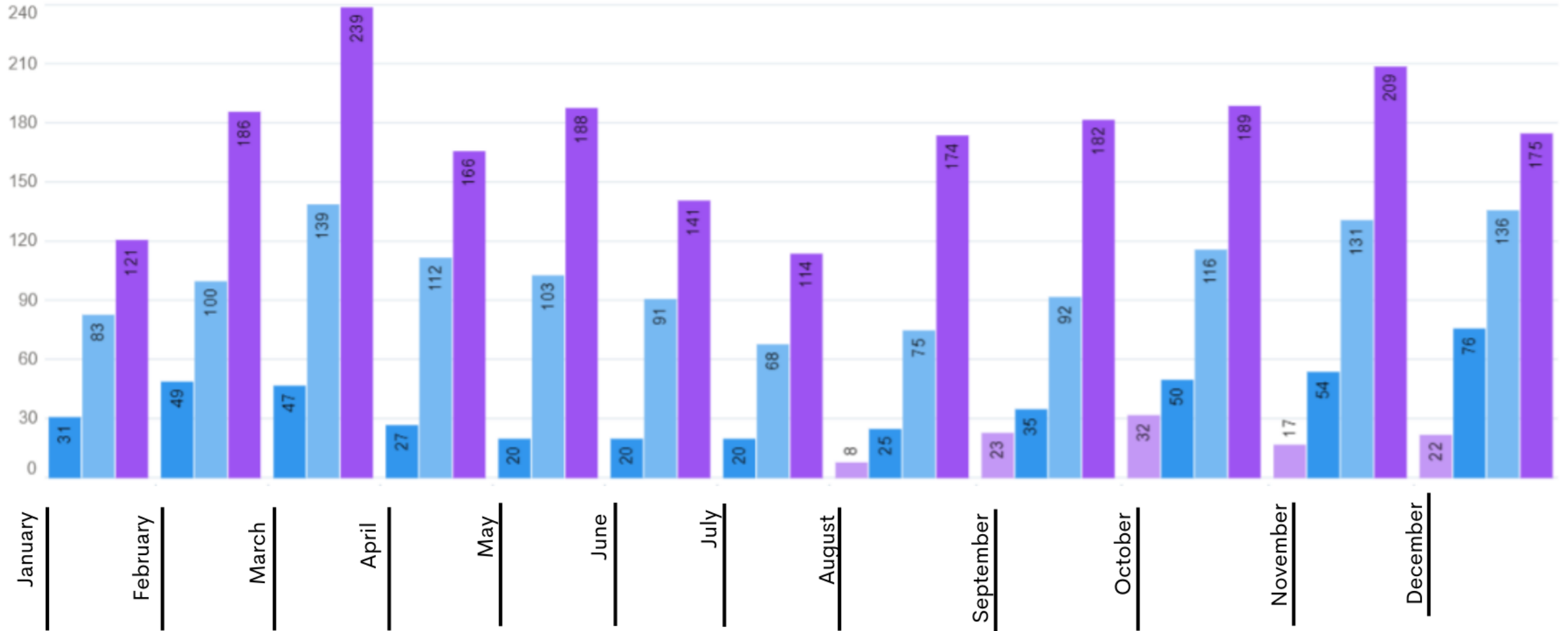
5,513
calls to
VMAP line

23,371
hours of
VMAP
training

Data collected from August 1, 2019 – July 31, 2023

Calls to the VMAP Line

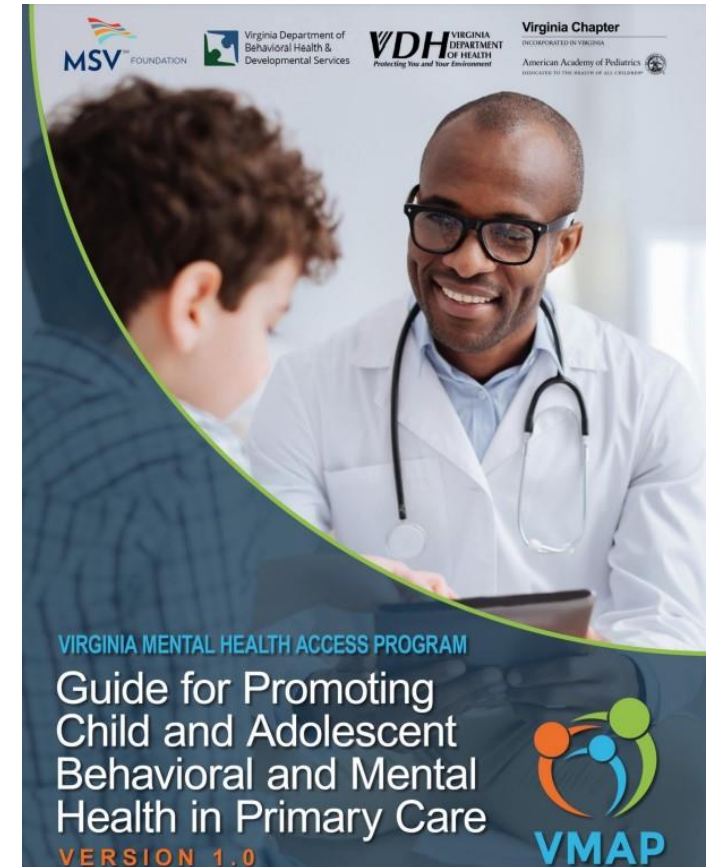
Year Over Year



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/alxshh9t5ru>

[p](https://www.menti.com/alxshh9t5ru)



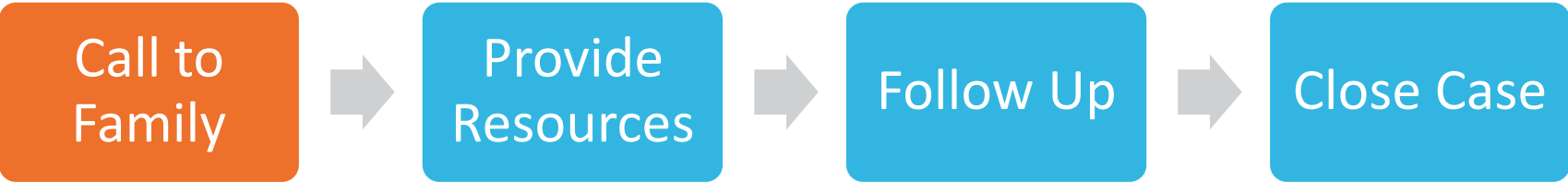
VMAP Care Navigation

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

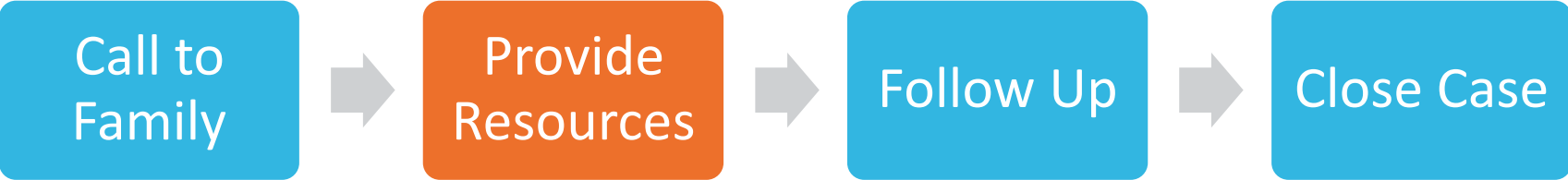
- CNs take a **collaborative** approach when providing appropriate resources
- Use **evocation** to draw out the unique needs, desires, and strengths of the family as they navigate the mental health world
- Families retain their **autonomy** when exploring resources with CNs



Establish Rapport

Gather Information

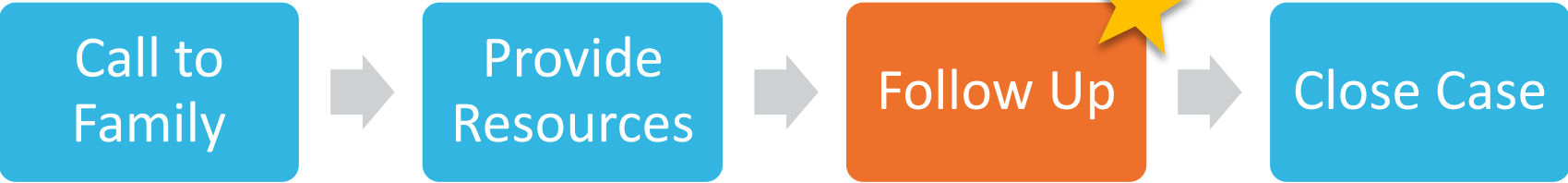
Educate and Inform



Collaborate with Colleagues

Vet and Research Providers

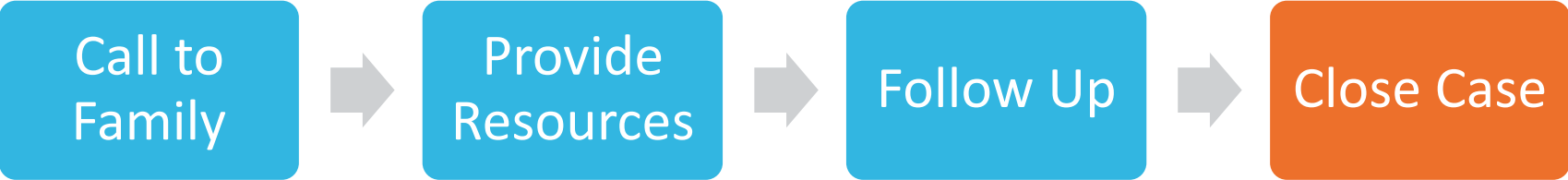
Report back to PCP



Identify Barriers

Address SDOH

Mitigate Crisis



Family-Directed

Report Outcomes to PCP

Impermanent Status

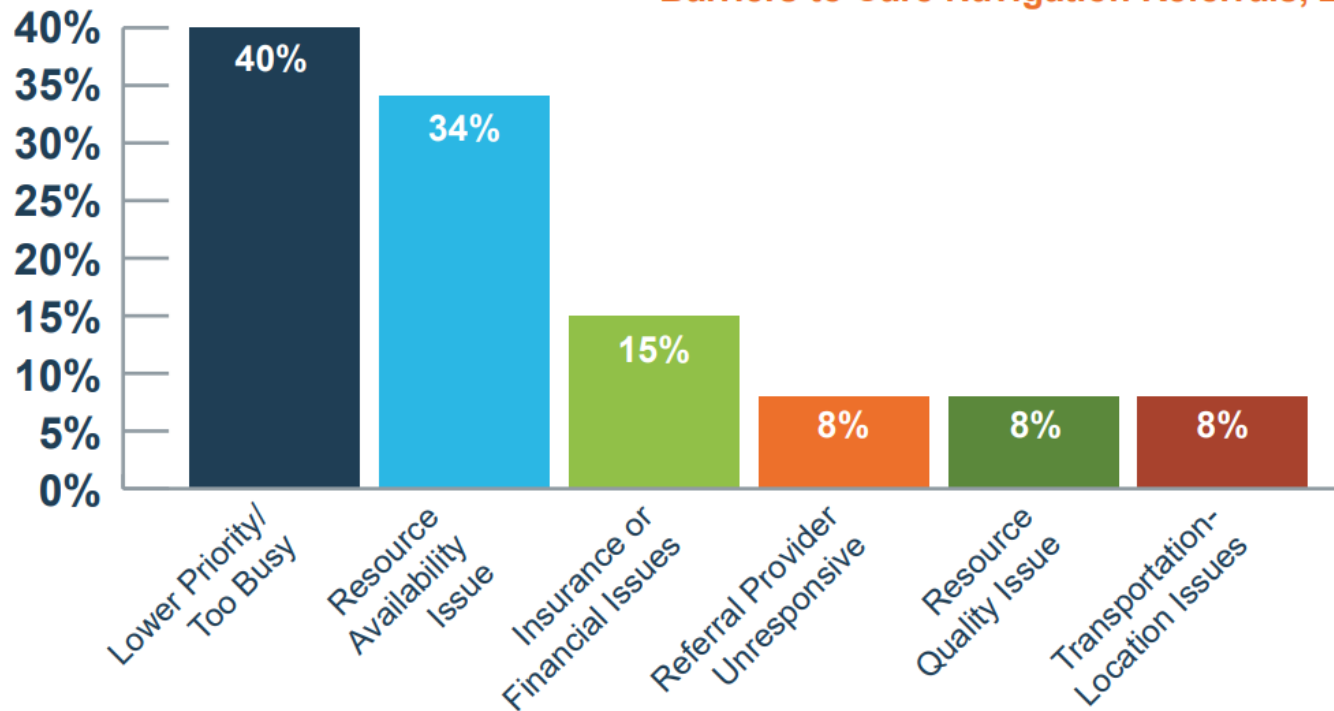
Care Navigation Outcomes

- 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*



Barriers Reported <5%

Referrals are not Necessary: 2%

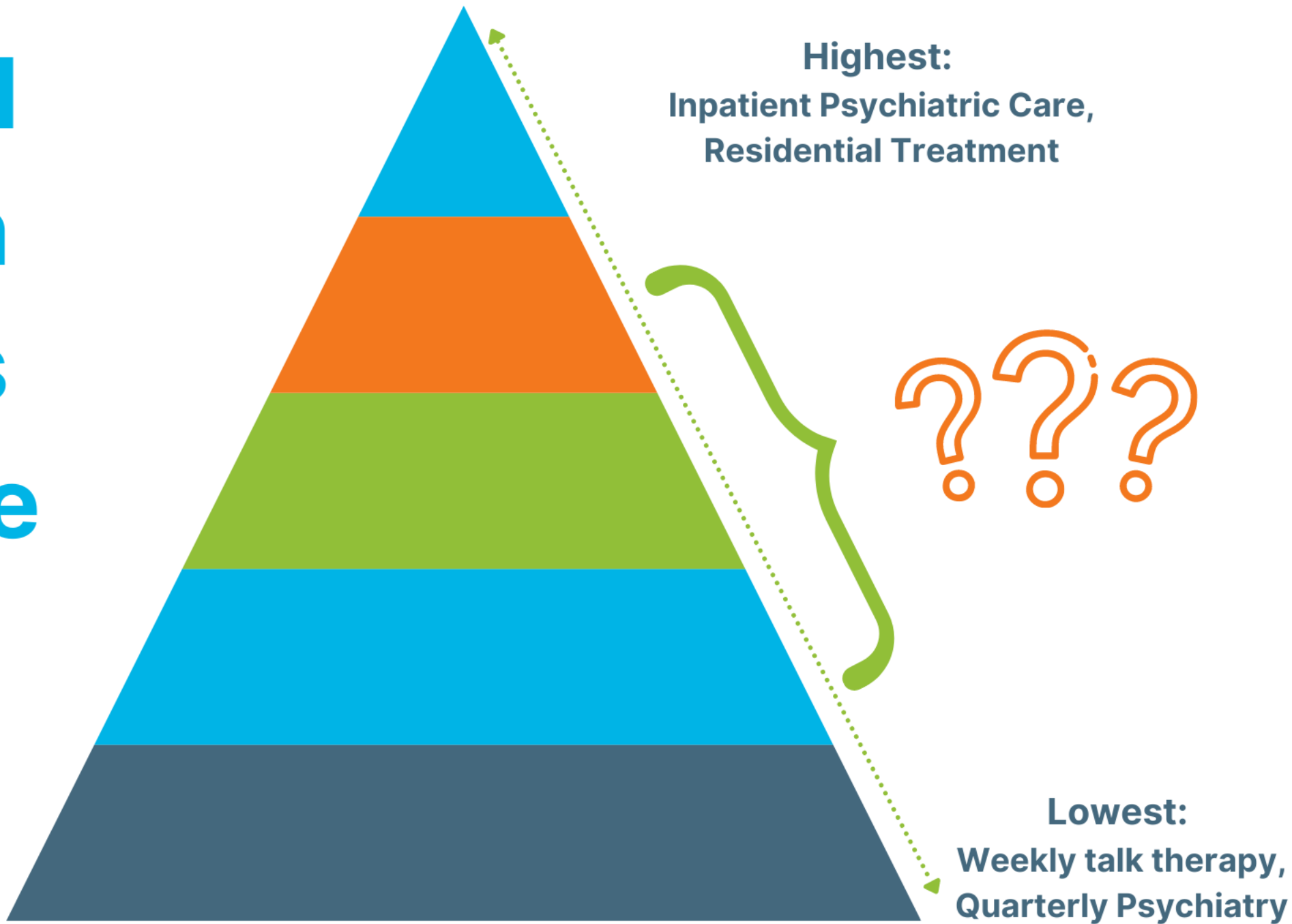
Other Logistical Issues: 2%

SDOH Issues: 1%

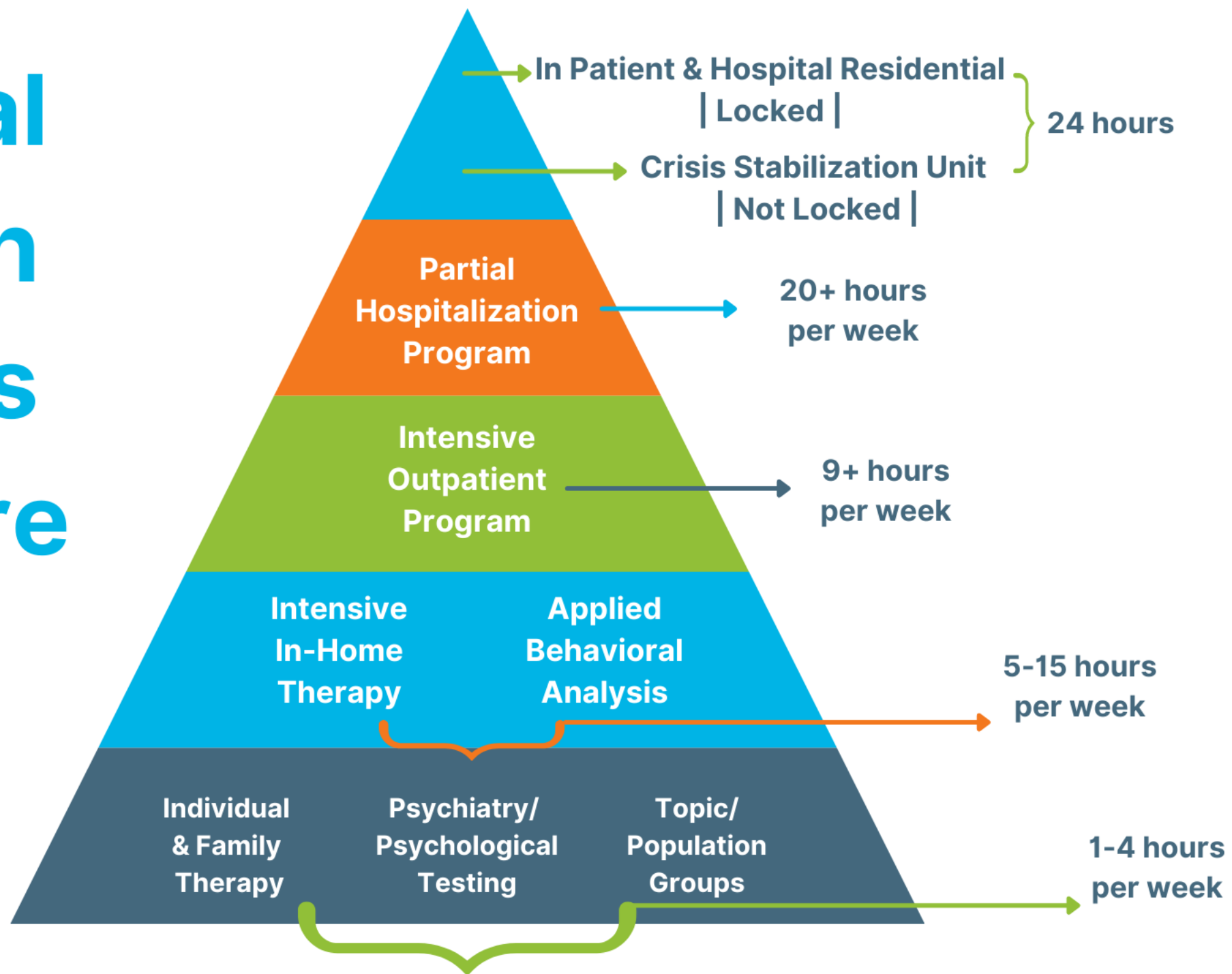
No Reason Given: 1%

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

Mental Health Levels of Care



Mental Health Levels of Care



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



Contact Your Hub Team

Northern regional hub:
Northernhub@vmap.org

Central regional hub:
Centralhub@vmap.org

Western regional hub:
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Eastern regional hub:
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Questions?

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Virginia Mental Health
Access Program

Register with VMAP

www.vmap.org

1-888-371-VMAP (8627)

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