

# BEHAVIORAL HEALTH DURING COVID-19

During the COVID-19 public health emergency, the West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS) made changes to allow telehealth options for Medicaid members seeking Assertive Community Treatment (ACT) or Medication-Assisted Treatment (MAT) services.

When possible, Medicaid members could receive **ACT services by phone or video telehealth visits. MAT-related counseling/therapy was also available through telehealth.**

**Medicaid claims data** from January 2017 to June 2021 were studied to see how behavioral health service use, costs, and related health outcomes changed during the pandemic. **Focus groups and interviews with providers** were also conducted between February and March of 2022 to understand their perspectives on delivering behavioral health services during the pandemic.

This research found phone and video options for care that is usually face-to-face made access easier for members needing check-ins, counseling/therapy, and other behavioral health services, such as starting MAT.

**Overall, these changes helped improve Medicaid members' lives.**



During the  
pandemic, using  
**video visits** and  
**phone calls** as  
alternatives to  
face-to-face  
behavioral health  
**worked.**



# MAJOR BEHAVIORAL HEALTH FINDINGS



## IMPROVED ACCESS TO CARE

**Telehealth helped provide ACT services to members who needed it.**

During the first year of the pandemic, ACT services increased slightly. ACT representatives felt telehealth helped them meet the demand and gave members access to care while they struggled with feeling isolated.



## NO IMPACT TO COST

**Telehealth did not seem to impact costs for ACT services.**

Despite a temporary increase in services, costs for those providing ACT services were less because ACT representatives were not traveling or hosting gatherings as they normally would. Costs for staff and technology were not an issue.



## MAT SERVICES INCREASED

**MAT services continued to rise, with little change in health outcomes or cost.**

The number of Medicaid members receiving MAT services increased during the pandemic, reaching 2.8% of the total Medicaid population.

The pandemic did not impact the average cost of MAT care or the pattern of hospitalizations and emergency department visits for members receiving MAT.



## INCREASED CONTACT

**Telehealth helped members receiving MAT access counseling/therapy services.**

Telehealth for members with alcohol or opioid use disorder was used for about 30% of counseling/therapy visits. Most MAT providers said telehealth was useful and increased their contact with members.



## TELEHEALTH CONFIDENCE

**MAT providers had confidence in telehealth. They also saw opportunities for improvement.**

Providers reported confidence using telehealth, from “slightly” to “very” confident. Providers had challenges related to physical evaluations and worried about patient honesty. Several providers indicated that a team-based approach was also important for patient success.

The information summarized here comes from a larger evaluation on changes to the WV Medicaid system during COVID-19. For additional information, please contact WV Medicaid at [DHHR.BMSSupport@WV.gov](mailto:DHHR.BMSSupport@WV.gov).

## MAJOR FINDINGS | BEHAVIORAL HEALTH DURING COVID-19

### Telehealth helped provide ACT services to members who needed it.



**ACT services increased** during the first year of the pandemic as some members struggled with **isolation**. Telehealth helped give members **more access** to the help they needed when they needed it.

The ACT population grew at the start of the pandemic, along with an increase in ACT claims, before returning to pre-pandemic ranges.



*“Our whole ACT staff loves the **accessibility** that telehealth provides, and so do most of our clients, as well.”*

**- ACT Representative**

### Telehealth did not seem to impact costs for ACT services.

Despite a temporary increase in services, **costs for those providing ACT services were less** because ACT representatives were not traveling or hosting gatherings as they normally would.



Costs to Medicaid for ACT services remained within normal ranges.

*“[W]e have some clients that have really just been over the phone, and there’s a cost associated with driving to a person’s house two times a week.”*

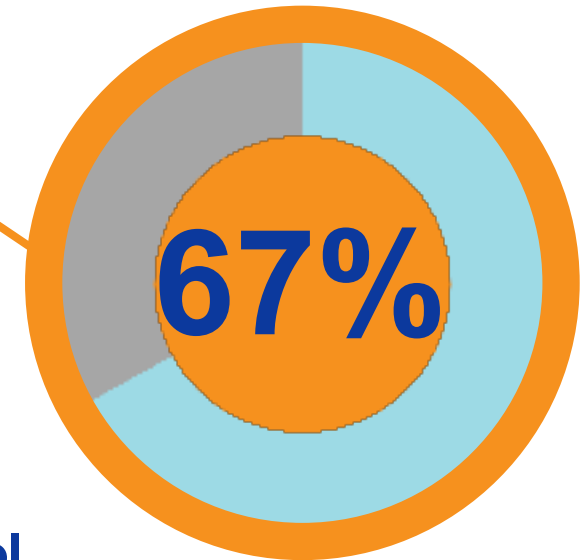
**- ACT Representative**

## MAJOR FINDINGS | BEHAVIORAL HEALTH DURING COVID-19

**MAT use has continued to rise, with little change in health outcomes or cost.**

**+2.8%** The number of Medicaid members receiving MAT services rose during the pandemic, reaching **2.8% of the total population.**

**Residential substance use treatment facilities** were the source of most MAT claims during the pandemic, accounting for **67% of all MAT claims.**



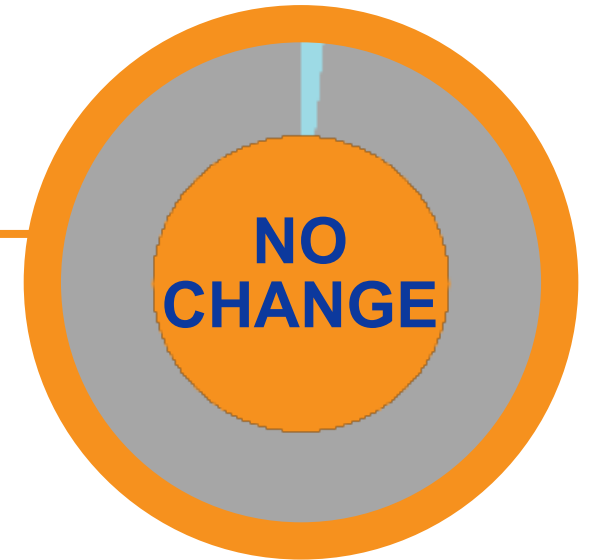
**ODD +32%** **AUD +14%**

The number of members seeking **MAT for opioid use (OUD) and alcohol use disorders (AUD) rose 32% and 14%** during the first year of the pandemic.

## MAJOR FINDINGS | BEHAVIORAL HEALTH DURING COVID-19

There was little change in hospital visits or costs for members receiving MAT.

There was no change in the pattern of hospitalizations and emergency department visits for members receiving MAT during the pandemic—about 1-2% visited the hospital each month.



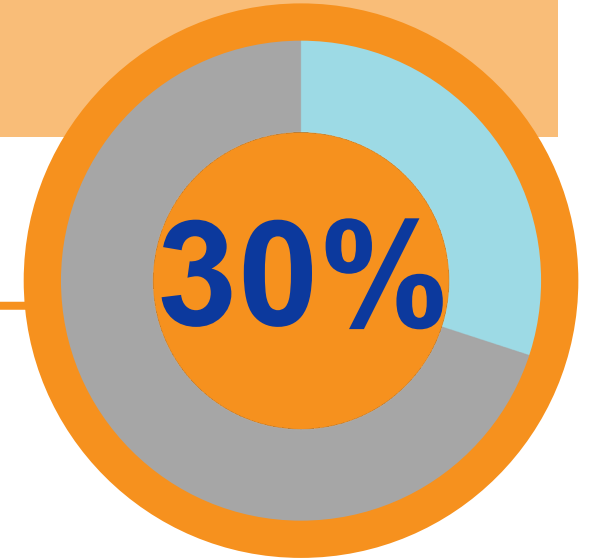
**\$ 250 - \$ 350**

The average cost of care for receiving MAT was between \$250-\$350 per member since 2017 and **remained in this range.**

## MAJOR FINDINGS | BEHAVIORAL HEALTH DURING COVID-19

### Telehealth counseling/therapy helped members using MAT.

Telehealth for members with **alcohol or opioid use disorder** was used for about **30% of counseling/therapy visits.**



Most MAT providers reported that telehealth was useful and, in many cases, **increased contact with members during the pandemic**, although some voiced concern over members' access to the necessary equipment.

**+17%**

The number of **members seeking counseling/therapy as part of their MAT services rose 17% at the onset of the pandemic**, even though counseling/therapy was not required.

## MAJOR FINDINGS | BEHAVIORAL HEALTH DURING COVID-19

### MAT providers had confidence in telehealth. They also saw opportunities for improvement.

Providers reported confidence using telehealth, from “slightly” to “very” confident.

Providers had **challenges related to physical evaluations** and worried about **patient honesty**. Several providers indicated that a **team-based approach** was also important for patient success.



#### TELEHEALTH HELPED MEMBERS AND PROVIDERS COMMUNICATE.

Several providers indicated that having **multiple telephone or other virtual encounters** from all staff providing care (physicians, therapists, social workers, etc.) was also important for patient success.

*“I see [telehealth] as a really **positive change**, honestly, for us as providers and the patients.”*

**- MAT Provider**