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Mental Health Disparities by Race and Ethnicity for Adults in Medi-Cal

Overview

Community advocates have long highlighted the need for a mental health system that better serves California's cultural and linguistic diversity.[1] They have pointed out the need to assess how people are faring in the system and where there are differences in access and outcomes.

"Mental health disparities" are inequitable differences in risk of illness, access to services, utilization of services, and health outcomes experienced by individuals or groups based on age, race, ethnicity, gender identity, sexual orientation, immigration status, primary language, disability status, income level, or other factor, or a combination of these factors.

Although California has legal requirements for cultural and linguistic access for people who are enrolled in Medi-Cal, a lack of quantitative system performance data and measures has made it difficult to enforce these requirements or to meet performance targets.

In 2017, Governor Jerry Brown signed AB 470 into law. It requires robust tracking and evaluation measures for mental health services in Medi- Cal. The goal is to ensure that Medi-Cal enrollees receive timely access to quality mental health services which would then reduce mental health disparities.

Newly available Medi-Cal data, released as required by AB 470, demonstrate mental health access disparities for adults in Medi-Cal.

Contents

1. *California Reducing Disparities Project: Strategic Plan to Reduce Mental Health Disparities*, California Pan-Ethnic Health Network, 2018.

Medi-Cal's Mental Health Care System

California has 56 county-run mental health plans, which are responsible for providing Medi-Cal specialty mental health services to adults enrolled in Medi-Cal who have serious mental illness. Specialty mental health services include but are not limited to mental health treatment, crisis intervention, targeted case management, intensive care coordination, outpatient residential treatment, and inpatient services.

Prior to 2014, adult Medi-Cal enrollees with mental health conditions who did not meet the medical necessity criteria for county specialty mental health services had only limited access to outpatient mental health services. These services were delivered by primary care providers or by referral to Medi-Cal fee-for-service mental health providers.

In 2014, California implemented portions of the Affordable Care Act that expanded the range of mental health services available to adult Medi-Cal enrollees. This implementation created a mental health benefit for people enrolled in a Medi-Cal managed care plan who have "mild-to-moderate" impairment of mental, emotional, or behavioral functioning.

As a result, the Medi-Cal mental health benefit is now delivered through two separate systems. Counties retain responsibility for providing Medi-Cal specialty mental health services, while managed care plans have responsibility for arranging and providing mental health services for enrollees with mild-to-moderate conditions. County mental health plans manage the inpatient psychiatric benefit for all Medi-Cal enrollees, whether or not they are members of a managed care plan. There is some overlap between the two systems: some people receive services through both types of plans, and others move back and forth between them."

In Medi-Cal, responsibility for the mental health benefit is split between county specialty mental health plans and Medi-Cal managed care plans.

This report focuses on Medi-Cal mental health services for adults. California's counties also provide mental health services for people with and without Medi-Cal through a variety of funding sources, across the entire spectrum of care, from prevention and early intervention through specialty care.

History of AB 470: The Mental Health Equity Act

In 2017, Governor Jerry Brown signed AB 470 (Arambula).[1] As previously noted, it requires robust tracking and evaluation measures for mental health services in Medi- Cal.

In 2018, the California Pan Ethnic Health Network (CPEHN) convened an Advisory Workgroup to develop recommendations for implementation of AB 470. The workgroup included behavioral health and physical health care experts. Workgroup recommendations were provided to the California Department of Health Care Services (DHCS) to consider as part of the AB 470 stakeholder engagement process. CPEHN also published Measuring Mental Health Disparities, a report detailing the workgroup's recommendations, in June 2018.[2]

In 2019, DHCS published the first report of data required by AB 470, providing enrollment and access details for Medi-Cal enrollees served by county specialty mental health plans by race/ethnicity and language.

In 2020, DHCS published an updated data set that also included data from Medi-Cal managed care plans, which cover 82% of Medi-Cal enrollees across the state. Data are currently available for adults and children.

This report draws from that updated adult data set, available online at the California Health and Human Services Agency Open Data, "Performance Dashboard AB 470 Report Application."

AB 470 (Arambula) establishes robust tracking and evaluation measures for mental health services in Medi-Cal, and a goal of ensuring that Medi-Cal enrollees receive timely access to quality mental health services and thus reducing mental health disparities.

1. AB 470, 2017 Leg., Reg. Sess. (Cal. 2017).
2. *Measuring Mental Health Disparities*, California Pan-Ethnic Health Network, 2018.

About the Data

Data in this report are from **FY 2014–15 through FY 2017–18**, depending on the specific source. It does not account for policy and program developments since then, and of course the impact of COVID-19 cannot be seen.

Throughout this report, the denominator for managed care plan access and continued engagement rates and for county specialty mental health plan access and continued engagement rates are different. The denominator for managed care plan rates is the **number of adult Medi-Cal managed care plan enrollees**. The denominator for county specialty mental health service rates is the **total number of adult Medi-Cal enrollees**, including both those in managed care plans and those who use the fee-for-service system.

The analysis in this report is limited to **adults**, except as noted. Children and youth (to age 21) also receive mental health services through both the county specialty mental health system and through managed care plans. Their care is governed by the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, which provides expanded entitlement to services according to individual need.

This report focuses on Medi-Cal mental health services using data previously published by DHCS through FY 2017-18 primarily for adults served by Medi-Cal.

Defining Terms

➤ **Specialty mental health services:**[1] These are services for Medi-Cal enrollees with serious mental illness. For adults, medical necessity criteria for these services include having a listed diagnosis and meeting specified impairment and intervention criteria. Specialty mental health services include, but are not limited to, rehabilitative mental health services, crisis intervention, targeted case management, intensive care coordination, outpatient residential treatment, and inpatient psychiatric hospitalization. **County mental health plans are responsible for providing specialty mental health services.**

➤ **"Mild-to-moderate" mental health services:**[2] These services are for adults enrolled in a Medi-Cal managed care plan who have a "mild-to-moderate" impairment of mental, emotional, or behavioral functioning. "Mild-to-moderate" mental health services include, but are not limited to, individual and group psychotherapy, psychological testing, outpatient services, medication management, and psychiatric consultation. **Managed care plans are responsible for providing "mild-to-moderate" mental health services.**

➤ **Access rate:** The access rate (also called penetration rate) is the percentage of people eligible for a Medi-Cal mental health service who receive one or more such services in a given time period. This is one of several measures that can be used to evaluate access to services in both the specialty and managed care Medi-Cal systems.

➤ **Continued engagement:** The California Department of Health Care Services defines continued engagement as five or more Medi-Cal mental health visits in a year. In this document, **continued engagement rate** is the percentage of eligible enrollees who received five or more mental health services in that year. This is a measure of ongoing access to care.

➤ **Time to stepdown:** This reflects the time elapsed (in days) from when a person is discharged from an inpatient service to when they receive their first outpatient specialty mental health service. It is a measure of system performance and of how well services are integrated across systems.

The Medi-Cal mental health care system uses several technical terms. We offer detailed explanations of those terms here.

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1. Kimberly Lewis and Abigail Coursolle, *Issue Brief: Mental Health Services in Medi-Cal*, National Health Law Program, January 12, 2017.
2. Lewis and Coursolle, *Issue Brief.*

Medi-Cal Mental Health Access Rates, Adults, Managed Care Plans and County Specialty Mental Health Plans, by Year

Between 3% and 4% of Eligible Enrollees Received Medi-Cal Mental Health Services in 2017–18

■ Managed Care   ■ County Mental Health

4.3%

3.8%

3.3%

2.0%

2014–15   2015–16   2016–17   2017–18
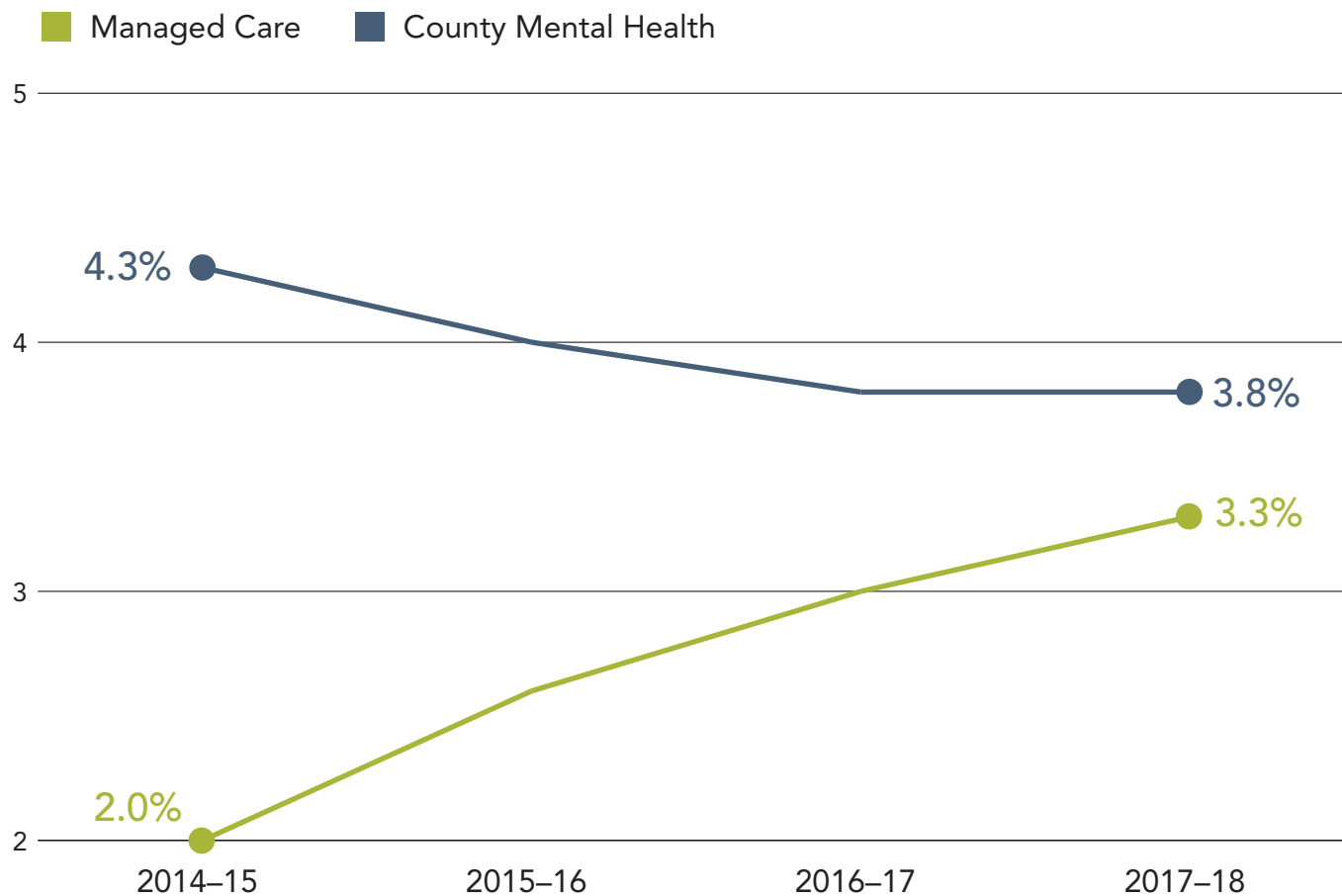
Since 2014–15, the percentage of all Medi-Cal enrollees using specialty mental health services has decreased slightly, but remains close to 4%.

The percentage of adults with "mild-to-moderate" mental health conditions who receive services for those conditions via Medi-Cal managed care plans has increased over the same period. Among adult Medi-Cal managed care consumers, 3.3% received mental health services in FY 2017–18, an increase from 2% in FY 2014–15 when the benefit was introduced.

Source: *Performance Dashboard AB 470 Report Application*, California Health and Human Services Open Data Portal, accessed September 14, 2020.

Medi-Cal Mental Health Access, Adults, by Year, vs. Estimated Prevalence

Access to Medi-Cal Mental Health Services Falls Short of Estimated Prevalence

■ Enrollees Receiving Mental Health Services
■ Estimated Number of Enrollees with Any Mental Illness

Year	Enrollees Receiving Mental Health Services	Estimated Number of Enrollees with Any Mental Illness
2014–15	450,494	1,088,690
2015–16	510,518	1,223,297
2016–17	549,195	1,316,107
2017–18	564,684	1,294,860

Note: The number of adult enrollees receiving mental health services shown here is the sum of those receiving services through a managed care plan and those receiving services through a county specialty mental health plan, for each year. As a result, it double counts those who receive services in both systems. DHCS has previously estimated the number of Medi-Cal enrollees receiving mental health services in both systems in a given year at about 5% of the total number of people receiving Medi-Cal mental health services.

Sources: *Adults Older Than 20 Receiving Psychosocial Services Statewide by Fiscal Year as of 5/1/2019* (PDF), DHCS, 2019. "National Survey on Drug Use and Health: 4-Year RDAS (2015 to 2018)," Substance Abuse and Mental Health Services Administration (SAMHSA), n.d.

The number of people receiving Medi-Cal mental health services has grown since 2014–15. But many people in need still are not receiving care.

This chart compares the total number of adult Medi-Cal enrollees receiving services from either the managed care or county specialty mental health plans each year to the estimated number of adult Medi-Cal enrollees with mental illness.

Prevalence estimates used here are taken from the National Survey on Drug Use and Health, which estimates that 17.9% of California adults have any mental illness. This percentage has been applied to the total number of adult enrollees to estimate numbers with mental illness for each year shown.

Medi-Cal Mental Health Access and Continued Engagement Rates, Adults, Managed Care Plans and County Specialty Mental Health Plans, by Year

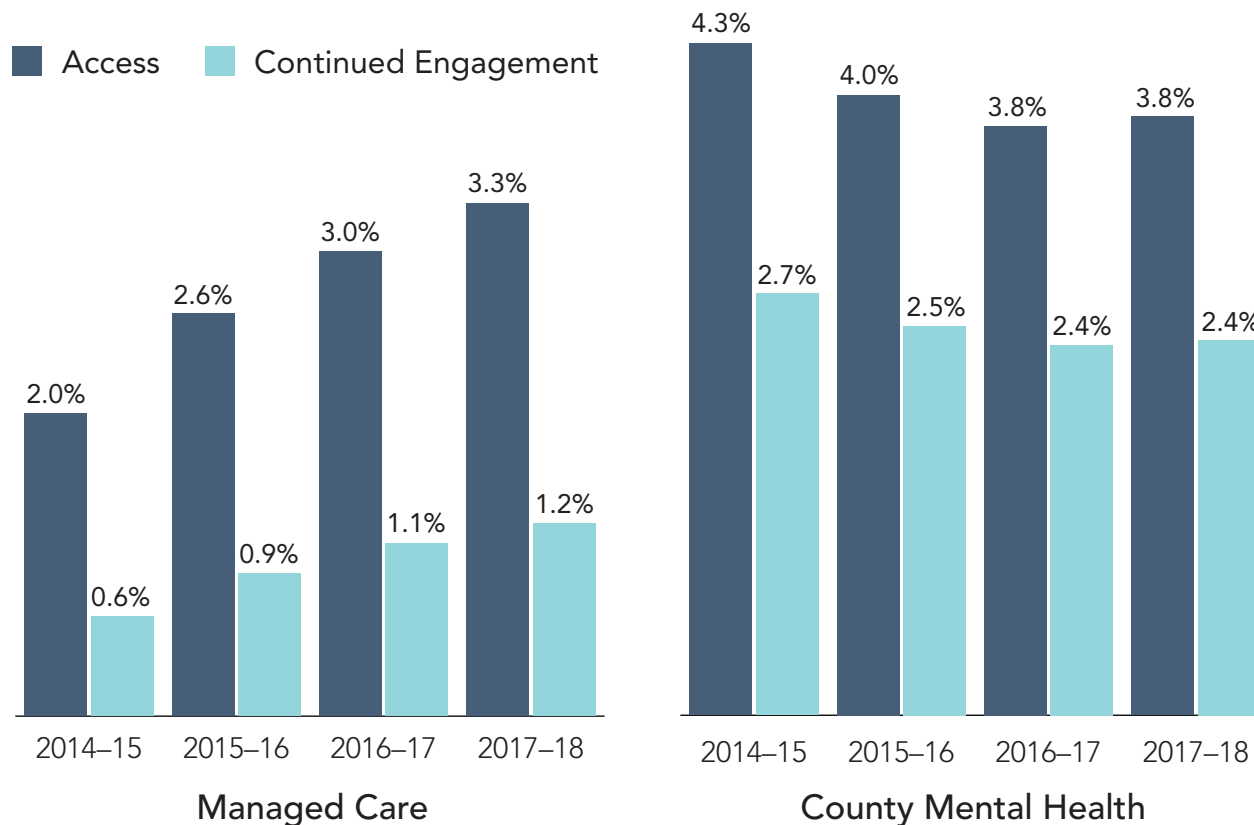## Few Enrollees Receive Five or More Mental Health Services in a Year

Access ■ Continued Engagement ■

Managed Care

Year	Access	Continued Engagement
2014–15	2.0%	0.6%
2015–16	2.6%	0.9%
2016–17	3.0%	1.1%
2017–18	3.3%	1.2%

County Mental Health

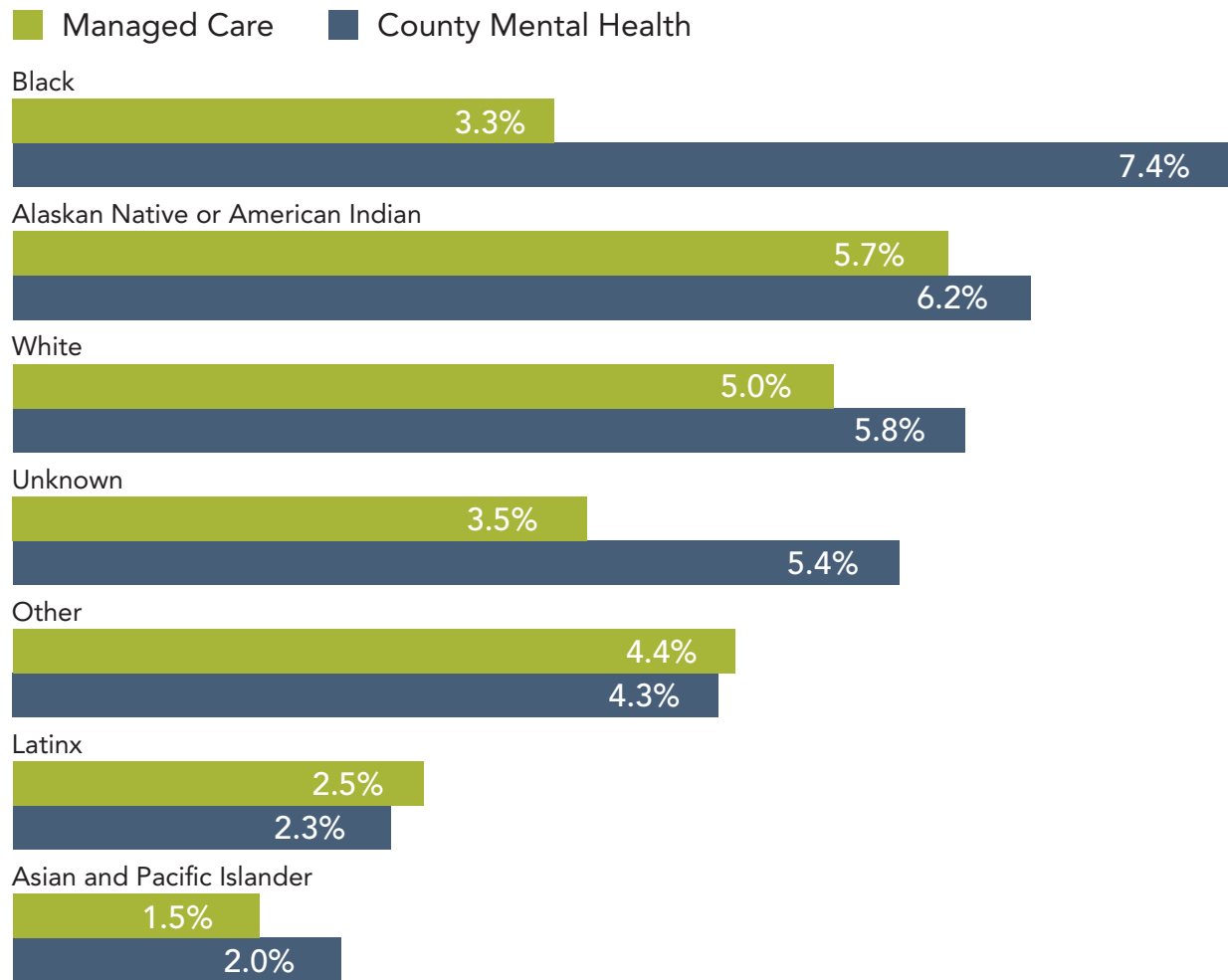| Year	Access	Continued Engagement
2014–15	4.3%	2.7%
2015–16	4.0%	2.5%
2016–17	3.8%	2.4%
2017–18	3.8%	2.4%

Approximately 4% of adult Medi-Cal enrollees received any specialty mental health service for serious mental illness in each of the four years shown, and approximately 2.5% received five or more mental health services in those years ("continued engagement rate").

Mental health services through managed care plans were a new benefit under the ACA beginning in 2014. By FY 2017-18 just over 3% of adult Medi-Cal managed care enrollees received mental health services, and 1.2% received five or more services in that year.

Medi-Cal Mental Health Access Rates, Adults, by Race/Ethnicity, FY 2017–18

Mental Health Care Access Rates Vary by Race

■ Managed Care   ■ County Mental Health

Black
- Managed Care: 3.3%
- County Mental Health: 7.4%

Alaskan Native or American Indian
- Managed Care: 5.7%
- County Mental Health: 6.2%

White
- Managed Care: 5.0%
- County Mental Health: 5.8%

Unknown
- Managed Care: 3.5%
- County Mental Health: 5.4%

Other
- Managed Care: 4.4%
- County Mental Health: 4.3%

Latinx
- Managed Care: 2.5%
- County Mental Health: 2.3%

Asian and Pacific Islander
- Managed Care: 1.5%
- County Mental Health: 2.0%

Medi-Cal mental health access rates vary significantly by race and ethnicity, with some groups accessing services at much higher rates than others.

Black Medi-Cal enrollees use specialty mental health services at the highest rate of all racial and ethnic groups (7.4%) but use managed care plan mental health services at a much lower rate than White enrollees.
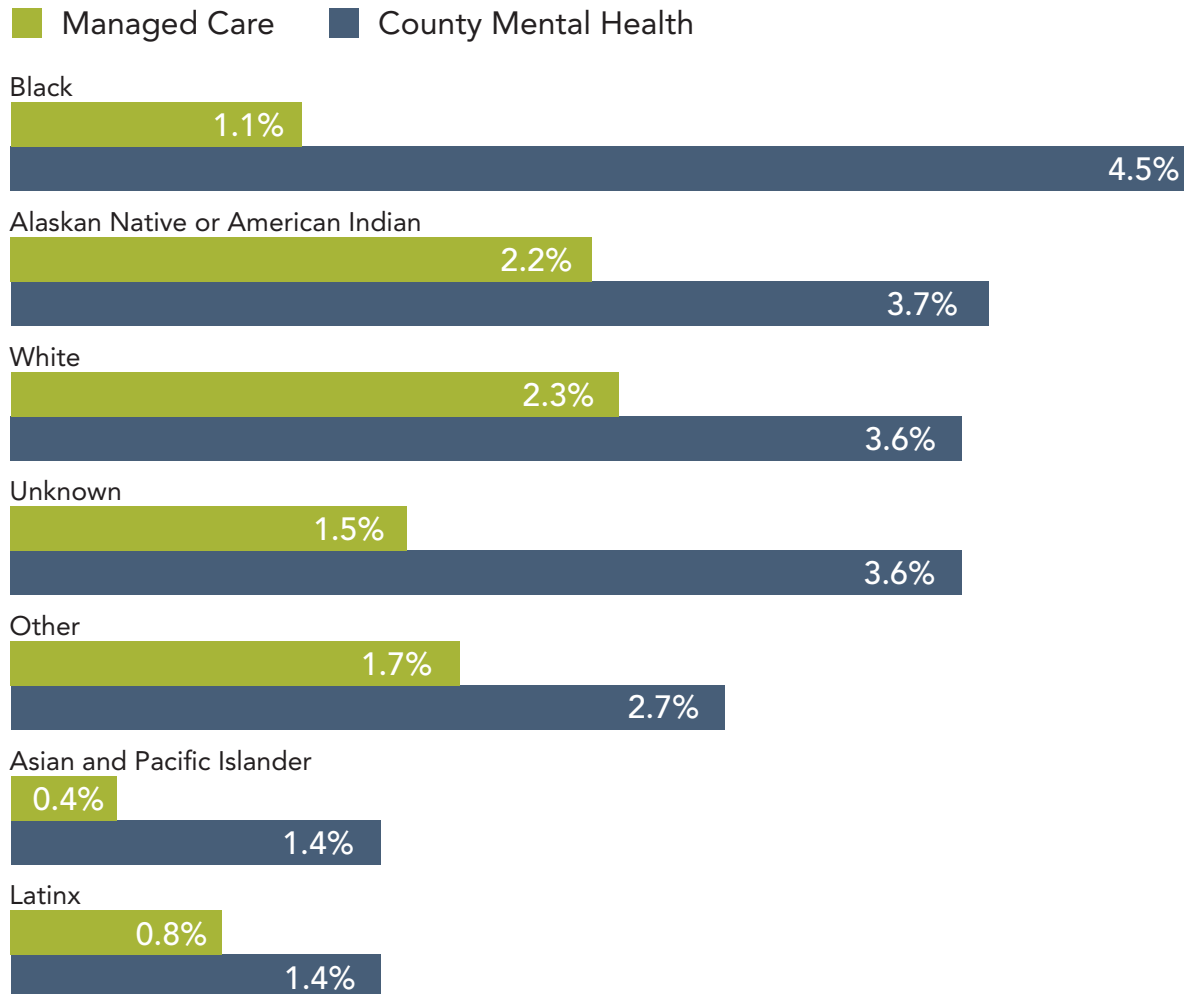
Latinx and Asian and Pacific Islander Medi-Cal enrollees access mental health services at the lowest rates of all racial and ethnic groups in both managed care plans and county specialty mental health plans.

Note: Data source uses *Hispanic*.

Source: *Performance Dashboard AB 470 Report Application*, California Health and Human Services Open Data Portal, accessed September 14, 2020.

Medi-Cal Mental Health Continued Engagement Rates, Adults, by Race/Ethnicity, FY 2017–18

Continued Engagement (5+ services) Varies by Race/Ethnicity

■ Managed Care   ■ County Mental Health

Black
- Managed Care: 1.1%
- County Mental Health: 4.5%

Alaskan Native or American Indian
- Managed Care: 2.2%
- County Mental Health: 3.7%

White
- Managed Care: 2.3%
- County Mental Health: 3.6%

Unknown
- Managed Care: 1.5%
- County Mental Health: 3.6%

Other
- Managed Care: 1.7%
- County Mental Health: 2.7%

Asian and Pacific Islander
- Managed Care: 0.4%
- County Mental Health: 1.4%

Latinx
- Managed Care: 0.8%
- County Mental Health: 1.4%

Continued engagement in care, defined as receiving five or more mental health services in a year, varies by race and ethnicity.

Asian and Pacific Islander and Latinx enrollees are less likely than enrollees from other racial and ethnic groups to receive five or more mental health services from managed care plans or county specialty mental health plans.

Note: Data source uses *Hispanic*.

Source: *Performance Dashboard AB 470 Report Application*, California Health and Human Services Open Data Portal, accessed September 14, 2020.

Medi-Cal Mental Health Access Rates, Adults, by Language, FY 2017–18

Mental Health Care Access Rates Vary by Language

Managed Care
County Mental Health

	English	Russian	Vietnamese	Cantonese	Spanish
Managed Care	3.8%	3.7%	0.6%	1.4%	1.8%
County Mental Health	4.8%	2.7%	1.5%	1.4%	1.1%

Preferred Written Language

Note: These data do not tell us in what language(s) mental health services were delivered, only the language preference of the person who received services.

Source: *Performance Dashboard AB 470 Report Application*, California Health and Human Services Open Data Portal, accessed September 14, 2020.

Medi-Cal enrollees whose preferred written language is not English are less likely than those who indicate their preferred written language is English to receive Medi-Cal mental health services. (Data on preferred spoken language are not available.)

This chart shows the five most commonly preferred written languages among adult Medi-Cal enrollees and the mental health access rates for each of these groups. Across both the managed care and county specialty mental health systems, enrollees who prefer Spanish, Vietnamese, and Cantonese have access rates less than half that of enrollees whose preferred written language is English.
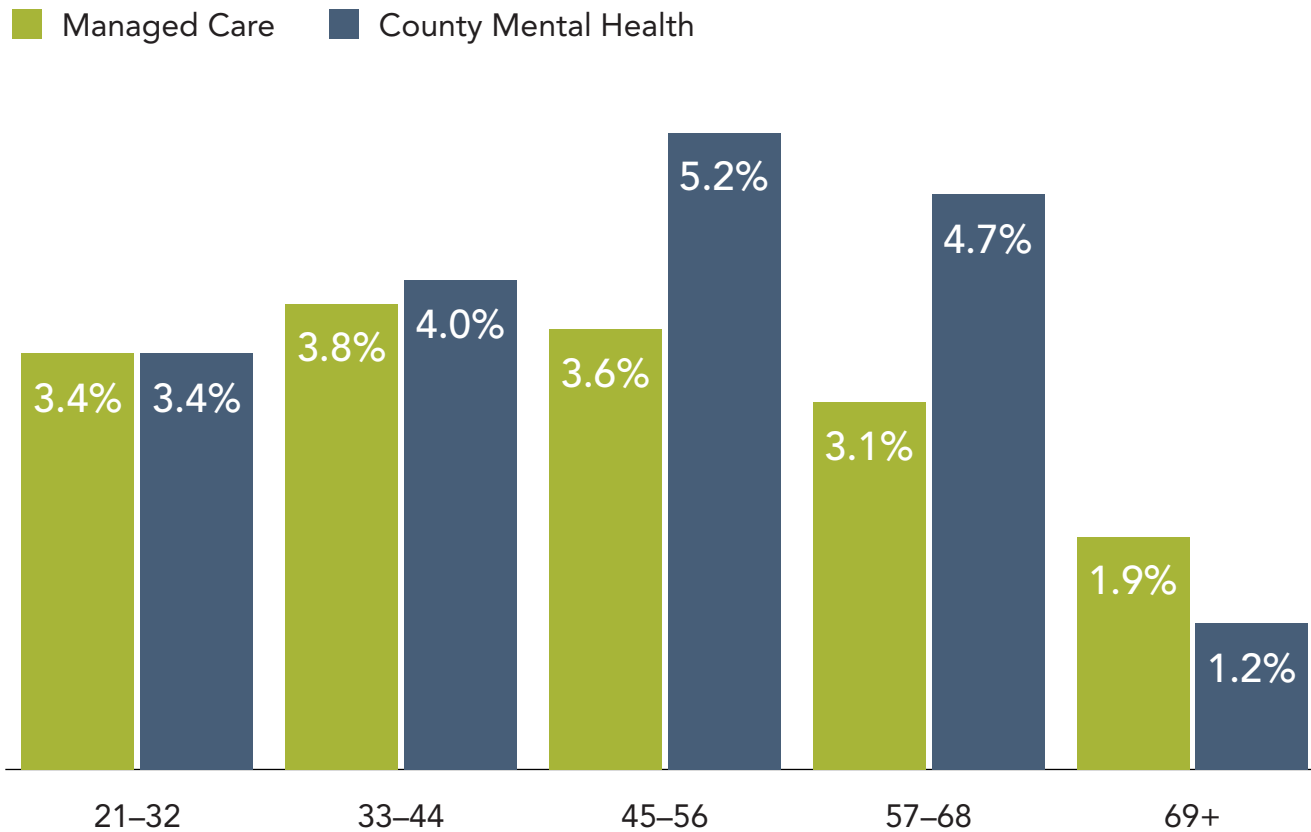
Only people who list Russian as their preferred written language are as likely as people who prefer English to receive mental health services and that is only through Medi-Cal managed care plans.

Medi-Cal Mental Health Access Rates, Adults, by Age, FY 2017–18

Mental Health Care Access Rates Vary by Age

■ Managed Care   ■ County Mental Health

Older adults (ages 57 and above) make up over a fifth of all Medi-Cal enrollees receiving mental health services from both county specialty mental health plans and managed care plans (not shown).

Age	Managed Care	County Mental Health
21–32	3.4%	3.4%
33–44	3.8%	4.0%
45–56	3.6%	5.2%
57–68	3.1%	4.7%
69+	1.9%	1.2%

Source: *Performance Dashboard AB 470 Report Application*, California Health and Human Services Open Data Portal, accessed September 14, 2020.

Stepdown Services After Inpatient Discharge, Adults, FY 2017–18

Adult Medi-Cal Enrollees Receive Follow-Up Services After Psychiatric Hospitalization Only Half the Time

No Stepdown Services 46.9%

Under 7 Days 36.7%

Between 8 and 30 Days 7.4%

Over 30 Days 9.0%
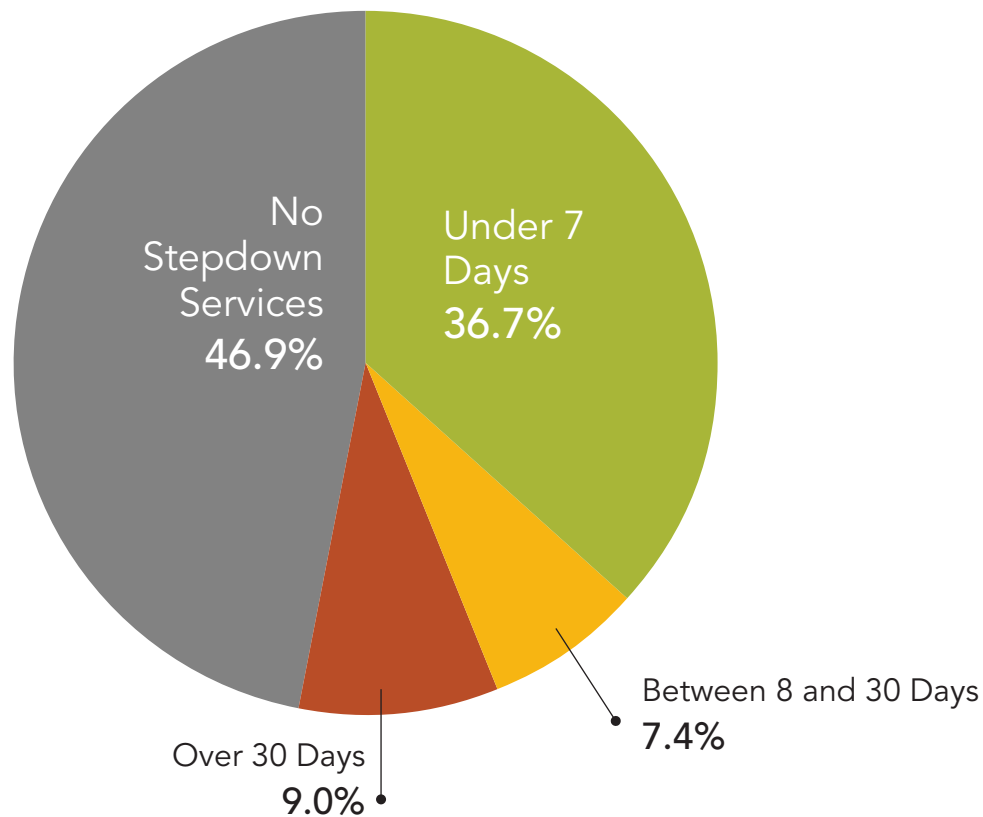
Across all racial/ethnic groups, patients receive no follow-up ("stepdown") specialty mental health services after psychiatric hospitalization nearly half the time (47%).
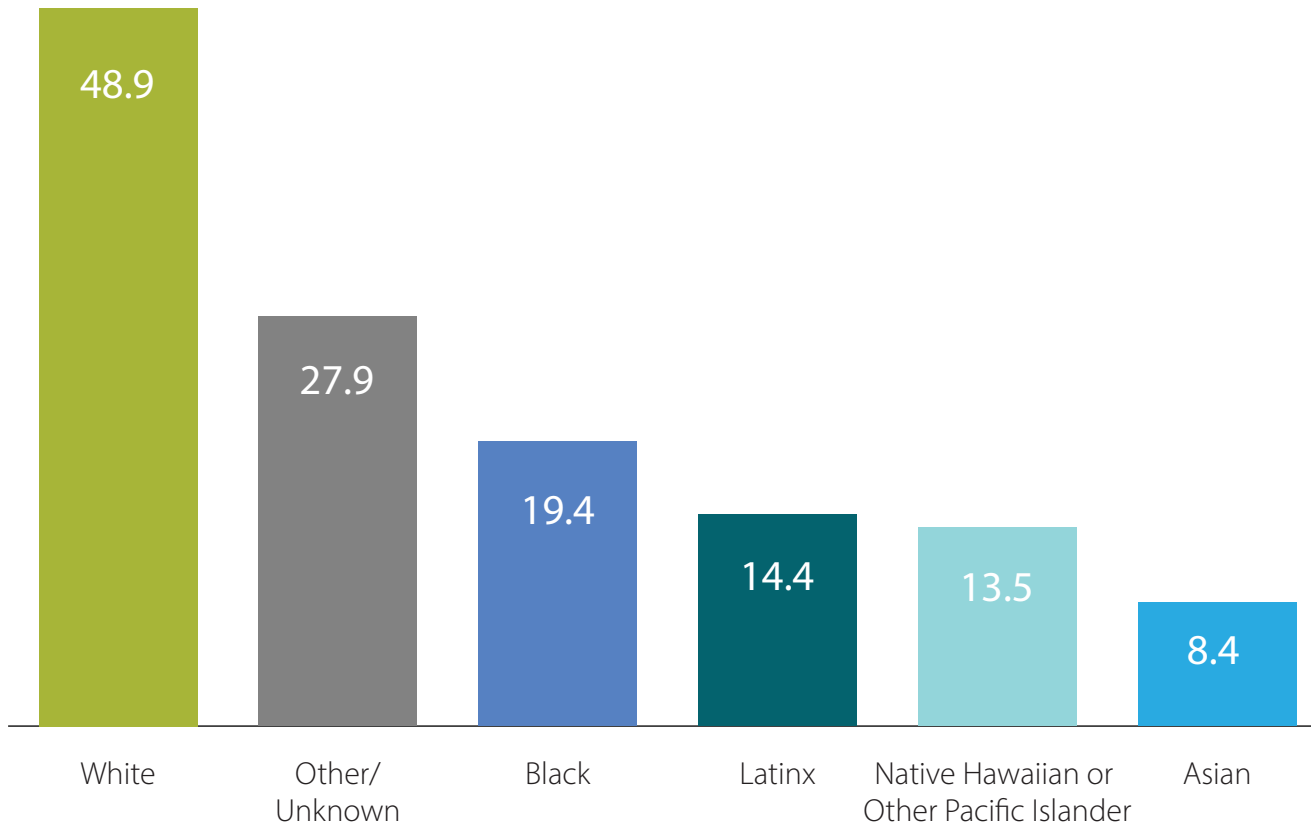
Patients who do receive stepdown services usually get them within a week of discharge from inpatient care (37%).

Note: AB 470 data show limited variation by race or ethnicity (not shown).

Source: *Performance Dashboard AB 470 Report Application*, California Health and Human Services Open Data Portal, accessed September 14, 2020. Calculations by authors.

Managed Care Plan Mental Health Services per 1,000 Members, All Ages, June 2019

White Enrollees Receive More Mental Health Services from Medi-Cal Managed Care Plans Than Other Racial and Ethnic Groups

White	48.9
Other/Unknown	27.9
Black	19.4
Latinx	14.4
Native Hawaiian or Other Pacific Islander	13.5
Asian	8.4

This measure looks at the number of mental health services provided by Medi-Cal managed care plans, as opposed to the number of people receiving those services.

Controlling for population size, White Medi-Cal enrollees receive many more Medi-Cal managed care plan mental health services than enrollees from any other demographic group. Non-White Medi-Cal enrollees use services at less than half the rate of White enrollees.

Notes: Data source uses *Black or African American* and *Hispanic*. This measure includes managed care enrollees of all ages, including children, youth, and adults.

Source: *Managed Care Performance Monitoring Dashboard Report*, California Department of Health Care Services, accessed September 14, 2020.

Conclusions

➤ Current AB 470 data sets focus on process measures such as visit types and service counts, which provide important measures of how the system is performing. They can also highlight inequities in enrollee access and movement through the mental health system. However, they do not answer questions about potential inequities in care quality and outcomes, nor do they capture whether providers treat enrollees in a respectful and equitable manner during treatment or enrollees' experience of care.

➤ To paint a clearer and more complete picture of the enrollee experience of the mental health system, future AB 470 data releases should also include measures around timely access to care, care quality, and outcomes. Such measures would allow for more meaningful analyses across the managed care and county specialty mental health systems.

➤ AB 470 also requires more detailed demographic data than are currently published by DHCS, including by sexual orientation and gender identity. Adding these categories may help pinpoint additional disparities for LGBTQ+ communities of color.

➤ California should use AB 470 performance outcome reports to create recommendations for statewide quality improvement and to reduce mental health disparities. AB 470 requires continuing stakeholder engagement, and DHCS should work with stakeholders to make sure that performance and disparities reduction measures reflect consumer needs.

This data analysis highlighted several opportunities for continued work towards statewide quality improvement.

About the Authors

The California Pan-Ethnic Health Network (CPEHN) is a multicultural health policy organization dedicated to improving health of communities of color in California. CPEHN's mission is to advance health equity by advocating for public policies and sufficient resources to address the health needs of the state's new majority. We gather the strength of communities of color to build a united and powerful voice in health advocacy. For more information, visit cpehn.org.

About CHCF

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

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