



**VMAP**

Virginia Mental Health  
Access Program

# Innovations in Pediatric Mental Health

A Collaborative Model Supporting Rural Providers

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# Relevant Disclosures

We have no relevant financial relationships to disclose.

# What is VMAP?

- The **Virginia Mental Health Access Program (VMAP)** was established in 2018 through a HRSA grant in response to an insufficient supply of mental health resources and providers statewide.
- It was formally launched statewide in May 2021 to provide mental health resources directly to primary care clinicians.
- **VMAP for Moms+** was launched in October 2024.

# Scope of the Problem Nationally

- More than **1 in 5 (22.1%)** U.S. children have 1 or more mental, emotional, developmental, or behavioral problems.
  - *(National Survey of Children's Health, 2018-2019)*
- According to the World Health Organization, **half of all mental illnesses** begin by **age 14**.
- Many patients with mental health symptoms **will see their PCPs first**, before they have been diagnosed with a mental illness.

# Scope of the Problem in Virginia

In the *State of Mental Health in America 2025* report:

- **131,000** children (19.9%) Virginia children have had **at least one** major depressive episode.
- Of those children, **almost 48% did not receive mental health services** in the past year.
- Of those with severe depression who received treatment, **only 34.9%** received it consistently.



# Scope of the Problem in Virginia

- Suicide is the **2<sup>nd</sup> leading cause of death** for ages 10-24.
  - *(CDC, 2025)*
- Virginia is 1 of 5 states that has experienced an increase in youth suicides ***and*** an increase in the proportion of all suicides occurring among youth since the pandemic.
  - *(Evaluation of suicides in U.S. adolescents during COVID, 2022)*



# The Workforce Shortage in Virginia

- Virginia ranks **32<sup>nd</sup> in the country** for prevalence of mental illness in our youth compared to access to care.
  - *(The State of Mental Health in America, 2025)*
- Virginia ranks **37<sup>th</sup> lowest** for the number of psychiatrists, psychologists, licensed social workers, counselors, and advanced practice nurses specializing in mental health care per population.
  - *(The State of Mental Health in America, 2025)*
- 70% of Virginia localities have NO child and adolescent psychiatrists, and only **three** counties have **sufficient** child and adolescent psychiatrists.
  - *(American Academy of Child and Adolescent Psychiatry, 2025)*

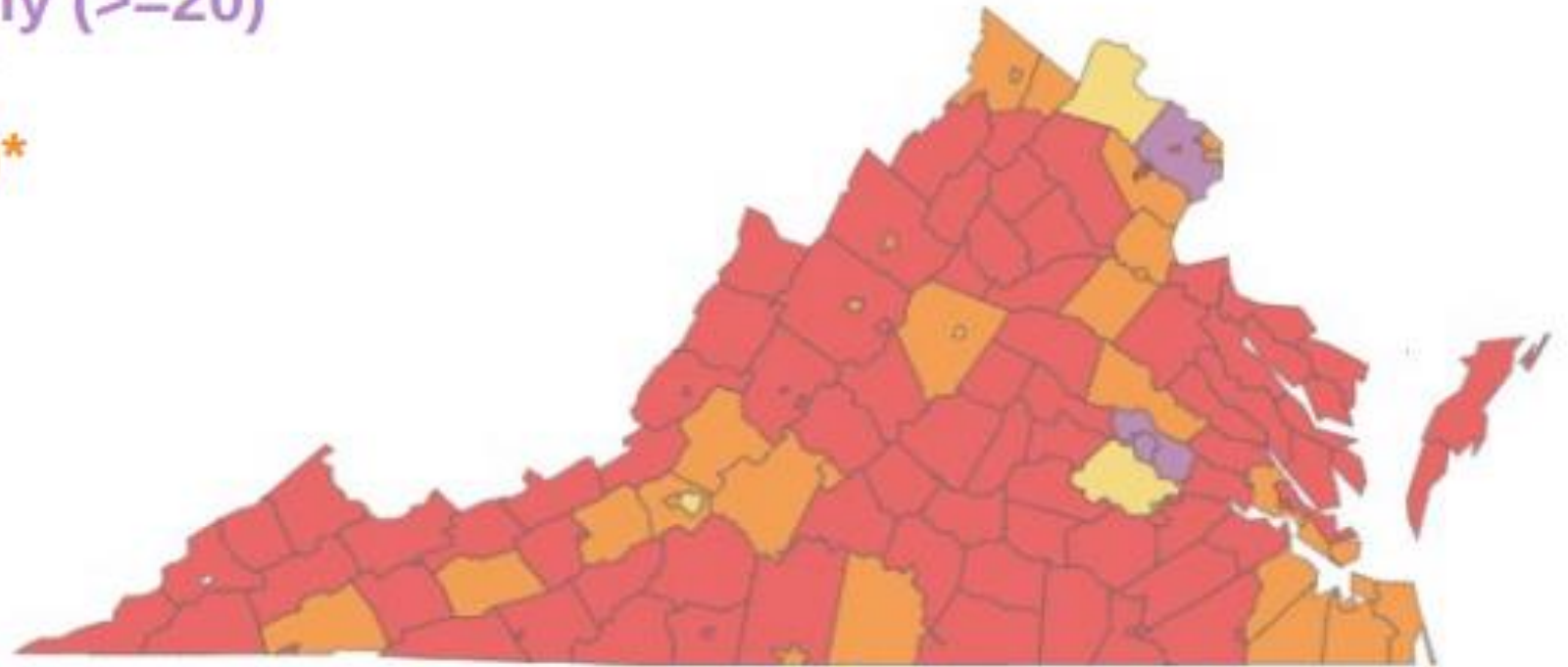
# Child & Adolescent Psychiatrist Shortages Across Virginia

Mostly Sufficient Supply ( $\geq 20$ )

High Shortage (11-20)\*

Severe Shortage (1-10)\*

No CAPs



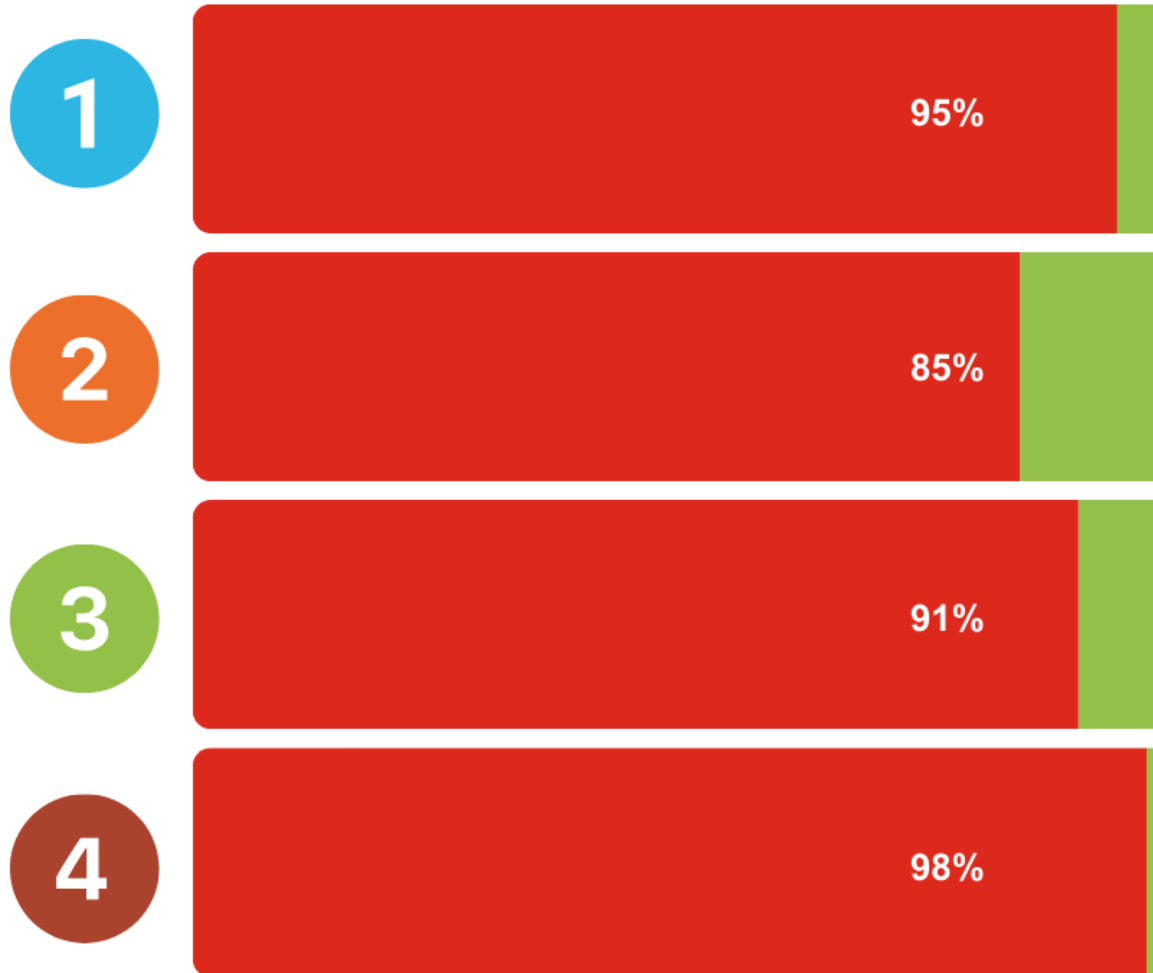
(American Academy of Child and Adolescent Psychiatry, 2025)

# Specific Impact on Rural Health

- **In Southwest Virginia, there is less than 1 mental health provider per 1,000 individuals.**
- Rural areas of Virginia have higher rates of:
  - Medicare beneficiaries with mental health needs
  - Local Community Service Boards (CSBs) serving mental health needs
- Almost 1 in 4 youth in Southwest VA report struggling with their mental health (*exceeds state avg of 1:5*).

# Limited Pediatric Mental Health Resources

■ Strongly Disagree / Disagree   ■ Strongly Agree / Agree



“There is adequate access to **child psychiatry** for my patients.” ( $n=125$ )

“There is adequate access to **other child mental health services** for my patients.” ( $n=124$ )

“With existing resources, I am usually able to **meet the needs** of children with mental health problems.” ( $n=116$ )

“When I need **a child psychiatric consultation**, I am able to receive one in a timely manner.” ( $n=121$ )

(VA AAP Survey Data from 2018, Pre-VMAP)

**100%**

of Virginia localities are  
mental health  
professional shortage  
areas

*(VDH Data from HRSA,  
2024)*

There are only

**15**

child and adolescent  
psychiatrists for every

**100,000**

children in Virginia

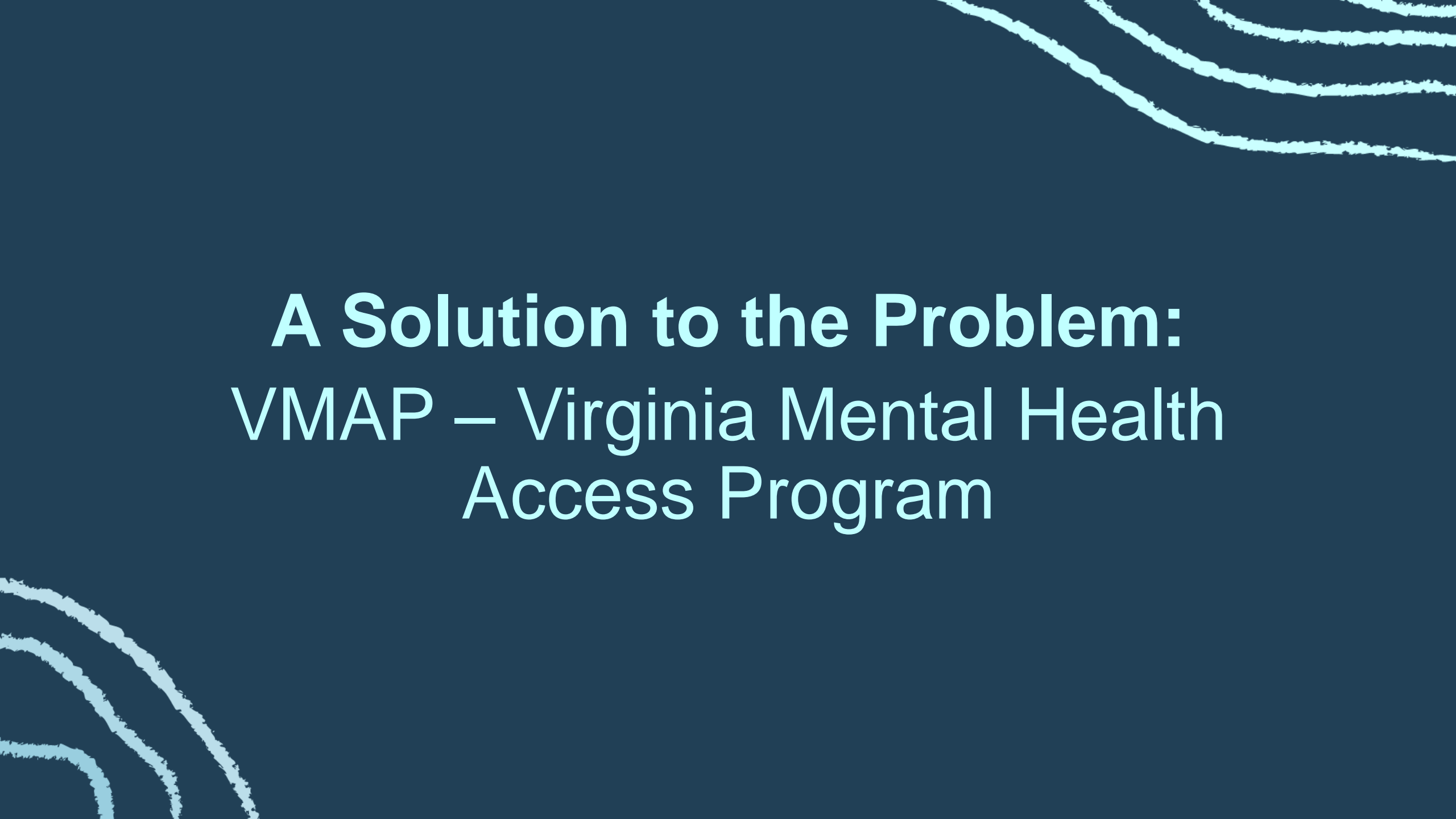
*(AACAP 2025)*

Over

**65%**

of pediatricians say they  
lack training, knowledge,  
and skills in pediatric  
mental and behavioral  
health

*(McMillan, Land, & Leslie,  
2017)*



**A Solution to the Problem:**  
VMAP – Virginia Mental Health  
Access Program



## 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

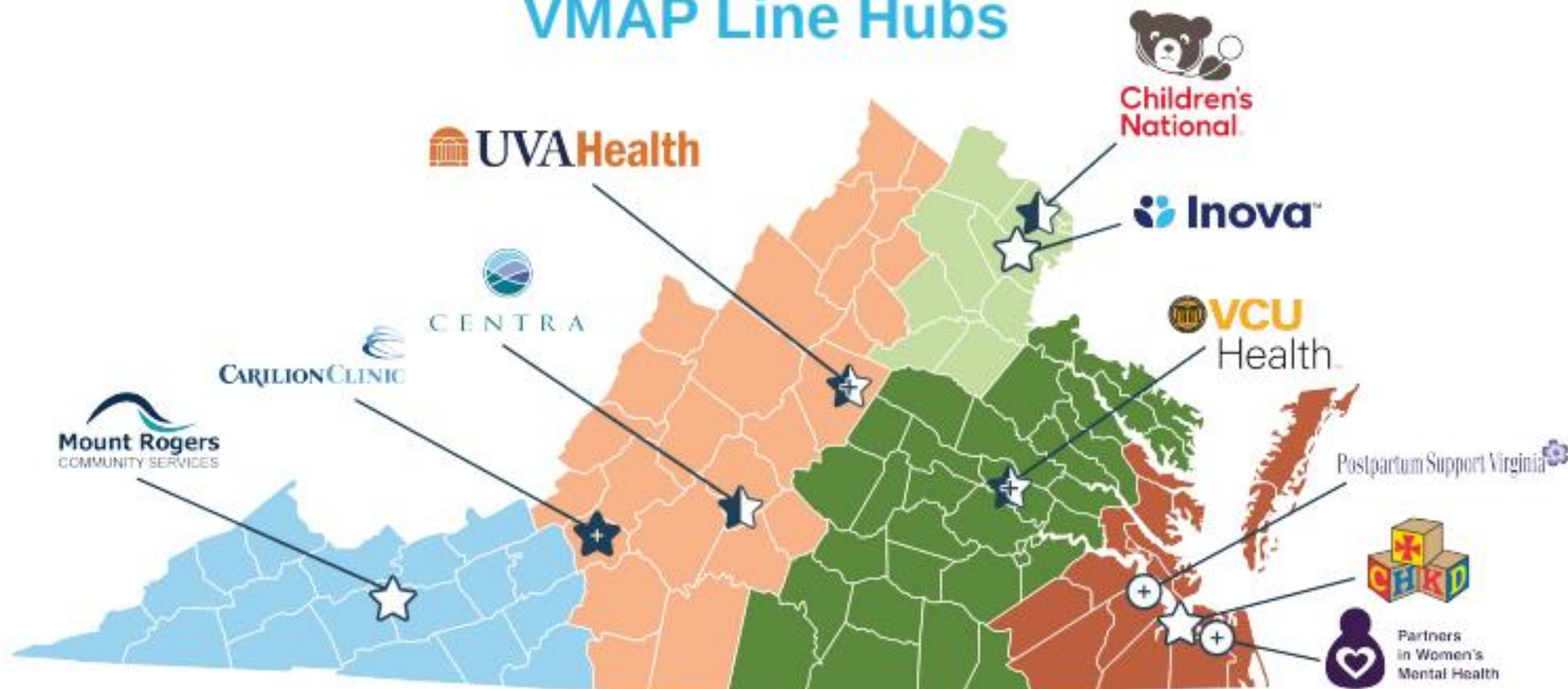
*Connects primary care providers to regional and/or specialist hubs that offer mental health consultation and care navigation for their patients 21 and under.*

**Specialized Physicians**  
(child psychiatrists and/or developmental pediatricians)

**Licensed Mental Health Professionals**  
(psychologists and/or social workers)

**Care Navigators**

# VMAP Line Hubs

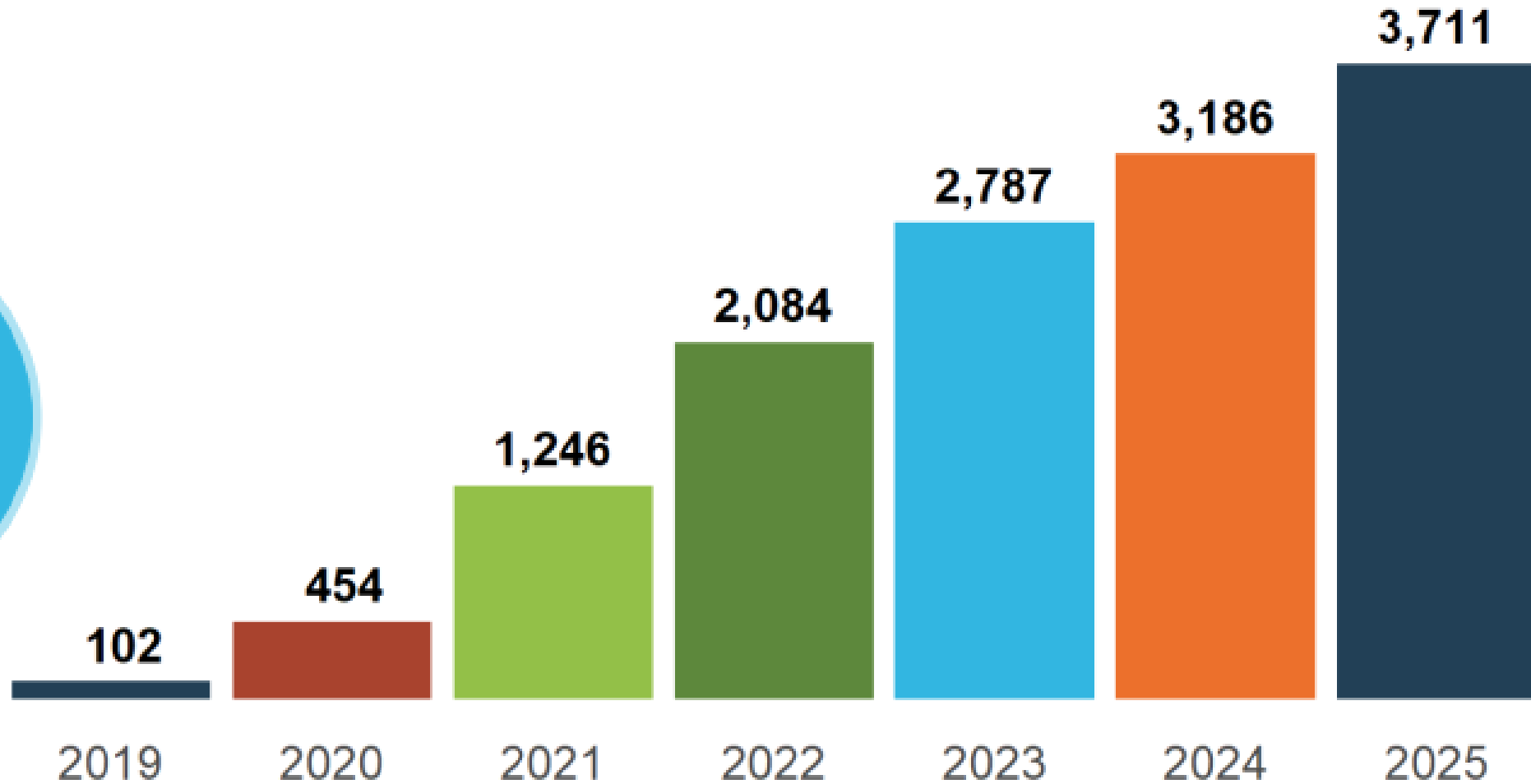


● North ● East ● Southwest ● Central ● West

☆ Regional Hub    ☆ Regional & Early Childhood Hub  
★ Early Childhood Hub    + Moms+ Hub    ⊕ Moms+ Hub Only

# VMAP Line Calls

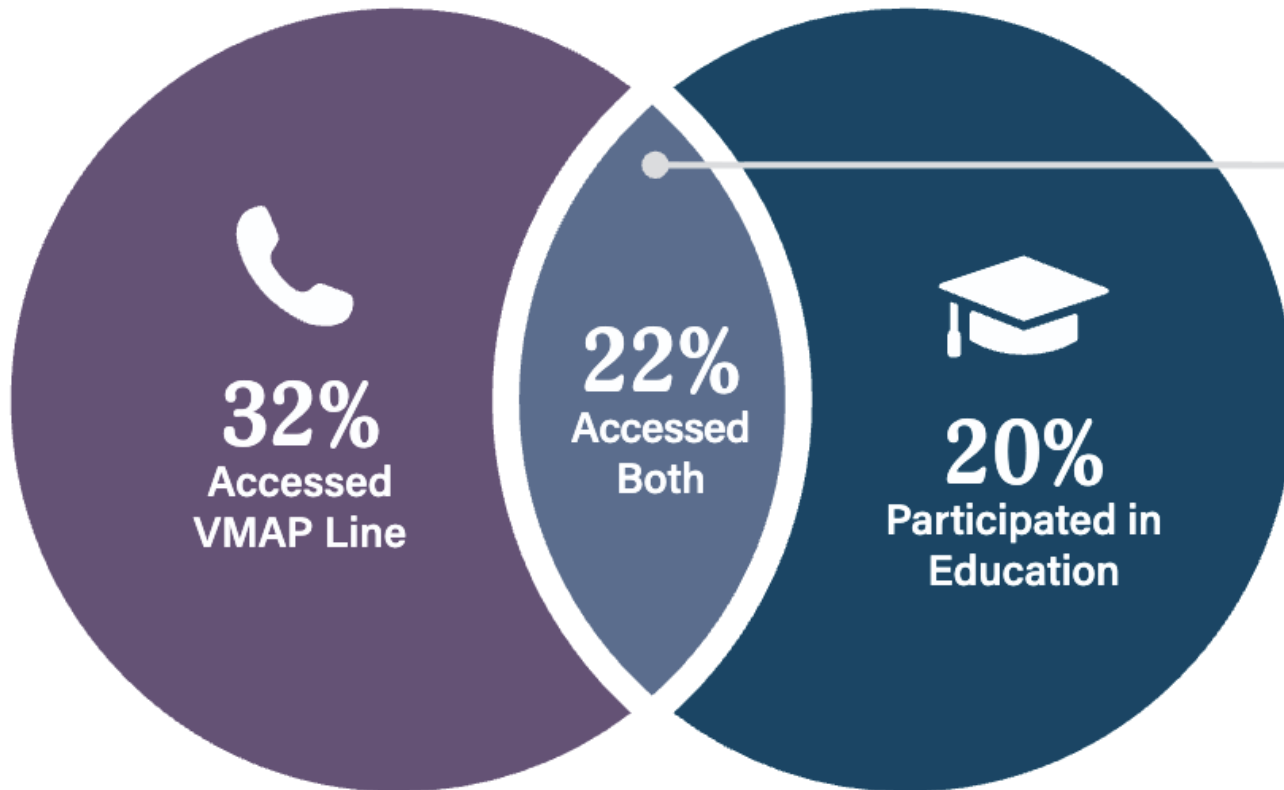
Since 2019



Reached **13,000 calls** in November 2025!

# Provider Participation in VMAP

Of the 3,000+ people registered with VMAP...



**56%** of education participants have called the VMAP Line at least once while...

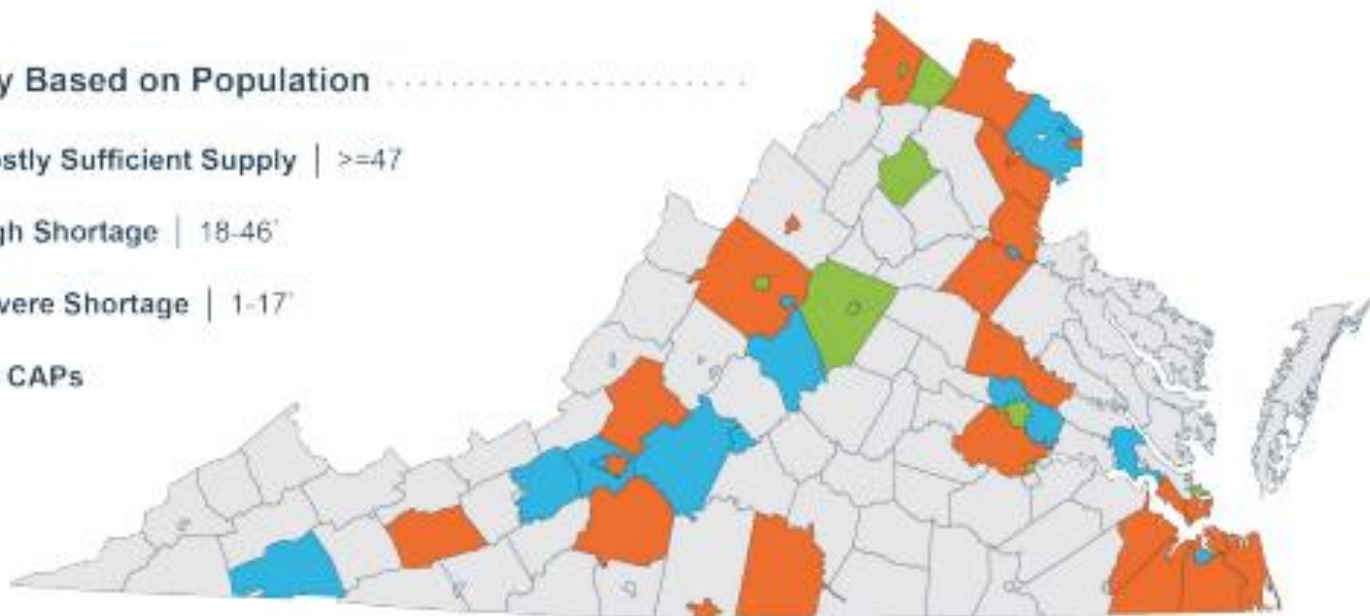
**36%** of unique education attendees have called the line multiple times

Neither  
**26%**

**45%** of these registered in 2025

## CAP Supply Based on Population

- Mostly Sufficient Supply |  $\geq 47$
- High Shortage | 18-46
- Severe Shortage | 1-17
- No CAPs

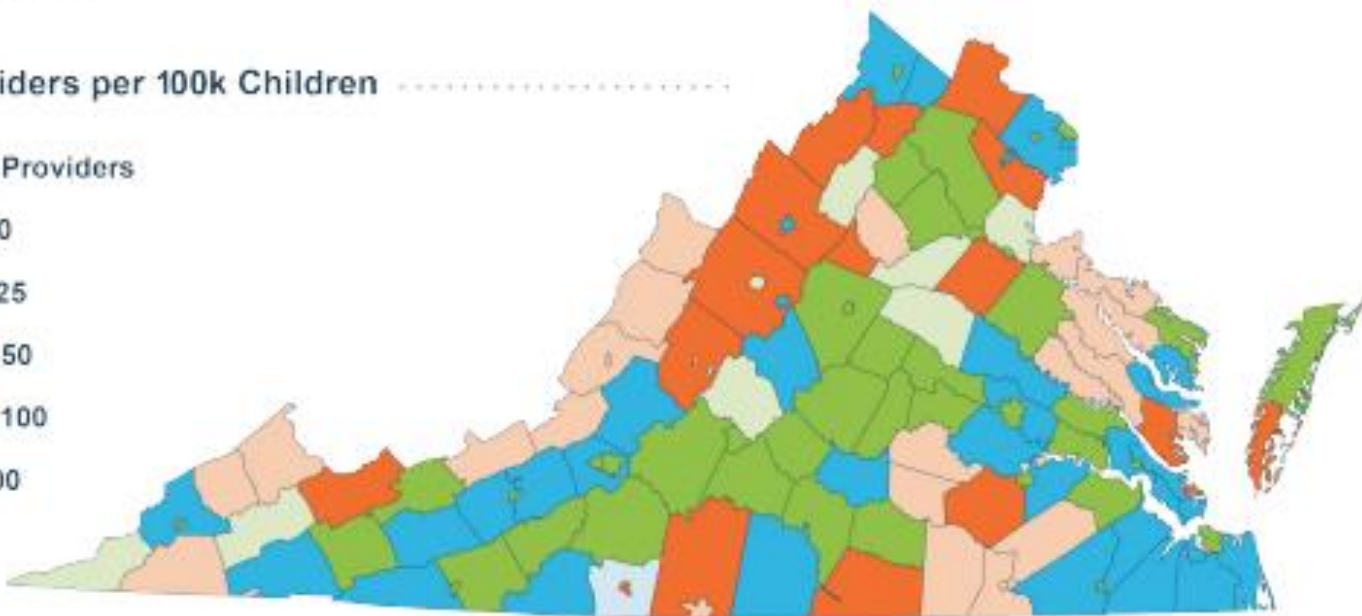


\*Source: AACAP (2023). Workforce maps by state  
[www.aacap.org/AACAP/Advocacy/Federal\\_and\\_State\\_Initiatives/Workforce\\_Maps/Home.aspx](http://www.aacap.org/AACAP/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx)

## VMAP's Footprint

## VMAP Providers per 100k Children

- No Providers
- 1-10
- 11-25
- 26-50
- 50-100
- >100



Source: Secondary data analysis by ACORN at VCU

# VMAP Outcomes

# Education Outcomes

- Participants trained through December 2025: **1,413**
- **25%** of these attendees (589) were trained in 2025.
- 427 clinicians have **participated in multiple courses** with VMAP.
- **60%** (255) of those multi-course trainees participated in core courses (REACH, ECHO, QI) that demand longer time commitments.



For every provider trained, their **entire patient panel** benefits from VMAP's services!

# Consult Outcomes

82%

Consults resulted in PCP management of the specific behavioral health concern.



40%

Referral to a therapist or other outpatient services.



25%

Referral to a psychiatrist.



23%

Continuation of existing behavioral health services



# Care Navigation

89% of care navigation cases saw resources provided to *both* primary care clinician *and* family.

## Care Navigation Outcomes:

- Resources Provided: 84%
- Unable to Reach Family: 12%
- Family No Longer Interested in Services: 4%

## Barriers to Care Navigation Referrals:

- Lower Priority/Too busy: 38%
- Resource Availability Issue: 25%
- Insurance or Financial Issues: 13%



# Education & VMAP Line Interaction

## ECHO Confidence in Assessing Various Mental Health Issues

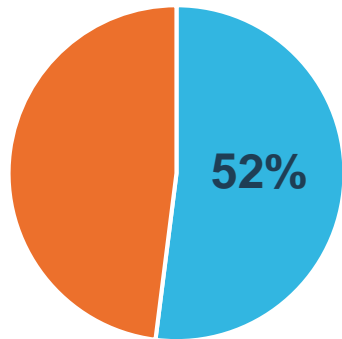


- All ECHO participants demonstrated **significant improvements** in their confidence.
- However, users with no previous VMAP Line experience demonstrated **significantly greater changes** in their confidence.

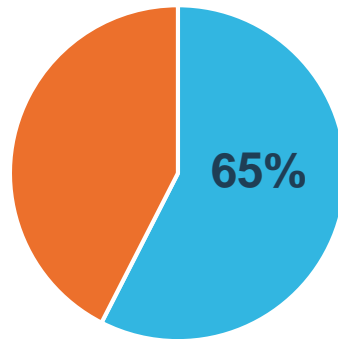
# Education & VMAP Line Interaction

## Screening Tool Usage

No Training



Training



## Screening Tool Usage for Specific Concerns Based on Training Participation

Screener Type & Specific Concern	VMAP Line Caller Type	
	VMAP Education	No VMAP Education
Depression	39%	21%
Anxiety	55%	42%
ADHD	42%	26%

**Participants are more likely to utilize screening tools after completing a VMAP training!**

# Serving Populations with Equity

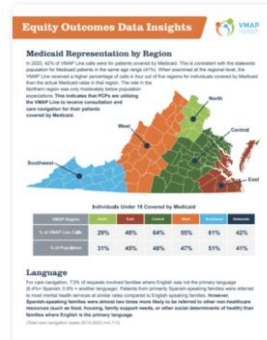
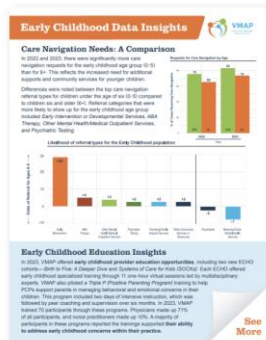
VMAP Region	% of VMAP line calls for patients covered by Medicaid (n=2,787)	% of Virginia population (under 18) covered by Medicaid
North	29%	31%
East	48%	45%
Central	64%	48%
West	55%	47%
Southwest	61%	51%
Statewide	42%	41%

This indicates that primary care clinicians are utilizing services such as the VMAP Line to receive consultation and care navigation for their patients covered by Medicaid.

# Learn More About VMAP's Impact

For more about our programs, expansions, and data outcomes, see the **2023 Impact Report** and our special **Insight Reports** on:

- **Early Childhood**
- **Equity Outcomes**
- **Provider Education**



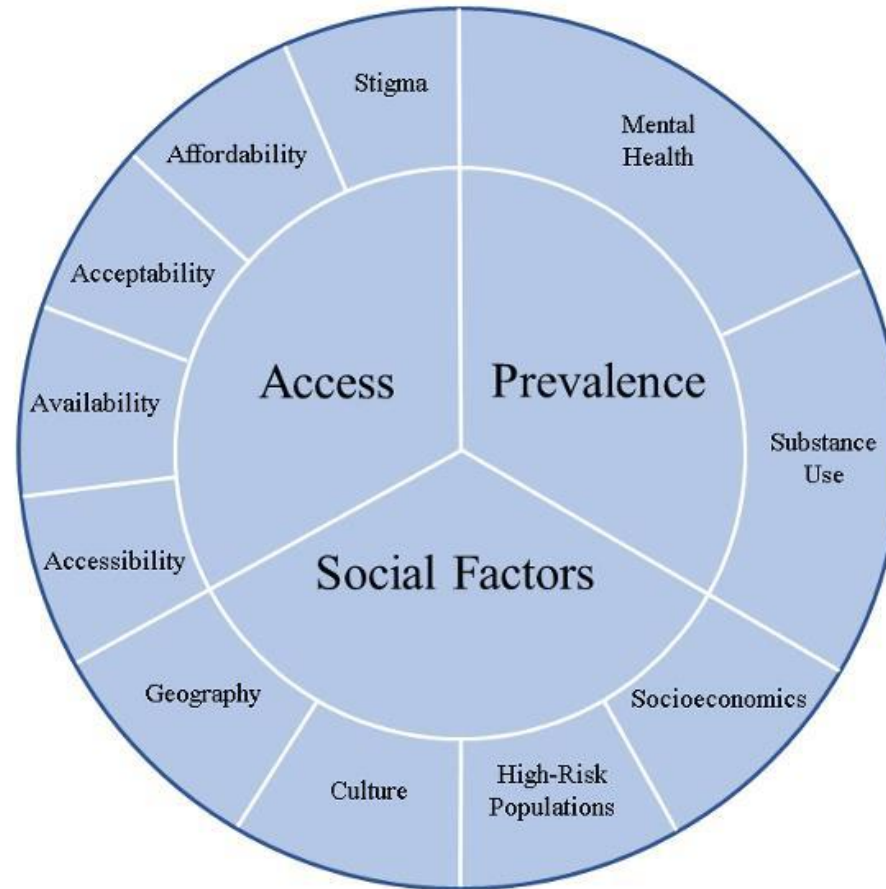


# VMAP & Rural Health

# Different Needs

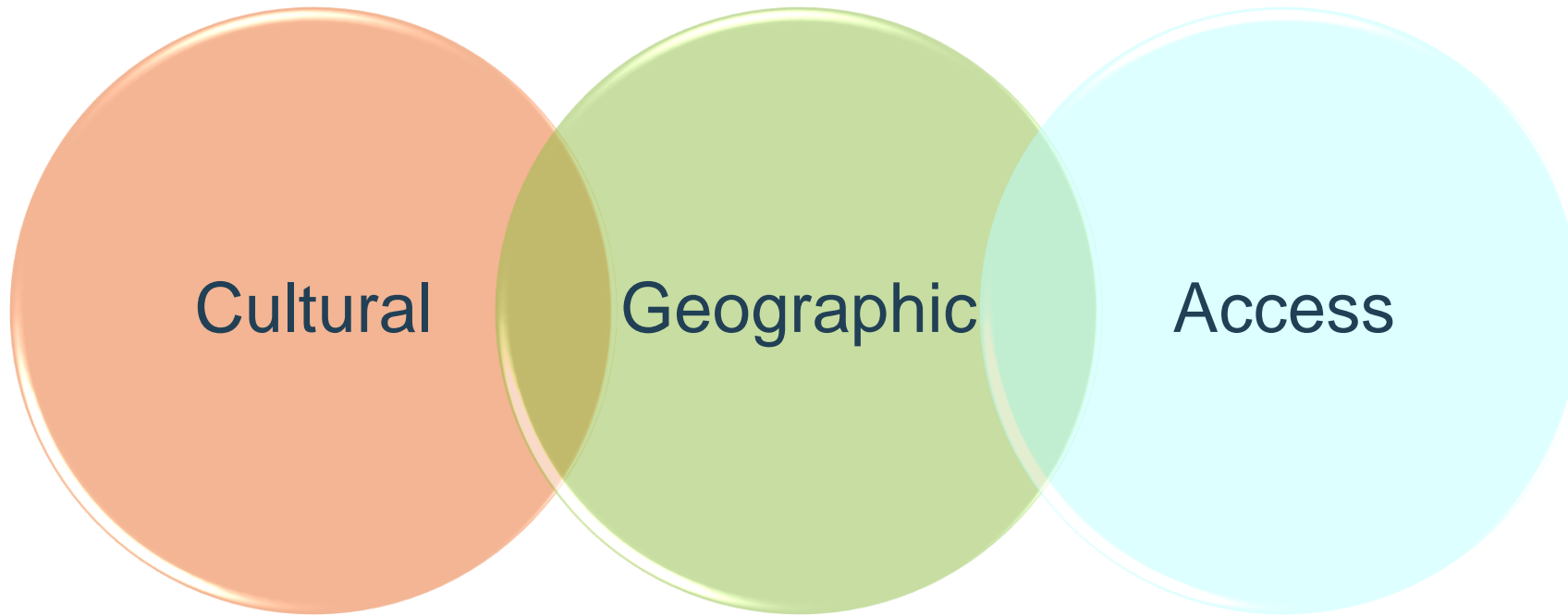
## Context for Understanding Rural Mental Health & Substance Use

- Fewer primary care providers & specialists
- No developmental pediatricians or pediatric GI in SW VA
- ONLY 31 pediatricians in all of SW VA (42% in one county)
- 11 counties out of our total 18 counties have ZERO pediatricians



- 26.9% of deaths amongst 10 - 19-year-olds in SW VA were due to suicide
- 48% of children ages 0-4 are living in low-income households (less than 200% of the Federal Poverty Level)
- 19% of households in the region are at or below poverty level & an additional 32% are considered A.L.I.C.E. populations (asset-limited, income-constrained, employed; e.g. employed but struggling to afford necessities, inc. childcare)

# Challenges Engaging Providers



# Outreach Approach + Lessons Learned

- Engaging champions & partners
- Innovative communication tools
- Collaborative partnerships
- Visiting practices



# Case Studies



**Dr. Truly**  
Pediatrician



**Jamie Lovebird,**  
Nurse Practitioner



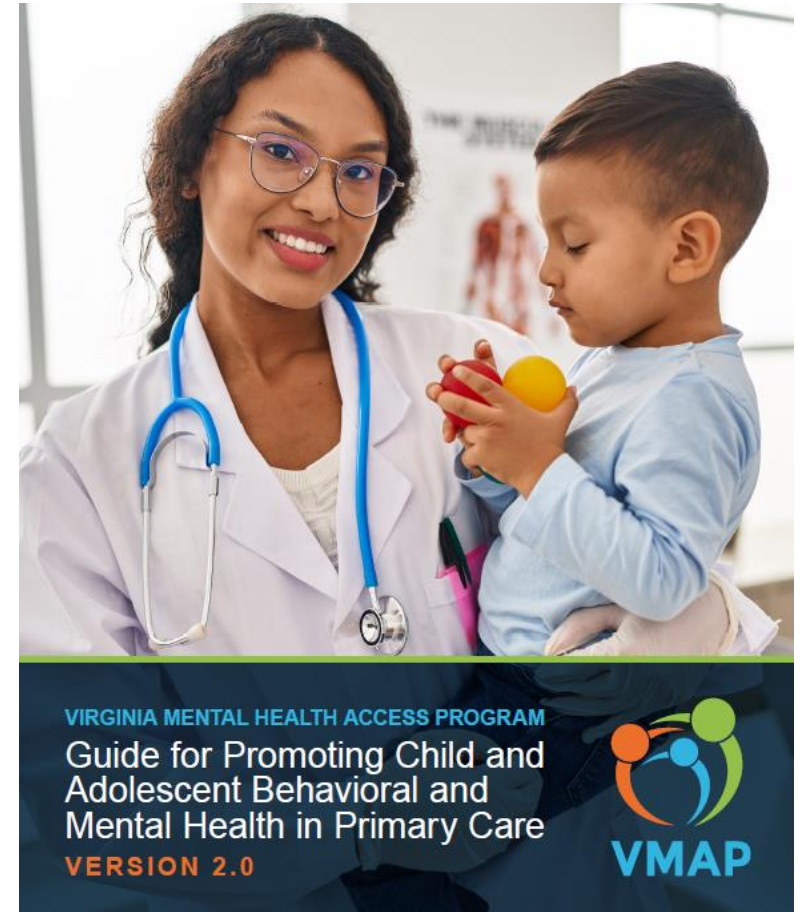
**Dr. Lebarti**  
Child & Adolescent  
Psychiatrist

# VMAP Expansions

# VMAP Guidebook

*For Promoting Child and Adolescent Behavioral & Mental Health in Primary Care*

- Compilation of **evidence-based practices, up-to-date resources, & practical knowledge** specifically geared towards pediatric and adolescent healthcare providers
- Serves as inspiration for similar guidebooks across the nation
- 2nd edition released in April 2024
- Early childhood expansion coming soon
- **Available to download for free!**



# VMAP Guidebook

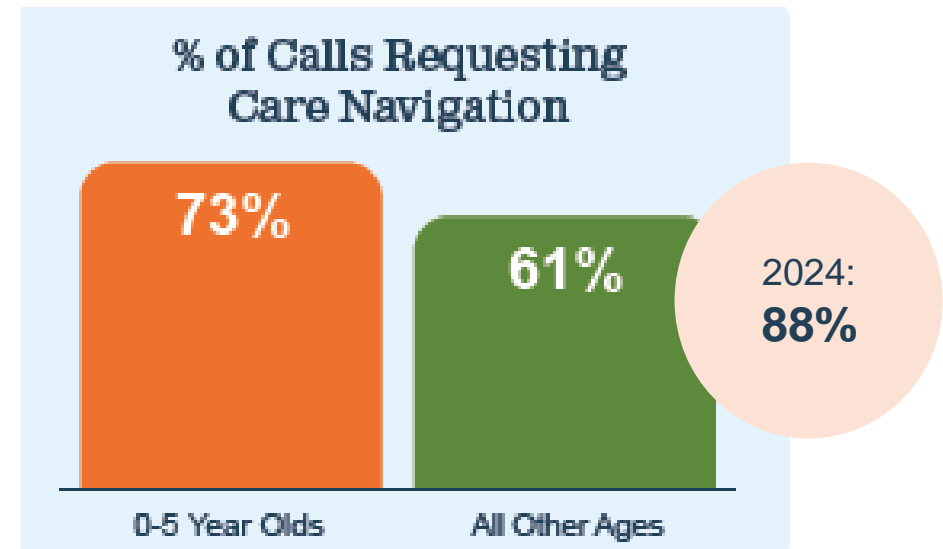
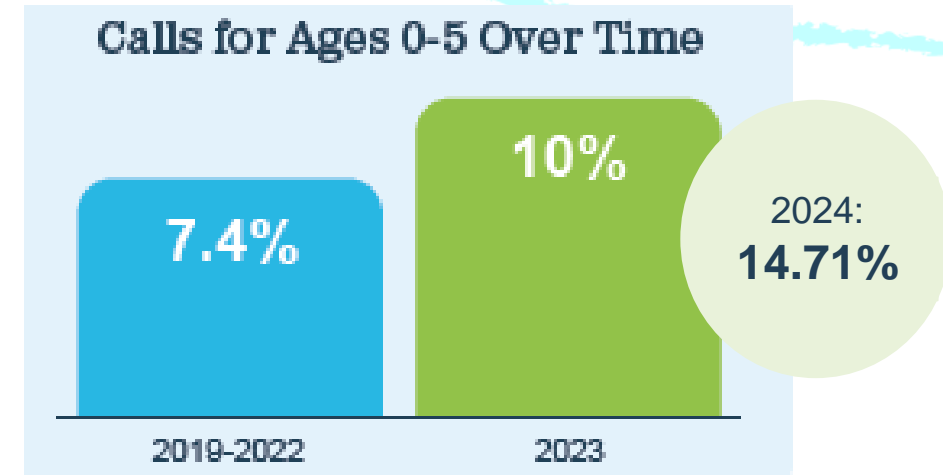
*Contains care guides on the following topics:*

- Aggression in Children 2-10
- Psychosis
- Substance Use Disorder
- Eating Disorders
- Sleep Challenges

- Depression
- Suicidality
- Anxiety
- Trauma & PTSD
- ADHD
- Bipolar Disorder

# Early Childhood Expansion 2023-2024

- **Full staffing** of specialists on VMAP Line
  - Early childhood psychiatrists
  - Developmental/behavioral pediatricians
  - Early childhood psychologist
  - Early childhood care navigators
- Education programs **specific to early childhood**
  - ECHO Birth to 5: A Deeper Dive
  - ECHO Systems of Care for Kids (SOCKs)
  - Triple P (Positive Parenting Program)
  - ECHO STAT (Autism Diagnosis)
- **Significant increase** in both the proportion of calls and requests for care navigation



*From VMAP 2023 Impact Report*

# Maternal Mental Health Expansion: VMAP for Moms+

For prescribers who provide care to **pregnant and postpartum individuals and/or their children** including:

- OB/GYNs
- Pediatricians (care navigation for parents of patients!)
- Primary care clinicians
- Midwives
- Psychiatrists

**Launched Fall 2024**



# What Providers Are Saying:

“As a community pediatrician, **my practice has benefited immeasurably** from the services provided by VMAP. The combination of VMAP-supported education/training and utilization of the telephone consult line has **undoubtedly prevented** many patients in our practice from escalating to a crisis situation resulting in an emergency room visit, inpatient hospitalization, and even worse outcomes.”

“VMAP is a **lifeline** for pediatricians who are prescribing far more SSRIs than antibiotics this year- they **help us help kids** faced with months of waiting for care.”



# VMAP for Moms+

Addressing the Maternal  
Mental Health Crisis

Michelle Diehl, LPC | VMAP for Moms+ LMHP Lead

# Perinatal Mood & Anxiety Disorders (PMADs)

- **#1 complication** of pregnancy and childbirth.<sup>5</sup>
- Can occur from conception to baby's first birthday.<sup>6</sup>
  - **Mood:** depression, bipolar disorder
  - **Anxiety:** generalized anxiety, panic attacks, OCD, PTSD
- Women with a history of depression, anxiety disorders, or mood disorders are **30% to 35% more likely** to develop postpartum depression.<sup>7</sup>



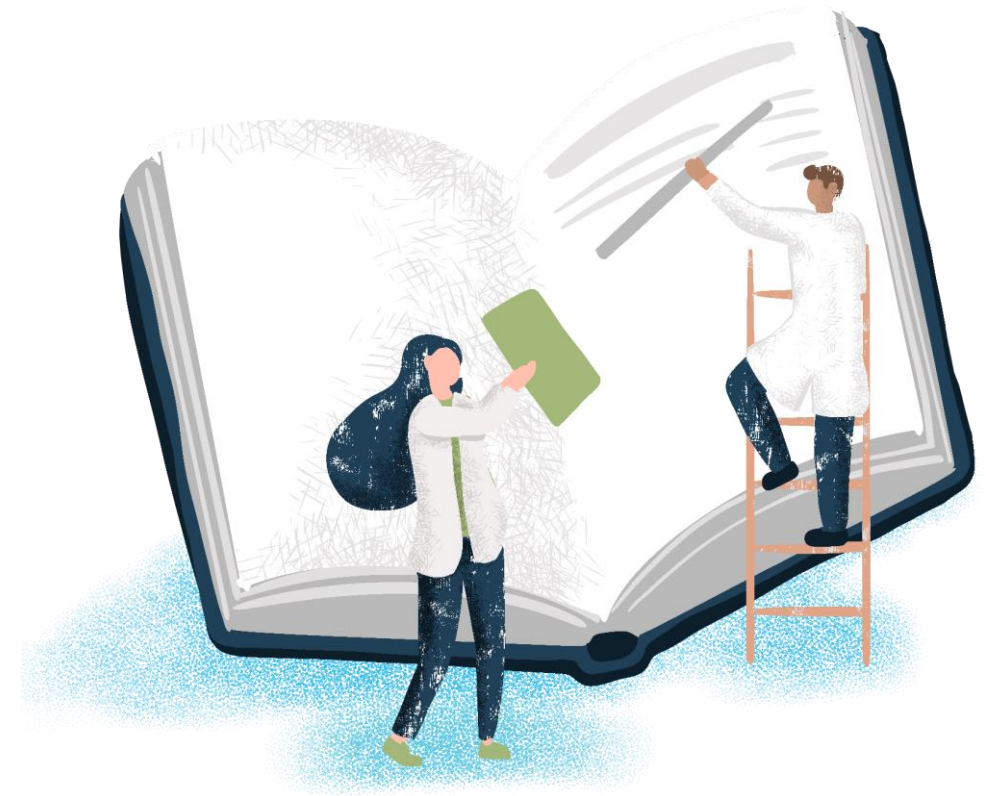
# PMADs

**Death by suicide and accidental overdose** are the two of the leading causes of death for postpartum persons in the U.S. within the first year after birth<sup>2</sup>

- **At least 1 in 5** birthing people will be affected by a PMAD.<sup>1</sup>
- Only 20% of pregnant and postpartum patients are screened for depression.<sup>1</sup>
- 50% of women with postpartum depression go undiagnosed.<sup>11</sup>
- Each year in Virginia, there are about **95,000** live births.<sup>12</sup>
  - **At least 19,000** Virginians will experience a PMAD this year.<sup>12</sup>
- **Up to 40% of Black mothers** will experience a PMAD, twice the rate of all women.<sup>13</sup>
- Rates of postpartum depression are **40% higher for Hispanic mothers.**<sup>14</sup>

# PMADs & Death by Suicide

- Risk of death by suicide is highest between 6-12 months postpartum (**20%** of deaths).<sup>8</sup>
- Perinatal individuals with PMADs have **3x higher risk** for suicidal behaviors than those without; this risk remained **more than double** 5+ years after the birth of their child.<sup>9</sup>
- Suicide attempts by perinatal individuals typically involve **more lethal means**.<sup>10</sup>



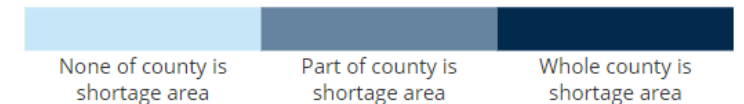
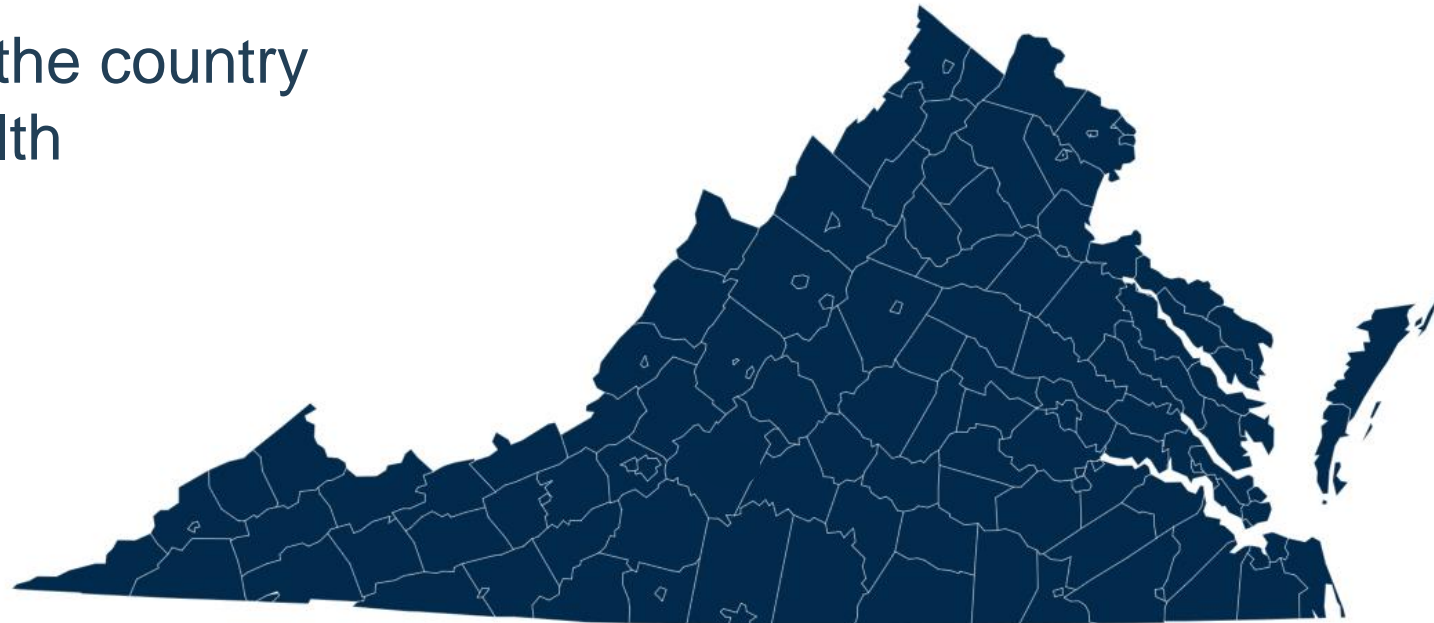
# Scope of the Problem Nationally

- 20% of patients report having mental health issues during pregnancy or postpartum, but 75% **never receive treatment**.<sup>1</sup>
- Perinatal mental health issues are the **leading cause** of maternal mortality in America.<sup>2</sup>
- **Left untreated**, they can lead to dangerous health outcomes for the birthing person and child, as well as impact the development of infants, babies, and toddlers.<sup>1</sup>



# Scope of the Problem in Virginia

- **100%** of localities in Virginia are mental health professional shortage areas.<sup>3</sup>
- Virginia ranks **39<sup>th</sup> lowest** in the country for the number of mental health specialists available.<sup>4</sup>
- **There are low numbers** of maternal healthcare workers, especially perinatal psychiatrists.<sup>4</sup>



# Scope of the Problem in Rural Virginia: Prevalence & Risk

- Studies have shown that postpartum depression (PPD) rates in rural women range from 16.7% to 32.7%, **generally higher** than the general United States PPD average of approximately 20%.
- Perinatal populations in rural counties face a **disproportionately high risk** for maternal mental health disorders, driven by factors like reduced access to care poverty and isolation.



# Scope of the Problem in Rural Virginia

## Barriers to Care: Insurance Status


- Compared to urban residents, rural residents face **significantly higher rates of uninsurance** during all perinatal phases.
- These higher rates of uninsurance **persist even in lower-risk maternal groups** (White, non-Hispanic, married, or had intended pregnancy).
- **Rural–urban insurance gaps persist** across Medicaid expansion state status, income, and education levels.

	Rural	Urban
<b>Pre-Pregnancy</b>	15.4%	12.1%
<b>At Birth</b>	4.6%	2.8%
<b>Postpartum<sup>8</sup></b>	12.7%	9.8%



# Scope of the Problem in Rural Virginia


## Barriers to Care: Provider Availability

- Rural women **faced challenges** accessing obstetric and mental health care, including a lack of providers, transportation barriers, stigma, and a preference for informal support networks over professional help.
  - A 2017 study found that between 2004 and 2014:
    - 9% of rural counties **lost all hospital-based obstetric services.**
    - 45% of rural counties had **no obstetric services at all** during that period.
    - Closures disproportionately occur in **poorer, sparsely populated, and higher-minority counties**, exacerbating economic and structural stressors that feed into maternal mental health disparities.
- 



# Scope of the Problem in Rural Virginia


## Barriers to Care: Provider Availability (cont.)

- Many rural women **must travel 30–100+ miles** for delivery care, increasing stress, potential delays in emergency care, and disruption of social support systems, all of which can negatively affect mental health.
  - There is **a significant urban/rural divide in resources**, with many rural areas having a severe shortage or complete absence of maternal mental health providers. This lack of providers is at odds with the rising risk factors in these regions, making access to care a major challenge.
- 



# Scope of the Problem in Rural Virginia

## Barriers to Care: Additional Barriers

- Black, Indigenous, and Hispanic women in rural areas **face compounded barriers to care** due to systemic inequities, language access issues, and cultural stigma.
  - **Lack of privacy** is a common barrier to mental health care cited by rural residents. Individuals are reluctant to seek treatment when anonymity is at risk. This concern can be particularly prevalent in small communities with interconnected social networks.<sup>12</sup>
- 

# Scope of the Problem in Rural Virginia

## 2025 VA MMH Report Card: Providers

- ✗ Meets ratio of non-prescriber MMH providers to perinatal population (5 per 1,000 births)
- ✓ Meets ratio of MMH prescribers to perinatal population (1 per 5,000 births)
- ✗ Has at least one inpatient or residential MMH treatment program
- ✓ Has at least one MMH intensive outpatient program (IOP) or partial hospitalization program (PHP)
- ✗ Has or has had a state-sanctioned MMH Task Force or Commission
- ✓ Meets ratio of community-based organizations (CBOs) providing direct service for MMH (at least 1 per 50,000 births)
- ✓ State Perinatal Quality Collaborative (PQC) has prioritized MMH

**Grade = C**

# Scope of the Problem in Rural Virginia

## 2025 VA MMH Report Card: Screening & Reimbursement

- ✘ Top performer on the HEDIS “prenatal depression screening” measure (among commercial insurance and/or Medicaid)
- ✘ Top performer on the HEDIS “postpartum depression screening” measure (among commercial insurance and/or Medicaid)
- ✘ Medicaid requires MCOs to report “prenatal depression screening” HEDIS measure
- ✘ Medicaid requires MCOs to report “postpartum depression screening” HEDIS measure
- ✘ Maternity providers submit claims to private insurers for prenatal MMH screening (among at least 1% of prenatal patients)
- ✓ Maternity providers submit claims to private insurers for postpartum MMH screening (among at least 1% of postpartum patients)

**Grade = F**

# Scope of the Problem in Rural Virginia

## 2025 VA MMH Report Card: Insurance Coverage & Payment


- ✓ Expanded Medicaid
- ✓ Extended Medicaid coverage to one year postpartum
- ✗ Requires health plans to develop an MMH quality management program
- ✓ Maternity providers submit claims to private insurers for prenatal MMH treatment
- ✓ Maternity providers submit claims to private insurers for postpartum MMH treatment
- ✗ State provides enhanced Medicaid reimbursement or state investment in group prenatal care (New in 2025)
- ✗ Medicaid coverage of group parenting programs (New in 2025)

**Grade = C**



# Scope of the Problem in Rural Virginia

## Facilitators to Improved Outcomes

- Social support as a key factor: **strong informal support** (especially from female family members) **was protective against PPD**, but stigma sometimes prevented women from fully using these networks.
  - Telehealth, telepsychiatry, and digital therapeutics **offer promising ways to expand access** to maternal mental health care in rural communities.
    - It Takes a Village Initiative
  - Integrated care models, which include embedding mental health services in obstetric or primary care, are **recommended to address gaps** in rural settings.
- 



**VMAP**  
**For Moms+**

# **A Solution to the Problem:**

Virginia Mental Health Access Program for Moms+

# VMAP for Moms+ by the Numbers (so far!)

Data collected October 25, 2024 – December 31, 2025

**186**

Clinicians

**316**

Calls to  
VMAP for  
Moms+ Line

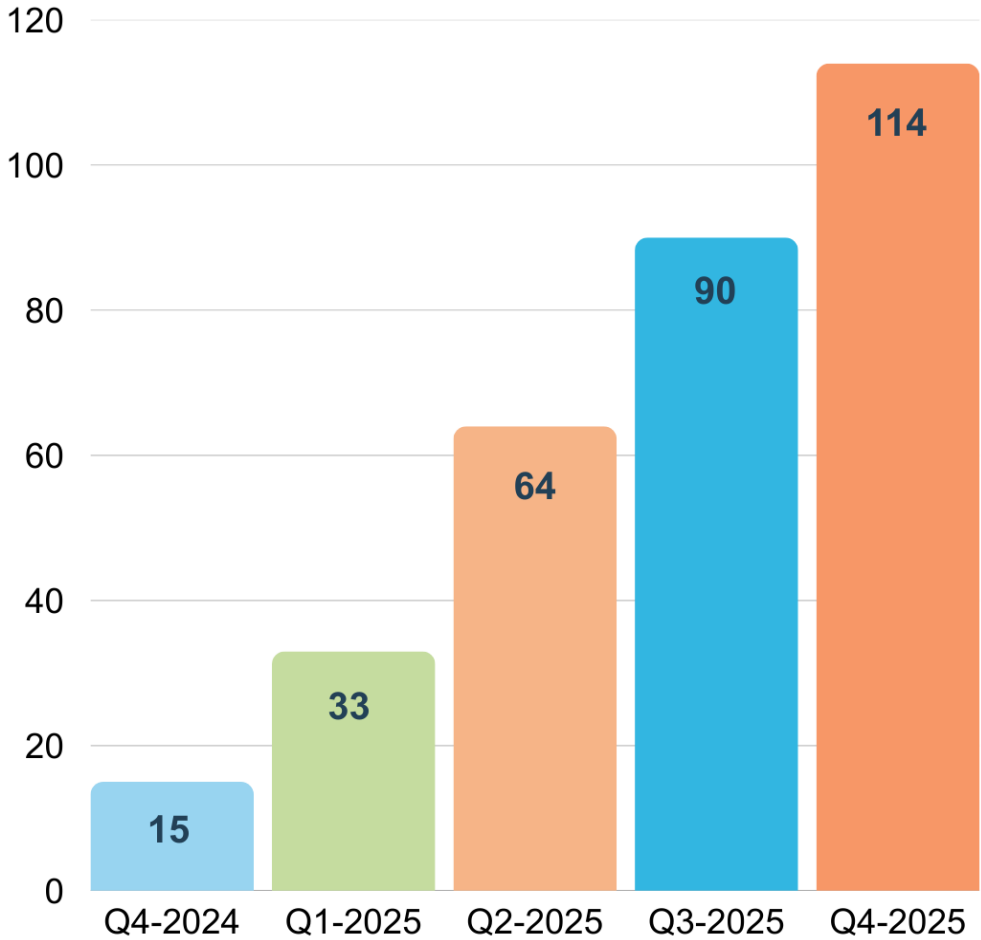
**307**

Perinatal  
Patients Served

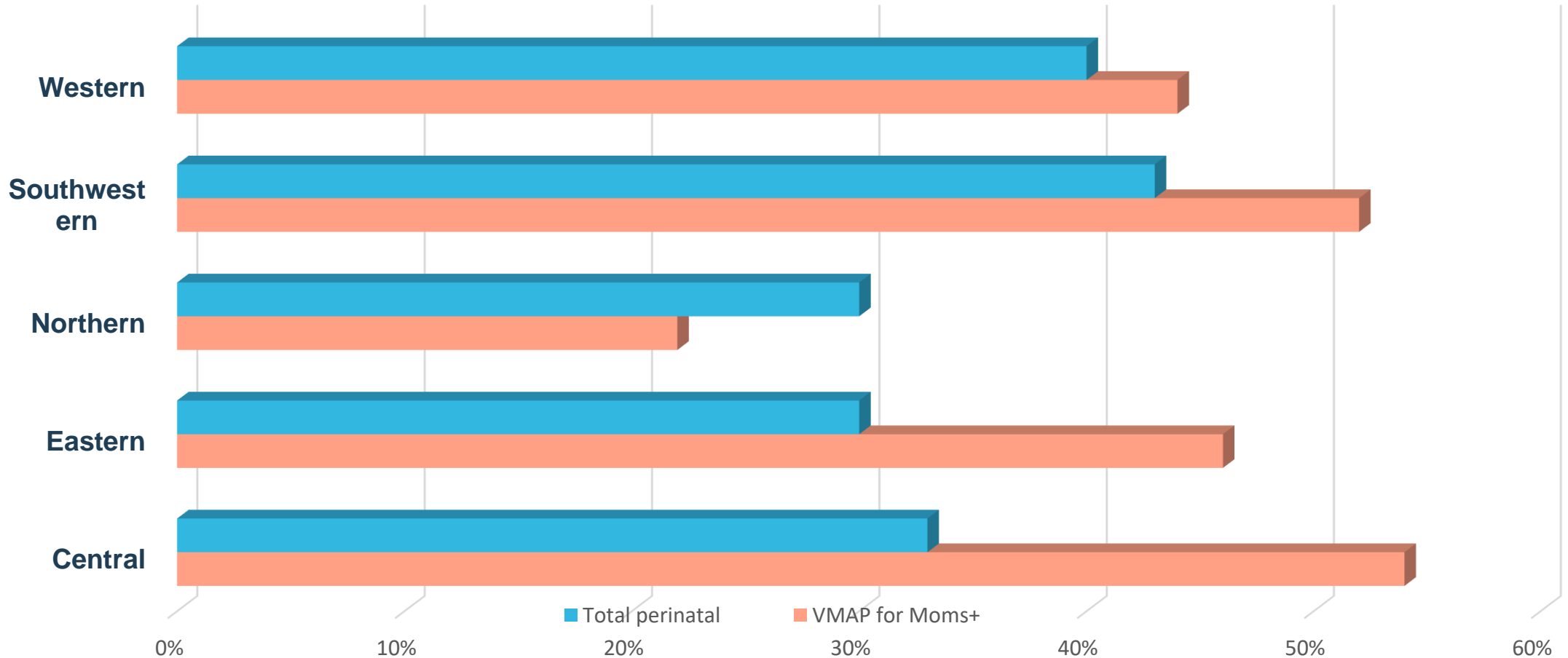
**78**

Clinicians  
Trained

# Calls to VMAP for Moms+ Line



# VMAP for Moms+ Medicaid Populations Served





## VMAP for Moms+

Developed for prescribers who provide care to **pregnant and postpartum individuals and/or their children**, including:

OB/GYNs

Primary care clinicians

Pediatricians

Midwives

Psychiatrists





**VMAP**  
For Moms+

If you are a Virginia prescriber who provides care to pregnant and postpartum individuals and/or their children:

Call the **VMAP For Moms+ Line** to access the following:

- Same-day **consultations with perinatal psychiatrists** & other licensed mental health professionals
- **Care navigation** to help pregnant or postpartum individuals connect directly with local mental health services
- Expert-led **perinatal mental health trainings** with optional CME credit



Scan QR code or visit [vmap.org/register](https://vmap.org/register) to register

Registration not required for first call

**1-888-371-VMAP (8627) x 1**

*This line is **not** for patients to call directly. This is **not** a crisis line for patients.*



**VMAP for Moms+ Line Hours:**  
**Monday – Friday, 9 AM - 5 PM**

- Hub team will ask for provider and patient info
- A behavioral health expert will call you back within 30-minute timeframe
- Patients must be pregnant or up to 1-year postpartum
- Provider must practice in Virginia OR patient must reside in-state

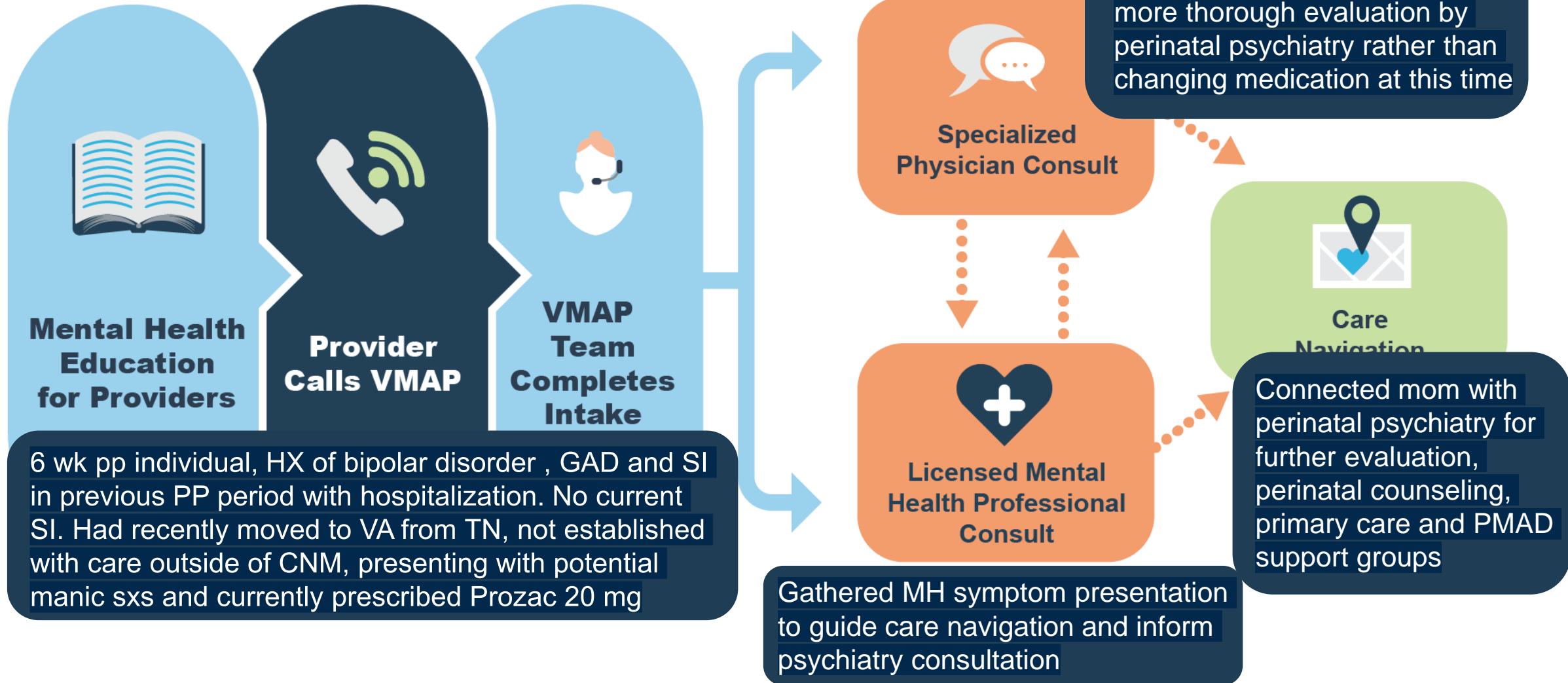
# Common Concerns for the VMAP for Moms+ Line

Assistance and recommendations for:

- Case conceptualization
- Screening
- Diagnosis
- Prescribing
- Medical care considerations/implications
- Level of care determination
- Care navigation for the perinatal individual



# How Does VMAP Work?





# Perinatal Education for Advanced Clinical Expertise (PEACE)

**Perinatal Education for Advanced Clinical Expertise (PEACE)** is a 2-day CME training tailored for Virginia prescribers who care for pregnant and postpartum individuals. This training is designed to equip you with the skills and knowledge needed to address perinatal mental health concerns effectively in your clinical practice.

## Course Objectives:

- **Identify** perinatal mental health disorders
- **Consider** the impact of additional diagnoses
- **Manage** psychopharmacology
- **Create** and implement a treatment plan
- **Adopt** trauma-informed practices

Earn up to  
**15.25**  
CE/CME  
Points!



# Postpartum Support Virginia

- VMAP partners with **Postpartum Support Virginia (PSVa)** to bring you VMAP for Moms+!
- Not a prescriber? PSVa offers free support, training, and referrals for pregnant/postpartum people and those who care for them:
  - **PMAD Training & Education:** Evidence-informed training for non-prescribing clinicians & community partners
  - **Free Warmline (EN/ES):** Call or text **(703) 829-7152** for support, resources, and provider connections
  - **Care Coordination:** Warm handoffs to appropriate care
  - **Support Groups:** In-person & virtual options for parents and specific communities
  - **Partner & Family Support:** Resources for partners and caregivers



## Learn more or refer:

[postpartumva.org](https://postpartumva.org)

[warmline@postpartumva.org](mailto:warmline@postpartumva.org)



**NOTE:** These services are for people experiencing PMADs and non-prescribers. Prescribers can access trainings and services for their patients through VMAP for Moms+!

## What Clinicians are Saying

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



## What Clinicians are Saying

"I wholeheartedly recommend the VMAP Perinatal Education for Advanced Clinical Expertise (PEACE) training to anyone who cares for people experiencing pregnancy. This training is **interesting, interactive and highly applicable** to my practice as a certified nurse-midwife. I feel much more **knowledgeable and confident treating common perinatal mental health concerns** we see in our practice, which has already had an impact on **improving our clients' outcomes.**"

*-Virginia Certified Nurse Midwife*

"Pregnancy and the postpartum period can be a time of roller coaster emotions for our patients. I am so grateful to have the VMAP Moms+ Line. For our moms with depression and anxiety, we can get **immediate guidance** with a simple phone call. It's so helpful to **speak directly with a psychiatrist** for advice and recommendations. I can't wait to spread the word to my partners about this program!"

*-Virginia OB/GYN*



**Questions?**

# Call 1-888-371-VMAP (8627)

These mental health access programs offer **mental health consultation**, **care navigation**, and **CME trainings** for healthcare professionals who...



...provide care to pregnant and postpartum individuals and/or their children.

Call & **press 1** to connect with:

- Perinatal Psychiatrists
- Perinatal Licensed Mental Health Professionals
- Care Navigators



...see patients 21 & under with mental health concerns.

Call & **press 2** to connect with:

- Child/Adolescent Psychiatrists
- Developmental Pediatricians
- Licensed Mental Health Professionals
- Care Navigators



...see adult patients substance use (18+) or behavioral health concerns.

Call & **press 3** to connect with:

- Psychiatrist Specialists
- Addiction Medicine Specialists (18+)
- Licensed Mental Health Professionals
- Care Navigators

# Current Partners & Funders



## Questions?

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Virginia Mental Health  
Access Program

Last updated: 05/24/2026

## Register with VMAP

[www.vmap.org](http://www.vmap.org)

**1-888-371-VMAP (8627)**

*Follow us @VMAPva*



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