

Using Tech Solutions to Enhance Adolescent Behavioral Health Services in West Virginia Medicaid: Initial Lessons

The U.S. is currently experiencing a crisis in adolescent behavioral health, with increasing rates of adolescents experiencing depression symptoms, going to the emergency department for behavioral health conditions, and attempting suicide.^{1,2} Trends are similar in West Virginia,³ and addressing adolescent behavioral health is a key priority for the state's Medicaid agency. Particular challenges in West Virginia include supporting adequate access to care for adolescents with complex behavioral health needs, who sometimes must seek care out of state and lack of crisis services. As is the case nationally,⁴ workforce shortages are a key contributor to these issues in West Virginia.

West Virginia joined the [Medicaid Innovation Collaborative \(MIC\)](#) in fall 2021 to explore how tech-enabled solutions may play a role in addressing these challenges. MIC supports adoption of tech-enabled solutions — such as digital health solutions, telehealth platforms, data-sharing tools, and in-person care delivery models that integrate technology — to promote more equitable and higher quality care for Medicaid enrollees.⁵

AT-A-GLANCE

Goal: Advance health equity and address behavioral health needs of adolescents through adoption of tech-enabled innovation.

Participating Payers: West Virginia Medicaid and Medicaid managed care organizations (MCOs), including Aetna Better Health of West Virginia, The Health Plan, and Unicare.

Target Population: Adolescents served by Medicaid managed care with behavioral health needs.

Key Outcome: Participation in the *Medicaid Innovation Collaborative* spurred MCOs to explore opportunities to contract with tech-enabled solution vendors.

ABOUT THE MEDICAID INNOVATION COLLABORATIVE

The *Medicaid Innovation Collaborative* (MIC), a program of Acumen America, is funded by MolinaCares Foundation, CommonSpirit Health, Hopelab, Schmidt Futures, and the Leona M. and Harry B. Helmsley Charitable Trust, convenes states and health plans to identify and support the adoption of tech-enabled innovations through a multi-state learning group. The first 12-month MIC cohort included three states — Arizona, Hawaii, and West Virginia — and their managed care organizations. The Center for Health Care Strategies is a technical assistance partner to the collaborative. For more information, visit www.medicaidcollaborative.org.

In joining MIC, West Virginia Medicaid was particularly interested in opportunities to promote adolescent wellbeing by identifying and addressing behavioral health needs early, before they develop into a crisis. The state’s Medicaid agency sought opportunities to increase behavioral health screenings and care coordination to identify and treat behavioral health needs. This case study describes the work, impact, and lessons from West Virginia Medicaid and Medicaid managed care organizations’ (MCO) participation in MIC, which focused on behavioral health innovations. Outcomes and lessons described here were informed by interviews with Medicaid agency and MCO staff.⁶

Solutions Selected for Tech Innovation Showcase

Based on West Virginia Medicaid’s behavioral health priorities and findings from Medicaid beneficiary research, MIC issued a request for information (RFI) to source tech-enabled solutions related to addressing adolescent behavioral health needs.^{7,8} Out of 50 applications received in response to the RFI, the below were selected by a multi-stakeholder committee as the most promising. Vendors presented these solutions to state and MCO leadership at a tech innovation showcase event. State staff and MCOs in West Virginia learned about these vendors and potential services available to support their members:

- **BeMe Health:** A mobile mental health platform aimed at improving teen wellbeing through educational and skill-building resources, coaching, and clinical support.⁹
- **Brave Health:** Telehealth solution that offers a range of virtual behavioral health services.¹⁰
- **Concert Health:** Solution offering a technology platform and remote staff to support integration of behavioral health into primary care.¹¹
- **Daybreak Health:** A mental health program for adolescents offered in collaboration with schools. Includes component such as screenings and therapy — primarily delivered virtually.¹²
- **Hazel Health:** Telehealth solution designed for partnership with schools.¹³

MIC worked with states, including West Virginia, to set expectations for MCO participation in the MIC learning group. West Virginia Medicaid encouraged MCOs to leverage tech-enabled innovation to address beneficiary needs, whether through a solution identified in the showcase or another approach.

Enhancing Adolescent Behavioral Health Through Tech Solutions: Early Outcomes

West Virginia’s Medicaid agency and participating MCOs explored a variety of new opportunities and levers for improving adolescent health services and access, including through tech-enabled solutions. Following are preliminary outcomes from West Virginia Medicaid and MCOs based on participation in the MIC collaborative.

State-Level Outcomes

- **Documenting Goals and Action Steps.** As part of MIC, state Medicaid leaders from West Virginia required MCOs to complete a “goal and action plan” related to addressing adolescent behavioral health, including but not limited to, strategies related to tech-enabled innovation. Following the MIC cohort, West Virginia continues to prioritize tech-enabled innovation by regularly communicating their goals of using tech solutions to address behavioral health access challenges and checking in on MCO progress to spur action.
- **Enhancing Contract Requirements and Incentives.** Through technical assistance offered during MIC, West Virginia explored policy strategies to advance adolescent health, health equity, and tech innovation through Medicaid managed care. Going forward, West Virginia is considering enhancing managed care contract language to require MCOs to develop additional capabilities to advance health equity and encourage MCOs to adopt tech solutions to achieve state quality goals. As part of broader work related to updating its quality withhold program, in which a portion of MCO payment is tied to quality performance, the state is considering opportunities to further incentivize improvement on adolescent health measures.

Plan-Level Outcomes

- **Better Understanding of Tech Landscape.** Participation in MIC spurred MCOs in West Virginia to explore opportunities to contract with tech-enabled solution vendors. MCOs reported that the initiative helped them better understand the tech solution landscape.
- **New Potential Relationships.** As of May 2023, one West Virginia MCO was evaluating a relationship with one of the platforms that was featured in the MIC showcase.
- **Committing to New Tech Solutions.** The two other MCOs were also moving forward with using tech to support adolescent health, although focused on solutions beyond those highlighted through MIC. For example, one MCO contracted with Zoom for Healthcare to allow care management staff to engage with enrollees over video. The other MCO is expanding a contract with Pyx Health, a tech-enabled solution to address loneliness. This MCO had previously contracted with Pyx to support their adult population and is planning to roll out an adolescent-focused Pyx Youth solution in West Virginia for children involved with child welfare. Pyx Youth is anticipated to launch in the third quarter of 2023.

Lessons

While this work is still ongoing, following are initial lessons that can help inform efforts to support adoption of tech-enabled innovation in other states.

- **State prioritization of tech-enabled innovation can help drive action among MCOs.** Convening MCOs, as West Virginia did through MIC participation, as well as communicating priorities to plans through regular touchpoints such as meetings or emails can be impactful. At the same time, state staff participating in MIC reflected that further defining expectations and requirements for MCOs earlier in the process may have accelerated tech adoption.
- **MCO contracting takes time.** MCOs interviewed described the many steps involved in contracting with tech vendors and how exploring new solutions often requires work across multiple departments. MCOs must vet solution capabilities, analyze costs, verify that solutions meet legal and technology requirements, ensure that appropriate safety protocols are in place, and gain organizational buy-in. Ultimately, negotiating contracts can take a year or more, even if everything goes well. For this reason, MCOs may prioritize vendors they have a pre-established relationship with or that can offer a wider array of services.
- **Matchmaking between states, MCOs, and tech vendors is challenging.** Tech-enabled solutions may not meet identified needs. For example, after exploring multiple options, one MCO expressed skepticism that app-based solutions could adequately support populations with complex behavioral health needs. Another MCO described how tech-based solutions often do not help solve the core challenge of a national shortage of behavioral health clinicians. There may be additional opportunity for stakeholders to precisely define what types of health care challenges can be effectively addressed through tech-enabled solutions. Additionally, in some cases, tech vendor business strategies may not align with state or plan partnerships. For example, one identified vendor ultimately chose not to enter the West Virginia market, despite MCO interest.
- **Evidence of impact, particularly among Medicaid populations, is necessary.** West Virginia MCOs and the state described that evidence of impact is necessary to demonstrate the value of tech solutions. There are many tech-enabled innovations on the market, and there is often limited information available to evaluate these solutions. Data showing improvements in cost, health outcomes, and access can help stakeholders better understand what types of tech-enabled interventions are most effective for specific populations, such as those with complex health and social needs. MCOs described how solution performance on clinical and functional outcomes metrics could be helpful for decision making.

Future Iterations of MIC

The second MIC cohort, focused on addressing social determinants of health, includes state-MCO teams from Iowa, Kentucky, and New York, and runs through the end of 2023. Through these cohorts, MIC continues to explore how to inform adoption of tech-enabled solutions for Medicaid populations. For example, MIC is working to adapt its model to support quicker learning and relationship building between MCOs and tech vendors with the goal of accelerating the contracting process. MIC is also supporting efforts to further develop the evidence base for tech solutions to help Medicaid agencies and MCOs understand the value and opportunity of tech innovation for their members.

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ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. We support partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit www.chcs.org.

ENDNOTES

¹ M. Richtel “‘It’s Life or Death’: The Mental Health Crisis Among U.S. Teens” New York Times, April 23, 2022. Available at: <https://www.nytimes.com/2022/04/23/health/mental-health-crisis-teens.html>.

²² Centers for Disease Control and Prevention National Center for HIV, Viral Hepatitis, STD, and TB Prevention Division of Adolescent and School Health. “Youth Risk Behavior Survey”. 2023. Available at: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf.

³ Substance Abuse and Mental Health Services Administration. “Behavioral Health Barometer West Virginia, Volume 6”. 2020. Available at: https://www.samhsa.gov/data/sites/default/files/reports/rpt32865/WestVirginia-BH-Barometer_Volume6.pdf.

⁴ H. Saunders, M. Guth, and G. Eckart. “A Look at Strategies to Address Behavioral Health Workforce Shortages: Findings from a Survey of State Medicaid Programs”. KFF, Jan 10, 2023. Available at: <https://www.kff.org/medicaid/issue-brief/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/>.

⁵ For more information on MIC, see: <https://www.medicaidcollaborative.org/>.

⁶ This case study is based on learnings from the first cohort of the Medicaid Innovation Collaborative and interviews with staff from West Virginia Medicaid and Medicaid managed care organizations in West Virginia (Aetna Better Health of West Virginia, The Health Plan, and Unicare).

⁷ For more information on the 2022 Medicaid Innovation Collaborative’s research, focus areas, and innovation showcase related to adolescent behavioral health, see: <https://www.medicaidcollaborative.org/adolescent-behavioral-health>.

⁸ For the first cohort of MIC, two RFI’s were released: one related to adolescent behavioral health and one related to maternal behavioral health. West Virginia and Arizona Medicaid and MCOs participated in the former process and Hawaii Medicaid and MCOs participated in the latter.

⁹ For more information on BeMe Health, see: <https://beme.com/>.

¹⁰ For more information on Brave Health, see: <https://bebravehealth.com/>.

¹¹ For more information on Concert Health, see: <https://concerthealth.com/>.

¹² For more information on Daybreak Health, see: <https://www.daybreakhealth.com/>.

¹³ For more information on Hazel Health, see: <https://www.hazel.co/company/about-us>.