

2024

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VMAP Impact Report

The First Five Years



VMAP
Virginia Mental Health
Access Program

VMAP Funding



\$15,625,488
State General
Funds
(via DBHDS)



\$877,033
HRSA
(via VDH)

This funding is based on state's FY25,
which runs July 1, 2024 - June 30, 2025

Acronyms

- AAP:** American Academy of Pediatrics
- AACAP:** American Academy of Child and Adolescent Psychiatrists
- ACORN:** Ambulatory Care Outcomes Research Network
- ASD:** Autism Spectrum Disorder
- CAP:** Child and Adolescent Psychiatrist
- CME:** Continuing Medical Education
- DBHDS:** Department of Behavioral Health and Developmental Services
- ED:** Emergency Department
- FQHC:** Federally Qualified Health Center
- HRSA:** Health Resources and Services Administration
- LMHP:** Licensed Mental Health Professional
- MSV(F):** Medical Society of Virginia (Foundation)
- PCP:** Primary Care Provider
- REACH PPP:** REACH Institute's Patient-Centered Mental Health in Pediatric Primary Care Mini Fellowship
- VA-AAP:** Virginia Chapter of the American Academy of Pediatrics
- VDH:** Virginia Department of Health
- VMAP:** Virginia Mental Health Access Program



What is VMAP?

The Virginia Mental Health Access Program (VMAP) is a statewide initiative that increases access and improves mental, behavioral, and emotional health and development by providing education, consultation, and care navigation to medical providers of infants, children, adolescents, young adults, and pregnant/postpartum people.

How VMAP Works

VMAP ensures more children, adolescents, young adults, and pregnant/postpartum individuals have access to providers who are better equipped to manage their mental health.



Scan Here to
learn more
about VMAP!



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

VMAP Line Hubs

☆ Regional Hub ☆ Early Childhood Hub

★ Regional & Early Childhood Hub

+ Moms+ Hub ⊕ Moms+ Hub Only

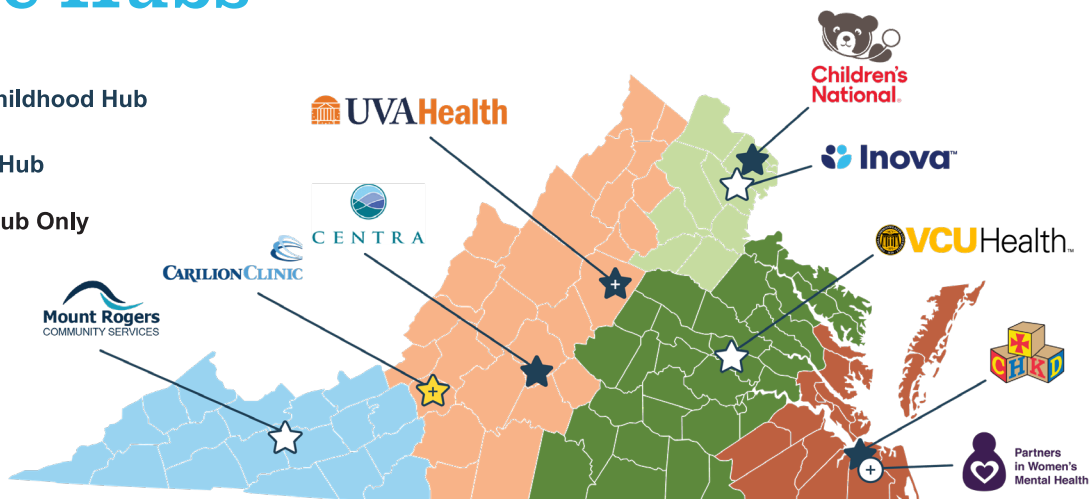
North

West

Central

East

Southwest

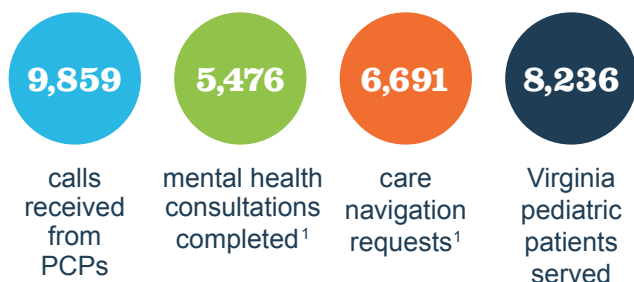


Executive Summary

- VMAP is excited to celebrate over five years of serving Virginia healthcare providers and their patients through its unique approach to integrated care. **VMAP's model offers true systems change**, supporting prescribing providers who see patients 21 and under and/or perinatal patients by **improving their ability to assess, treat, and manage their patients' mental health**, which in turn **mitigates mental health workforce shortages**. As VMAP marks its fifth anniversary, **16.8% of Virginia PCPs who see pediatric patients have utilized our services**. By the end of 2024, there were **2,313** providers registered for VMAP, which represents a **26% increase** in the last year!

The VMAP Line

Since opening in 2019:



Provider Education

Since 2019:



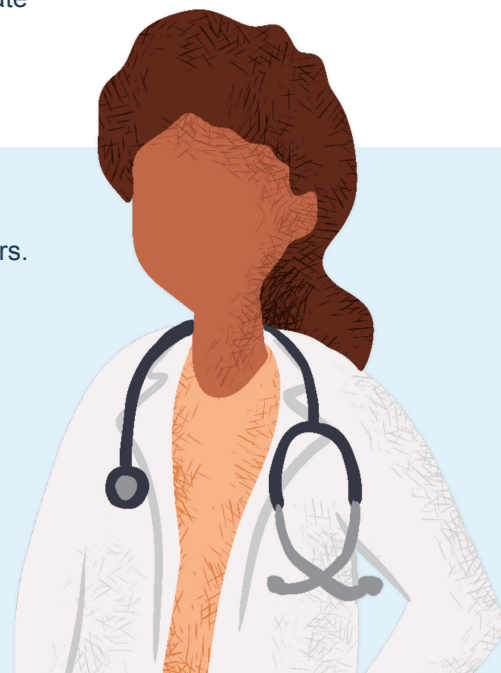
In addition to these direct services, VMAP is estimated to reach **hundreds of thousands of Virginia children** through their PCPs. Pediatricians have an average patient panel of 1,500 patients. As a result, for every provider trained by VMAP, their entire patient panel benefits from improved access to mental healthcare.

In 2024, **122 NEW providers** earned the **VMAP Recognition Badge** to demonstrate completion of one of VMAP's intensive education programs. Since its inception, **845 providers** have earned this badge.

Evaluation and Impact

VMAP conducts ongoing evaluations to measure and assess its impact on providers. Using data from the VMAP Line, pre- and post-assessment data from trainings, provider surveys, and secondary analysis from other sources, VMAP has triangulated significant findings that demonstrate:

- VMAP is being utilized by a **wide variety of providers** all across Virginia
- Providers who participate in VMAP training **show greater confidence** in serving their patients' mental health needs and perform mental health screenings at significantly higher rates
- VMAP **supports vulnerable patients**, including people with Medicaid and those in rural areas



¹Please note more than one service (physician consultation, LMHP consultation, and care navigation) can be requested in a single call.

Data sources and limitations: This report was created using VMAP Line data, pre-and post-assessment data from training, provider surveys, and some additional secondary data analysis. A noted limitation of this data is that much of it is collected via self-report, increasing the risk of bias. Another noted limitation is that VMAP Line data may over- or under-include certain diagnoses or concerns due to the varying nature of why providers utilize the line. Generalization of finding to the larger population should be used with caution.

Virginia PCPs using VMAP

- VMAP partnered with the Ambulatory Care Outcomes Research Network (ACORN) at VCU to conduct a secondary data analysis. This clinician-level analysis identified any prescribing provider in Virginia who would be most likely to use VMAP services, including those in family medicine and pediatrics. Providers were linked by their National Provider Identifier (NPI) and categorized by whether they had received VMAP support within the last five years. This included calling the VMAP Line, participating in VMAP training, and/or registering for VMAP.

• **Through this analysis, VMAP identified that 16.8% of eligible providers across the state have engaged with VMAP in its first five years.**

- Highlights from the ACORN report help us understand more about the early adopters of VMAP:

Provider practice location is **relatively even** between urban (31%), suburban (36%), and rural (33%).

11% of providers utilizing VMAP are **residents or students**, suggesting clinicians early in their career are prioritizing patient mental health.

18% of practices using VMAP have **only 1 clinician**, while **44% have 2-5 clinicians**, which indicates a balanced mix of practice type and size.

Provider Demographics

23%

535 have both called VMAP and taken an education offering



32%

731 have only called VMAP



25%

582 have only taken an education offering



19%

539 have only registered with VMAP

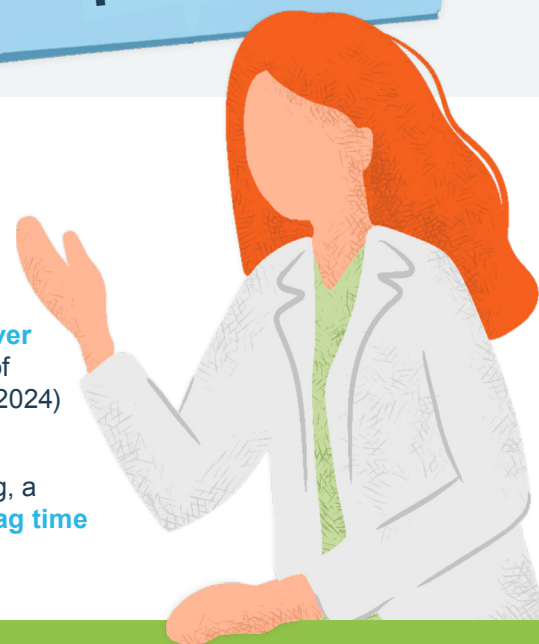


Focused outreach has increased utilization by nurse practitioners (NPs) and family practice providers. NPs now represent **24% of providers** using VMAP across all regions. New registrations from family practice providers similarly **increased to 28%** of all new providers in 2024, versus **26%** in 2023 and **17%** in 2022.

**Through 2024,
VMAP had
2,287 registered
providers**

Additional Analysis Helps us Understand how Providers use VMAP

- 51% of callers registered with VMAP **during their first call to the VMAP Line.**
- For the other 49%, **the average lag between registration and first call is over a year** (median of 393 days), meaning we can expect a promising proportion of registered providers who have not yet participated in VMAP (443 total, 253 in 2024) will call VMAP in the future.
- Of the 23% of providers who have called VMAP *and* took an education offering, a majority (352 out of 535) took the course before they ever called. **The median lag time between their training and first call was 258 days.**



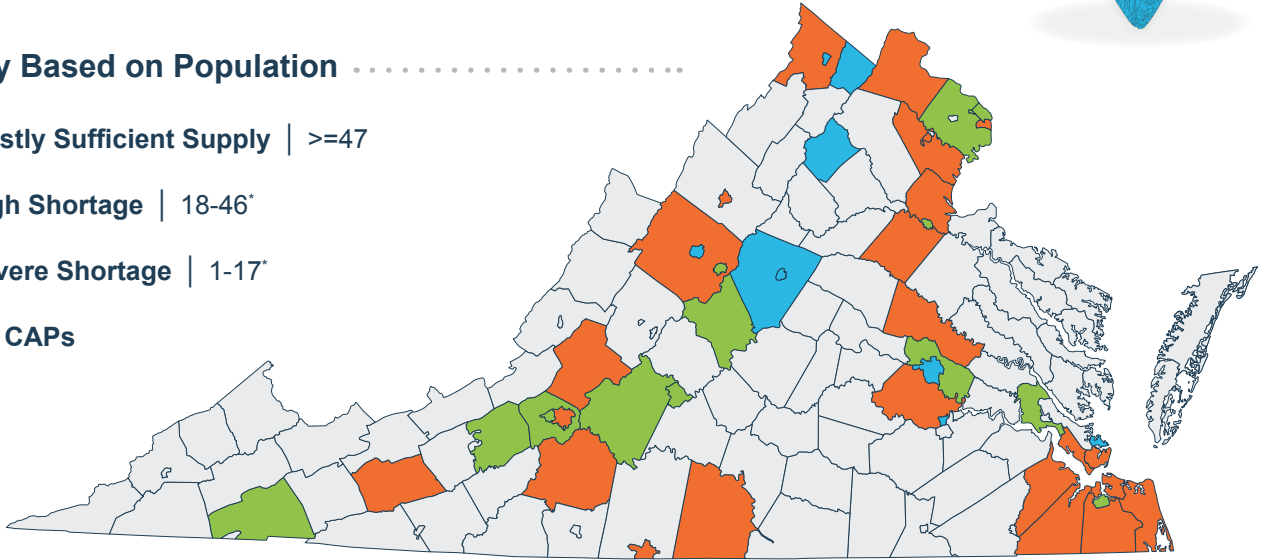
VMAP: The First Five Years

VMAP Fills Service Gaps Across the Commonwealth

- Based on this data from the American Academy of Child and Adolescent Psychiatrists (AACAP), there are notable child and adolescent psychiatrist (CAP) shortages across Virginia. The need for VMAP's services is clear, with few localities having a sufficient mental health workforce.



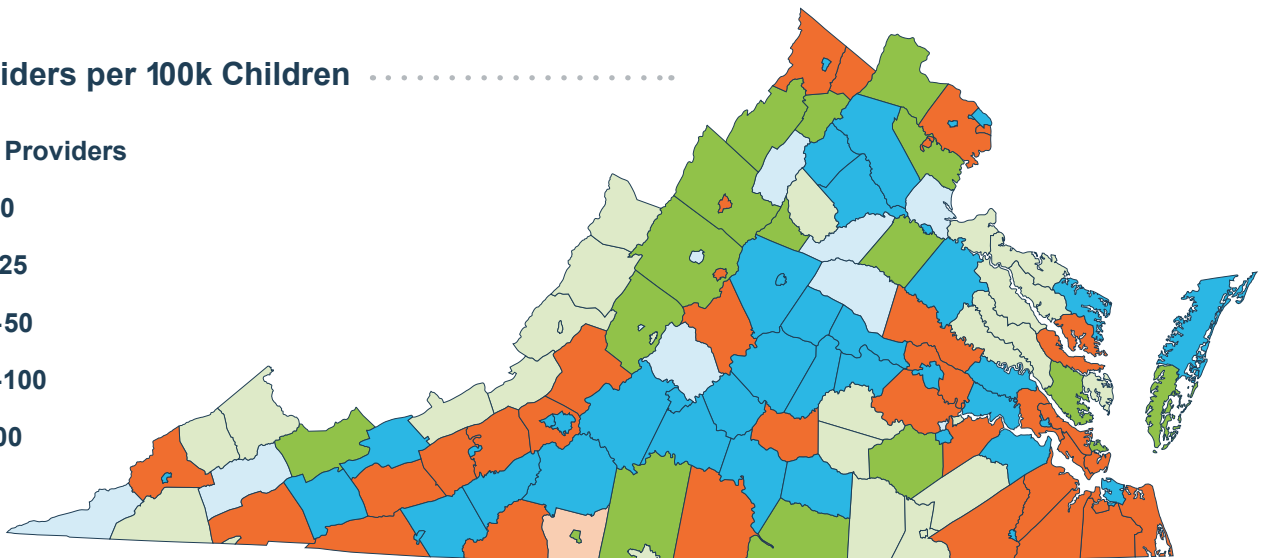
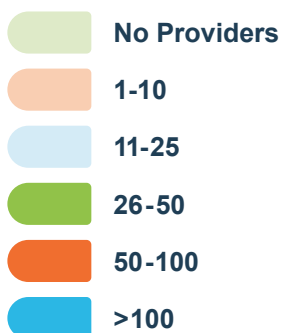
CAP Supply Based on Population



*Source: AACAP (2023). Workforce maps by state.
www.aacap.org/AACAP/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx

Using data generated by ACORN, we can similarly map VMAP provider coverage across the state. This map reflects providers who are early adopters of VMAP's services, using either the VMAP Line and/or engaging in provider education. VMAP's impact can be seen in every region, with most localities having moderate or high numbers of providers using VMAP. Many localities with a higher concentration of providers using VMAP are also regions without any CAPs.

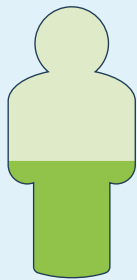
VMAP Providers per 100k Children



Source: Secondary data analysis by ACORN at VCU

Serving Vulnerable Populations

The proportion of calls regarding Medicaid-insured patients has matched the statewide proportion of children on Medicaid for the past three years (2022-2024).



42.9%
of calls in 2024

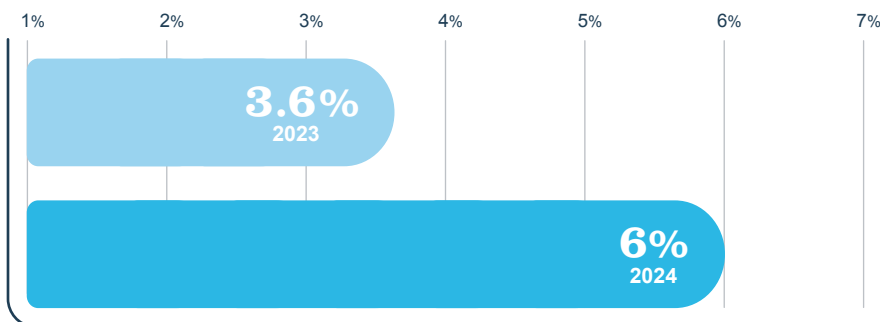


40.3%
of (estimated)
statewide
population

Federally Qualified Health Centers (FQHCs) represent 4.2% of primary care practices in Virginia, and 6% of the practices using VMAP.

This indicates that practices serving vulnerable populations are utilizing VMAP!

TRICARE Proportion of Calls



TRICARE calls increased significantly over the last two years. These calls primarily occurred in the Northern and Eastern regions.

VMAP Research: What's Next?

Research has helped answer many questions about how providers use and engage with VMAP's psychiatry access model in Virginia. In the next few years, we hope to use our data and evaluation expertise to answer additional questions, including:

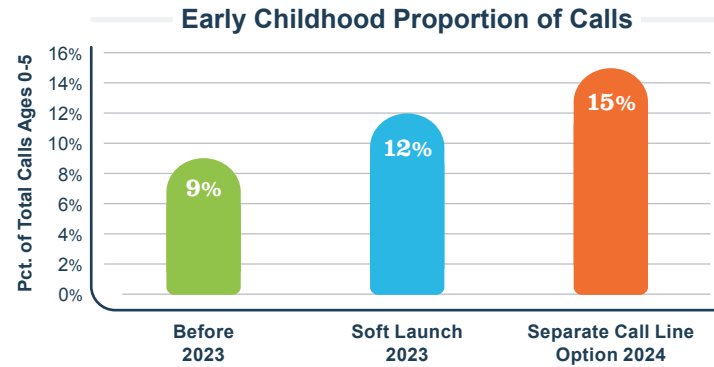
- Are there differences in provider behavior (screening, diagnosis, treatment) following REACH PPP training?
- What are the ongoing barriers to VMAP utilization by providers?
- How are providers managing their burnout and stress? How can we support their well-being?
- How do provider behaviors change over time while utilizing VMAP?
- How do care navigation needs of patients and families change over time?



Expansion Programs

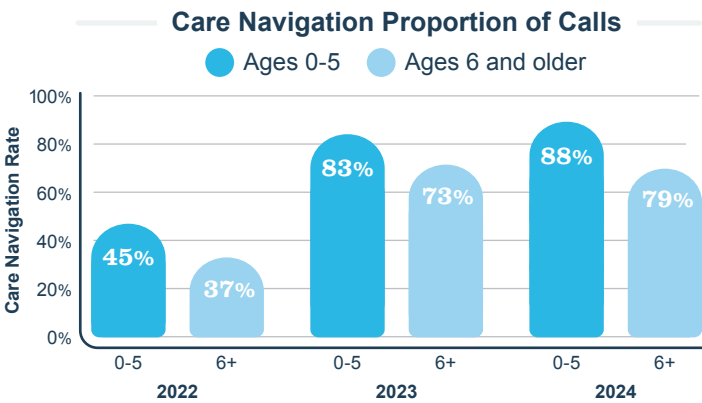
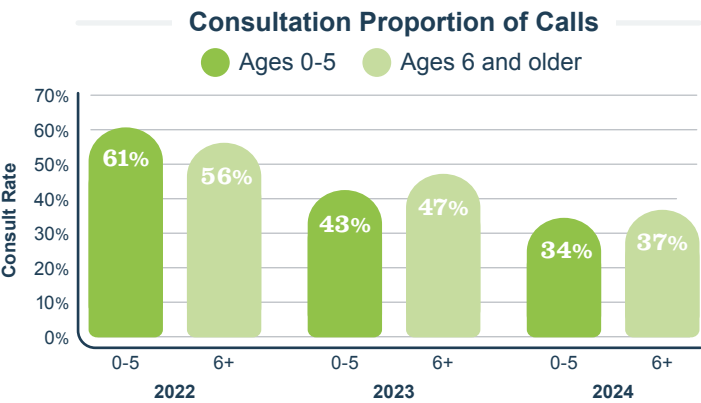
Early Childhood

VMAP received additional state funds in 2023 and 2024 to develop specific programming that supports PCPs in addressing the unique needs of their pediatric patients under six. Utilizing a collaborative, interdisciplinary model that includes child psychiatry and developmental pediatrics, VMAP's early childhood programming focuses on early screening, prevention, assessment, and intervention to address trauma and developmental concerns, as well as optimize parent-child relationships.



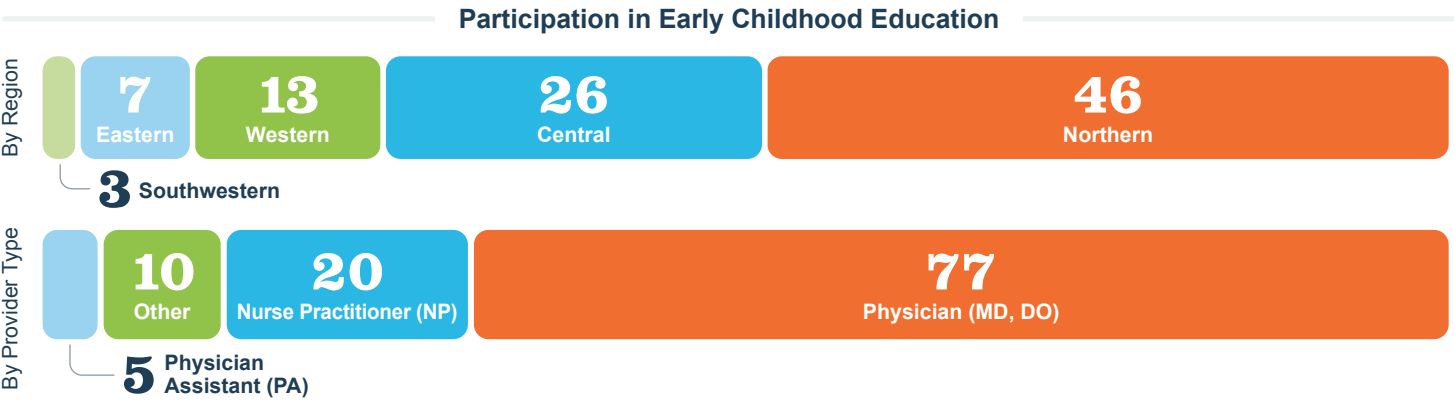
Since the opening of VMAP's Early Childhood Line, there have been significant increases in the proportion of calls for **children under six**.

While consultation rates have been similar between age groups, early childhood care navigation cases are significantly higher than those for ages 6+.



“Families were coming to me with these issues all along but I didn't feel like I had the tools to address them. [Now] I am not scared when I see the chief complaint of "behavioral concerns". - Triple P participant”

In addition to the early childhood line, VMAP now also offers early childhood education offerings for PCPs. These include two specialized early childhood ECHO cohorts, a Triple P (Positive Parenting Program Level 3) training, and ECHO STAT (Screening Tool for Autism in Toddlers), which equips providers to make early autism diagnoses.



VMAP for Moms+

In 2023 and 2024, VMAP received additional state funding to support expansion of the pediatric model to perinatal populations. **In late 2024, VMAP for Moms+ began, which supports providers who care for pregnant and postpartum patients and/or their families.** These healthcare providers can now call the VMAP for Moms+ Line to speak with:

- Perinatal psychiatrists and licensed mental health professionals for clinical consultation.
- Care navigators who will help their pregnant/postpartum patient (or a pregnant/postpartum family member of a patient) connect directly with local mental health resources and services.

VMAP for Moms+ also launched Perinatal Education for Advanced Clinical Expertise (PEACE), a training that helps practitioners identify and manage mental health conditions presenting in pregnant and postpartum individuals. The first PEACE training was successfully piloted in November 2024. VMAP plans to offer two additional PEACE trainings in 2025.

Learn more at
vmapformoms.org

VMAP for Moms+ is a lifeline. In minutes, I received expert guidance that ensured seamless care for my patient and equipped me with key insights for the future.

– Virginia OB/GYN



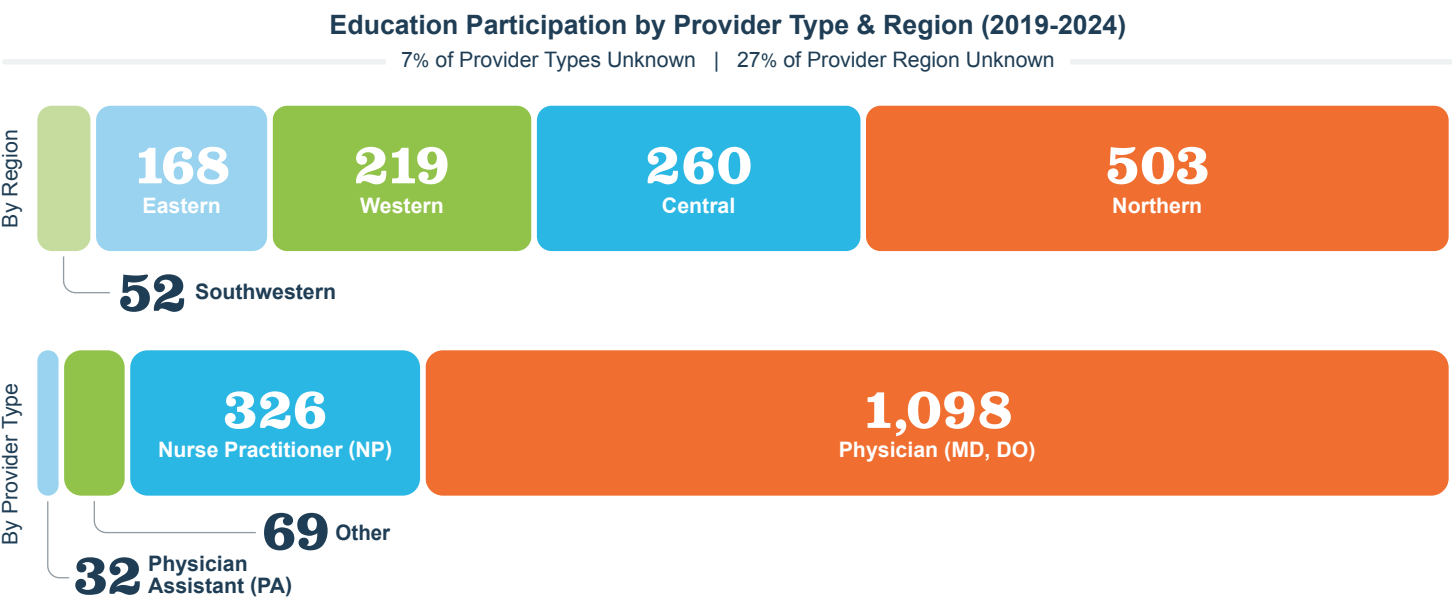
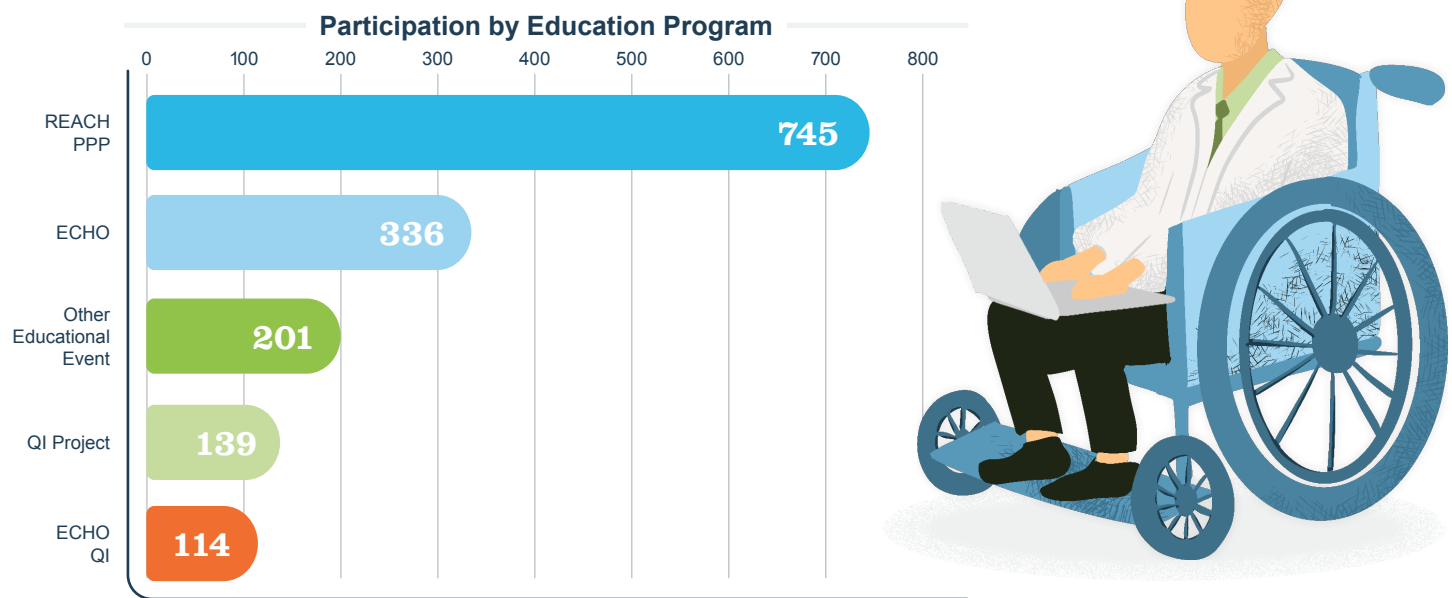
Emergency Departments

Emergency departments (ED) support the mental health needs of some of our most vulnerable patients. In 2024, VMAP continued efforts to engage with providers working in ED settings and presented a webinar on Substance Use in Adolescents and Young Adults. There are additional programs scheduled for 2025. All emergency department webinars are available on the VMAP website and are eligible for Continuing Medical Education (CME) credit.



Provider Education

- VMAP’s provider education builds **PCP knowledge and comfort** in screening, diagnosing, and treating pediatric mental health conditions. Core offerings include REACH PPP, ECHO, and Quality Improvement (QI) Projects.
- Each program offers at least 25 hours of CME when completed. VMAP also provides additional resources, such as one-time webinars and the VMAP Guidebook.
- Since 2019, VMAP has engaged **1,412** providers in its core offerings and offered over **20,000** CME credits, **4,000** MOC-2 points, and **6,000** MOC-4 points.



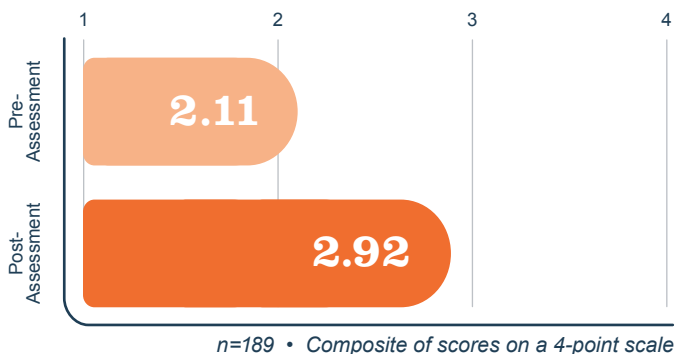
Over the years, many providers have engaged in multiple VMAP education offerings.

- 25% of trainees have taken more than one core VMAP education course.
- For 58% of trainees, REACH was their first VMAP course. 21% of trainees started with an ECHO.
- 45% of trainees whose first course was an ECHO/ECHO QI offering went on to take another training.

Participant Outcomes

Providers who take VMAP ECHO and REACH PPP have **increased knowledge, confidence, and comfort** in treating and assessing common mental health disorders.

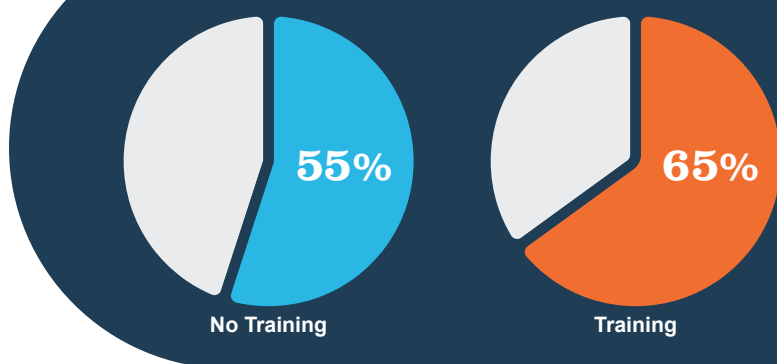
REACH Knowledge and Comfort in Assessing and Treating Various Mental Health Symptoms and Disorders



ECHO Confidence in Assessing and Treating Mental Health Symptoms and Disorders



Screening Tool Usage Based on Participation in VMAP Training



Participants are more likely to use mental health screening tools after completing a VMAP training. 65% of callers to the VMAP Line who have participated in a VMAP training used screening tools, compared to 55% of callers who never participated in VMAP training.

Other Education Offerings

In 2024, VMAP partnered with VA-AAP to offer the Pearls & Pitfalls webinar series. These are bi-monthly webinars on PCP-selected topics such as clinician well-being, autism spectrum disorders, and the impact of trauma on the brain. **In 2024, 136 participants attended Pearls & Pitfalls.**

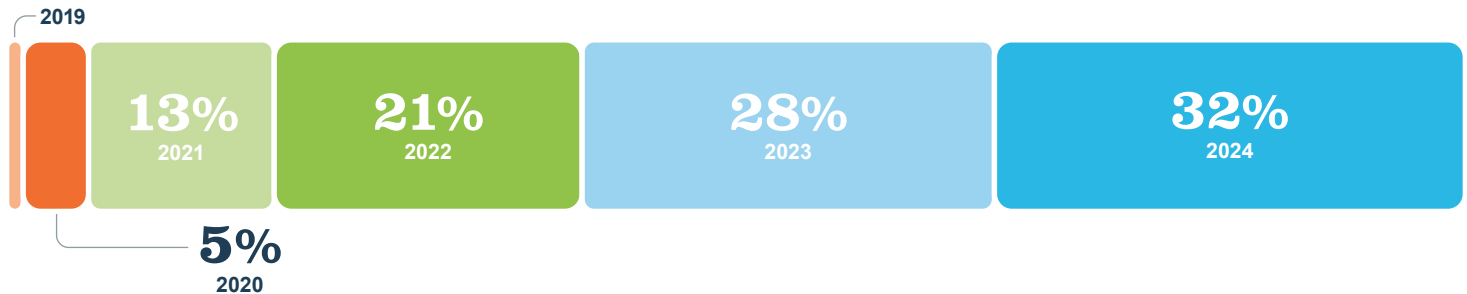
Also in 2024, VMAP published an updated version of its Guidebook with new and requested topics, updates, and family and patient materials available in multiple languages. The VMAP Guidebook team is currently working on a new early childhood component. **Since its creation, the Guidebook has been downloaded 3,798 times.**

To access the Guidebook, go to vmap.org/guidebook.

VMAP Line

- The VMAP Line opened in August 2019. At that time, it provided 32 hours per week of statewide coverage solely for psychiatry consultations. Now, the VMAP Line offers 40 hours per week of regional/specialty mental health consultation and care navigation support. Call volume to the VMAP Line has continued to grow year-over-year.
- In early 2025, the VMAP Line reached 10,000 calls.

Proportion of Calls to VMAP Line by Year



Total Calls through 2024: 9,859

Call volume in 2024 increased 14% over 2023, with all regions seeing increased call volume.

Eastern call volume increased 85% from 2023 to 2024.

Southwestern call volume increased 102% from 2023 to 2024

Why are Providers Calling the VMAP Line?

- The needs of providers that call the line have shifted each year, with certain specific concerns in consults becoming more prevalent while others decrease in frequency
 - Concerns for **Hyperactivity/Impulsivity** and **Inattention** are showing up more frequently in consults year-over year since 2021 (23% of consults), now up to 40% of consults in 2024
 - Concerns about **ASD/Developmental Delays** made up only 9% of consults in 2021, but now make up 19% of consults in 2024
 - Concerns for **Anxiety/Worries** and **Depressed/Low Mood** are showing up less frequently in consults over time, decreasing from 74% of consults in 2021 to 61% of consults in 2024

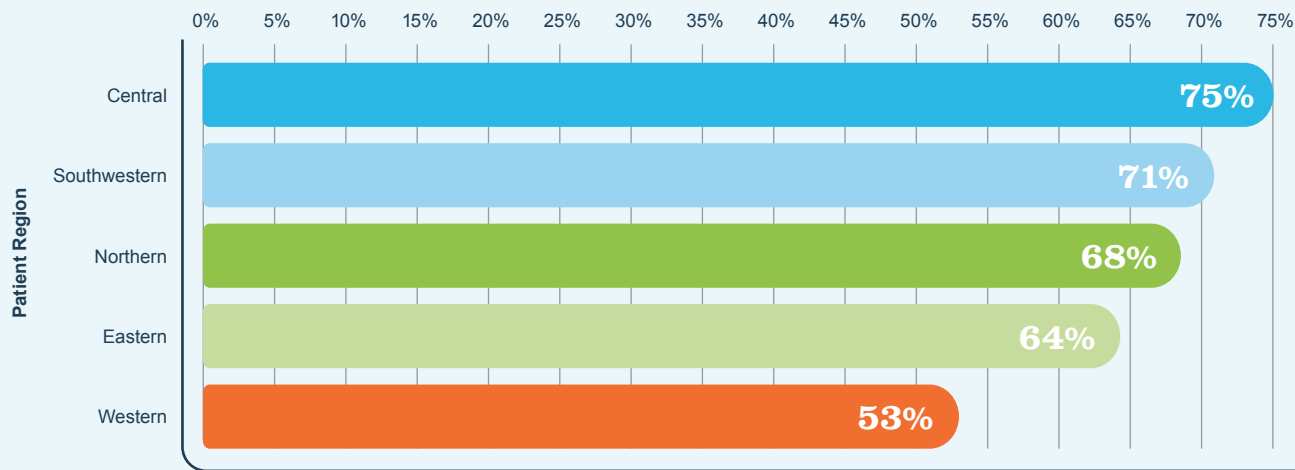
Safety concerns are present in 31% of consults. This rate has been steady from 2019-2024 with no significant differences

- Repeat calls for consults:
 - 637 unique patients have had repeat consults, with a median time between calls of 44 days
 - A majority of repeat calls for the same patient involve new symptoms or concerns

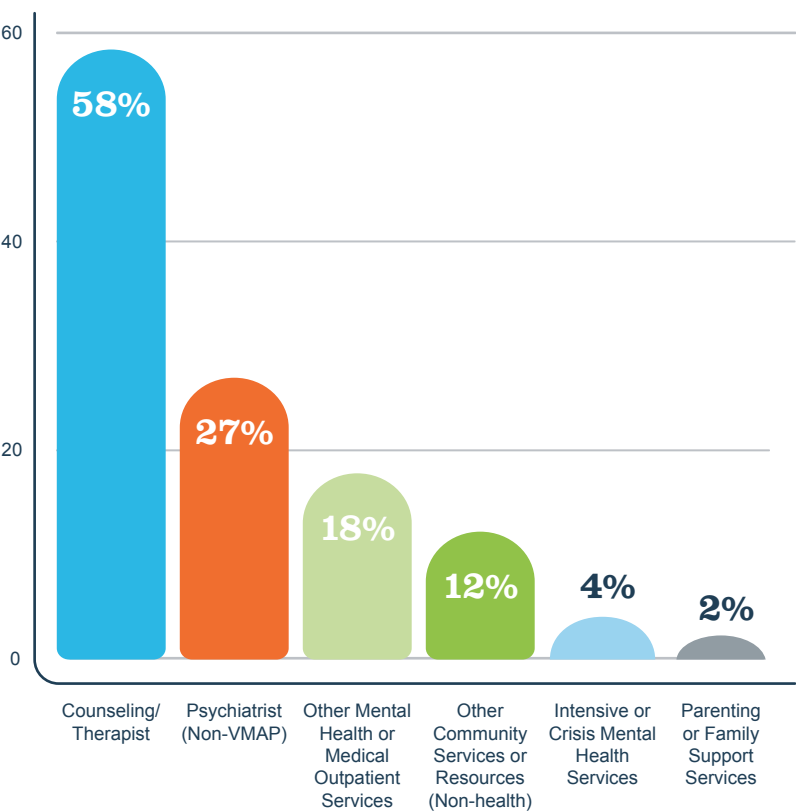


Care Navigation Types and Outcomes

Proportion of Calls Referred for Care Navigation by Region (2019-2024)
Statewide Care Navigation Referral Rate = 68%



Top Care Navigation Referral Types



6% of care navigation cases are with non-English speaking families



While counseling and psychiatry remain the top referral needs for patients receiving care navigation, other mental health, medical, and non-health community resources (such as food, housing, and similar supports) constitute nearly one-third of care navigation referrals.

The VMAP Team

People Who Make it Possible

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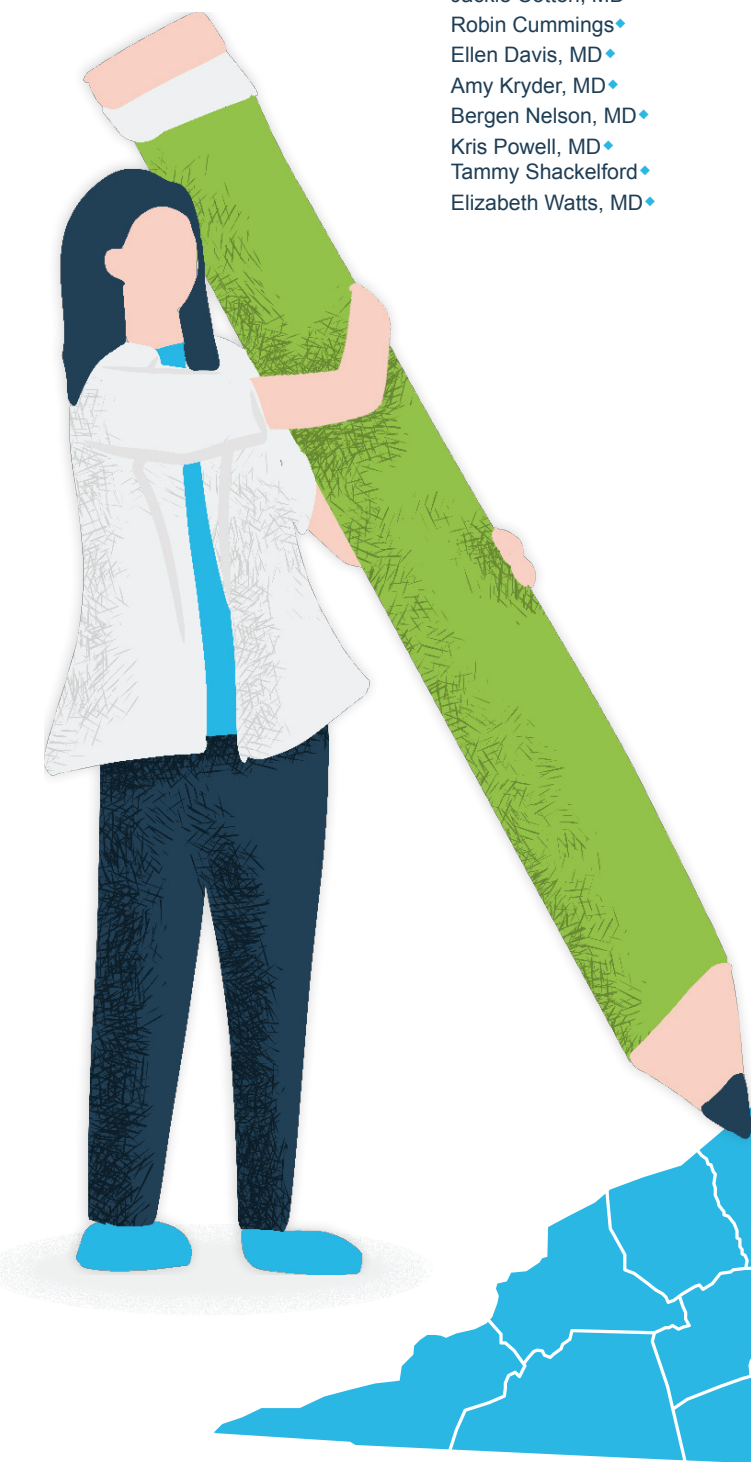
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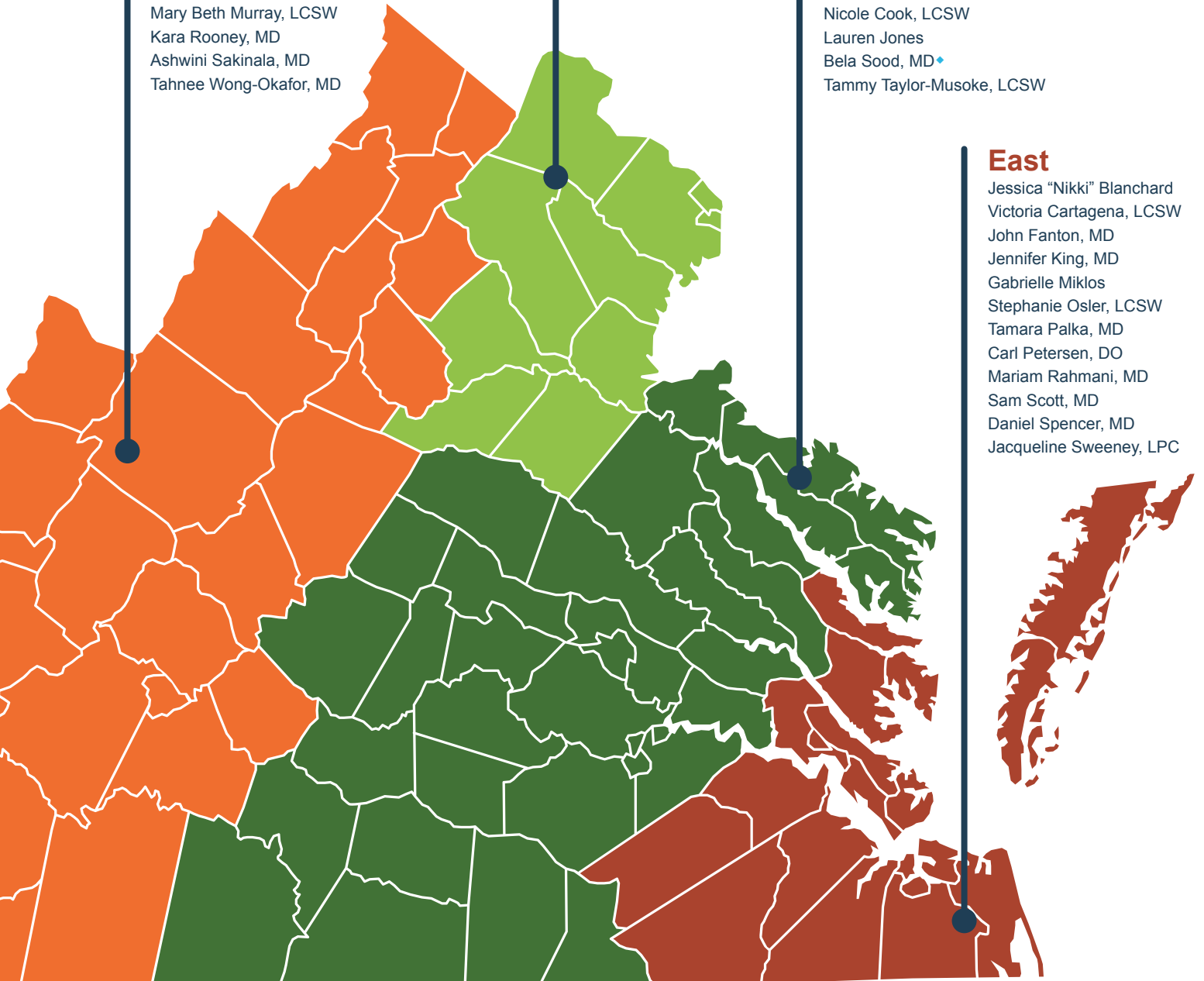
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