



Virginia Department of
Behavioral Health &
Developmental Services

Virginia **M**ental health **A**ccess **P**rogram

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.**

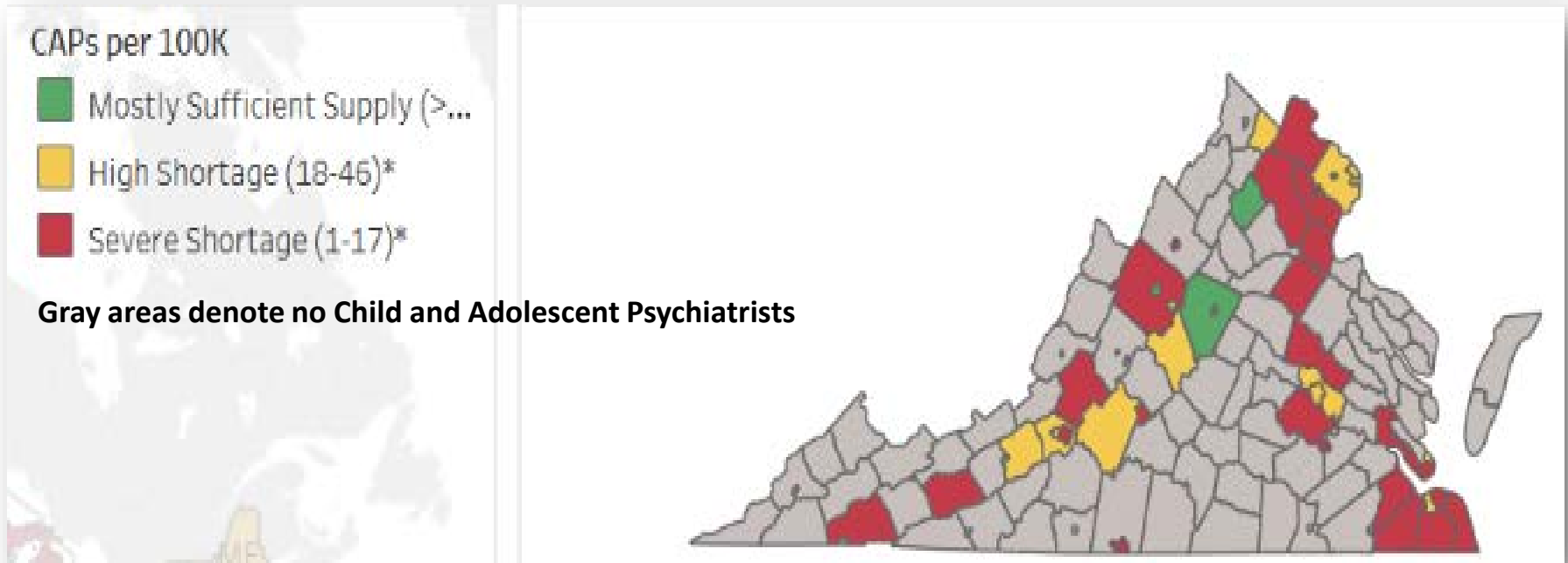
National Alliance for Mental Illness (NAMI). Mental Health Facts in America

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.

The State of the Mental Health in America 2019
Based on 50 states and the District of Columbia

Child and Adolescent Psychiatrists Workforce Shortage

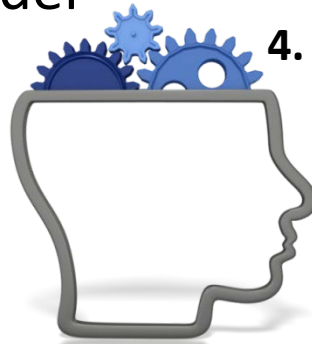


American Academy of Child and Adolescent Psychiatry: Workforce Maps by State.

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 Solution: Virginia Mental Health Access Program

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).

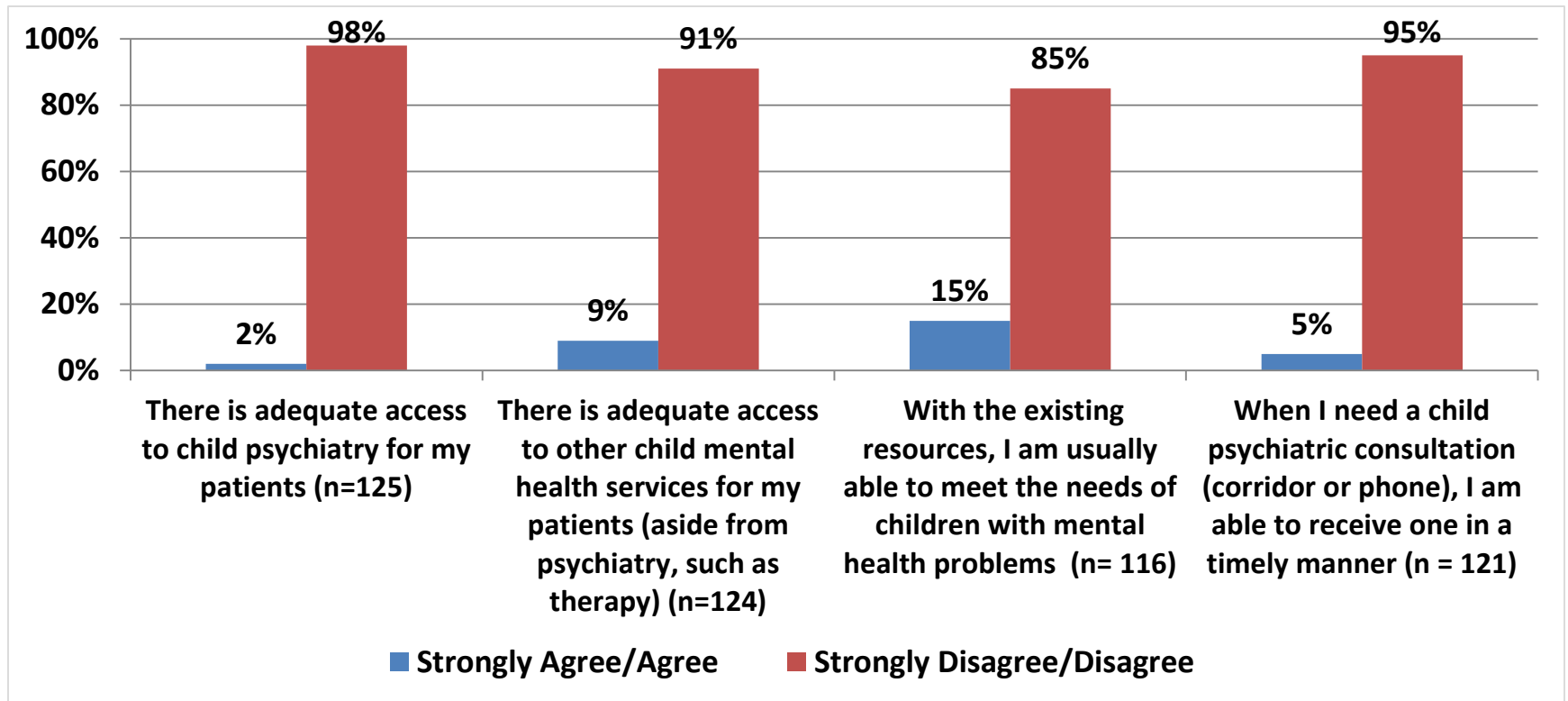


Key objectives of the Virginia Mental Health Access Program

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

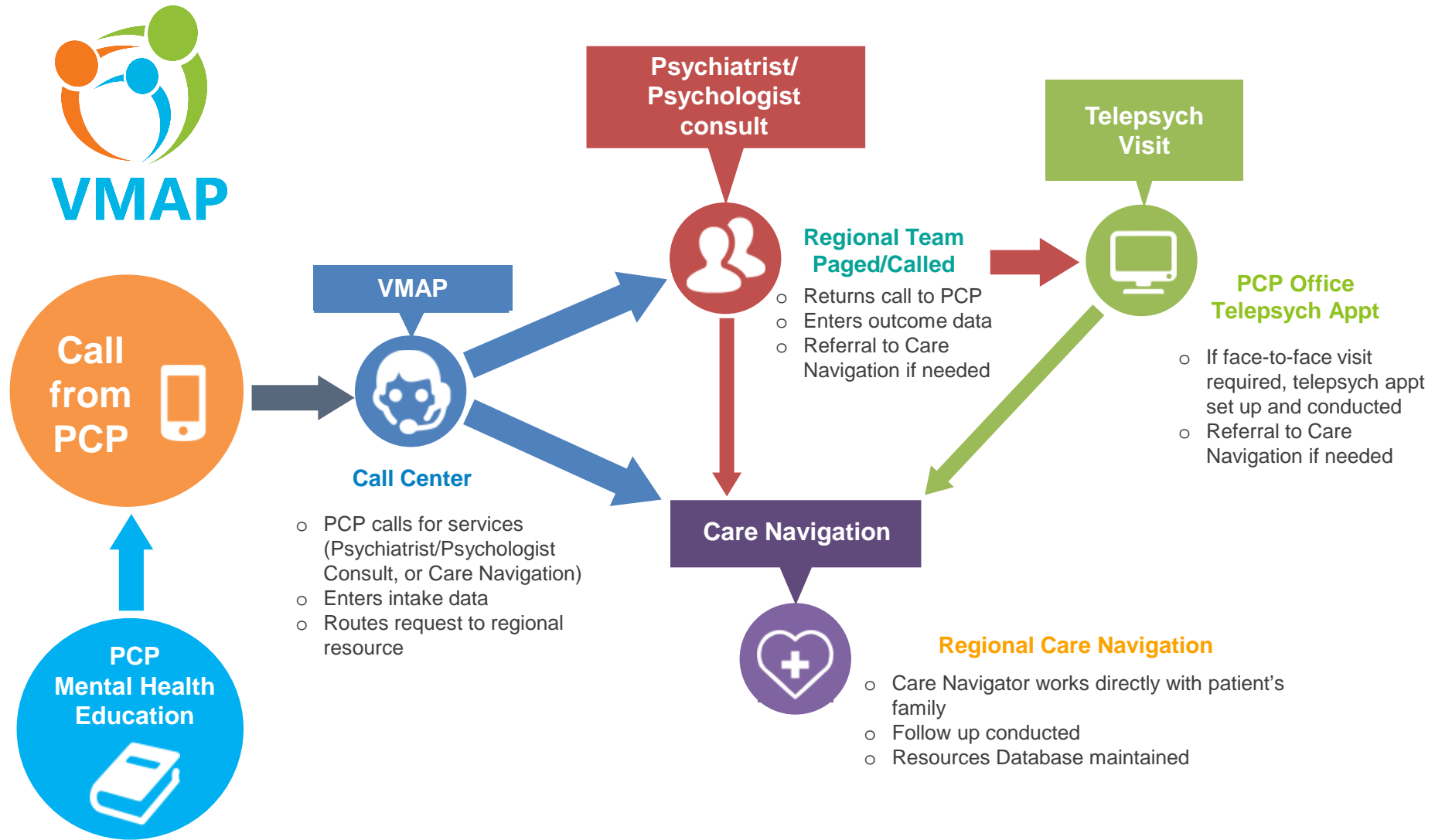
Why Virginia Needs a Children's Mental Health Access Program

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



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?



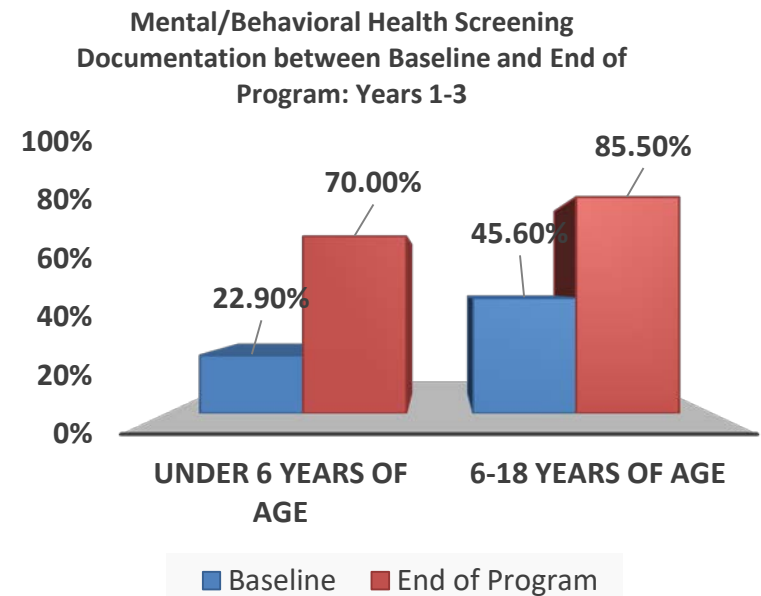


Results From Mental Health Access Programs Across the Country

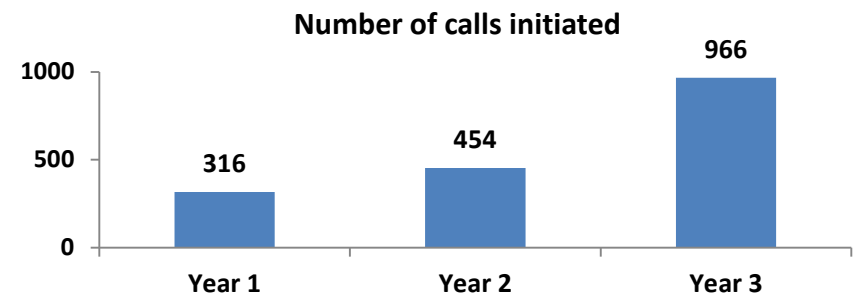
Massachusetts Child Psychiatry Access Program (MCPAP)

- 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

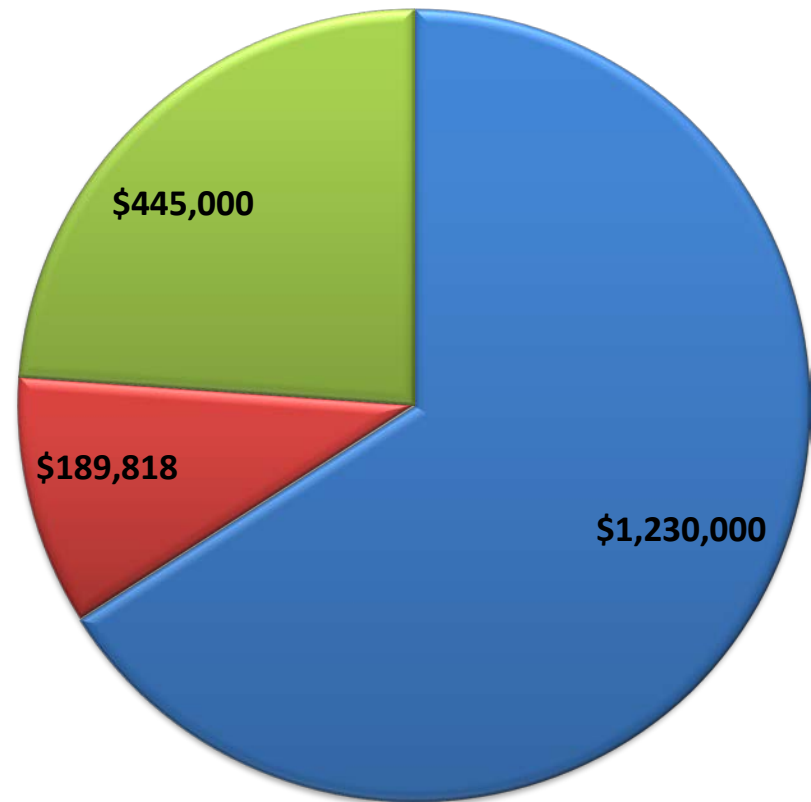


DC Mental Health Access In Pediatrics (DC MAP)



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



■ State General Funds ■ In-Kind ■ HRSA

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*

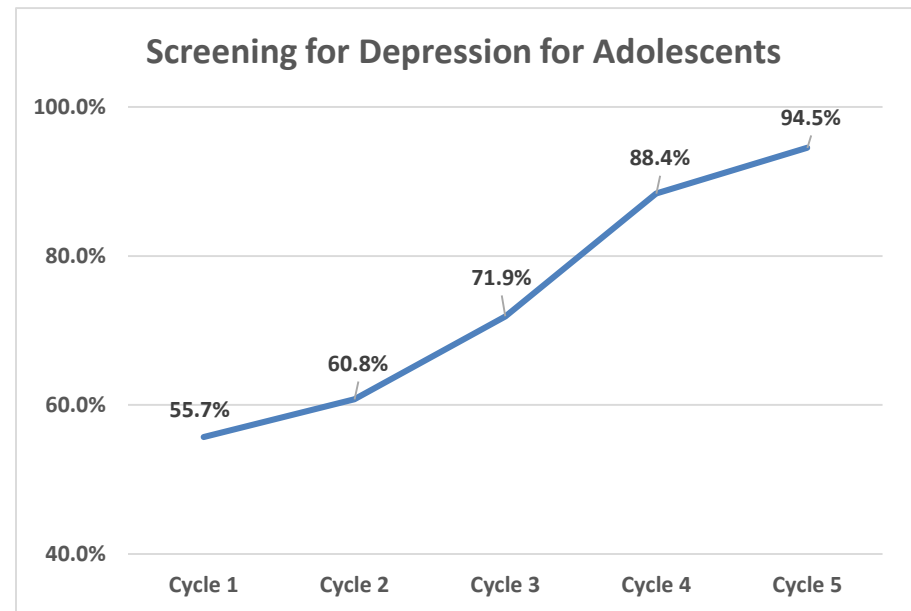
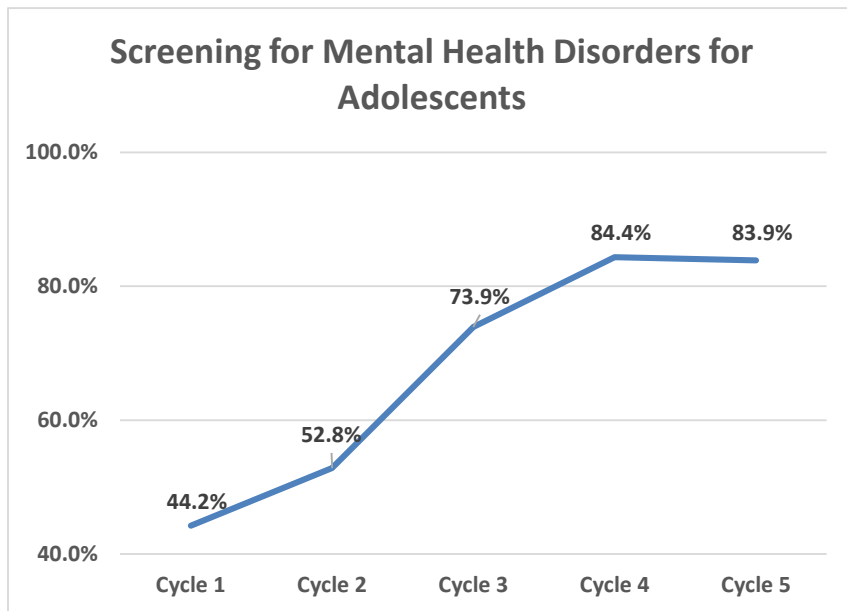
Current VMAP Status

- 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

VMAP Education/Training for Primary Care Providers

- 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