

# The Virginia Mental Health Access Program (VMAP): A New Frontier for Pediatric CL Psychiatry

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## Background

Virginia faces challenges in supporting mental health needs of children and adolescents with chronic, comorbid health conditions. Mental health concerns in individuals under 21 years of age are often under-identified (AAP, 2022). Individuals with chronic illness are identified as having much higher risk for experiencing a comorbid mental health challenge (Delameter et al., 2017). While integrated care is the goal, it is often challenging to develop and maintain in smaller practice settings (Lauerer et al., 2018). Virginia ranked 48<sup>th</sup> in the US for access to youth mental health services in 2022.

## Methods

One solution to the workforce shortage is the utilization of consultative services through a program model that supports primary and specialty care in addressing the mental health needs of their patients in a timely, proactive manner. In 2018, Virginia developed its own mental health access program (VMAP) utilizing a cross-agency collaborative model that braids funding and resources from state agencies and regional children's hospitals. VMAP provides timely access to a 40 hour/week call line that supports other medical providers needing consultation support for diagnosis, medication management, and access to additional patient resources.

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VMAP measures and compares dozens of specific data points collected throughout the call line. Consults give PCPs access to region specific services that support and address the ongoing MH needs of children. Core services offered through the call line include diagnosis, medication management, and teaching points. Funding for the program utilizes a braided model of Federal (HRSA) and State funding with cross-agency support through the department of health (VDH) and department of behavioral health (DBHDS) for program implementation. Full implementation of the program is a collaborative effort between state agencies, regional hospitals and academic medical centers, and the state chapter of the AAP.

All consults are facilitated by either a child and adolescent psychiatrist (CAP) and/or licensed mental health provider (LMHP). Since August 2019 through the end of 2022, there have been 3,886 consults completed on behalf of 639 unique providers. A total of 2,028 care navigation cases were also completed during the same time period, supporting patient access to community resources.

In addition to the VMAP call line, a core component of the program includes education opportunities for primary care providers to improve their capacity to serve patient mental health needs in their practice. These educational opportunities are offered at free or relatively low cost to all providers in the state.

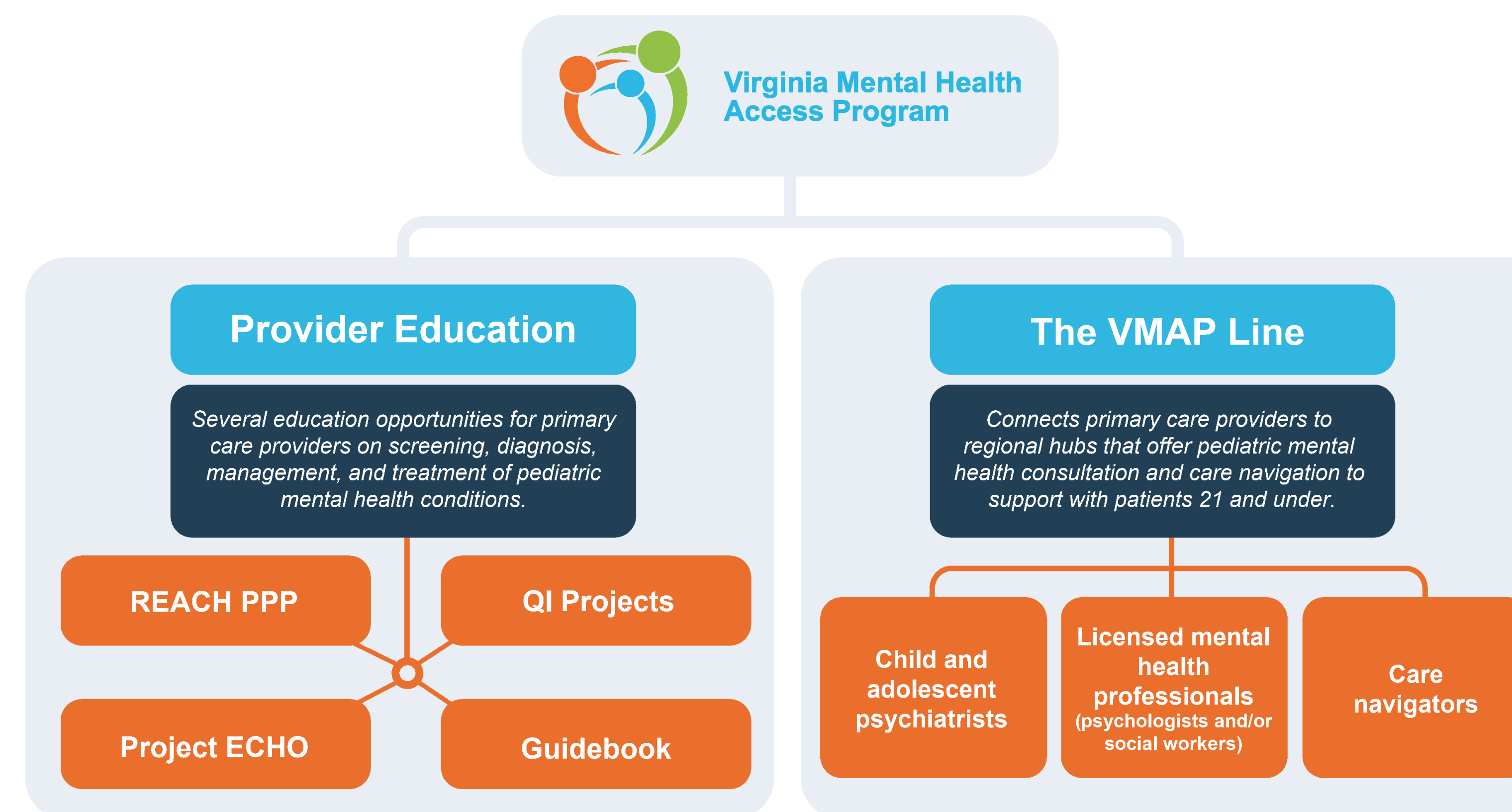
Call line data was cross-examined using various statistical tests (e.g., Chi-squares, t-Tests, etc.) and other aggregate, frequency-based analyses to identify trends concerning provider and patient outcomes. VMAP reporting measures included 1) length of time between call intake and a PCP receiving care, 2) screening outcomes, and 3) exploratory analyses regarding the joint implementation of consultations and VMAP-sponsored trainings.

## Providers Using VMAP (through 2022) = 1,053

- ✓ Physicians = 75%
- ✓ Nurse Practitioners = 21%

- Of all physicians:
- ✓ Pediatricians = 85%
  - ✓ Family Practice = 10%

## Components of VMAP



## Calls to the VMAP Line (through 2022) = 3,886

- 2,538 consults with a Child and Adolescent Psychiatrist (CAP)
- 380 consults with a Licensed Mental Health Provider (LMHP)
- 2,028 care navigation cases, supporting connection to community resources

For 83% of consults, PCPs were able to continue treating the patient within their practice following a consult with a CAP or LMHP

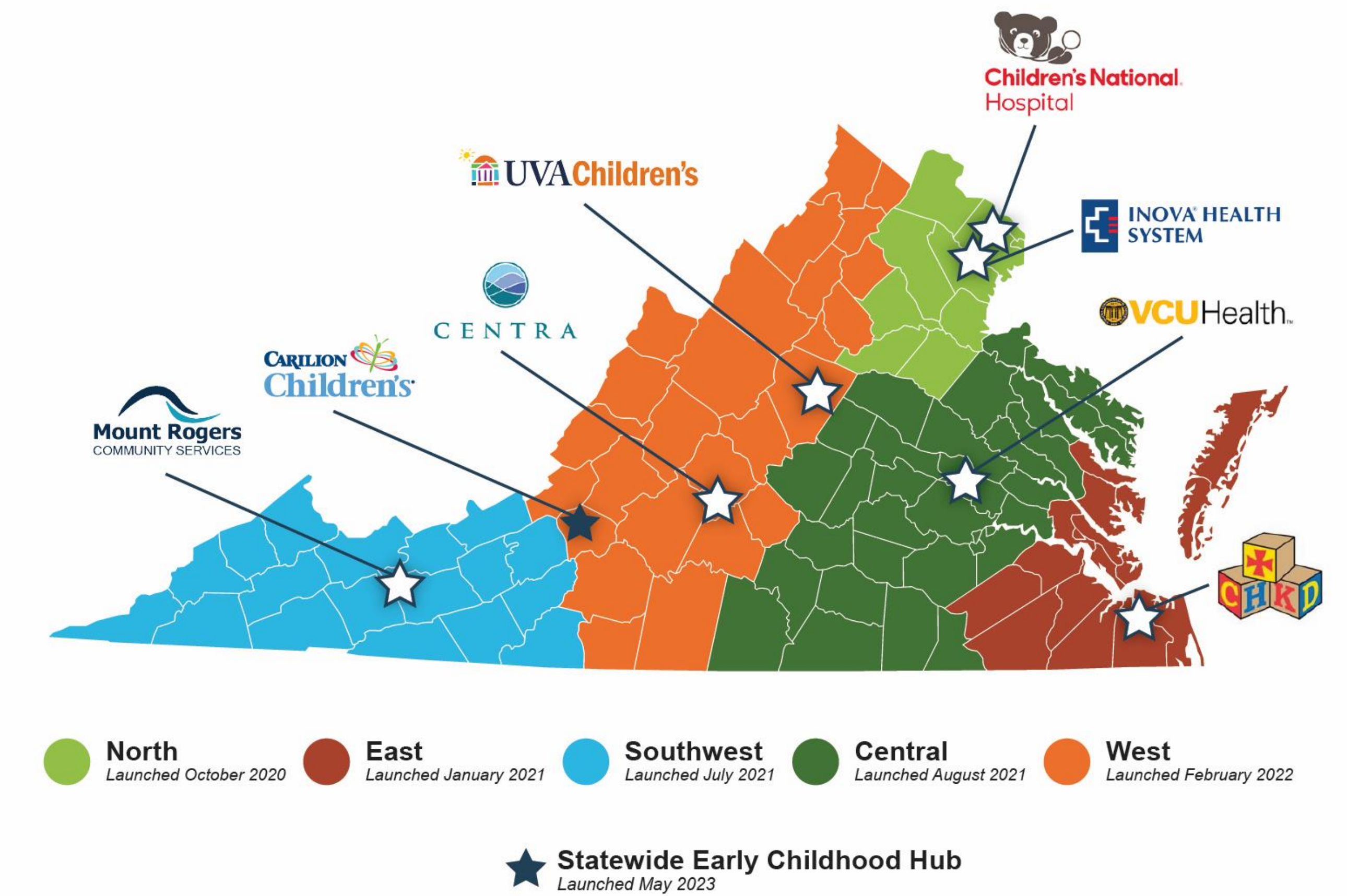
## Results

Since its inception in August 2019 through December 2022, the call line has provided 3,886 consultations with a child and adolescent psychiatrist (CAP) and/or licensed mental health provider (LMHP) to primary or specialty care providers. Eight percent (n=229) of these calls included patients with additional chronic or complex medical diagnoses. Across this subset of consults, 83% reported the provider would be able to continue management of their patients' needs within their practice following a consultation. Additional predominant outcomes from consultations included referral to therapists (44%), referral to a psychiatrist (35%), and continue existing behavioral health treatments (28%). It is interesting to note that there were significant differences in some medication recommendations between patients with and without chronic or complex physical illnesses. Patients with chronic, comorbid health conditions were more likely than the rest of the population to receive a recommendation of *no medication changes* or *watchful waiting*.

## Conclusions

Mental health access programs are a promising option to build capacity for true integrated care models despite other system barriers. While results are preliminary as the program grows, VMAP has demonstrated early evidence to support timely care for the mental and behavioral health needs of children and adolescents with chronic or complex medical conditions while minimizing delays in access to specialty care. As the program develops, future research can support a better understanding of integrated health care needs for special patient populations and the value consultative psychiatry services can bring to supporting ongoing care. Further research can support the investigation of specific chronic healthcare needs and their intersection with mental or behavioral health concerns. Identifying how programs such as VMAP can facilitate integrated care models will be helpful for future collaborative practice.

## 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

## VMAP Education Participation (through 2022)

- 34 Courses offered
- 831 Unique providers trained
- 22,083 hours of continuing medical education provided

Medication Recommendations	Chronic or complex medical diagnoses (n=229)	Other diagnoses (n=2570)	Overall (n=2799)	P Value	Pearsons R
START a new medication	44%	50%	49%	.089	.089
STOP existing medication	11%	14%	14%	.112	.112
Medication Changes (Decrease dose)	2%	4%	4%	.120	.120
Medication Changes (Increase dose)	14%	18%	18%	.081	.081
Medication Changes (No changes)	20%	13%	14%	<.05	.003
Watchful waiting/ Consider specific medications in the future	11%	6%	7%	<.05	.013
N/A - Patient not on medication	3%	3%	3%	.768	.768

Other Recommended Outcomes	Chronic or complex medical diagnoses	Other diagnoses	Overall	P Value	Pearsons R
PCP Treatment of specific BH concern	81%	83%	83%		
Therapist Appointment	44%	42%	42%		
Continuing existing behavioral health treatment	28%	23%	24%		
Referral to psychiatrist	35%	29%	30%		
Referral to a physician specialist (non-mental health, e.g., neurology, pulmonology)	12%	7%	7%	<.05	<.05
ER Hospitalization	8%	4%	4%	<.05	<.05
PCP call to Child Protective Services	2%	<1%	.5%	<.001	<.001

## References

- American Academy of Pediatrics (2022). *Recommendations for Preventive Pediatric Health Care*. [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- Delamater, A. M., Guzman, A., & Aparicio, K. (2017). Mental health issues in children and adolescents with chronic illness. *International Journal of Human Rights in Healthcare*, 10(3), 163-173. <https://doi.org/10.1108/IJHRH-05-2017-0020>
- Lauerer J.A., Marenakos, K.G., Gaffney, K., Ketron, C., & Huncik, K. (2018). Integrating behavioral health in the pediatric medical home. *Journal of Child and Adolescent Psychiatric Nursing*, 31, 39-42. <https://doi.org/10.1111/jcap.12195>