

# 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 2021 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).