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Title

Implementation and Uptake of the Virginia Mental Health Access Program

Priority 1 (Research Category)

Child and adolescent health

Presenters

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Abstract

Context: There has been a steady increase in pediatric emergency department (ED) visits for mental health. These visits are costly and preventable, representing a failure to address the mental health needs of children. Increasing access to primary care clinicians who are better able to screen and treat pediatric mental health conditions can improve mental health and reduce unnecessary ED visits. 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. Objective: We sought to assess the uptake of VMAP in Virginia and compare the characteristics of VMAP supported versus non-VMAP supported clinicians. Setting & Population: All clinicians in Family Medicine, Pediatrics, and Internal Medicine caring for individuals aged 22 years and younger in the Virginia All-Payers Claims Database (APCD). Analysis: This is a secondary analysis of clinician participation and uptake of consultation and training for pediatric mental health in Virginia between 2016-2023. Results: 20.2% of clinicians received any support by VMAP between 2016-2023. Pediatricians constituted the majority of VMAP supported clinicians (10.5%), followed by non-primary care clinicians (8.0%), Family Medicine (1.4%), and Internal Medicine (0.3%). Clinicians receiving any support from VMAP tended to be female, <40 years old, and practiced in rural communities. The census tracts where patients live who are cared for VMAP supported clinicians versus non-VMAP supported clinicians tended to be more rural (36.3% vs. 70.9%, $p<0.0001$), have lower proportions of people living under 200% federal poverty limit (21.3% vs. 29.5%, $p<0.0001$), and have lower proportions of people insured with Medicaid (44.9% vs. 47.4%, $p<0.0001$). Conclusions: Since implementation of VMAP, there has been a steady increase in the

uptake of the program. Future research is needed to evaluate the potential change in practice for clinicians who receive VMAP support and changes in mental health outcomes for the people and communities they serve.

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