2021

Role of Case Management in Access to Mental Health Care Among African Americans With Medicaid

Kira-Jai Jayne Taylor
Walden University

Walden University

College of Health Professions

This is to certify that the doctoral study by

Kira Taylor

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Edessa Jobli, Committee Chairperson, Health Sciences Faculty
Dr. Rabeh Hijazi, Committee Member, Health Sciences Faculty
Dr. Suzanne Richins, University Reviewer, Health Sciences Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2021

Abstract

Role of Case Management in Access to Mental Health Care Among African Americans With Medicaid

by

Kira-Jai Jayne Taylor

MPH, Walden University, 2014

BA, University of Michigan, 2010

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Healthcare Administration

Walden University

August 2021

Abstract

Disparity in access to appropriate mental health care among African Americans compared to non-Hispanic Whites is growing. The purpose of this quantitative retrospective study was to examine the relationship between access to an outpatient mental health facility with case management and access to outpatient mental health services among African Americans with Medicaid compared to non-Hispanic Whites with Medicaid. The theoretical framework was based on the conceptual framework for integration created by PATH. The study addressed whether there is a difference in the number of African Americans compared to non-Hispanic White patients with Medicaid in access to an outpatient mental health facility with a case manager. In addition, the study addressed whether there is a difference across ethnicities in access to mental health care as measured by the number of completed mental health assessments between Medicaid patients with a case manager compared to those without a case manager. Secondary data from the 2016 National Mental Health Services Survey were analyzed using chi-square and logistic regression analyses. Results showed that African Americans were less likely to have access to an outpatient facility with a case manager, in addition to even when given a case manager were less likely to have access to mental health services compared to non-Hispanic Whites. Results may prompt professionals to implement a case management intervention for all outpatient mental health facilities within the United States, and may provide researchers with information needed to enhance the mental health delivery system for African Americans.

Role of Case Management in Access to Mental Health Care Among African Americans With Medicaid

by

Kira-Jai Jayne Taylor

MPH, Walden University, 2014

BA, University of Michigan, 2010

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Healthcare Administration

Walden University

August 2021

Dedication

I want to dedicate this paper to all of the African Americans in the United States who fight every day to be seen through various societal systems but are pushed aside because of the societal normality that African Americans are strong and have the ability to withstand and handle any type of abuse, trauma, persecution, and ridicule. For many years, we were always given the not-so-nice end of the spectrum, but as we continue to grow and learn how to be seen in the community, I pray we understand our worth as well. For those African Americans with mental illnesses who try to get assistance but are placed in incorrect treatment that includes psychiatric residential care and incarceration, I see you. To the young individuals who have been told throughout the years, "can't", take it out of your vocabulary and push forward through the frail-minded individuals who place barriers on your gifts and talents because they cannot handle your determination to not be ordinary.

Lastly, I want to dedicate this paper to a special individual who has always been in my corner through everything, from beginning to end. I know due to how the world has molded you, life hasn't always been beautiful, but you were determined to ensure I saw me the way you did. I'm blessed that my most important fan was able to see this come into fruition. We made it!

Acknowledgments

I want to thank Walden University for giving me a platform; to all of my professors, committee members, and colleagues, thank you. I want to give a special thank you to Dr. Edessa Calapini Jobli for always keeping me motivated and on track; with her mentoring, I have been able to complete my study, continue to break barriers, and open the door to endless possibilities.

Table of Contents

List of Tables

Section 1: Foundation of the Study and Literature Review

Nearly 4 million low-income Americans suffer from serious mental illnesses (Nickitas, 2016). The National Institute of Mental Health reported 18% of adults suffer from acute mental illness; in addition, about 25% of the U.S. population experience a mental health disorder and almost 50% of Americans will develop one mental illness during their lifetime (Nickitas, 2016). African Americans are 0.9% more likely to experience some type of serious psychological distress compared to non-Hispanic Whites (SAMHSA, 2020) with only 9.8% receiving some type of mental health service for the destress (SAMHSA, 2020). SAMHSA (2020) suggested that there is a gap between non-Hispanic Whites and African Americans accessing and utilizing mental health services.

The aim of the current study was to examine the relationship between race/ethnicity and case management in an outpatient clinic and access to mental health services. I compared access to a facility with case management across ethnicities, and also compared the number of African Americans to non-Hispanic Whites who utilize outpatient mental health services. Results of this study provided information on how implementing case management programs within outpatient mental health facilities may help decrease the gap in access and utilization of outpatient mental health care within the African American community.

Section 1 includes the problem statement and the purpose of this study followed by the research questions and hypotheses, theoretical framework, and nature of the study. A review of the literature is presented as well as definitions of the variables. The results of this study may provide health administrators with insight on how case management,

when offered to African American Medicaid patients, may increase access to outpatient mental health services. In addition, results of this study may provide health administrators with information on how to successfully implement a case management program that can decrease the stigma around outpatient mental health services and increase appropriate utilization of these services within the African American population, which may enhance the general mental health of this population.

Problem Statement

There is a growing disparity in access to appropriate mental health care among African Americans compared to non-Hispanic Whites (Mental Health America, 2019). One factor that is critical to this issue is the lack of access to outpatient mental health facilities with a case management program that is evident among African Americans (Talisman et al., 2015). Case management is a process that assesses, plans, implements, coordinates, monitors, and evaluates options and services required to meet a client's health needs, including mental health (Mendenhall & Grube, 2017). Patients with Medicaid do not automatically qualify for a case management program. Medicaid has a targeted case management program that is only available to high-risk clients including veterans, those with developmental disability, or those with serious mental illness (Guerino & James, 2017). Case management programs are also available through mental health facilities if included in the patient's health insurance coverage. African Americans are more likely to have Medicaid insurance or not have adequate insurance coverage (Guerino & James, 2017). The Affordable Care Act has expanded in many states giving insurance opportunities to low-income families, but despite Affordable Care Act

implementation, non-Hispanic Whites are 6% more insured under Medicaid compared to African Americans (Marx, 2019). Patients who are on Medicaid, underinsured, or uninsured are mostly low income; low income has been associated with low literacy rates including health literacy (Mental Health America, 2019), which can provide evidence of the difficulties patients are having navigating the Medicaid system or Affordable Care Act benefits with no assistance; this is one area that a case manager can be helpful.

Individuals with Medicaid insurance have been shown to have a higher behavioral-health-related hospital admission compared to those with private insurance (Hutchison et al., 2018). Most patients seeking access to outpatient mental health services (e.g., psychiatric assistance) are referred to an emergency department instead of given assistance to navigate through outpatient mental health resources and services (Morandi et al., 2017). In a study done by Hutchinson et al. (2018), a behavioral health managed care organization implemented a case management program in which Medicaid-enrolled adults were given a case manager to assist with receiving outpatient mental health resources to decrease the number of admitted individuals into an inpatient psychiatric facility. Results showed that Medicaid patients who were given a case manager had a higher percentage of follow-up in outpatient mental health resources and utilization of outpatient mental health services compared to those who did not have a case manager.

Mental health facilities can appoint a patient a case manager to assist with navigating Medicaid benefits and coverage, but for this to occur a Medicaid-enrolled patient must first be able to navigate their Medicaid benefits to find a mental health facility that is covered under their insurance; in addition that facility would need to have

a case management program. Even though there is evidence that case management programs in an outpatient mental health facility are increasing access to outpatient mental health services and resources, there is a gap in the literature regarding access to facilities with case management among African Americans with Medicaid. There is also a gap in the literature on the difference between non-Hispanic Whites and African Americans with case management resources compared to those without case management resources when it pertains to accessing and utilizing outpatient mental health services (Marx, 2019). Only 25% of African Americans seek mental health services compared to 40% of non-Hispanic Whites (Marx, 2019). In 2019, 59.6% of African Americans with major depressive disorder received treatment compared to 70.2% of non-Hispanic Whites (SAMHSA, 2020). The current study addressed the relationship between African Americans with Medicaid and non-Hispanic Whites with Medicaid regarding access to an outpatient mental health facility with a case manager, and the relationship between African Americans with Medicaid and non-Hispanic Whites with Medicaid regarding access to outpatient mental health services.

Purpose of the Study

The purpose of this quantitative study was to examine the relationship between African Americans with Medicaid and non-Hispanic Whites with Medicaid regarding access to an outpatient facility with case management (i.e., assistance and support in accessing mental health care services and resources) and access to outpatient mental health services. I examined whether there was a difference in the number of African Americans and non-Hispanic Whites with Medicaid with a case manager at an outpatient

mental health facility. I also examined whether there was a difference in access to mental care among African Americans and non-Hispanic Whites with Medicaid with a case manager compared to those without a case manager. The results of this study provided information to address the gap in the literature regarding access to case management among African Americans with Medicaid compared to non-Hispanic Whites with Medicaid. This study also addressed the gap in the literature regarding the difference between non-Hispanic Whites and African Americans with case management compared to those without case management when accessing and utilizing outpatient mental health services.

Research Questions and Hypotheses

Research Question 1: Is there a difference in the number of African Americans compared to non-Hispanic White patients with Medicaid in access to an outpatient mental health facility with a case manager (i.e., assistance and support in accessing mental health care services and resources)?

H_o1: There is no significant difference in the number of African Americans compared to non-Hispanic White patients with Medicaid in access to an outpatient mental health facility with a case manager (i.e., assistance and support in accessing mental health care services and resources).

H_a1: There is a significant difference in the number of African Americans compared to non-Hispanic White patients with Medicaid in access to an outpatient mental health facility with a case manager (i.e., assistance and support in accessing mental health care services and resources).

Research Question 2: Is there a difference across ethnicities (African American population and non-Hispanic Whites) in access to mental health care as measured by the number of completed mental health intake assessments (i.e., Biopsychosocial Assessment) between Medicaid patients with a case manager (who can provide support in access to mental health care resources) compared to Medicaid patients without a case manager in an outpatient mental health facility?

H_o2: There is no significant difference across ethnicities (African American population and non-Hispanic Whites) in access to mental health care as measured by the number of completed mental health intake assessments (i.e., Biopsychosocial Assessment) between Medicaid patients with a case manager (who can provide support in access to mental health care resources) compared to Medicaid patients without a case manager in an outpatient facility.

H_a2: There is significant difference across ethnicities (African American population and non-Hispanic Whites) in access to mental health care as measured by the number of completed mental health intake assessments (i.e., Biopsychosocial Assessment) between Medicaid patients with a case manager (who can provide support in access to mental health care resources) compared to Medicaid patients without a case manager in an outpatient facility.

Theoretical Foundation for the Study

The theoretical framework for this study was a conceptual framework for integration. PATH, a nonprofit international organization, designed and evaluated integration programs for greater health impact within communities (Sherris & Bernson,

2012). This framework includes four levels of the U.S. health care structure: client-centered services on a community level, health operations planning on an organizational level, health system coordination on a national level, and intersectional initiatives across sectors (Sherris & Bernson, 2012). Implementing a conceptual framework for integration can create a shift in access associated with the African American population (Sherris & Bernson, 2012). For example, integrating a case management program within outpatient mental health facilities can increase navigation to mental health resources and services and increase the number of African Americans obtaining an initial mental health appointment.

The components of this framework were applied to the current study in the following ways:

1. Applying the concept of client-centered services, specifically case management services geared toward African Americans, can provide information on barriers that play a role in African Americans accessing mental health care services. This can include information on the difference in access to outpatient facility with case management across race/ethnicity.
2. Applying the concept of health operations, specifically outpatient mental health facilities, can provide information that shows the relationship between outpatient mental health facilities and effective case management programs (i.e., how being insured by Medicaid affects case management programs).
3. Applying health systems, specifically the role of the health administrator in integrating new innovation programs within an organization (case

management), can help determine what is needed by an organization to fully implement a successful case management program into outpatient mental health facilities.

4. Applying intersectional initiatives, specifically developmental integration, can help provide information on any deficiencies in case management programs across organizations.

Nature of the Study

This study was a quantitative study using a retrospective review of data to examine the relationship between African Americans' and non-Hispanic Whites' access to an outpatient mental health facility with case management (i.e., support in access to mental health care services and resources) and access to mental health care services (e.g., initial mental health assessment). I used secondary data from the 2016 National Mental Health Services Survey (N-MHSS). This study addressed differences in access to an outpatient mental health facility with case management among African Americans with Medicaid compared to non-Hispanic Whites with Medicaid. This study also addressed the difference between African Americans and non-Hispanic Whites with case management compared to those without case management when accessing and utilizing outpatient mental health services.

Literature Search Strategy

Scholarly databases and other resources were accessed to identify literature for this review, which included ProQuest, SAGE, Google Scholar, National Institutes of Health, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid

Services, and DHHS. Sub-scholarly databases and resources included the U.S. National Library of Medicine, Office of Minority Health, ProQuest Health and Medical Collection, ProQuest Nursing, and Allied Health Source. Studies included in this review were limited to articles published between 2015 and 2020. However, relevant and appropriate studies and literature were included if published prior to 2015 (e.g., literature that would provide historical perspectives). Search terms used to identify relevant studies included *African Americans*, *Medicaid*, *mental health*, *access*, *case management*, *Affordable Care Act*, *utilization*, and *outpatient mental health services*.

Literature Review

The purpose of this literature review is to provide an overview of African Americans' access to mental health care, case management, and Medicaid. This review shows there is a gap in the literature regarding the access to case management among African Americans with Medicaid in addition to a gap regarding the difference in the number of non-Hispanic Whites and African Americans accessing and utilizing outpatient mental health services. The first part of this literature review provides information on how the African American population is misrepresented within the mental health field in the U.S. when compared to non-Hispanic Whites. The second part of this literature review provides information on Medicaid insurance in the U.S. and gives an overview of how African Americans with Medicaid are treated within the mental health field. The third part of this literature review addresses the role case management plays within the mental health field and the African American population. Lastly, the summary of this literature review restates the gap in the literature.

Mental Health Among African Americans

Disparities within the African American population pertaining to mental health is a critical issue. African American can be defined as Blacks who are of African descent regardless of Hispanic origin (Census.gov, 2011). There are suggested various factors and/or indicators that African Americans typically experience poor mental health outcomes in addition to having less confidence when accessing mental health services. According to SAMHSA (2020), African Americans are 0.9% more likely to experience some type of serious psychological distress compared to non-Hispanic Whites. In 2017, suicide was the third leading cause of death for adolescent and young African American males and the fifth leading cause of death for African American females (CDC, 2019).

One factor that has been shown to be a barrier to mental health access for African Americans is living at or below the poverty level. Of the 34 million individuals in the United States who identify as African American, 27% live in poverty compared to about 10.8% of non-Hispanic Whites (American Psychological Association [APA], 2019). These individuals have a higher risk of psychological distress due to homelessness, foster care and child welfare systems, violent crimes, etc. (APA, 2019). African Americans living at or below the poverty level are twice as likely to report some type of psychological distress (APA, 2019). In addition, African Americans are twice as likely to be diagnosed with schizophrenia compared to non-Hispanic Whites (APA, 2019). This is due to physicians diagnosing African Americans with a serious mental illness more frequently than with a lesser mood disorder (APA, 2019).

African Americans often receive poorer quality of care and lack access to culturally competent care. One out of three African Americans who need mental health services receive proper services (American Psychiatric Association, 2017). A lack of cultural competency results in a barrier to outpatient mental health services between the patient and the physician, which can include but is not limited to lack of trust, miscommunication, and feeling disrespected (American Psychiatric Association, 2017). This barrier has been associated with reduced patient satisfaction and other measures of health status (Michalopoulou et al., 2014). There is a huge issue with misdiagnosing African Americans. A study conducted with African Americans who have a serious mental illness addressed misdiagnosing among this population (Bell et al., 2015); findings indicated that out of the 330 African American patients, 219 were misdiagnosed.

African Americans do not use conventional outpatient mental health services delivered through the U.S. health care system. About 40% of African Americans use clergy as their primary source for outpatient mental health services (Johnson & Schafer, 2015). Depression within the African American community often goes untreated due to African Americans' mistrust of the medical profession, which is based on historical experiences in addition to cultural barriers (Johnson & Schafer, 2015). African Americans primary rely on support from family and religious communities during periods of emotional distress rather than seek mental health treatment (Johnson & Schafer, 2015). Thirty percent of African Americans in low-income populations seek mental health through religious advisors compared to only 9.5% of African Americans in high-income populations (Kovess-Masfety et al., 2017).

African Americans are more likely to use emergency departments or primary care clinics as their source for outpatient mental health services. The spike in use of emergency departments as a source for outpatient mental health services was first seen in the 1970s (Boudreaux et al., 2015); since then, the issue has magnified with budget cuts to community mental health services, a decrease in psychiatric inpatient bed availability, overcrowding, and increased wait times in emergency departments (Boudreaux et al., 2015). The emergency department is not equipped to handle mental health crises, which reduces quality of care. Most patients are admitted to a medical facility through the emergency department involuntarily, which is known as boarding (Boudreaux et al., 2015).

Mental Health Across Ethnicities

The population of focus for the current study was African Americans compared to non-Hispanic Whites. To contextualize disparities across ethnicities, it is necessary to address the differences between African Americans and non-Hispanic Whites accessing and utilizing outpatient mental health services. In 2019, only 9.8% of African Americans received outpatient mental health services within the past year compared to 19.8% of non-Hispanic Whites (SAMHSA, 2020). In addition, 6.5% of African Americans reported receiving prescription medications from mental health services compared to 16.6% of non-Hispanic Whites (SAMHSA, 2020).

Compared to non-Hispanic Whites, African Americans with any type of mental illness have lower rates of accessing and utilizing outpatient mental health services but have a higher use of petitioned or mandated inpatient psychiatric care (American

Psychiatric Association, 2017). In addition, African Americans are less likely to be offered evidence-based medication therapy and/or psychotherapy compared to other races/ethnicities. Similarly, physicians were 23% more verbally dominant with African Americans and 33% less engaged in mental health care compared to non-Hispanic Whites (American Psychiatric Association, 2017).

African Americans with mental health illness are more likely to be incarcerated compared to non-Hispanic Whites instead of being placed in programs for schizophrenia, bipolar disorder, and other psychoses within a mental health setting (American Psychiatric Association, 2017). These individuals are being placed in prison or jail due not following the law, which could have been avoided if proper programs had been implemented, followed, and completed. Among the 13.3% of African Americans in the United States, 64% are incarcerated (Nellis, 2016); within this 64%, 16% of African Americans have some type of diagnosable mental illness (National Alliance on Mental Illness, 2017).

Medicaid

On July 30, 1965, Medicaid was signed into law by President Lyndon Johnson to assist individuals who were in need of medical care (Berkowitz, 2005). Medicaid is the U.S. public health government-funded insurance program for people with low income (Rudowitz et al., 2019). Medicaid provides health coverage to pregnant women, children, families, those with disabilities, and older persons (Centers for Medicare and Medicaid Services, 2020). One in five Americans are covered under the Medicaid program (Rudowitz et al., 2019). As of 2011, there were over 7 million uninsured African

Americans, which made up about 15% of the total uninsured population (Duckett & Artiga, 2013). Only 32% of African American adults are eligible for Medicaid (Duckett & Artiga, 2013), but due to Medicaid expansion, over 2 million African Americans are eligible for Medicaid health insurance, which increases the number of African Americans who can access outpatient mental health services (Kenney et al., 2012).

U.S. states are now seeing many Americans with Medicaid access and utilize mental health care. From 2008-2013, individuals with Medicaid saw a 30.1% increase in accessing and utilizing all mental health services in 1 year compared to those who were uninsured (Han et al, 2015). In addition, from 2008-2013, Medicaid enrollees received 52.3% outpatient mental health services compared to those who were uninsured (Han et al., 2015). About 65.3% of Medicaid enrollees can receive some type of psychotic medication for their diagnoses compared to 46% of uninsured (Han et al., 2015). Medicaid enrollees are 3.4 times more likely to report having improved mental health status compared to those who are uninsured (Cross-Call, 2018).

Even though gains in access and utilization of outpatient mental health services have been seen, African Americans still remain less likely than their non-Hispanic White counterparts to obtain an outpatient mental health service appointment and utilize this appointment. Kugelmass (2016) found discrimination among middle-class African Americans who were considerably less likely to be offered an appointment for outpatient mental health services compared to non-Hispanic Whites. In addition, Kazdin (2017) suggested the health care delivery model is not scaled to reach a large population (i.e., the African American population). Additional research showed a lack of cultural competence

within the mental health care field, which resulted in misdiagnosis and inadequate treatment (CDM Group, 2014). The American Psychiatric Association (2017) suggested the issue is African Americans being underinsured. Research showed that African Americans fall within the gap of quality of care and treatment options within the mental health field.

Case Management

Case management is a process that includes assessing, planning, facilitating, and evaluating the coordination of care. Case management serves as a source of achieving a patient's optimal wellness and autonomy through advocacy, education, and identification of services (Case Management Society of America, 2017). A case manager assists individuals with identifying appropriate providers and facilities throughout the continuum of care (Case Management Society of America, 2017). In addition, case managers ensure that resources are being used in a cost-efficient and timely manner to ensure patients are obtaining optimum value of care and reimbursement sources (Case Management Society of America, 2017).

The high prevalence and incidence of mental illness has become a pressing public health issue. To address this issue, the U.S. has implemented case management programs within the mental health care delivery system to bridge the gap between access to and utilization of care in addition to the continuum of care (Talisman et al, 2015). Since the implementation of case management, psychiatric facilities have seen an increase in the number of individuals who come in and seek medication management within the serious mental illness population (Cam et al., 2019). Studies have shown that case management

increases the quality of care in serious mental illness patients and reduces cost in community health centers (Cam et al., 2019). Researchers saw a significant reduction in the number of participants visiting general emergency departments when implementing a case management program (Morandi et al., 2017). In addition, participants improved significantly in their treatment adherences, clinical status, functions, and frequency of use (Morandi et al, 2017).

Evidence indicated that case management can increase the number of individuals accessing and utilizing health care within the U.S. Research showed that there are not many African Americans who are involved in a case management program that can assist them with navigating the U.S. health care delivery system (Giunta & Cain, 2015). In a study in which 75% of participants were non-Hispanic Whites and 21% were African Americans, Giunta and Cain (2015) concluded that individuals who participated in a case management program were less likely to be hospitalized and/or visit the emergency department, and African Americans showed a 24% decrease.

Summary

African Americans have high disparities among all aspects of the health care delivery system. African Americans are most likely to be misdiagnosed with a mood disorder (Bell et al., 2015) and are twice as likely as non-Hispanic Whites to be diagnosed with schizophrenia (APA, 2019). African Americans make up 34 million of the U.S. population, and about 16% of this population have some type of diagnosable mental illness (National Alliance on Mental Illness, 2017)

However, mental health illness among the African American population goes undiagnosed for various reasons including mistrust of providers and cultural barriers. About 40% of African Americans use some type of clergy service as an outpatient mental health service instead of seeing a mental health professional (Johnson & Schafer, 2015), which can be due to cultural competency issues within their physician offices (Michalopoulou et al, 2014) in addition to the misdiagnosis of psychological distress within the African American population (Bell et al., 2015).

Another issue African Americans face is being uninsured. Since the implementation of the Affordable Care Act, which expanded Medicaid, African Americans have seen an increase in insured individuals, but still lack being insured compared non-Hispanic Whites. In addition, those who have Medicaid still lack access to outpatient mental health services. Consequently, African Americans are less likely than non-Hispanic Whites to be offered an initial outpatient mental health appointment (Center for American Progress, 2017).

Case management programs have increased throughout the years, which has resulted in improvements in access to and utilization of medical care and mental health care (Talisman et al, 2015)

Case management has decreased the number of individuals using the emergency department for a mental health visit and increased the number of individuals who have been able to obtain an outpatient mental health service (Cam et al., 2019). Research showed that being African American is associated with a higher risk of psychological distress due to homelessness, foster care and child welfare systems, violent crimes, etc.

(APA, 2019). There is a gap in the literature regarding the effectiveness case management may have on African Americans with Medicaid in addition to a gap regarding the difference in the number of non-Hispanic Whites and African Americans accessing and utilizing outpatient mental health services. Despite evidence that showed case management programs increase access to mental health care, African Americans still have a low rate of accessing outpatient mental health services.

Since case management has benefited some Medicaid enrollees, questions have arisen regarding whether there is a difference in the number of African Americans compared to non-Hispanic White patients with Medicaid with access to outpatient mental health facilities with a case manager. In addition, researchers have not examined the possible difference across ethnicities (African American and non-Hispanic Whites) in access to mental health care as measured by the number of completed mental health intake assessments (i.e., Biopsychosocial Assessment) between Medicaid patients with a case manager (who can provide support in access to mental health care resources) compared to Medicaid patients without a case manager. Answering these questions may address the gap in the literature regarding the role case management may play in increasing access among African Americans with Medicaid in addition to the gap that shows there is difference in the number of non-Hispanic Whites and African Americans accessing and utilizing outpatient mental health services.

Definitions of Variables

Access: Factors and/or characteristics influencing the initial contact of services, for example, initial mental health assessment and screening (Frederic Lévesque et al.,

2013) and directly participating in the mental, behavioral, or developmental initial health screening exam (Raghavan et al., 2007); access in this study was measured by "obtain/completed mental health intake assessment."

African American: Blacks who are of African descent regardless of Hispanic origin (Census.gov, 2011).

Case management: A process that includes assessing, planning, facilitating, and evaluating the coordination of care (Case Management Society of America, 2017).

Case manager: An advocate or mediator who works with individuals and/or families to complete a process that includes assessing, planning, facilitating, and evaluating the coordination of care (Case Management Society of America, 2017).

Medicaid: A U.S. government program that provides national state health care insurance to eligible low-income adults, children, pregnant women, older persons, and people with disabilities (Centers for Medicare and Medicaid Services, 2020).

Mental health intake assessment: An initial assessment of the patient's biological, psychological, sociological, and current functioning (APA, 2019).

Non-Hispanic White: Whites who are not of Hispanic origin (Census.gov, 2019).

Assumptions

I made several assumptions to conduct this investigation. I assumed that the data collected in the N-MHSS data set were accurate and reflected the influence case managers in outpatient mental health facilities have on mental health access. I also assumed that the data set included information that reflected access to mental health care within the African American population in addition to the non-Hispanic White

population. Finally, I assumed that the data set included information on Medicaid-insured patients within (receiving an initial mental health intake assessment) outpatient mental health facilities and the effects case management has on this population.

Scope and Delimitations

The scope of this study was bound by delimiting factors. The scope of this study was limited to investigating the relationship between African American and non-Hispanic Whites with Medicaid insurance regarding access to case management; this study does not address other ethnicities. This study included data from the year 2016; I did not look at relationships in a longitudinal manner or trends from previous years. This study was limited to secondary data sources; no primary data were analyzed. Variables in this study were limited to dichotomous data (e.g., whether an outpatient mental health facility has case management or not), which limited the type of statistical analyses that could be used.

Significance, Summary, and Conclusion

There is a gap in the literature regarding access to case management among African Americans with Medicaid. There is also a gap in the literature regarding the difference between non-Hispanic Whites and African Americans with case management compared to those without case management in accessing and utilizing outpatient mental health services. This study provided information to address these gaps by assessing the access to outpatient mental health facilities with case management (which is provided by the outpatient mental health facility) and access to mental health care among African Americans with Medicaid compared to non-Hispanic Whites. I sought to examine whether there was disparity in case management programs being accessed by African

Americans compared to non-Hispanic Whites with Medicaid. Access to mental health care for this study was defined as "obtain/completed mental health intake assessment."

The results of this study may provide health agencies with information on the relationship of case management and access to outpatient mental health services among the African American population with Medicaid. In addition, results may assist health agencies in increasing access to outpatient mental health care for African Americans with Medicaid compared to non-Hispanic Whites by increasing access to case management. Assistance and support provided by case managers in accessing outpatient mental health care, including Medicaid support services and resources, could lead to the completion of mental health care treatment plans among African Americans (Alegria et al., 2016). Results from the current study could increase awareness of mental health care access among African Americans with Medicaid and how case management can play a role in access to mental health care, which may influence programmatic efforts, policies, and innovative solutions in response to this issue.

Health status and functional limitations are closely associated with access to care (Wang et al., 2013). It is therefore critical to develop or enhance programs and policies that will improve and maximize access to care for those with the greatest need (Wang et al., 2013). By targeting populations that have the greatest need, (e.g., African American), the health care delivery system could decrease health care expenditures by promoting appropriate and timely health care (including mental health care) utilization through proper case management efforts. In addition, current results may elicit positive social change in how African Americans look at mental health. Instead of African Americans

seeking mental health care in clergy sources (Johnson & Schafer, 2015), this population could find the confidence to seek mental health care in outpatient mental health facilities. Obtaining proper, appropriate, and timely mental health care could have a positive effect on a person's quality of life and overall well-being.

Section 1 included the problem statement, purpose, research questions and hypotheses, and theoretical framework. This section also included a review of current literature related to Medicaid, case management, and African Americans within the realm of access to mental health. Assumptions, delimitations, and definitions of the variables were also provided. Section 2 encompasses details of the study's methodology, design, sample, data collection, and population.

Section 2: Research Design and Data Collection

The purpose of this quantitative study was to examine the relationship between access to an outpatient mental health facility with case management that can provide assistance and support in accessing mental-health related resource services, and access to mental health care among the African American population with Medicaid compared to non-Hispanic Whites. A quantitative retrospective review of data was used to examine the relationship between the variables (ethnicity, access to outpatient facility with case management, and access to mental health care). This section begins with information on the research design and rationale. Next, this section gives information on the methodology including the population studied, sampling, sampling procedures, instruments used to collect data, and data analysis. This section also includes information on the threats to validity and ethical principles that were used to ensure validity of the study.

Research Design and Rationale

I followed a quantitative retrospective secondary data analysis design using data from the N-MHSS 2016. This study provided information on access to an outpatient mental health facility with case management among African Americans compared to non-Hispanic Whites with Medicaid. In addition, I examined the difference between non-Hispanic Whites and African Americans with and without case management in an outpatient mental health facility and access to mental health services as measured by completed mental health intake assessments. Retrospective studies are often used to examine the possible associations between dependent variables and independent

variables. I investigated the association between access to an outpatient facility with case management and access to mental health care services between African Americans and non-Hispanic Whites with Medicaid.

The first research question addressed the difference in the number of African Americans compared to non-Hispanic White patients with Medicaid who have access to an outpatient mental health facility with case manager to provide assistance and support in accessing mental health care services and resources. The second research question addressed the difference across ethnicities (African American and non-Hispanic White) in access to mental health care services as measured by completed of mental health intake assessments (i.e., Biopsychosocial Assessment) between Medicaid patients with case manager in an outpatient mental health facility compared to Medicaid patients without a case manager in an outpatient mental health facility.

This research design was used in other studies using to examine potential relationships among variables. Pinna et al. (2016) used a quantitative retrospective design to examine the outcome of violence among people with mental disorders in a community mental health center. When using a retrospective design, Pinna et al. were able to draw conclusions about relationships among variables. Using this research design in the current study contributed to the knowledge among administrators by providing them information on the influence case management may have on African Americans with Medicaid, in addition to exploring whether there is difference in the number of non-Hispanic Whites and African Americans accessing and utilizing outpatient mental health services. The health administration discipline may use this information to understand African

Americans with Medicaid issues when accessing outpatient mental health services in addition to information on the influence of case management and whether it would be a critical program to implement in outpatient mental health facilities.

Methodology

Population

The target population for this study was African Americans and non-Hispanic Whites who have Medicaid as their primary insurance. The main focus of this study was the African American population with Medicaid, although comparisons were made to non-Hispanic Whites. Data included information from 12,172 facilities in which 500 facilities were randomly chosen and analyzed for this study. Individuals for this study completed surveys at outpatient mental health facilities from all 50 U.S. states.

Sampling and Sampling Procedures

N-MHSS data set that was used for this study consisted of data on the number and percentage of African Americans and non-Hispanic Whites nationwide at outpatient mental health facilities in addition to data on outpatient mental health facilities that offer mental health intake assessments and case management (N-MHSS, 2016). The data were collected by the 2016 N-MHSS, which was published by DHHS. The data set is released as a public domain document that may be accessed, reproduced, and copied without permissions from the DHHS in addition to SAMHSA. The N-MHSS collects data from all known mental health facilities in the U.S., the Center for Behavioral Health Statistics and Quality, and SAMHSA. DHHS plans and directs information within the N-MHSS

(N-MHSS, 2016). The N-MHSS collects data on the location, characteristics, access, and utilization of organized mental health service providers (N-MHSS, 2016).

The N-MHSS data includes information on the composition of the mental health care delivery system (N-MHSS, 2016). The N-MHSS is the only source for national and state level data that specializes in reporting on both public and private outpatient mental health facilities. Data were collected by telephonic, mail, and internet surveys (N-MHSS, 2016). N-MHSS recruit facilities that were previously surveyed and newly identified facilities are contacted by telephone to provide facility information and can be added any time to SAMHSA's behavioral health treatment services (N-MHSS, 2016). The N-MHSS collects data by secure web-based questionnaire, a paper questionnaire sent by mail, and a computer-assisted telephone interview (N-MHSS, 2016).

The inclusion criteria for this study were as follows: (a) identified as African American or non-Hispanic White from an outpatient mental health facility, (b) facility accepts Medicaid as insurance coverage, and (c) an indication of access to mental health service that includes initial mental health intake assessment. A power analysis was completed to determine the minimum sample size needed to complete the study. ClinCalc.com was used to determine the sample size; this calculator determines the minimum number of subjects needed to show an effect (Rosner, 2011). The effect size was 25% of the total population of African Americans and non-Hispanic Whites at outpatient mental health facilities. This size was chosen to ensure validity of power analysis. The alpha level used was 0.05 because when determining the probability of making a Type I error, the smallest alpha possible should be used. Using a risk level of

5% indicates there is a probability that a difference exists. The power level chosen was 80% because the study needed an 80% chance of having a *p* value of 5% in a statistical test. This determined whether the analysis has statistical significance. The power analysis test indicated a minimum of 114 outpatient mental health facilities with African Americans and non-Hispanic Whites within the U.S. to be included in this study. Based on this sample size analysis, I used a total of 500 outpatient mental health facilities with African Americans and non-Hispanic Whites within the U.S., which were randomly chosen. This was done to have a sample size big enough to examine statistical significance after data cleaning.

Instrumentation

I did not administer the data collection instrument but rather conducted secondary data analyses and using the N-MHSS database. No permissions were required to access and use these data because the N-MHSS database is publicly available. The N-MHSS data year of publication was 2016. This data set is the only data set that provides information on administrative, access, and utilization of mental health facilities in the United States, which was appropriate for this study. The variables of interest in this study and the results of the study may be useful to the health administration discipline.

Data collected in this data set were assumed to be reliable and valid because they were federally maintained and accessed through the U.S. DHHS, SAMHSA, and the Center for Behavioral Health Statistics and Quality. The U.S. government's objective for this data set is to collect data to be used for multiple purposes including assisting SAMHSA, state, and local government in assessing the nature and extent of mental

health services provided by all mental health facilities; updating SAMHSA's inventory of behavioral health services within the U.S.; describing the nature and scope of mental health treatment services and conducting a comparative analysis for the nation; generating the *National Directory of Mental Health Treatment Facilities*; and updating information in the mental health component of SAMHSA's behavioral health locator. The N-MHSS used a secure web-based questionnaire, a paper questionnaire sent by mail, and a computer-assisted telephone interview to collect data (N-MHSS, 2016). Information in the N-MHSS data set included de-identified data. In addition, N-MHSS reported in the codebook information that data were cleaned and screened by using inclusion and eligibility criteria. N-MHSS reported facilities that had missing data were reported to SAMSHA and excluded from the data set.

The N-MHSS collected data on patients' race/ethnicity (African American and non-Hispanic White) by asking the question, "What is your ethnicity"; response options were "yes" or "no." Access to an outpatient mental health facility with case management was measured by asking the question, "Does the facility have a case management program?" with response options of "yes" or "no." Access to mental health care was measured by asking the question, "Does this facility have an initial intake assessment?" (i.e., facilities require initial intake assessment before client receive services), with response options of "yes" or "no." Lastly, the survey asked, "Does this facility accept Medicaid?" and the response options were "yes" or "no."

Data Analysis Plan

Statistical Package for the Social Sciences (SPSS) Version 25 was the software used to complete analyses of data and answer the research questions. SPSS has been used by researchers for complex statistical data analysis. This software was created for the management of statistical data and analysis for social science data. The following research questions and hypotheses were used to guide the study:

Research Question 1: Is there a difference in the number of African Americans compared to non-Hispanic white patients with Medicaid in access to an outpatient mental health facility with a case manager (i.e., to provide assistance and support in accessing mental health care related services and resources)?

H_o1: There is no statistically significant difference in the number of African Americans compared to non-Hispanic White patients with Medicaid in access to an outpatient mental health facility with a case manager (i.e., to provide assistance and support in accessing mental health care related services and resources).

H_a1: There is a statistically significant difference in the number of African American compared to non-Hispanic White patients with Medicaid in access to an outpatient mental health facility with a case manager (i.e., to provide assistance and support in accessing mental health care related services and resources).

Research Question 2: Is there a difference across ethnicities (African American population and non-Hispanic Whites) in access to mental health care as measured by the number of completed mental health intake assessment (i.e., Biopsychosocial Assessment)

between Medicaid patients with case manager compared to Medicaid patients without a case manager in an outpatient mental health facility?

H_o2: There is no statistically significant difference across ethnicities (African American population and non-Hispanic Whites) in access to mental health care as measured by the number of completed mental health intake assessment (i.e., Biopsychosocial Assessment) between Medicaid patients with case manager compared to Medicaid patients without a case manager in an outpatient mental health facility.

H_a2: There is a statistically significant difference across ethnicities (African American population and non-Hispanic Whites) in access to mental health care as measured by the number of completed mental health intake assessment (i.e., Biopsychosocial Assessment) between Medicaid patients with case manager compared to Medicaid patients without a case manager in an outpatient mental health facility.

Data on the variables for RQ1 and RQ2 were dichotomous (yes/no). For RQ1 I used a cross-tabulation nonparametric analysis, while for RQ2 I used a regression analysis. A cross-tabulation analysis is used to examine the relationship between variables that are nonparametric, including dichotomous or categorical data (Kent State University, 2021). A chi-square analysis using cross-tabulation will determine statistically significant differences in frequencies or proportions (Kent State University, 2021). For RQ1, a 2 x 2 cross-tabulation was conducted to examine the relationship of the frequencies and proportions between race/ethnicity (African Americans vs non-Hispanic Whites) and access to an outpatient mental health facility with case manager (yes/no). For RQ2, a multiple logistic regression analysis was conducted to determine

whether independent variables were predictors of the dependent variable, meaning whether ethnicity (African American vs non-Hispanic White) and case management in an outpatient mental health facility (yes/no) predicted access to outpatient mental health services (yes/no) as measured by completed mental health intake assessments. A covariate was not used in this analysis.

Results were interpreted by determining the *p* value and comparing it to the alpha level. The alpha level was 0.05; if the *p* value was less than the alpha level, then the relationship between the variables would be statistically significant. However, if the *p* value was greater than the alpha level of 0.5, the relationship was not statistically significant.

Threats to Validity

Validity was important to ensure the accuracy of this study. There were factors that served as threats to external and internal validity. External validity refers to the generalizations that can be made within the study. This study only included outpatient mental health facilities. The study does not include data from inpatient or long-term care facilities; therefore, results of the study cannot be generalized to all mental health care facilities. In addition, data were included from outpatient mental health facilities within the United States only. Also, only non-Hispanic Whites and African Americans were compared; no other ethnicities were included in the analyses. Therefore, results from this study cannot be generalized across all races/ethnicities. Finally, I did not take age or gender into account; therefore, results cannot be generalized to a certain age or gender group.

Internal validity refers to the rigor of the study including extraneous factors that can affect the results of the study. This study included secondary data; no primary data were analyzed. Also, this study was limited to the variables chosen and how the data were collected, which could pose a threat to internal validity. The N-MHSS retrieved questionnaire data using three methods, and there was no information on the validity and reliability of information and data collection methods from outpatient mental health facilities on the questionnaires. Lastly, data from the N-HMSS were all dichotomous (nominal), thereby limiting the type of data analyses that could be conducted.

To address these threats, I reviewed peer-reviewed scholarly studies and articles to determine the study design and statistical analyses that would be appropriate and had been used in similar studies. In addition, the data set used in this study included state information by mandated outpatient mental health facilities in addition to the Center for Behavioral Health Statistics and Quality, SAMHSA, and the DHHS. These entities are federal agencies that cleaned and compiled the data; therefore, I assumed the data were reliable and valid.

Ethical Procedures

Ethnical concerns may arise when conducting quantitative research. Data obtained from the N-MHSS were de-identified and publicly available for use, which raised no issues related to confidentiality and identification of participants in the survey. Because data were de-identified when posted in the N-MHSS data set, there were no ethical issues related to data with identifying information. Only data needed to address the study's research questions were used in the analysis and final report.

Summary

The target population of this study was African Americans who have Medicaid as a primary health insurance. The purpose of this quantitative study was to examine the relationship between access to an outpatient mental health facility with case management that can provide assistance and support in accessing mental health care resources and services in addition to access to mental health care services among the African American population with Medicaid compared to non-Hispanic Whites. I conducted quantitative secondary data analyses to answer the study's research questions. I used secondary data from N-MHSS2016 database. This section provided information about methodology in addition to threats to validity and ethical procedures.

Section 3: Presentation of the Results and Findings

The purpose of this quantitative retrospective study was to examine the relationship between access to an outpatient mental health facility with case management (i.e., to provide assistance and support in accessing mental health care resources and services) and access to outpatient mental health services among the African American population with Medicaid compared to non-Hispanic Whites with Medicaid. The research questions guiding this study were as follows:

Research Question 1: Is the difference in the number of African Americans compared to non-Hispanic White patients with Medicaid in access to an outpatient mental health facility with a case manager (i.e., to provide assistance and support in accessing mental health care related services and resources)?

H_o1: There is no statistically significant difference in the number of African Americans compared to non-Hispanic White patients with Medicaid in access to an outpatient mental health facility with a case manager (i.e., to provide assistance and support in accessing mental health care related services and resources).

H_a1: There is a statistically significant difference in the number of African American compared to non-Hispanic White patients with Medicaid in an outpatient mental health facility with a case manager (i.e., to provide assistance and support in accessing mental health care related services and resources).

Research Question 2: Is the difference across ethnicities (African American population and non-Hispanic Whites) in access to mental health care as measured by the number of completed mental health intake assessment (i.e., Biopsychosocial Assessment)

between Medicaid patients with case manager (who can provide support in access to mental health care resources) compared to Medicaid patients without a case manager in an outpatient mental health facility?

H_o2: There is no statistically significant difference across ethnicities (African American population and non-Hispanic Whites) in access to mental health care as measured by the number of completed mental health intake assessment (i.e., Biopsychosocial Assessment) between Medicaid patients with case manager (who can provide support in access to mental health care resources) compared to Medicaid patients without a case manager in an outpatient mental health facility.

H_a2: There is a statistically significant difference across ethnicities (African American population and non-Hispanic Whites) in access to mental health care as measured by the number of completed mental health intake assessment (i.e., Biopsychosocial Assessment) between Medicaid patients with case manager (who can provide support in access to mental health care resources) compared to Medicaid patients without a case manager in an outpatient mental health facility.

This section includes a review of the data collection of the secondary data set. Next, this section presents the results from the data analyses and provides a summary of the section.

Date Collection of Secondary Data Set

Secondary data were retrieved from the N-MHSS, which was prepared for the SAMHSA by DHHS (N-MHSS, 2016). The database was published in 2016 covering approximately 15,346 facilities across the U.S. and its jurisdictions. Facilities in this

database were identified from previous N-MHSS databases between the years of 2010 and 2014 (N-MHSS, 2016). This database is the only database in the United States that reports on national and state-level mental health facilities that are both publicly and privately operated. In addition, this database reports on access and utilization of mental health care services.

Following final approval by the Walden University Institutional Review Board (IRB00005118), the data were accessed from the SAMHSA website as an SPSS file and imported into IBM SPSS Version 25 for management and analyses. Data was first sorted and filtered to include only patients with Medicaid insurance. Next, I sorted and filtered the data to include 250 African Americans and 250 non-Hispanic Whites to achieve a total of 500 participants with Medicaid. Tables 1 and 2 present the descriptive statistics of the data that were included in the analyses. Descriptive statistics showed that among African Americans and non-Hispanic Whites, 473 participants were offered a mental health intake assessment and 27 participants were not offered a mental health intake assessment. Among African Americans and non-Hispanic Whites, 360 participants had access to an outpatient mental health facility with a case manager, and 140 participants had access to an outpatient mental health facility without a case manager.

Table 1

Descriptive Statistics for African Americans and Non-Hispanic Whites

Group	*n*	Percentage
African American	250	50.0
Non-Hispanic Whites	250	50.0
Total	500	100

Table 2

Descriptive Statistics for Case Management and Mental Health Intake Assessment Among African Americans and Non-Hispanic Whites

Option	Offered mental health intake	Percentage	Access to an outpatient facility with a case manager	Percentage
No	27	5.4	140	72.0
Yes	473	94.6	360	28.0
Total	500	100	500	100

Results

Research Question 1: Is there a difference in the number of African Americans compared to non-Hispanic White patients with Medicaid in access to an outpatient mental health facility with a case manager (i.e., to provide assistance and support in accessing mental health care related services and resources)? A chi-square 2 x 2 cross-tabulation nonparametric analysis was conducted to examine the relationship between the frequency or proportion of African Americans with Medicaid in an outpatient mental health facility with a case manager compared to non-Hispanic Whites (see Table 3). The chi-square analysis indicated the relation between the variables was statistically significant, x^2 (1, N = 500) = 5.714, p = .022. Non-Hispanic Whites were more likely to have access to an outpatient mental health facility with a case manager (76.8%) compared to African Americans (67.2%).

Table 3

Access to Outpatient Facility With a Case Manager by Race/Ethnicity

Ethnicity	Access to an outpatient facility with a case manager	Percentage	Access to an outpatient facility without a case manager	Percentage
African Americans (*n* = 250)	168	67.2	82	32.8
Non-Hispanic Whites (n = 250)	192	76.8	58	23.2

Note. x^2 (1, N = 500) = 5.714, p = .022.

Research Question 2: Is there a difference across ethnicities (African American population and non-Hispanic Whites) in access to mental health care as measured by the number of completed mental health intake assessment (i.e., Biopsychosocial Assessment) between Medicaid patients with case manager compared to Medicaid patients without a case manager in an outpatient mental health facility? A multiple logistic regression analysis was conducted to examine whether ethnicity and case management were predictors of receiving a mental health intake assessment. The results of the analysis are summarized in Tables 4 and 5.

Table 4 summarizes information on the descriptive statistics of case management across ethnicity. There were 250 African Americans in the analysis (168 with access to a case manager and 82 without access to a case manager). Of the 168 African Americans with access to a case manager, 163 completed a mental health intake assessment while five did not complete a mental health intake assessment. Of the 82 African Americans without access to a case manager, 78 completed a mental health intake assessment while

four did not complete a mental health intake assessment. In addition, there were 250 non-Hispanic Whites in the analysis (192 with access to a case manager and 58 without access to a case manager). Of the 192 non-Hispanic Whites with access to a case manager, 180 completed a mental health intake assessment while 12 did not complete a mental health intake assessment. Of the 58 non-Hispanic Whites without access to a case manager, 52 completed a mental health intake assessment while six did not complete a mental health intake assessment.

For the purpose of multiple logistic regression analysis, ethnicity was coded as 1 for African Americans and 2 for non-Hispanic Whites; all other variables were dichotomous with 0 coded for no and 1 coded for yes. Results of the analysis showed that race/ethnicity was a significant predictor of accessing mental health services as measured by completed mental health intake assessments (see Table 5). The results indicated that the likelihood of non-Hispanic Whites accessing mental health services at an outpatient mental health facility was higher than that of African Americans ($OR = 3.89$, $p = .000$). In addition, case management was also a significant predictor of access to mental health care. Results showed that the likelihood of an individual accessing mental health services was higher when given access to an outpatient mental health facility with case management ($OR = 3.075$, $p = .001$).

Table 4

Descriptive Statistics for Ethnicity and Case Management

Ethnicity	Case manager (n = 168 African Americans) (n	No case manager (n = 82 African Americans) (n

	= 192 Non-Hispanic Whites)		= 58 Non-Hispanic Whites)	
	Assessment	No assessment	Assessment	No assessment
African Americans (*N* = 250)	163	5	78	4
Non-Hispanic Whites (*N* = 250)	180	12	52	6

Table 5

Ethnicity and Case Management as Predictors of Access to Mental Health

Option	B	*OR*	*df*	sig.	95% CI for EXP(B) Lower	95% CI for EXP(B) Upper
Ethnicity	1.358	3.890	1	0.000	2.717	5.57
Case management	1.123	3.075	1	0.001	1.581	5.98

Summary

The purpose of this quantitative retrospective study was to examine the relationship between access to an outpatient mental health facility with case management (i.e., to provide assistance and support in accessing mental health care resources and services) and access to outpatient mental health services as measured by completed mental health intake assessment among the African American population with Medicaid compared to non-Hispanic Whites with Medicaid. Results of data analyses indicated a statistically significant difference in the number of African Americans with Medicaid in access to an outpatient mental health facility with a case manager compared to non-Hispanic Whites. In addition, there was a statistically significant difference across

ethnicities (African American and non-Hispanic White) in access to mental health care as measured by the number of completed mental health intake assessments (i.e., Biopsychosocial Assessment) between Medicaid patients with a case manager compared to Medicaid patients without a case manager in an outpatient mental health facility. Section 4 provides an interpretation of the results, limitations of the study, and recommendations for future research.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this quantitative study was to examine the relationship between access to an outpatient mental health facility with case management (i.e., to provide assistance and support in accessing mental health care resources and services) and access to outpatient mental health services as measured by completed mental health intake assessment among the African American population with Medicaid compared to non-Hispanic Whites with Medicaid. The nature of this study was quantitative using a retrospective review of data to examine the relationships among ethnicity (African American and non-Hispanic White), access to an outpatient mental health facility with case management (i.e., support in access to mental health care services and resources), and access to mental health care services (e.g., mental health intake assessment).

Results of data analyses indicated a statistically significant difference in the number of African Americans compared to non-Hispanic White patients with Medicaid with access to an outpatient mental health facility with a case manager. In addition, there was a statistically significant difference across ethnicities (African American population and non-Hispanic White) in access to mental health care as measured by the number of completed mental health intake assessments (i.e., Biopsychosocial Assessment) between Medicaid patients with a case manager compared to Medicaid patients without a case manager in an outpatient mental health facility. This final section provides an interpretation of the results, limitations of the study, and recommendations for professional practices and future studies. In addition, implications of positive social change are discussed. This section concludes with my final statements.

Interpretations of Findings

Results from this study were consistent with studies that addressed the gaps in the mental health delivery system within the African American community. For RQ1, the results showed a statistically significant difference in the number of African Americans compared to non-Hispanic White patients with Medicaid in access to an outpatient mental health facility with a case manager (i.e., to provide assistance and support in accessing mental health care related services and resources). Result of RQ1 provided information to address the gap in the literature that showed there are not many African Americans who are involved in a case management program that can assist with navigating the U.S. health care delivery system (see Giunta & Cain, 2015). The results for RQ1 showed that African Americans with Medicaid are less likely to have access to an outpatient mental health facility with a case manager compared to non-Hispanic Whites. Without case management programs, African Americans are less likely to have access to mental health services. Due to African Americans not having access to proper mental health services, they are 0.9% more likely to experience some type of serious psychological distress compared to non-Hispanic Whites, which will continue to increase suicide rates within the African American population (SAMHSA, 2020).

RQ2 addressed whether ethnicity (African American and non-Hispanic White) and case management serve as predictors of access to mental health care as measured by the number of completed mental health intake assessments (i.e., Biopsychosocial Assessment). Results for RQ2 showed that there were statistically significant differences in access to mental health care as measured by the number of completed mental health

intake assessments (i.e., Biopsychosocial Assessment) when focusing on ethnicity and case management as predictors. Results for RQ2 provided evidence related to the gap in the literature that showed African Americans are less likely to have access to an outpatient mental health facility when given a case manager. The literature and results from this study revealed that if African Americans on Medicaid are given access to a mental health facility with a case manager, they are still less likely to be offered a mental health intake assessment, which was used in this study as a proxy variable to measure access to mental health services. When African Americans are not offered mental health intake assessments to determine the mental health services they need, mental and emotional health disorders like depression within the African American community often go untreated (Johnson & Schafer, 2015).

Results from this study provided useful information to the health administration field. Results that show African Americans with Medicaid are less likely to have access to an outpatient mental health facility with a case manager compared to non-Hispanic Whites could be used to guide programmatic decisions and policies related to the implementation of case management programs within outpatient mental health facilities. For example, health administrators could set high-risk populations (i.e., African Americans with Medicaid) within a program that ensures that patients have assistance with scheduling initial appointments to address disparity in access to case management and access to mental health services. Current study results revealed that even with access to an outpatient mental health facility that has a case manager, African Americans were less likely to access mental health resources as measured by completed mental health

intake assessment compared to non-Hispanic Whites. These results may inform the design and implementation of programs aimed to increase the number of African Americans on Medicaid completing an outpatient mental health assessment and accessing services. Addressing disparities in access to case management and mental health care services and resources may help administrators implement a program for high-risk populations (i.e., African Americans with Medicaid) that would increase completion of a therapeutic program to address their mental health needs.

Limitations of the Study

Although findings indicated ethnic (African American and non-Hispanic White) differences in access to facilities with a case manager and the role case management plays in access to mental health care, there were some limitations in this study. This study was limited to the relationship of access as it pertains to case management among African Americans and non-Hispanic Whites with Medicaid insurance; this study did not provide information on other ethnicities or other disparity factors (e.g., age, gender). Results of this study had limited external validity because the study only focused on case management and ethnicity as predictors of access disparities. This study also had limited generalizability in terms of setting (i.e., the study included data from mental health outpatient facilities only). Therefore, results cannot be generalized to other care settings (e.g., mental health inpatient facilities, residential therapeutic facilities). This study was also limited to data on Medicaid patients; therefore, results from this study cannot be generalized to other types of insurances including private pay or Medicare. Finally, this

study was limited to data from the year 2016; the study did not include data from a longitudinal perspective or trends from previous years (2017–2020).

Variables in this study were all dichotomous, which limited the analyses that could be conducted to show other findings and statistically significant differences. Due to the study design being a retrospective review of secondary data, the study was limited to examining relationships between variables and could not establish a cause-and-effect relationship. Another limitation on this study was sample size; only 250 African Americans and 250 non-Hispanic Whites were examined, in addition to a small sample of completed/not completed assessments, were used to determine results, which could have introduced a margin of error and/or reduced power.

Recommendations

Various recommendations for future research emerged from this study. RQ1 revealed that there was a statistically significant difference in the number of African Americans compared to non-Hispanic White patients with Medicaid in access to an outpatient facility with a case manager (i.e., to provide assistance and support in accessing mental health care services and resources). RQ2 revealed that there was a statically significant difference across ethnicities (African American and non-Hispanic White) in access to mental health care as measured by the number of completed mental health intake assessments (i.e., Biopsychosocial Assessment) between Medicaid patients with a case manager compared to Medicaid patients without a case manager in an outpatient mental health facility. Due to the statistically significant differences across ethnicity (African Americans and non-Hispanic White), future studies may address other

factors that may influence access to outpatient mental health facilities (e.g., age, gender, location, and insurance types). This study focused on African Americans and non-Hispanic Whites; therefore, future researchers may want to examine and compare the role of case management across ethnicities including Native Americans, Hispanics, Pacific Islanders, and other races/ethnicities. In addition, this study focused on health disparities and equality within the mental health field meaning examining the difference between ethnicities and ensuring the same resources are given across ethnicity. Future studies may want to glean on equity; meaning examining different circumstances within populations that may need to be addressed by exact resources and opportunities. I measured access by completed mental health intake assessments; therefore, future researchers may want to measure access in other ways to determine and/or establish access to mental health services (e.g., completion of appointment, completion of treatment, or mental health resources utilization).

Qualitative research may also provide additional information on ethnic disparities in the role case management plays among African Americans with Medicaid. For example, qualitative studies could address how education on Medicaid benefits by a case manager affects access to mental health care services. Studies could also be conducted to understand whether patients' fear or trust of the mental health care system plays a role in case management, physician retention, and/or completion of treatment plan.

Implications for Professional Practice and Social Change

Professional Practice

Implications for professional practice can be gleaned from this study. This study revealed a statistically significant difference in the number of African Americans compared to non-Hispanic White patients with Medicaid in access to an outpatient facility with a case manager. In addition, this study revealed a statistically significant difference across ethnicities (African American and non-Hispanic White) in access to mental health care as measured by the number of completed mental health intake assessments (i.e., Biopsychosocial Assessment) between Medicaid patients with a case manager compared to Medicaid patients without a case manager in an outpatient mental health facility. Knowing this information, professionals may implement a client-centered service approach to outpatient mental health services and implement case management services geared toward African Americans with Medicaid to increase the number of African Americans accessing and utilizing outpatient mental health services. In addition, professionals may examine health operations and assess why there is a difference in the number of African Americans being provided case management compared to other races/ethnicities. Investigating additional information could help professionals change the way U.S. health systems and mental health systems treat African Americans with Medicaid. Changes in professional practices may result in developmental integration that can reduce ethnic disparities in access.

Positive Social Change

Findings from this study may be used to address the disproportionate access to mental health services among African Americans. In addition, this study may give researchers the information needed to improve the mental health system for African Americans in the U.S. Increased awareness of the ethnic disparity in mental health services affecting African Americans may result in an increase in African Americans accessing and utilizing outpatient mental health services. As African Americans' increase their utilization of outpatient mental health services, they may experience an increase in access to other therapeutic entities (e.g., psychotropic therapy and/or medication). This study may prompt a discussion in health systems and promote intersectional initiatives (see Sherris & Bernson, 2012) that can integrate programs within mental health, which may encourage and motivate African Americans to seek mental health treatment. As African Americans are continuously researched in the U.S., researchers and communities may be able to decrease the stigma around African Americans and mental health.

Conclusion

The purpose of this quantitative retrospective study was to examine the relationship between access to an outpatient mental health facility with case management (i.e., to provide assistance and support in accessing mental health care resources and services) and access to outpatient mental health services among the African American population with Medicaid compared to non-Hispanic Whites with Medicaid. The literature review provided an overview of African Americans' access to mental health care, which indicated how African Americans were disproportionately represented in

access mental health services compared to non-Hispanic Whites (Kugelmass, 2016). An examination of the difference in the number of African Americans with Medicaid with a case manager compared to non-Hispanic Whites with Medicaid was completed, in addition to examining the difference across ethnicities in access to mental health care as measured by the number of completed mental health intake assessments between Medicaid patients with a case manager compared to Medicaid patients without a case manager in an outpatient mental health facility.

Data analyses for RQ1 and RQ2 indicated a statistically significant difference in the number of African Americans compared to non-Hispanic White patients with Medicaid in access to an outpatient facility with a case manager, in addition to a statistically significant difference in African Americans' access to mental health services as measured by completed mental health intake assessment compared to non-Hispanic Whites. This indicated that African Americans were less likely to be provided a case manager, and even with a case manager, African Americans were less likely to have access to an outpatient mental health facility.

Work needs to be done to reduce ethnic disparities. African Americans have been suffering at the hands of society and lack of social change. Health operations, health systems, intersectional initiatives, and client-centered services could implement integrative services through professional practice. This may help Medicaid to examine their definitions of targeted case management and include African Americans as a risk population due to this population experiencing disparities across the health and mental

health care delivery system. This study prompted practical recommendations for future research and professional practice.

References

Alegria, M., Alvarez, K., Ishikawa, R., DiMarzio, K., & McPeck, S. (2016). Removing obstacles to eliminating racial and ethnic disparities in behavioral health care. Journal of Health Affairs, *35*(6), 991–999. https://doi.org/10.1377/hlthaff.2016.0029

American Psychiatric Association. (2017). *Mental health disparities: African Americans*. https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts

American Psychological Association. (2019). *African Americans have limited access to mental and behavioral health care.* https://www.apa.org/advocacy/civil-rights/diversity/african-american-health

Bell, C., Jackson, W., & Bell, B. (2015). Misdiagnosis of African Americans with psychiatric Issues. Journal of National Medical Association, *107*(3), 35–41. https://doi.org/10.1016/S0027-9684(15)30049-3

Berkowitz, E. (2005). Medicare and Medicaid: The past as prologue. Health Care Finance Review, *27*(2), 11–23. https://doi.org/PMC4194925

Boudreaux, J., Crapazano, K., Jones, G., Jeider, T., Dodge, V., Hebert, M., & Kasofsky, J. (2015). Using mental health outreach teams in the emergency department to improve engagement in treatment. Community Mental Health Journal, *52*, 1009–1014. https://doi.org/10.1007/s10597-015-9935-8

Cam, M., Kulig, D., & Kacmaz, E. (2019). Case management in psychiatry. Current Approaches to Psychiatry, *11*(2), 214-222. http://doi:10.18863/pgy.414600

Case Management Society of America. (2017). *What is case manager*? https://www.cmsa.org/who-we-are/what-is-a-case-manager/

CDM Group, Inc. (2014). Improving cultural competence. Substance Abuse and Mental Health Services. Rockville, MD. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf

Census.gov. (2019). White alone, not Hispanic or Latino. U.S. Census Bureau, Population Estimates Program. https://www.census.gov/quickfacts/fact/note/US/RHI825219

Census.gov. (2011). The White population: 2010. https://www.census.gov/prod/cen2010/briefs/c2010br-05.pdf

Center for American Progress. (2017). 5 things you need to know about the affordable care act and African Americans. https://www.americanprogress.org/issues/race/news/2017/02/28/427050/5-things-you-need-to-know-about-the-affordable-care-act-and-african-americans/

Centers for Medicare and Medicaid Services. (2020). Medicaid. Centers for Medicare and Medicaid Services. Baltimore, MD. https://www.medicaid.gov/medicaid/index.html

Cross-Call, J. (2018). *Medicaid expansion continues to benefit state budget contrary to critics' claims*. Center on Budget and Policy Priorities. https://www.cbpp.org/health/medicaid-expansion-continues-to-benefit-state-budgets-contrary-to-critics-claims

Duckett, P., & Artiga, S. (2013). Health coverage for Black population today and under the Affordable Care Act. The Kaiser Commission on Medicaid and the Uninsured. https://www.kff.org/disparities-policy/fact-sheet/health-coverage-for-the-black-population-today-and-under-the-affordable-care-act/

Frederic Lévesque, J., Harris, M., & Russell, G. (2013). Patient centered access to health care: conceptualizing access at the interface of health systems and populations. International Journal of Equity in Health, *12*(18). https://doi.org/https://doi.org/10.1186/1475-9276-12-18

Giunta, N., & Cain, N. (2015). Community based case management and health care use in older adults outcomes of a collaborative multiagency approach. Care Management Journal, *16*(1), 20–29. https://doi.org/10.1891/1521-0987.16.1.20

Guerino, P., & James, C. (2017). Race, ethnicity, and language preferences in the health insurance marketplaces 2017 open enrollment period. Center for Medicare and Medicaid Services. https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Highlight-Race-Ethnicity-and-Language-Preference-Marketplace.pdf

Han, B., Gfroerer, J., Kuramoto, J., Ali, M., Woodward, A., & Teich, J. (2015). Medicaid expansion under the Affordable Care Act: Potential changes in recipients of mental health treatment among low-income nonelderly adults with serious mental illness. American Journal of Public Health, *105*(10), 1982–1989. https://doi.org/10.2105/AJPH.2014.302521

Hutchison, S., Flanagan, J., Karpov, I., Elliott, L., Holsinger, B., Edwards, J., &

Loveland, D. (2018). Care management intervention to decrease psychiatric and substance use disorder readmissions in Medicaid-enrolled adults. Journal of Behavioral Health Services. https://doi.org/10.1007/s11414-018-9614-y

Johnson, A., & Schafer, J. (2015). African American clergy and depression: What they know; what they want to know. Journal of Cultural Diversities. 22(4), 118-126. https://pubmed.ncbi.nlm.nih.gov/26817169/

Kazdin, A. (2017). Addressing the treatment gap: A key challenge for extending evidence-based psychosocial interventions. Journal of Behavioral Research Theory. *88*, 7-18. https://doi.org/10.1016/j.brat.2016.06.004

Kenney, G., Lynch, V., Haley, J., & Huntress, M. (2012). Variation in Medicaid eligibility and participation among adults: Implication for the affordable care act. https://doi.org/10.5034/inquiryjrnl_49.03.08

Kent State University. (2021). SPSS tutorials. Kent State University Libraries. https://libguides.library.kent.edu/SPSS/Crosstabs

Kovess-Masfety, V., Evans-Lacko, S., Williams, D., Andrade, L., & Benjet, C. (2017). The role of religious advisors in mental health care in the world mental health surveys. Social Psychiatry Epidemiology Journal. *52*(3), 353-367. https://link.springer.com/article/10.1007/s00127-016-1290-8

Kugelmass, H. (2016). Sorry, I'm not accepting new patients: An audit study of access to mental health care. Sage Journals. https://doi.org/10.1177/0022146516647098

Marx, A. (2019*). Barriers faced by African Americans in receiving mental health care*. Families USA. Washington, D.C. https://familiesusa.org/resources/barriers-faced-

by-african-americans-in-receiving-mental-health-care/

Mendenhall, A. & Grube, W. (2017). Developing a new approach to case management in youth mental health: Strengths model for youth case management. Child & Adolescent Social Work Journal. New York, NY. *34*(4), 369-379. https://DOI:10.1007/s10560-016-0467-z

Mental Health America. (2019). Black and African American communities and mental health. Mental Health America National. https://www.mhanational.org/issues/black-african-american-communities-and-mental-health

Michalopoulou, G., Falzarano, P., Butkus, M., Zeman, L., Versgace, J., & Arfken, C. (2014). Linking cultural competence to functional life outcomes in mental health care setting. Journal of the National Medical Association. *106*(15), 42-49. https://doi.org/10.1016/S0027-9684(15)30069-9

Morandi, S., Silva, B., Golay, P., & Bonsack, C. (2017). Intensive case management for addiction to promote engagement with care of people with severe mental and substance use disorders: An observational study. Substance Abuse Treatment, Prevention, and Policy Journal. *12*(26). https://doi.org/10.1186/s13011-017-0111-8

National Alliance on Mental Illness. (2017). Mental health by the numbers. National Alliance on Mental Illness. https://www.nami.org/mhstats

National Mental Health Services Survey. (2016). National mental health services survey. Substance Abuse and Mental Health Service Administration.

https://www.samhsa.gov/data/report/national-mental-health-services-survey-n-mhss-2016-data-mental-health-treatment-facilities

Nellis, A. (2016). *The color of justice: Racial and ethnic disparity in state prisons*. The Sentencing Project. Washington, D.C. https://www.sentencingproject.org/wp-content/uploads/2016/06/The-Color-of-Justice-Racial-and-Ethnic-Disparity-in-State-Prisons.pdf

Nickitas, D. (2016). Mental health is population health. Nursing Economics. *34*(3), 109-146. https://ezp.waldenulibrary.org/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fscholarly-journals%2Fmental-health-is-population%2Fdocview%2F1794903777%2Fse-2%3Faccountid%3D14872

Pinna, F., Tusconi, M., Dessi, C., Giuseppe, P., Fiorillo, A., & Carpinello, B. (2016). Violence and mental disorders: A retrospective study of people in charge of a community mental health center. International Journal of Law and Psychiatry. *47*, 122-128. https://doi.org/10.1016/j.ijlp.2016.02.015

Raghavan, R., Inkelas, M., Franke, T., & Halfon, N. (2007). Administrative barriers to the adoption of high-quality mental health services for children in foster care: A national study. Administration Policy Mental Health and Mental Health Services. *34*(3), 191-201. St. Louis, MO. 24, 191-201. https://doi.org/10.1007/s10488-006-0095-6

Rosner, B. (2011). Fundamentals of biostatistics. Cengage Learning. Boston, MA. https://clincalc.com/Stats/SampleSize.aspx

Rudowitz, R., Garfield, R., & Hinton, E. (2019). *Things to know about Medicaid: Setting*

the facts straight. Kaiser Family Foundation. Retrieved from https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/

Sherris, J. & Bernson, J. (2012). Integration of Health Services: Theory and Practices. Harvard Global Health Review. Seattle, WA. https://www.hcs.harvard.edu/hghr/print/spring-2011/health-services-integration/

Substance Abuse and Mental Health Services Administration. (2020). Mental and behavioral health- African Americans. National Survey on Drug Use and Health: Mental Health Detailed Tables. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24

Talisman, N., Kaltman, S., Davis, K., Sidel, S., Aki, M., & Alter, C. (2015). Case management: A new approach. Psychiatric Annals. *45*(3), 134-138. https://doi.org/10.3928/00485713-20150304-08

Wang, T., Shi, L., Nie, X., & Zhu, J. (2013). Race/ethnicity, insurance, income, and access to care: The influence of health status. International Journal for Equality in Health. 12(29) 2-7. Retrieved from http://www.equityhealthj.com/content/12/1/29