Virginia Mental health Access Program
Joint Subcommittee Studying Mental Health Services in the Commonwealth in the 21st Century Presentation

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DBHDS Vision: A life of possibilities for all Virginians
Scope of the Problem

Nationally

- 1 in 5 children has a diagnosable mental disorder and 1 in 10 suffers from a serious mental health problem.
- Approximately 50% of psychiatric illnesses begin by age 14 and 75% begin by age 24.
- Over 65% of pediatricians reported they lacked mental and behavioral health knowledge and skills.

Virginia

- Virginia ranks 23rd in the country overall for mental health care for children under 18 years of age.
- Of Virginia’s children with Major Depressive Episode, 48,000 children (63.1%) that did not receive mental health service.
- Virginia ranks 41 out of 51 for mental health workforce shortage availability.

National Alliance for Mental Illness (NAMI). Mental Health Facts in America

The State of the Mental Health in America 2019
Based on 50 states and the District of Columbia
Only two counties (Rappahannock and Albemarle) have sufficient numbers of child and adolescent psychiatrists which represents only 23,086 of the 1.86 million children in Virginia.
The Virginia Mental Health Access Program (VMAP) is a pediatric driven training, consultation, and referral model designed to increase capacity for PCPs who provide health care for children and adolescents to treat and respond to common mental health conditions such as anxiety, depression and Attention Deficit Hyperactivity Disorder (ADHD).

**Key objectives of the Virginia Mental Health Access Program**

1. **Education for PCPs** on screening, diagnosis, management and treatment

2. **PCP telephonic/video consults with regional VMAP teams** comprised of child and adolescent psychiatrist, psychologist and/or social worker

3. **Telehealth visits** with psychiatrists or psychologists

4. **Care navigation** to help identify regional mental health resources for families through referrals and linkage
Why Virginia Needs a Children’s Mental Health Access Program

Responses from the VMAP Provider Enrollment form highlights difficulties faced by PCPs who treat children and youth with mental health challenges.

- 98% of providers strongly agree/agree that there is adequate access to child psychiatry for their patients (n=125).
- 91% of providers strongly agree/agree that there is adequate access to other child mental health services for their patients (aside from psychiatry, such as therapy) (n=124).
- 85% of providers strongly agree/agree that with the existing resources, they are usually able to meet the needs of children with mental health problems (n=116).
- 95% of providers strongly agree/agree that when they need a child psychiatric consultation (corridor or phone), they are able to receive one in a timely manner (n=121).

Source VMAP RedCap Data. Provider Enrollment Form. Questions are reflected verbatim on graph.
Total n reflects all agree and disagree categories combined; neutral responses were excluded.
How Does VMAP Work?

**Call from PCP**
- PCP calls for services (Psychiatrist/Psychologist Consult, or Care Navigation)
- Enters intake data
- Routes request to regional resource

**Call Center**
- Returns call to PCP
- Enters outcome data
- Referral to Care Navigation if needed

**Psychiatrist/Psychologist Consult**
- Regional Team Paged/Called
- If face-to-face visit required, telepsych appt set up and conducted
- Referral to Care Navigation if needed

**Telepsych Visit**
- PCP Office Telepsych Appt
- Referral to Care Navigation if needed

**Care Navigation**
- Care Navigator works directly with patient’s family
- Follow up conducted
- Resources Database maintained

**Regional Care Navigation**

**PCP Mental Health Education**

**Virginia Regions**
- Northern (CNMC/Inova), Central (VCU/VTCC), Eastern (CHKD), Western (UVA/Centra), Southwestern (Carilion)

**VMAP**
Five Regional Hubs of VMAP

Northern – CNHS & Inova
Central - VCU
Eastern - CHKD
Western – UVA & Centra
Southwestern - Carilion

Independent Cities Include:
1. Alexandria
2. Bedford
3. Bristol
4. Buena Vista
5. Charlottesville
6. Chesapeake
7. Clifton Forge
8. Colonial Heights
9. Covington
10. Danville
11. Emporia
12. Fairfax
13. Falls Church
14. Franklin
15. Fredericksburg
16. Galax
17. Hampton
18. Harrisonburg
19. Hopewell
20. Lexington
21. Lynchburg
22. Manassas
23. Manassas Park
24. Martinsville
25. Newport News
26. Norfolk
27. Norton
28. Petersburg
29. Pocahontas
30. Portsmouth
31. Radford
32. Richmond
33. Roanoke
34. Salem
35. Staunton
36. Suffolk
37. Virginia Beach
38. Waynesboro
39. Williamsburg
40. Winchester
Results From Mental Health Access Programs Across the Country

Massachusetts Child Psychiatry Access Program (MCPAP)

- Over 95% of pediatric PCPs enrolled (463 practices, 3,026 providers).
- Utilization (annual average FY16 thru FY18):
  - 80% well child visits with standardized behavioral health screen
  - 6,000 children served
  - 7,580 phone consults
  - 2,192 consult visits
  - 3,407 referrals arranged

The New Jersey Pediatric Psychiatry Collaborative

Mental/Behavioral Health Screening Documentation between Baseline and End of Program: Years 1-3

- UNDER 6 YEARS OF AGE:
  - Baseline: 22.90%
  - End of Program: 70.00%

- 6-18 YEARS OF AGE:
  - Baseline: 45.60%
  - End of Program: 85.50%

DC Mental Health Access In Pediatrics (DC MAP)

Number of calls initiated

- Year 1: 316
- Year 2: 454
- Year 3: 966
Current VMAP Funding

- Governor’s Budget
  $1.23 million for 2019-2020 allocated to DBHDS for VMAP initiative

- HRSA Grant - $445,000 per year for 5 years (awarded September 2018 to Virginia Department of Health)

- In-kind Support - $189,818
Current VMAP Status

• VMAP pilot program underway as of August 5, 2019 providing consultation services:
  – Toll free number established
  – Psychiatrist/Psychologist consult

• As of September 12th
  – 138 providers enrolled; (approximately 36 pilot practices)
  – 15 calls received in the first month

What providers are saying about VMAP

“My experience using VMAP was excellent. I called about a long standing patient with a history of anxiety which was recently causing depression. About 10-20 minutes later (after intake) I was called by the psychiatrist who reviewed and gave thoughtful advice on which medication to choose, how I should follow her up and which type of therapy would help her the most. I then called the family back the next day feeling very confident.”

“I found the REACH program to be extremely helpful. We have no psychiatrists who see children who are taking new patients in our area... the waiting list is long, so I end up doing FAR MORE psychiatry than I ever thought I would and I need support for some more difficult cases.”

*Paraphrased for brevity
Current VMAP Status

• Current state general funds ($1.23M) used to incrementally build VMAP infrastructure
  – Creation of a statewide VMAP administrator
    • Call center for intake/referrals, data management and program quality metrics and monitoring
  – Expansion of infrastructure development of the Northern and Eastern VMAP Regional hubs
    • Additional capacity of Child and Adolescent Psychiatrists to provide consultation services to PCPs
    • Adding clinical staff to provide peer to peer consults with PCPs, supervision of care navigators and programmatic oversight to regional hub
    • Care navigation services to link PCPs and families to local mental health resources
Resource for Advancing Children’s Health (REACH) trainings held to date have trained 174 providers across the Commonwealth.

Upcoming REACH trainings were held in all five regions by June 2019.

Project Echo trainings held to date have trained 24 providers.

Quality improvement (QI) projects to encourage screening and early identification of mental health conditions.

n=41 providers for both tables
Each cycle contains approximately 1,000 children.
Next Steps for Statewide Rollout

Infrastructure development for remaining VMAP Regional Hubs

Program performance and data to provide outcomes, program evaluation and service impact

Continued collaboration with primary care and mental health providers, families and other stakeholders to increase knowledge and utilization of program

Continued education and training for PCPs to increase confidence in mental health screening, diagnosing and treatment of youth and adolescents they serve