



VMAP

Virginia Mental Health
Access Program

Virginia Mental Health Access Program (VMAP)

Overcoming Resource Shortages Through Connections

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Objectives

- Overview of VMAP
- Theoretical orientation - Motivational Interviewing
- Strategies to Engage – Tools
- Application with families, teams, supervision, outreach, collaboration
- Knowing how to contact your VMAP team

Scope of the Problem in Virginia

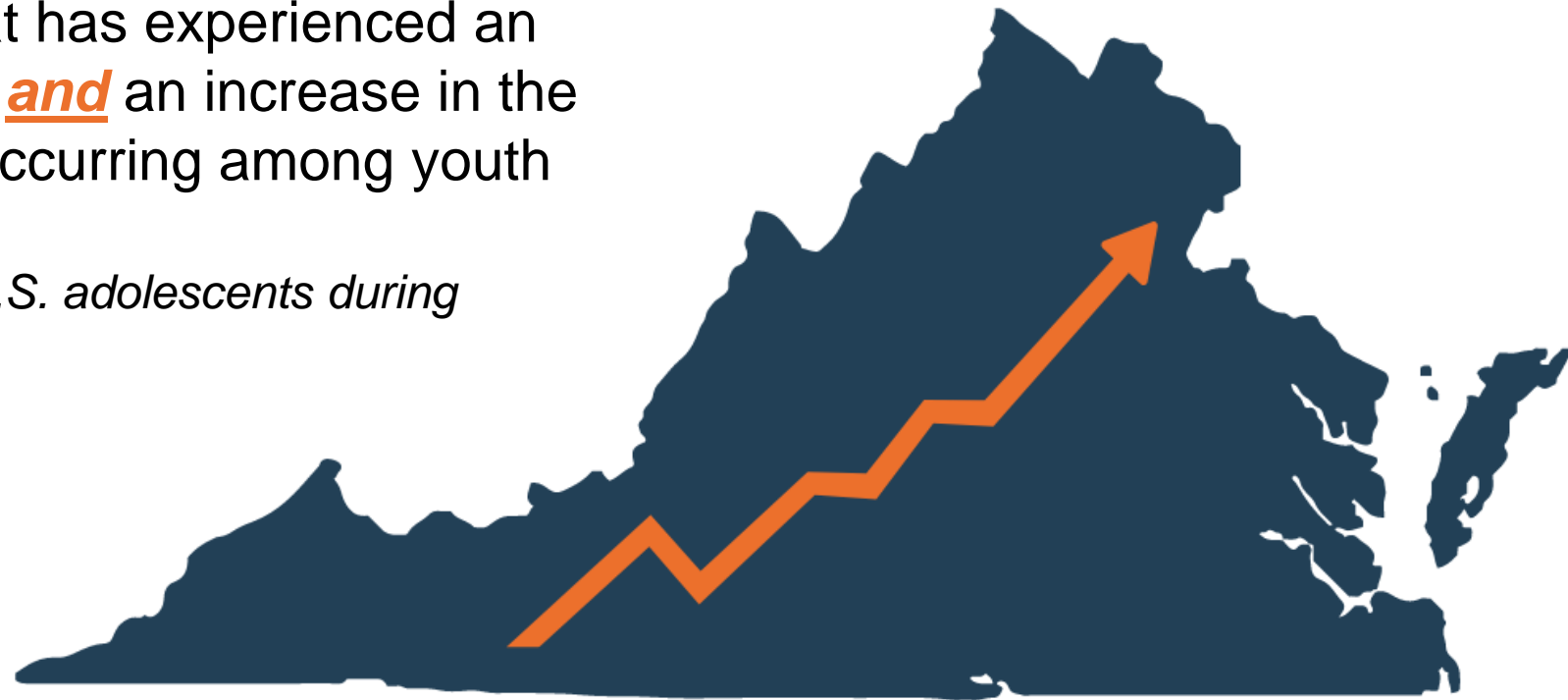
According to the 2022 Virginia School Survey of Climate and Working Conditions:

- **40%** of Virginia high **schoolers felt sad or hopeless almost daily** for more than two weeks in a row.
- **10%** of middle school and **13%** of high school students said that they had **seriously considered attempting suicide** in the past 12 months.
- Of those, **56%** said **they made a plan** for how they would attempt suicide.



Scope of the Problem in Virginia

- 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 youth suicides ***and*** an increase in the proportion of all suicides occurring among youth since the pandemic.
 - *(Evaluation of suicides in U.S. adolescents during COVID, 2022).*

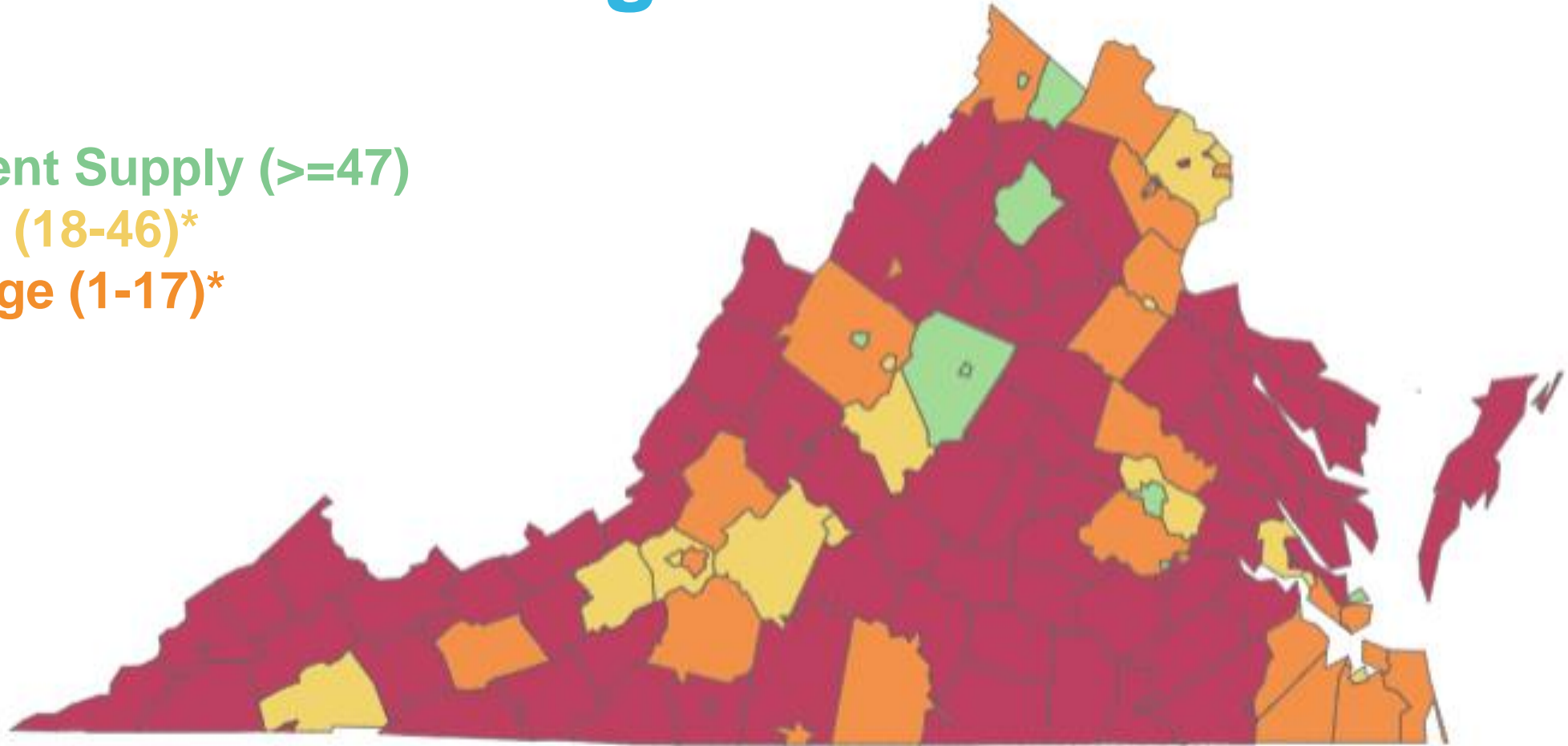


The Workforce Shortage in Virginia

- Virginia ranks **48th lowest in the country** for prevalence of mental illness in our youth compared to access to care.
 - *(The State of Mental Health in America, 2023)*
- Virginia ranks **39th lowest** for the number of psychiatrists, psychologists, licensed social workers, counselors, and advanced practice nurses specializing in mental health care per population.
 - *(The State of Mental Health in America, 2023)*
- Only **four** counties have **sufficient** child and adolescent psychiatrists.
 - *(American Academy of Child and Adolescent Psychiatry, 2019)*

Child & Adolescent Psychiatrist Shortages Across Virginia

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



(American Academy of Child and Adolescent Psychiatry, 2023)

100%

of Virginia localities are
mental health
professional shortage
areas

*(VDH Data from HRSA,
2024)*

There are only

14

child and adolescent
psychiatrists for every

100,000

children in Virginia

(AACAP 2019)

Over

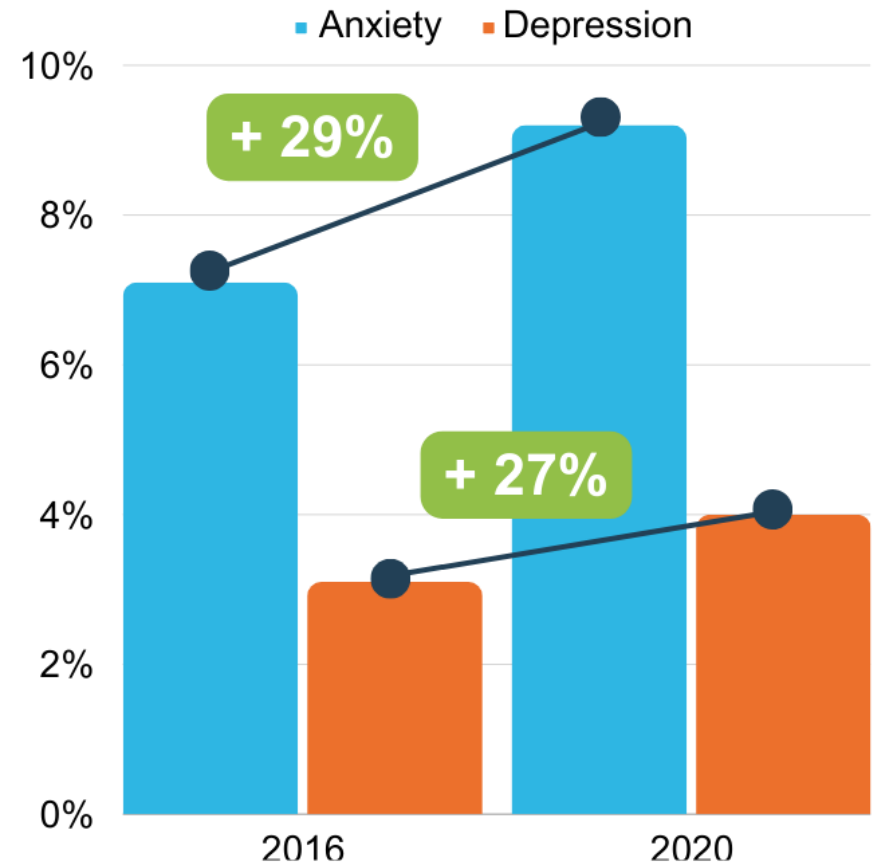
65%

of pediatricians say they
lack training, knowledge,
and skills in pediatric
mental and behavioral
health

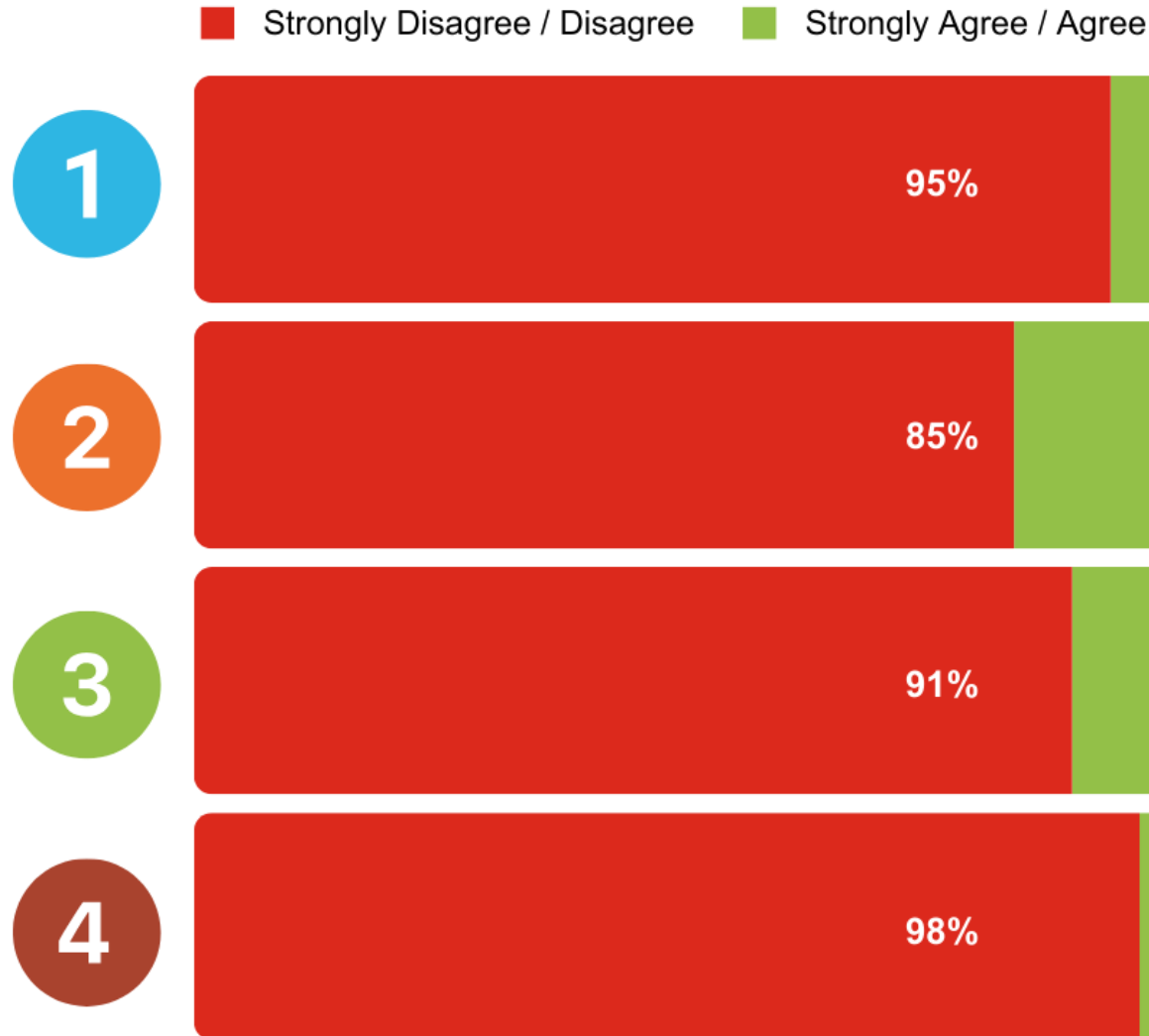
*(McMillan, Land, & Leslie,
2017)*

Rise in Pediatric Mental Health Diagnoses

- Rates of childhood anxiety and depression diagnoses **rose 29% and 27%**, respectively, between 2016 and 2020.
 - (*JAMA Pediatrics*, 2022)
- These rates reflect increases seen in children and adolescents aged **3 to 17** in the United States.



Limited Pediatric Mental Health Resources



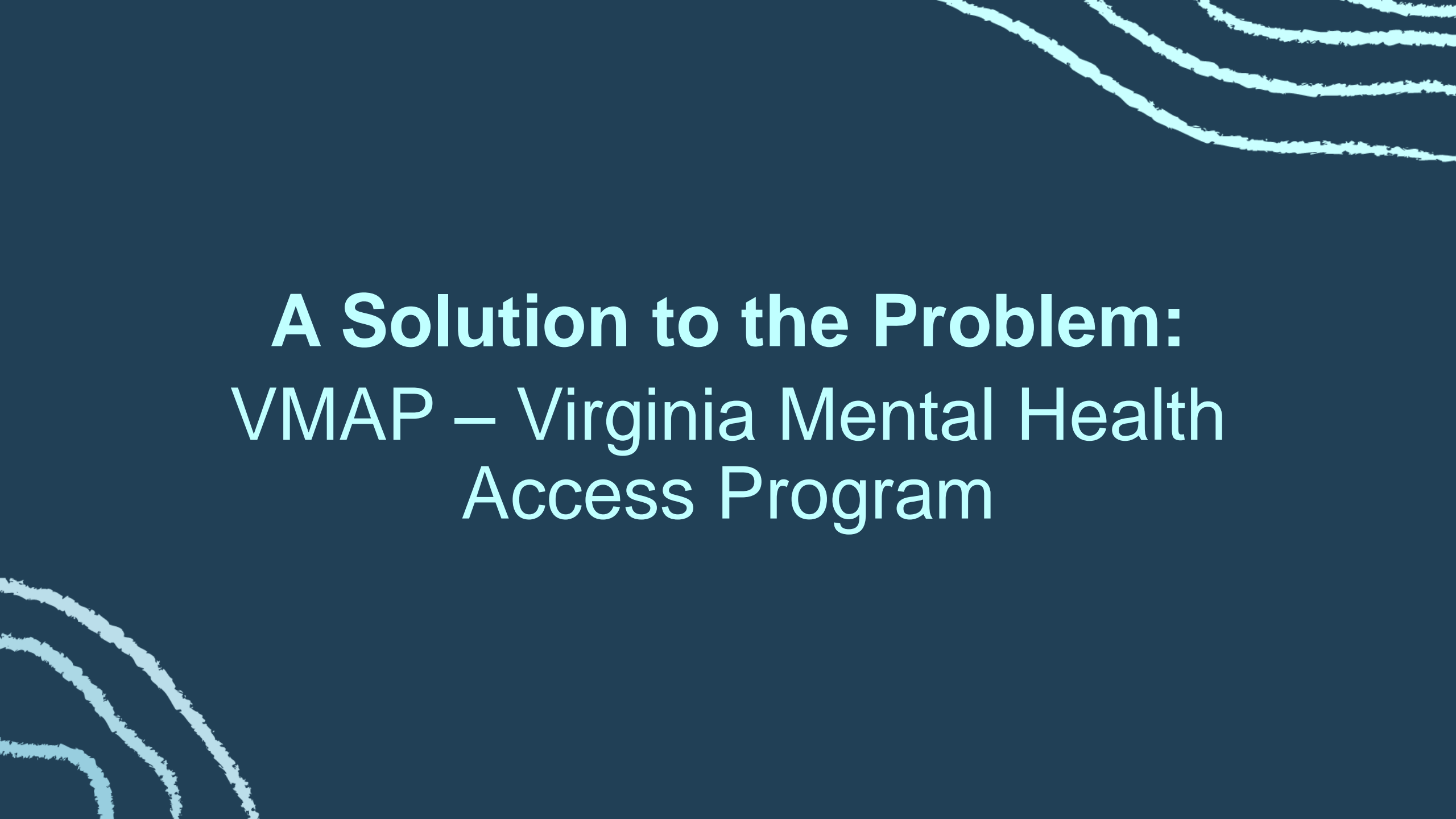
“There is adequate access to **child psychiatry** for my patients.” ($n=125$)

“There is adequate access to **other child mental health services** for my patients.” ($n=124$)

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

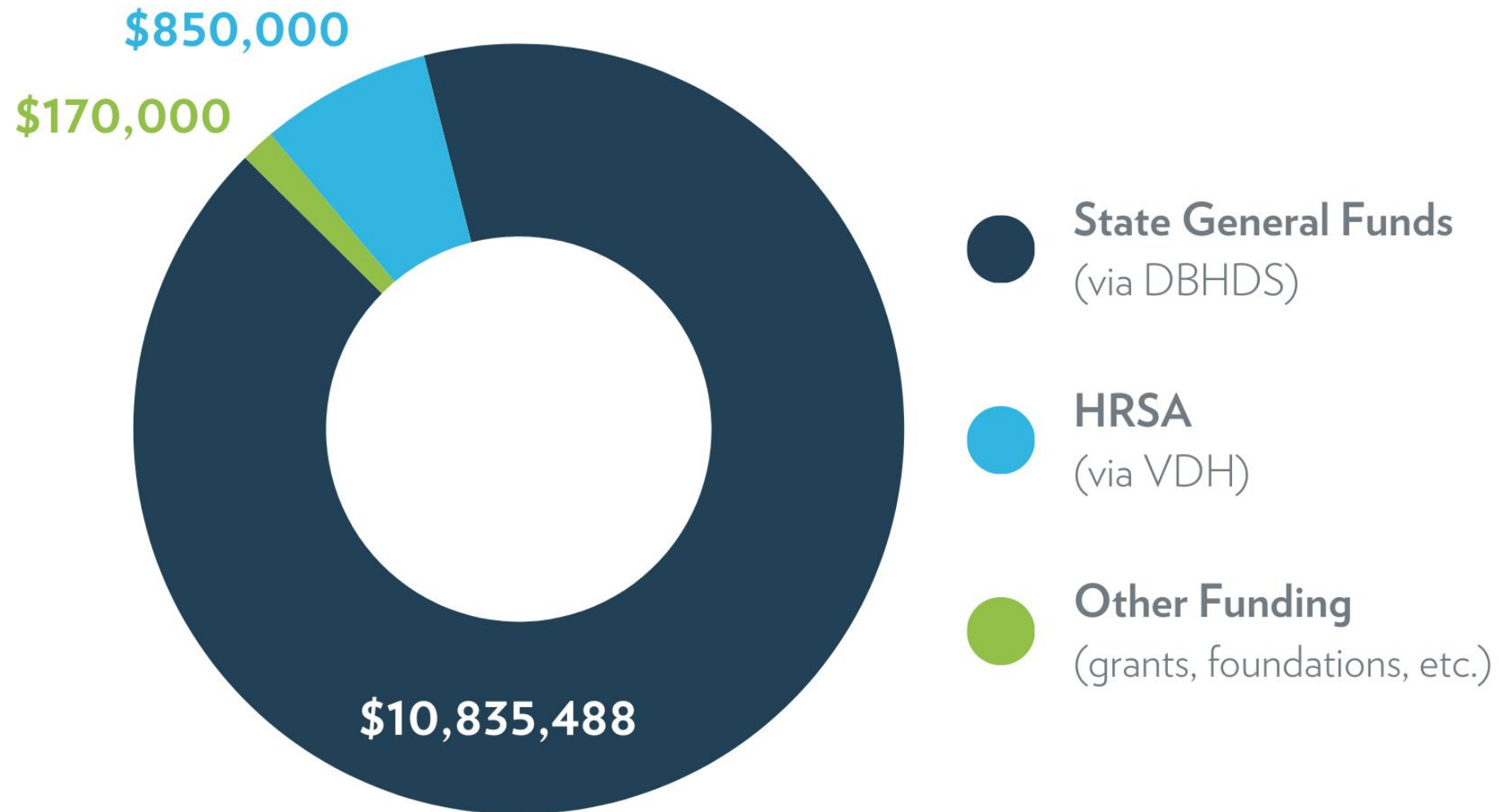
“When I need **a child psychiatric consultation**, I am able to receive one in a timely manner.” ($n=121$)

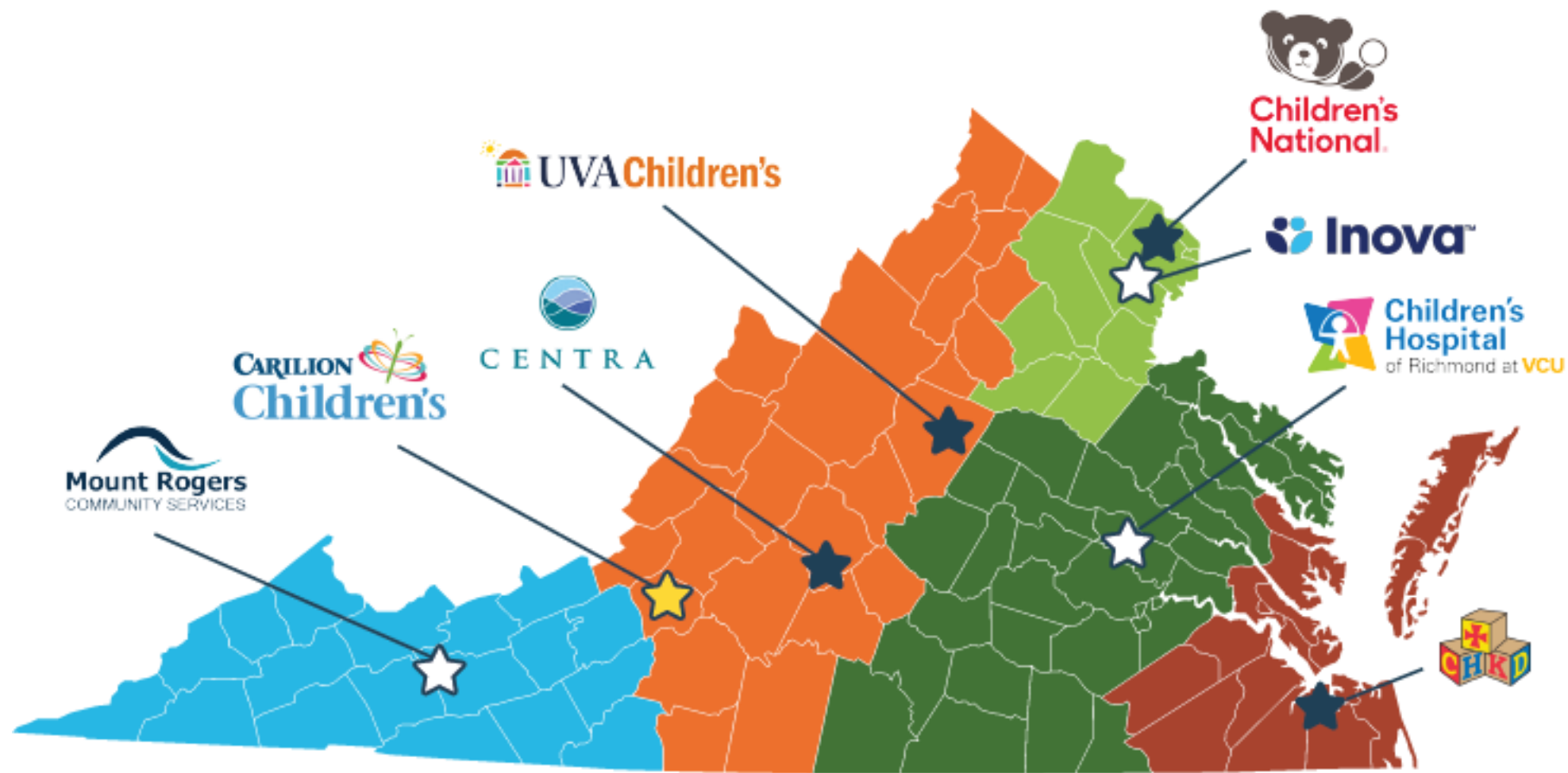
(VA AAP Survey Data from 2018, Pre-VMAP)



A Solution to the Problem:
VMAP – Virginia Mental Health
Access Program

VMAP Funding





- North
 - East
 - Southwest
 - Central
 - West
- ☆ Regional Hub
 - ☆ Early Childhood Hub
 - ☆ Regional & Early Childhood Hub



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

Pearls & Pitfalls

ECHO

Guidebook

The VMAP Line

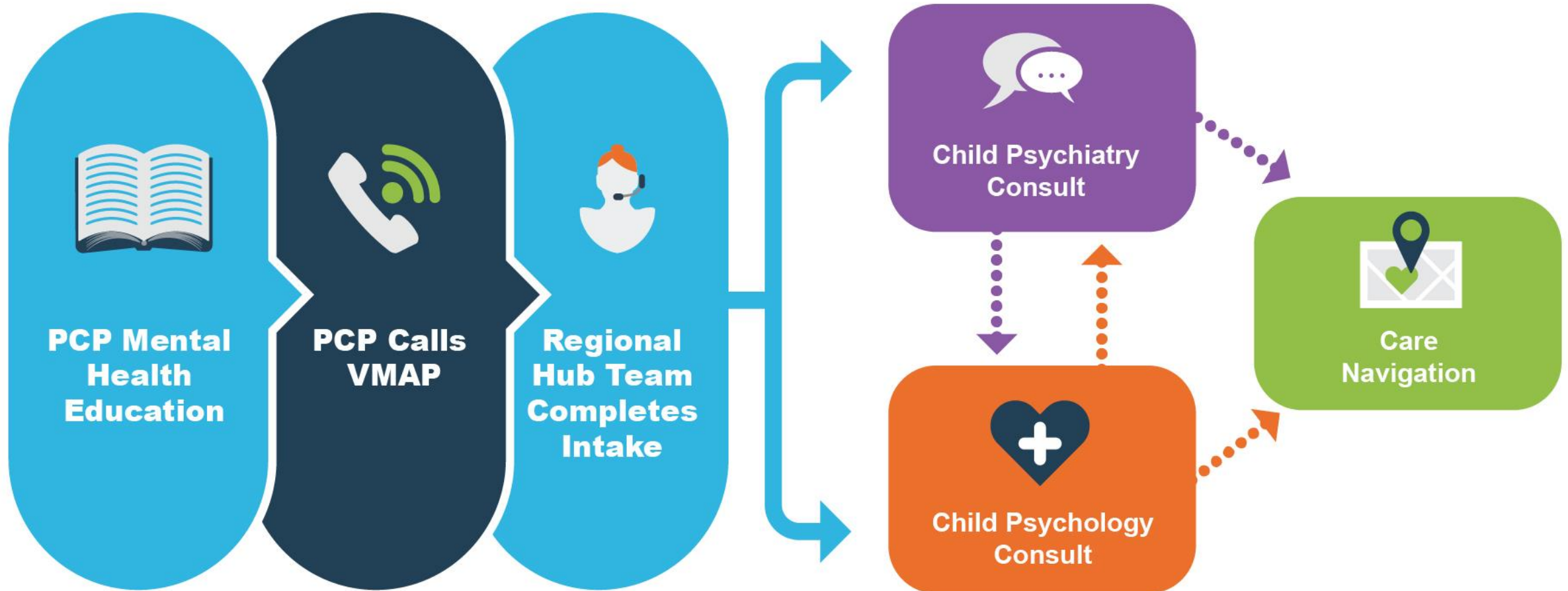
Connects primary care providers to regional and/or specialist hubs that offer mental health consultation and care navigation for their patients 21 and under.

Specialized Physicians
(child psychiatrists and/or developmental pediatricians)

Licensed Mental Health Professionals
(psychologists and/or social workers)

Care Navigators

How Does VMAP Work?



Theoretical Approach to Care Navigation:

Family-centered, trauma-informed, and grounded in Motivational Interviewing:

Collaborative, conversational, evocative, emphasizing autonomy, believes that parents almost always have their children's best interest at heart, and that internal motivation is key and is unique and personal.



Theoretical Framework

Motivational Interviewing

MI Spirit

MI Tools

- Ask Permission
- Elicit
- Affirm

Miller, W.R. & T.B. Moyers (2017). Motivational Interviewing and the clinical science of Carl Rogers. *Journal of Consulting and Clinical Psychology*, 85(8), 757-766

Miller, W.R. & Rollnick, S. (2013). *Motivational Interviewing: Helping people to change* (3rd Edition). Guilford Press

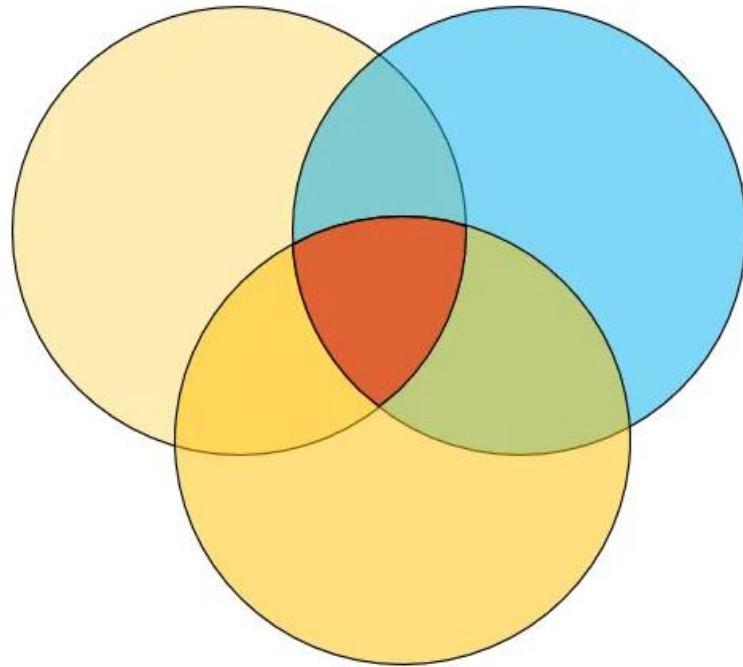
Fundamental Assumptions

- Clinicians provide patient-specific guidance grounded in best practice.
- Families and Care Navigators synthesize the guidance of the clinicians and apply it in real life to their unique lives.
- Individuals and Families have an opportunity to define their motivations and resources, also define their barriers and challenges with their Care Navigator.
- Individuals and Families have their own best interests at heart, they will grow and move towards health naturally, sometimes with some assistance.
- Healing and growth is a natural process- resilience is naturally occurring in families and individuals, also in providers- can be strengthened.
- Individuals and Families have appropriate responsibility for their choices and actions, they drive the outcomes with assistance from the helpers.

VMAP Care Navigation: The Basics

- PCPs call VMAP with a mental health concern for their pediatric patient
- LMHPs or CPs consult and provide clinical recommendations to PCP. CNs use these recommendations to provides resources to PCPs directly, or families and PCPs
- CN follows family until appointments are completed, providing additional resources to address SDOH and other barriers to care if needed
- CN reports back to PCP on patient progress and outcomes

How is VMAP CN unique?



VMAP Care Navigation: MI

- Families and CNs discuss *together, as partners* the clinical recommendations and clearly articulate their options
- CNs believe families have internal motivations and resources, have their best interests at heart, will grow and move towards health naturally, sometimes with some assistance. Also believe healing and growth is a natural process that engenders resilience in families and individuals, and providers
- CNs take appropriate responsibility as by defining our role, seeking permission to offer information, assuming good intentions, finding and connecting with optimism, and helping families identify and overcome barriers with their available tools.
- CNs use language to reflect the ownership for change is primarily with patients and families. “I’ll help you make decisions about your family member’s treatment by offering choices and options, and I could tell you about what others in similar situations have found helpful.”
- CNs always ask permission before giving information, offer choices options, ask for their ideas and solutions they have already tried (assuming they have tried many things), affirm their choices, and reflect their pros/cons as they defined them.
- When there’s a success, CNs reflect on the family's unique strengths and efforts that led to success.

Care Navigation

78% of care navigation cases saw resources provided to *both* PCP *and* Family.

Care Navigation Outcomes:

- Resources Provided: 61%
- Unable to Reach Family: 32%
- Family No Longer Interested in Services: 7%

Barriers to Care Navigation Referrals:

- Lower Priority/Too busy: 40%
- Resource Availability Issue: 34%
- Insurance or Financial Issues: 15%



MI in action with VMAP:

Scenario #1: Adolescent Girl

PCP has a Pt discharged from inpatient hospitalization without outpatient care

PCP is uncomfortable prescribing medication long-term due to patient's complex history and symptoms

PCP calls the consultation line for help with short-term medications and care navigation for therapy and outpatient psychiatry

Family is open to outpatient therapy but is hesitant to see a psychiatrist in the community

Parent would prefer that their daughter have medications managed by PCP

Parent reports their own negative experience with an outpatient psychiatrist in the community and is worried that they will just switch the patient's medications

MI in action with VMAP:

Scenario #2: Preschool-aged Boy

PCP sees Pt who has been experiencing aggression and outbursts at home but does well at school

PCP reports that parents have recently split, and mom is struggling to manage patient behaviors

LMHP consults with PCP and recommends family connect with CN for PCIT resource

Family agrees with LMHP and PCP recommendations for PCIT

Family lives in rural area of the state where PCIT resources are limited

Parent is not open to virtual PCIT resources and is only willing to explore in-person options at this time

Reflect:

**How could you use MI in your practice,
and what impact may it have?**

Opportunities to Collaborate with VMAP

- What would you ask VMAP? What do you need from CN to help you?
- Navigating families in common
- Sharing list of resources
- Engaging with the same community providers
- Addition to our Care Navigation Advisory Committees
- CSA Coordinators linking children/families to primary care providers

Contact your local VMAP Hub

Northern Hub – Julia Richardson, LCSW Julia.Richardson@inova.org 571-665-6742 @ Inova

Eastern Hub – Victoria Cartagena, LCSW victoria.cartagena@chkd.org 757-668-8974 @ CHKD

Central Hub – Tammy Taylor-Musoke, LCSW tammy.taylormusoke@vcuhealth.org 804-628-8805 @ VCU

Western Hub – Lisa Jarrell, LPC lisa.jarrell@centrahealth.com 434-363-3002 @ Centra
Mary Beth Murray, LCSW mem8z@uvahealth.org @ UVA

Southwestern Hub – Angie Prater, LCSW angela.prater@moutrorgers.org 276-781-6224 @ Mt Rogers CSB

Early Childhood Statewide – Mary Ellen Warren, PhD mewarren@carilionclinic.org 803-447-7282 @Carillion

*If you're a primary care provider
treating children and adolescents...*

REGISTER FOR VMAP at vmap.org for the
and gain access to:

- Real-time **consultations with regional child psychiatrists** & other licensed mental health professionals.
- **Care navigation** services to support with resource and referral needs.
- Consultations with **early childhood specialists**, including early childhood child psychiatrists and developmental behavioral pediatricians.
- Expert-led **pediatric mental health trainings** with optional CME and/or MOC credit.

1-888-371-VMAP (8627)

*This line is **not** for families to call directly. This is **not** a crisis line for patients.*



**VMAP Line Hours:
Monday through Friday 9 AM - 5 PM**

- Hub team will ask for provider and patient info
- A behavioral health expert will call you back within 30-minute timeframe
 - Patients must be 21 years or younger
 - Provider must practice in Virginia OR patient must reside in in-state

Questions?

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Register with VMAP

www.vmap.org

1-888-371-VMAP (8627)

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Current Partners & Funders



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