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What is the Virginia Mental Health Access Program?

The Virginia Mental Health Access Program (VMAP) is a statewide initiative that helps health care providers take better care of children and adolescents with mental health conditions through provider education and increasing access to child psychiatrists, psychologists, social workers, and care navigators.

The Problem
Currently, Virginia ranks 41st in the nation for its mental health workforce (State of Mental Health in America, 2020). Because of this, many of Virginia’s children go without necessary mental health services.

Key Statistics

77% of Virginia localities are mental health professional shortage areas and only two counties in Virginia have a sufficient number of child psychiatrists.

In Virginia, there are only 13 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 health and behavioral health knowledge and skills (McMillan, J., Land, M., & L. Leslie, 2017).

VMAP is the Solution

VMAP has 4 main components/pillars:

- **Education for primary care providers on screening, diagnosis, management, and treatment of pediatric mental health conditions.**
- **Access for primary care providers to telephonic consults with regional VMAP hubs comprised of child and adolescent psychiatrists, psychologists, and/or social workers.**
- **Telehealth visits for families who require additional support.**
- **Care navigation to help identify additional regional mental health services that may benefit families.**
How Does VMAP Work?

**Call from PCP**
- PCP calls for services: Psychiatrist/Behavioral Health Provider consult, or Care Navigation
- Enters intake data
- Routes request to regional resource

**Call Center**
- PCP calls for services: Psychiatrist/Behavioral Health Provider consult, or Care Navigation
- Enters intake data
- Routes request to regional resource

**Regional Team Paged/Called**
- Returns call to PCP
- Enters outcome data
- Referral to Care Navigation if needed

**Psychiatrist/Behavioral Health Provider Consult**
- Care Navigation
  - Care Navigator works directly with PCP or patient’s family
  - Follow up conducted
  - Resources Database maintained

**Telepsych Visit**
- Telehealth Appointment
  - If face-to-face visit required, telepsych appt set up and conducted
  - Referral to Care Navigation if needed

**Virginia Regions**
- Northern CNH/Inova
- Western UVA/Centra
- Central VCU
- Eastern CHKD
- Southwestern Carilion
- Western UVA/Centra
- Central VCU
- Eastern CHKD
- Southwestern Carilion

To learn more about VMAP visit
www.vmap.org
A Message from VMAP’s Medical Director

“I don’t even know what to do now,” said a mom tearfully to me. I was seeing her fourteen-year old son for his annual well visit. “He won’t talk to me and sometimes he won’t get out of bed the whole day! I know something is wrong with him. I tried to call all the psychiatrists on the list you gave me and can’t get an appointment until next month. What do I do until then?”

The young man we were discussing was sitting slouched on the exam table, staring down on the floor, hoodie pulled low over his head. He answered my questions about eating, sleeping, and physical habits in short barely audible one-word responses. His PHQ-9 screener was abnormal. I had been his physician since he was an infant. He was so different than the child I knew; he was clearly a teen struggling with symptoms of depression.

As a primary care pediatrician, I was not trained to treat depression. I was trained to recognize it, but then was taught to refer to a specialist for the diagnosis and management. However, over the years, the number of mental health providers available for my pediatric patients has dwindled, the prevalence of mental health issues in children has increased, and the cost of healthcare for families has skyrocketed. As a result, parents and caregivers have turned to their primary care providers for help.

The Virginia Mental Health Access Program (VMAP) has grown out of this burgeoning need. By training primary care providers (PCPs) to manage mental health conditions, such as anxiety, depression, and ADHD, VMAP expands the ability of PCPs to provide this needed care. To help guide PCPs with diagnosis, treatment, and management decisions, VMAP provides a child and adolescent psychiatrist for the PCPs to consult with in near real-time. The addition of care navigation services is essential for families to identify resources in their communities. In the world of digital health, telehealth resources for mental health care becomes a priority. These are all important aspects of VMAP.

Started in 2018 with an idea, and now an expanding program, VMAP is still in its growth and development phase. I am proud to be a part of the team who has helped to make VMAP a reality for Virginia. The goal for VMAP is to become fully statewide and to have all four pillars of services - education, psychiatrist consult line, care navigation, and telehealth, in all regions. We have come a long way in the last year and a half and should be proud of the work that has been accomplished. The support of many stakeholders including government, healthcare providers and facilities, mental health providers, child and family advocates, insurance companies, and citizens has been essential to our success thus far. I look forward to our ongoing success to achieving our goal so that every primary care provider can turn to the family they are caring for and say “I know exactly what to do for you… I am going to call VMAP!”

In health,

Sandy L. Chung, MD, FAAP, FACHE

Medical Director

Virginia Mental Health Access Program (VMAP)
Meet the VMAP Executive Committee

Department of Behavioral Health and Developmental Services (DBHDS)

- Nina Marino, MSW, LCSW
  Director, Office of Child and Family Services

- Bern’Nadette Knight, PhD
  VMAP Coordinator

Virginia Department of Health (VDH)

- Bethany Geldmaker, PhD, PNP
  HRSA Program Director VMAP

Medical Society of Virginia Foundation (MSVF)

- Ally Singer Wright
  VMAP Program Administrator

- Mary Beth McIntire
  Chief Programs Officer

Virginia Commonwealth University (VCU)

- Rachel Reynolds
  VMAP Call Center Manager and Care Navigation Lead

- Sandy Chung, MD
  VMAP Medical Director

"We were unable to get this college student in to see a psychiatrist quickly. Now waiting for her appointment is less stressful for her family, her, and me! Thanks for making the VMAP program work.

- MELODY M. AILSWORTH D.O.
  Richeson Drive Pediatrics
Updates

New for VMAP
- The Medical Society of Virginia Foundation (MSVF) was named program administrator of VMAP in January 2020
- VMAP now serves patients through age 21 (to the 22nd birthday)
- VMAP has a new website! Visit www.vmap.org
- Providers can now request a consult directly from www.vmap.org or at bit.ly/VMAP-Consult
- VMAP's psychiatrist consult line is now available to Virginia PCPs 40 hours a week!

The Next Stakeholder Meeting
December 11, 2020 – This meeting will be held either virtually or in person. More details to come. To be added to the VMAP Stakeholder communication list, please email info@vmap.org.

COVID-19
Because of COVID, newly awarded state funds dedicated to VMAP were frozen and cannot be used for program expansion. However, VMAP is needed now more than ever as the pandemic impacts mental health globally. High levels of stress and isolation impact brain development, making children especially vulnerable as they are forced to cope with increased family stressors, social isolation, loss of parents’ jobs, sick family members, and loss of loved ones. VMAP providers are reporting an increased severity of mental health concerns in their pediatric patients that families are ill equipped to manage on their own.

The Latest Funding Information
In addition to $445,000 in federal HRSA funds via the Virginia Department of Health (VDH), VMAP currently has $1.2 million in state general funds managed by the Department of Behavioral Health and Developmental Services (DBHDS) dedicated to building out the Northern and Eastern regional hubs. An additional $4.2 million was approved in the budget during the 2020 General Assembly to build out VMAP services in the remaining three regions of the state.

However, due to COVID-19, all new discretionary spending in the budget was "unallotted" through the state's next fiscal year. During a special legislative session, the Governor will revisit the budget and make any modifications necessary. We encourage all VMAP stakeholders to reach out to their legislator and share the importance of keeping VMAP funded.

VMAP is a collaborative effort. Thanks to all the partners below who make this important program possible.
I participated in one of the first REACH training programs offered by VMAP. This opportunity provided me a stronger foundation in mental health management, not only from didactic learning but also through several months of case discussions among fellow providers.

- ARSHIA QAADIR, MD
  Pediatric Associates of Springfield
Addressing Racism

Access to health care, particularly mental health care, is not equitable across all racial and ethnic groups. The Agency for Health Research and Quality (AHRQ) reports "racial and ethnic minority groups in the US are less likely to have access to mental health services, less likely to use community mental health services, more likely to use emergency departments, and more likely to receive lower quality of care."¹

Moreover, racism in the United States negatively affects the economics, health and emotional/mental well-being of communities of color, with exposure beginning in early childhood. As youth of color experience racism either directly or systemically, the impact of racism becomes their burden to carry and can manifest as mental and emotional trauma that may persist into adulthood. Studies show that youth of color who experience and perceive racial discrimination in their everyday life suffer more from depression and internalizing symptoms; greater psychological distress; poorer self-esteem; lower academic achievement and engagement; less academic motivation and greater engagement in externalizing behaviors.² Further adding to this is the effect of "compounded community trauma" when youth of color witness violence in their homes and neighborhoods. This has also been linked to high rates of mental illness including post-traumatic stress disorder, depression and externalizing behaviors.³

VMAP acknowledges that the long history of racism in the United States and in the Commonwealth of Virginia adversely impacts mental and behavioral health among youth of color. We recognize this as an ongoing and important public health issue. As a result, VMAP is committed to decreasing youth mental health disparities. Conversations around the impact of racism on youth of color’s mental health will not be minimized or ignored, but encouraged and embraced as we work to provide services for all youth throughout the commonwealth. Finally, VMAP is committed to putting action behind our words and leading the way in developing and implementing a program that drives change.

It is with this commitment VMAP will do the following:

- Integrate The Office of Minority Health’s Culturally and Linguistically Appropriate Service (CLAS) standards in our work. CLAS standards will guide how we develop our governance structure, leadership and workforce; provide communication and language assistance; engage with community and stakeholders; and hold ourselves accountable for working to advance health equity.⁴

- Regularly examine the data we collect to monitor and evaluate our progress in ensuring equitable service across racial/ethnic groups. Conversations will take an honest look at our current approach, identify where current gaps exist and develop strategies to address these areas. Strategies will be implemented and monitored to assess how well we are reaching our goal.

- Identify and form partnerships with providers from diverse backgrounds including race, ethnicity and geographic location, as well as providers who serve families and youth of color. We will do this through targeted VMAP marketing/outreach, collaborating with communities to understand specific needs, and working with providers to bring VMAP services to communities of color.

- Use program and health equity data to make informed decisions on how to expand VMAP across the commonwealth to ensure youth of color have access to this valuable service.

We know this will be a concerted effort that will take time. We are committed to moving this program forward with an understanding that racism is a public health issue that can lead to poor mental health outcomes for youth of color, and we believe the children in the Commonwealth of Virginia deserve equitable, high-quality and anti-racist mental health treatment.

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Health Equity

Virginia is a diverse state with coastal regions, mountains and bustling cities, all within close proximity to our nation’s capital. As diverse as it is in landscape, so too are Virginia’s citizens with respect to their culture, race/ethnicity and socioeconomic status. However, while diversity is one of the commonwealth’s greatest strengths, its healthcare system fails to serve all communities equitably. Minority adults and youth, individuals of low socioeconomic status, and residents in certain geographic locations (e.g. rural) continue to face disparities in access to adequate care and subsequent health outcomes. On top of this, a lack of medical professionals to provide care has led to large underserved areas within the state.

The Department of Health and Human Services (HHS) classifies populations as underserved if they receive fewer health care services, encounter barriers to accessing primary care health care services (economic, cultural, and/or linguistic), lack familiarity with the health care delivery system and/or face a shortage of readily available providers.¹ Research shows that youth who grow up in underserved areas have poorer health outcomes and are more likely to remain underserved in adulthood.² 14% of Virginia children under age 18 live in poverty. In Virginia’s Appalachian region, which faces severe economic challenges in addition to barriers to accessing health care, 24% of youth (0-18) and 42% of young adults (18-24) live in poverty. Furthermore, 77% of Virginia localities are mental health professional shortage areas and only two counties in the state have a sufficient number of child psychiatrists.³

Since its beginning, VMAP has been committed to supporting PCPs and their patients through its psychiatric consultation services and behavioral health trainings. 75% of PCPs who have participated in VMAP’s Project Extension for Community Healthcare Outcomes (ECHO) training provided services to rural populations.⁴ To date, almost a quarter of youth (24%) who received mental health support via VMAP were enrolled in Medicaid. As VMAP expands across the state, we anticipate the need for its mental health resources to grow, especially for underserved communities.

VMAP has made great strides in increasing mental health care access, but more needs to be done. As a result, VMAP is committed to developing and implementing strategies that: 1) provide access to mental health services for youth in underserved areas; 2) provide resources and learning opportunities for primary care providers who serve these youth; and 3) develop program goals and objectives that are inclusive to the challenges faced by underserved youth. Specifically, we aim to do the following:

- Identify and form partnerships with providers from underserved areas (and those who treat youth from underserved populations) with respect to insurance status, geographic location and socioeconomic status. We will do this through targeted VMAP marketing/outreach, collaborating with communities to understand specific needs, and working with providers to bring VMAP services to these communities.

- Continue to provide training to PCPs with a concerted focus on identifying and engaging those who work in underserved communities. We will encourage feedback from PCPs on ways we can integrate learning opportunities into our training curriculum that address the mental health needs of underserved youth.

- Provide telehealth services for underserved youth in coordination with VMAP behavioral health providers.

- Integrate Culturally and Linguistically Appropriate Service (CLAS) standards in our work as we strive to decrease mental health disparities among underserved youth. CLAS standards will guide how we develop our governance structure, leadership and workforce; provide communication and language assistance; engage with community and stakeholders; and hold ourselves accountable for working to advance health equity.⁵

- Use program and health equity data to make informed decisions on how to expand VMAP across the commonwealth to ensure underserved youth have access to this valuable service.

- Regularly examine the data we collect to monitor and evaluate our progress in ensuring equitable service for underserved youth. Conversations will take an honest look at our current approach, identify where current gaps exist, and develop strategies to address these areas. Strategies will be implemented and monitored to assess how well we are meeting our goals.

We recognize that in striving to meet our goal of increasing access to mental health care for all Virginia children, VMAP is especially critical to underserved communities who are in even greater need. As a result, VMAP is committed to reducing barriers to care and improving access for our state’s underserved youth. We realize that this will be a concerted effort that will take time, but as the great Nelson Mandela once said, “It is in your hands to create a better world for all who live in it.”

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⁴ VMAP Program Data Derived from either REDCap and/or Performance Reports.

Year One of VMAP  (July 2019-July 2020)

VMAP Has Already Made an Important Impact

201
participants trained via VMAP's Provider Education Opportunities (REACH, Project ECHO, or QI trainings)

340
providers enrolled to use VMAP

309
consults provided

291
unique patients served via consults

92%
of the VMAP consultations resulted in the PCP being able to manage the patient independently or with recommended supports

23%
on Medicaid

25%
Non-Caucasian

Patient Age Groups

- 41.6% 15-18 Years
- 28.3% 11-14 Years
- 24.2% 6-10 Years
- 5.9% 0-5 Years
Updates from VMAP’s Data Workgroup

The data workgroup provides critical support and advice on VMAP’s programmatic and data processes, including the collection, analysis, and reporting of outcomes. As VMAP transitions from pilot to expansion phase, the data workgroup has been busy helping to scale VMAP data processes along with program growth. Current work as well as future goals of the group include:

Registration: Streamlining registration forms and VMAP processes have been a goal of the VMAP data workgroup since its initiation. Throughout the year, workgroup members have consulted with other states with similar programs to gather best practices on streamlining PCP enrollment and gathering and updating provider information. As a result of these efforts, in June VMAP made changes to simplify PCP enrollment procedures: providers are no longer required to register their practice and practices began being enrolled internally. The workgroup continues to work on methods of updating provider information that is collected during enrollment and consultation calls.

Governance: The workgroup has been driving the development of a data governance plan. This plan will consist of policies and procedures that will guide the use of VMAP’s data, provide recommendations for data security, and develop goals for future use, sharing, and integration of data with other VMAP components. Since VMAP is an evolving program, the workgroup anticipates that this plan will be regularly maintained and updated as VMAP continues to grow.

Data Collection, Analysis and Reporting: Not only does the workgroup generate monthly reports consisting of data dashboards that display the most up-to-date VMAP outcomes, but it has worked hard to improve the data visualization and display quality of these reports. In May, the workgroup initiated the use of a new, enhanced software that allows the data team to generate more robust, visually appealing, and easier to interpret reports. The workgroup also critically examines all data that is currently collected via VMAP processes on a regular basis. This results in frequent re-examination of VMAP’s current data collection structure in order to ensure accurate information is being collected in the most effective manner. In areas where clarity or improvement is needed, the workgroup gathers and develops recommendations for the Executive Committee.

When my daughter’s mental health journey started, I felt like I was in the dark and all alone. I didn’t know where to turn for help and when I did ask questions, I was met with “I don’t know” or “I’m sorry, we can’t help you”. My daughter was dealing with a deep depression that resulted in her regularly self-harming and making multiple suicide attempts. When I realized what was going on, I reached out for help that took me longer than it should have to find. She was hospitalized acutely five times, placed in two different residential facilities, had months of intensive in-home services, multiple outpatient therapists, and was prescribed many different medications by her psychiatrists, all within a two-year timespan. From the onset, our journey took us from my daughter’s 14th birthday until her 18th where I was no longer allowed to make decisions on her behalf.

With the support the pediatricians receive through VMAP, they become an additional form of support and a resource for families as they ensure their patients’ whole-health is addressed and are a knowledgeable contact for families when they start experiencing challenging behaviors with their child(ren). I wish VMAP was around when our journey began. I think our experiences would have been more positive, maybe addressed in a shorter amount of time, and I would not have felt all alone.

- CRISTY CORBIN
Parent & VMAP advocate
THE FOUR PILLARS OF VMAP

PCP EDUCATION
Unique among state mental health access programs, VMAP’s prioritization of primary care education is a critical component that promotes integrated and whole person care for pediatric patients through:

- increasing workforce capacity and improving timely access to evidence-based behavioral and mental health care for patients;
- improving the quality of behavioral and mental health care, with patients receiving the right care at the right place and time, including the use of parent and patient screening tools; and
- utilizing the limited available behavioral and mental health resources as effectively and efficiently as possible.

VMAP does this through three distinct educational opportunities for pediatric PCPs:

1. Project ECHO

Over the past year, VMAP has launched three pediatric behavioral and mental health Project ECHOs, allowing for virtual learning and collaboration between pediatricians, family physicians, nurse practitioners, PAs, and other members of the healthcare team. 72 primary care providers (including 75% who serve rural populations) from across the Commonwealth committed to year-long participation.

Each ECHO is led by an expert interdisciplinary team that includes psychiatry, psychology, developmental and behavioral pediatrics, primary care, and care navigation. So far, 17 leaders have committed to supporting VMAP’s ECHOs in this way.

Cohorts benefit from case-based learning, in addition to highly relevant didactics on topics like - suicidality and safety planning; preschooler ADHD; motivational interviewing; substance use disorder; anxiety; eating disorders; and differential diagnosis of irritability. The attrition rate over the year was minimal, and in fact, additional providers signed on as guests most sessions!

Each faculty team created an online catalog of screening and evidence-based learning resources, including compilations of local and state resources PCPs can turn to for additional guidance and support. Additionally, participants are invited to participate in a quality improvement (QI) project to enhance screening practices. They can earn up to 60 points of continuing medical education (CME Cat 1) and maintenance of certification (MOC 2 & 4) credits.

2. REACH Trainings

VMAP partners with the Virginia Chapter of the American Academy of Pediatrics (VA-AAP) and the REACH Institute to offer Patient-Centered Mental Health in Pediatric Primary Care (PPP) trainings to Virginia providers. These important trainings educate PCPs in the care of children with mental health needs, including screening, diagnosing, managing, and treating mental health disorders. Participants can earn AMA PRA Category 1 Credits™ by completing the mini-fellowship components:

- A dynamic three-day, 16-hour interactive course focused on building skills and confidence in diagnosing and treating pediatric behavioral health problems.
- A six-month, case-based distance-learning program. Participants join 12 bi-monthly, 1-hour group conference calls with national primary care and child/adolescent psychiatry experts to learn how to manage pediatric mental health issues encountered in daily practice.
- All participants receive custom-designed toolkits with guides, assessment instruments, dosing and side effect charts, medication comparison tables, and handouts for patients and parents.

VA-AAP sponsored the first VMAP REACH PPP training in Richmond at VCU in September 2019. There were 45 participants including 27 MDs, six NPs, and 3 DOs. The VA-AAP also hosted a Train the Trainer Session in November 2019 that trained three child and adolescent psychiatrists and six physicians in REACH course facilitation. This will allow for VMAP to have its own REACH faculty team to help facilitate these important programs throughout the state moving forward.
The VA-AAP is working with the REACH Institute to move the 2020/2021 REACH PPP trainings to a virtual platform. The trainings previously scheduled for Spring 2020 have been rescheduled and will be held virtually. Upcoming trainings include:

- Richmond (VCU) scheduled for September 18-20, 2020
- Lynchburg rescheduled to October 2 – 4, 2020
- Train The Trainer scheduled for Thursday, October 22, 2020
- Roanoke (Carilion) scheduled for October 23 – 26, 2020
- Charlottesville (UVA) rescheduled to January 8-10, 2021

3. Mental Health Screening Quality Improvement (QI) Project

VMAP has completed two VMAP Mental Health Screening QI projects in which more than 80 pediatricians participated. During the QI project, participants perform PDSA cycles to improve depression and mental health screening in their offices. Physicians earn MOC Part 4 credit for doing this work. In the first QI cohort, participants increased depression screening in their practices from 68% to 96% and increased mental health screening from 33% to 85%. In the most recent QI cohort, participants increased depression screening from 86% to 98% and increased mental health screening from 27% to 100%. The next QI project is planned for early 2021.

Over the next year, the education team will focus on:

- Facilitating additional REACH PPP trainings and recruiting more regional faculty to expand these trainings across the state.
- Supporting VMAP ECHO participants through completion of their QI projects.
- Launching four new ECHO cohorts:
  - NoVA/Southwest in Fall 2020;
  - Central in Fall 2020;
  - Eastern in Winter 2021; and
  - Western in Winter 2021.
- Launching the 3rd Mental Health Screening QI Project.
- Exploring the creation of a VMAP Guidebook to serve as a supplemental resource and complimentary learning tool for VMAP providers.

All of this work is guided by a strong interdisciplinary advisory workgroup that meets monthly since 2018. We greatly appreciate the ongoing leadership and commitment of these champions for pediatric and adolescent mental health.

To register for a VMAP training, please visit:
bit.ly/VMAP-Training

PCP & Child and Adolescent Psychiatrist (CAP) Consults

While simultaneously focusing on standing up hubs in the Eastern and Northern regions, VMAP continues to expand and enhance its behavioral health consultations offered to PCPs statewide. Currently, child and adolescent psychiatrists (CAPs) are available state-wide to consult with PCPs via the VMAP call line. Additionally, VMAP's call center recently added coverage to have a complete 40 hours a week of psychiatrist time available to support providers. Once VMAP's first hubs are staffed, an additional licensed mental health professional (psychologist or licensed clinical social worker) will be able to assist with consults on a regional basis.

In June, the PCP-CAP Consult workgroup assisted VMAP in expanding the age range for VMAP services: providers can now call for patients through age 21 (up to the 22nd birthday). Additionally, the PCP-CAP workgroup has also been working with the Data workgroup and Executive Committee to refine the questions asked to PCPs and CAPs during the consultation process. This will help with both processing efficiency and data reporting capabilities as VMAP continues its work supporting pediatric PCPs.

CARE NAVIGATION

One of the significant barriers to receiving mental health care is the difficulties families face in navigating the complex healthcare system. Many health insurers have specific provisions for mental health services that may differ from covered medical services, and families are often at a loss as to how to find an in-network provider. Moreover, due to the scarcity of providers, the wait times for appointments can be months long and families can be surprised by the out-of-pocket costs.

Care navigation plays a critical role in supporting PCP practices and patients as they try to access needed care. Care navigation services will also allow VMAP to address disparities associated with language and cultural differences, along with other barriers to care. Once fully implemented, each VMAP regional hub will have at least one care navigator who will be available to provide resources and referrals, either directly to families or via PCPs.

VMAP care navigation services are currently in the design phase as VMAP works to solidify contracts with hubs who will be staffing the care navigators. Once contracts are complete, hubs will work to hire VMAP’s very first care navigators. In the meantime, the care navigation workgroup and leadership team have been hard at work developing this important role. To help with this, VMAP received a technical assistance grant in early 2020 through the National MCH Workforce Development Center. This 7-month learning opportunity has provided guidance and structured support to help VMAP maximize its strategic
planning around the implementation of the care navigation model across the Commonwealth. As part of the process, the learning cohort and the care navigation workgroup have incorporated representatives from the community to allow for diverse input from many different fields, with a special emphasis on considering the voice of the families who will be supported by this role.

To date, the VMAP care navigation workgroup has:

- Established a job description for the care navigator role.
- Established an outline of topics and trainings for onboarding and ongoing professional development needed for the role.
- Identified a starting point for a resource database and platform that can be utilized by the care navigators across the state once the role is established in regional hubs.

VMAP’s current resource database is housed within the Cameron K. Gallagher Mental Health Resource Center at VCU Health System. The database has over 800 resources in a platform searchable by specific criteria, including services and specialties offered, location, insurances accepted, etc. Over the past year, there has been effort to update and augment the resource database. Overall, the database has increased by 19% and about 60% of the database has been updated within the last year. Additionally, VMAP is currently exploring alternative databases that could support the buildout of an extensive state-wide mental health resource directory and serve as the foundation for VMAP’s growing care navigation services.

**Telehealth**

As VMAP’s regional hubs are established, the use of telehealth services will continue to be incorporated to offer enhanced consultative support to PCPs and their patients. Telehealth capabilities will allow PCPs and/or their patients needing additional support to connect directly with their regional hub’s child and adolescent psychiatrist or licensed mental health professional (psychologist or social worker). The Telehealth workgroup assists VMAP in its buildout of consultative services as VMAP’s telehealth capabilities are expanded from phone call consults to eventual virtual visits.

The COVID-19 pandemic has greatly shifted the use of telehealth throughout the state and country. Prior to COVID-19, telehealth adoption was limited among pediatric providers due to payment restrictions, payment parity, restrictions on patient location, and limited professional preparedness. Since the onset of the pandemic, telehealth has quickly emerged as an advantageous method of delivering both pediatric primary care and behavioral health. As a result, many providers have rapidly transitioned to delivering care via telehealth. However, due to the unanticipated yet urgent circumstances, providers are delivering telehealth services without training and/or previous clinical experiences. As a result, the Telehealth workgroup is shifting focus to the address the need for telehealth training for both primary care providers and behavioral health clinicians.

Through the work of Old Dominion University’s Center for Telehealth-Innovation, Education, and Research (C-TIER) a 20 hour credit bearing certification has been developed for providers. This in-depth training includes modules on telehealth technology, legal/regulatory considerations, billing/coding/reimbursement, delivery modules, data metrics, protocols, consent, emergencies, etiquette, etc. Through its partnership with ODU, VMAP will tailor this training specifically for behavioral health providers and incorporate telehealth equity and socio/cultural competencies into the curriculum. VMAP is also exploring ways to offer telehealth support and training to the pediatric PCP community at large.

In the next several months the telehealth workgroup will prioritize the following work:

- Survey VMAP providers to assess the following: Telehealth Acceptance, Perceived Knowledge, and Use and Satisfaction. This will guide training development.
- Assess the current Telehealth Training Certificate Program through C-TIER.
- Adapt the program to a fully asynchronous Certificate Program with the goal of two certificates: 1) Behavioral Health Providers, and 2) Primary Care Providers.
- Pilot a behavioral health provider specific training with VMAP’s psychiatrists and licensed mental health professionals.

The COVID epidemic has affected children and families psychologically in many different ways since March. This is evident in our mental health objective screens as well as our subjective discussion with families. Anxiety screens, e.g. SCARED have been positive at a much higher rate. Concerns for family health have been a recurring theme. There has been significant anxiety and outright panic attacks when children have entered the public domain and have been witness to people not social distancing and wearing facemasks.

Our population of ADHD patients and families seem to be struggling at a much higher rate. Online learning is particularly difficult. Maintaining structure, positive reinforcement in the setting of parental stress has been particularly challenging. VMAP’s assistance has been beneficial in a multitude of ways. Accessing mental health services on an “emergency” basis is difficult for parents. The knowledge that the input of an academic pediatric psychiatrist to their child’s care plan is very comforting to the parent. As a provider I can be confident that my intervention has been vetted by a professional.

- MICHAEL CAPLAN, MD
  All Pediatrics of Lorton
VMAP Marketing and Communications

Website
VMAP has made some updates and improvements to its web presence:
- A new URL – www.vmap.org
- VMAP Resources Page on the VMAP and MSV website
- Streamlined registration: providers can easily register right at www.vmap.org. Practice enrollment is conducted internally by VMAP’s Call Center
- E-request for consultation: Providers can now request a consult online

Social Media
VMAP is on twitter. Follow us @VMAPVA

Other Social Media Messaging
The Medical Society of Virginia also posts about VMAP and children’s mental health across their platforms.
Twitter - @MedSocietyVA
Facebook – @MedSocietyVA
Instagram - @MedSocietyVA

Email Marketing
The MSV Foundation and VMAP launched a COVID-19 email campaign to PCPs and pediatricians highlighting voices of VMAP.
- 8 emails to providers
- 3 emails to stakeholders
- 4 emails for Mental Health Awareness Month

Collateral
VMAP and the MSVF have worked to develop useful and targeted print/digital resources.
- COVID-19 One-Pager: This was designed to offer mental health support resources to family during COVID-19
- VMAP Rack Card: The MSVF updated the VMAP rack card with updated branding and information. The rack card is geared for primary care providers and can be used at conferences, events, or via outreach
- VMAP Collaborative Care One-Pager: This one-pager is an outreach and marketing handout to explain VMAP, its importance, and its successes to date. This one-pager can be used in a variety of environments such as provider outreach, conferences, education trainings, advocacy efforts, and grant opportunities
- VMAP Legislative One-Pager: The legislative one-pager was developed to be given to legislators or their legislative aides during General Assembly session, including special session. This is meant to educate legislators about VMAP and why they should work to continue its funding
- VMAP PCP Outreach Flyer: This one-page flyer is intended to promote the child psychiatrist consult line to pediatric primary care providers
VMAP’S PARTNERS

Virginia Department of Behavioral Health & Developmental Services
VDH Virginia Department of Health
MSV Foundation
VCU Health
Jenkins Foundation
CENTRA
INOVA
CHKD
UVA Health
Cigna
Children’s National Hospital
Old Dominion University

Virginia Chapter
American Academy of Pediatrics
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Healthy Minds Fairfax
Supporting Emotional Wellness in Youth and Families
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