



MEDI-CAL STATISTICAL BRIEF

OCTOBER 2012

Frequency of Threshold Language Speakers in the Medi-Cal Population by County for October 2011

Background

Since 2001, the California Department of Mental Health (DMH) has been required by law to report the current number and proportion of **Threshold Languages** in California. Broadly, Threshold Languages are those which are spoken at a high proportional rate within a geographic region of the state and as such may contribute to obstacles of understanding and access for those seeking mental health services. Drawing from Title 9 of the California Code of Regulations (CCR), DMH defines beneficiaries with threshold languages as “the annual numeric identification on a countywide basis and as indicated on the Medi-Cal Eligibility Data System (MEDS), from the 3,000 beneficiaries or five (5) percent of the Medi-Cal beneficiary population, whichever is lower, in an identified geographic area, whose primary language is other than English, and for whom information and services shall be provided in their primary language.”¹

DMH provides threshold languages data on an annual basis to counties through an informational notice. This brief compiled

by the Research and Analytic Studies Branch (RASB) of the Department of Health Care Services (DHCS) includes that information for the Medi-Cal population. A summary of the 2011 Threshold Language data is found in the section entitled “Findings.”

Language and Access

Language Access is a term used to describe an agency’s or organization’s efforts to make its programs and services accessible to Limited English Proficient (LEP) persons or non-English speakers. Language barriers can inhibit LEP persons or non-English speakers’ access to necessary services.

LEP persons and non-English speakers encounter a myriad of linguistic challenges that may increase difficulty accessing care. The following, compiled by the DMH Office of Multi-Cultural Affairs, is a list of obstacles/barriers that hinder individuals from receiving the services they need to address their mental health challenges:

- Lack of bi-lingual, bi-cultural service providers;
- Lack of available trained interpreters;
- Lack of culturally-sensitive services;
- Providers who have some knowledge of the client's language and conduct the interview without the use of an interpreter;
- Consumers do not have the command of the English language, but state that he/she can "get by" in English;
- Consumers are unaware of their rights; e.g., the right to request an interpreter; and
- Consumer's literacy and mental health literacy.

Recognizing the need to improve communication and interaction with LEP persons is critical for advancing equal access to mental health services.ⁱⁱ

Legal Authority

The following section provides a summary of the federal and state authorities that form the basis for enforcing cultural and language competency for agencies and programs.

Federal Authority

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial

assistance. Federal courts have interpreted discrimination by national origin to include language.

Executive Order 13166, August 2000 was enacted to improve access to services for persons designated as LEP. It recommitted the federal government to improve the accessibility of government funded services to LEP persons. This executive order provided a deadline by which agencies were to develop a plan to ensure meaningful access to LEP persons without unduly burdening the fundamental mission of each department or program.

The Culturally and Linguistically Appropriate Services (CLAS) report, released in March 2001 by the U.S. Department of Health and Human Services, Office of Minority Health, issued the National Standards for all recipients of federal funds. The 14 standards are organized by themes and include:

- Culturally Competent Care (Standards 1-3);
- Language Access Services (Standards 4-7); and
- Organizational Supports for Cultural Competence (Standards 8-14).

The standards have varying degrees of stringency and are classified into mandates, guidelines, and recommendations.

State Authority

California Government Code § 7290 et seq., also known as the **Dymally-Alatorre Bilingual Services Act of 1973**¹ was intended to ensure that individuals who do not speak or write English are not prevented from using public services because of language barriers. It specifically required state and local agencies to ensure that they provide information and services in the various languages of their constituents. Specifically, when state and local agencies serve a “substantial number of non-English-speaking people,” they must:

- Employ a “sufficient number of qualified bilingual staff in public contact positions.”
- Translate documents explaining available services into the languages of their constituents.

California Welfare and Institutions Code, Section, 14684 (h) states, “Each mental health plan shall provide for culturally competent and age-appropriate services, to the extent feasible. The plan shall assess the cultural competence needs

of the program.”

California Code of Regulations, Title 9. Rehabilitative and Development Services, Division 1. Department of Mental Health, Chapter 11, Medi-Cal Specialty Mental Health Services, Article 4, Section 1810.410, which defines threshold language populations, and was cited previously, also states that each mental health plan shall comply with the cultural competence and linguistic requirements.

DMH Information Notice No. 02-03, Addendum for Implementation Plan for Phase II Consolidation of Medi-Cal Specialty Mental Health Services – Cultural Competence Plan Requirements states, “This document establishes three standards for cultural and linguistic competence. The three standards address access, quality of care, and quality management.” Language access requirements are found under the access standard.

Methodology: What this Report Measures

Date Range

This report counts Medi-Cal beneficiaries, as of October 2011, updated as of October 2012. This ensures that there is a full twelve months of reporting lag to allow for any

¹ See “Dymally-Alatorre Bilingual Services Act: State and Local Governments Could Do More to Address Their Clients’ Needs for Bilingual Services” California State Assembly, November State and Local Governments Could Do More to Address Their Clients’ Needs for Bilingual Services” California State Assembly, November 1999. URL: <http://www.bsa.ca.gov/pdfs/reports/99110.pdf>

retroactive eligibility or delayed reporting from the counties.

Universe

This report counts **both** certified eligibles, as well as those enrolled with an unmet Share-of-Cost Obligation. Certified eligibles are defined as those beneficiaries who are deemed qualified for Medi-Cal by a valid eligibility determination and have enrolled in the program. Thus, those beneficiaries who may be eligible for Medi-Cal, but have not enrolled, are not counted as certified. This classification also excludes Share-of-Cost (SOC) beneficiaries who have not met their monthly SOC obligation and are not eligible for Medi-Cal benefits.

The SOC program is designed to assist individuals and families whose incomes are too high to qualify for cash assistance but insufficient to cover their medical expenses. Unlike traditional or no-cost Medi-Cal coverage, SOC beneficiaries must contribute to their coverage by paying their medical expenses up to a predetermined threshold (also called the SOC obligation) each month. In contrast to other forms of cost-sharing (i.e., copayments or deductibles), it is only after beneficiaries meet their monthly SOC obligation that they qualify for Medi-Cal benefits. For this reason SOC beneficiaries are not counted as certified eligible in months when they do not meet their SOC

obligations, because they are not eligible to receive Medi-Cal covered benefits

Table 1: Total Certified Eligibles and Eligibles with an Unmet Share of Cost as of October 2011

Status	Number of Eligibles	Percent
Certified	7,612,308	95.2%
Not Certified; Unmet Share of Cost	381,334	4.8%
Grand Total	7,993,642	100.0%

Identification of Eligibles Meeting the Threshold Language Criteria

Eligibles meeting the threshold language criteria were identified using the definition mandated by the California Code of Regulations, Title 9. Rehabilitative and Developmental Services, Section 1810.410 “Cultural and Linguistic Requirements” which reads:

- (3) “Threshold Language” means a language that has been identified as the primary language, as indicated on the MEDS, of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area.

As indicated, the Medi-Cal Enrollment Data System (MEDS) enrollment file contains a data element indicating each beneficiary’s

primary language, and this was used as the identifying variable for this report.

Findings

- Forty-one percent, or 3,294,230 Medi-Cal eligibles state-wide, reported a language other than English as their primary language and met the statutory criteria for a threshold language population.
- Fifty of fifty-eight California counties contained the minimum number of Medi-Cal eligibles meeting the threshold language definition.
- Thirteen distinct languages qualified as threshold languages. As indicated in Table 2 below.
- Spanish was the most frequently occurring, threshold language (35.5%) and was represented in the greatest number of counties (50).
- Los Angeles had the greatest number of threshold languages (12) of any county. (See Table 3).

Table 2: Summary by Threshold Language; October 2011 (updated through October 2012)

Language	Number of Counties Where Primary Language Frequency Reaches Threshold Level	Number of Eligibles	Percent
Spanish	50	2,834,829	35.5%
Vietnamese	7	133,109	1.7%
Cantonese	4	80,322	1.0%
Armenian	1	62,344	0.8%
Russian	4	34,300	0.4%
Mandarin	3	29,474	0.4%
Tagalog	4	26,775	0.3%
Hmong	3	24,652	0.3%
Korean	1	20,815	0.3%
Arabic	2	16,060	0.2%
Farsi	2	15,583	0.2%
Cambodian	2	12,126	0.2%
Other Chinese	1	3,841	0.0%
Grand Total	50	3,294,230	41.2%

Note: A threshold language is defined as one that has been identified as the primary language, as indicated on the Medi-Cal Enrollment Data System (MEDS), of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area.

Table 3: Summary of Threshold languages by County; October 2011 (updated through October 2012)

County	County or Primary Language Population	Number of Eligibles	Percent of County Population
Alameda	Entire Population	268,618	100.0%
	Spanish	64,301	23.9%
	Cantonese	14,333	5.3%
	Mandarin	3,671	1.4%
	Vietnamese	7,693	2.9%
Amador	Entire Population	4,916	100.0%
	Spanish	294	6.0%
Butte	Entire Population	54,716	100.0%
	Spanish	5,096	9.3%
Calaveras	Entire Population	7,253	100.0%
	Spanish	381	5.3%
Colusa	Entire Population	5,292	100.0%
	Spanish	2,676	50.6%
Contra Costa	Entire Population	151,497	100.0%
	Spanish	43,829	28.9%
Del Norte	Entire Population	8,595	100.0%
	Spanish	503	5.9%
El Dorado	Entire Population	20,479	100.0%
	Spanish	2,933	14.3%
Fresno	Entire Population	326,410	100.0%
	Spanish	105,349	32.3%
	Hmong	11,877	3.6%
Glenn	Entire Population	7,591	100.0%
	Spanish	2,400	31.6%
Humboldt	Entire Population	28,571	100.0%
	Spanish	1,591	5.6%
Imperial	Entire Population	61,182	100.0%
	Spanish	34,707	56.7%
Inyo	Entire Population	3,981	100.0%
	Spanish	864	21.7%
Kern	Entire Population	249,968	100.0%
	Spanish	86,055	34.4%
Kings	Entire Population	38,517	100.0%
	Spanish	12,896	33.5%
Lake	Entire Population	19,139	100.0%
	Spanish	2,092	10.9%
Los Angeles	Entire Population	2,540,016	100.0%
	Spanish	1,133,716	44.6%

County	County or Primary Language Population	Number of Eligibles	Percent of County Population
	Armenian	62,344	2.5%
	Cantonese	27,340	1.1%
	Vietnamese	23,402	0.9%
	Korean	20,815	0.8%
	Mandarin	18,515	0.7%
	Tagalog	12,366	0.5%
	Farsi	11,728	0.5%
	Russian	10,875	0.4%
	Cambodian	9,116	0.4%
	Arabic	4,385	0.2%
	Other Chinese	3,841	0.2%
Madera	Entire Population	47,591	100.0%
	Spanish	22,551	47.4%
Marin	Entire Population	24,249	100.0%
	Spanish	10,997	45.4%
Mendocino	Entire Population	24,611	100.0%
	Spanish	5,585	22.7%
Merced	Entire Population	87,948	100.0%
	Spanish	30,800	35.0%
	Hmong	3,154	3.6%
Modoc	Entire Population	2,210	100.0%
	Spanish	201	9.1%
Mono	Entire Population	1,504	100.0%
	Spanish	785	52.2%
Monterey	Entire Population	100,201	100.0%
	Spanish	58,368	58.3%
Napa	Entire Population	18,792	100.0%
	Spanish	8,520	45.3%
Nevada	Entire Population	12,432	100.0%
	Spanish	1,062	8.5%
Orange	Entire Population	480,000	100.0%
	Spanish	201,844	42.1%
	Vietnamese	49,239	10.3%
	Farsi	3,855	0.8%
Placer	Entire Population	33,097	100.0%
	Spanish	3,959	12.0%
Riverside	Entire Population	427,248	100.0%
	Spanish	137,403	32.2%
Sacramento	Entire Population	335,540	100.0%
	Spanish	47,399	14.1%

County	County or Primary Language Population	Number of Eligibles	Percent of County Population
	Russian	16,962	5.1%
	Hmong	9,621	2.9%
	Vietnamese	7,535	2.2%
	Cantonese	4,697	1.4%
San Benito	Entire Population	10,894	100.0%
	Spanish	4,480	41.1%
San Bernardino	Entire Population	500,242	100.0%
	Spanish	133,022	26.6%
San Diego	Entire Population	460,818	100.0%
	Spanish	148,745	32.3%
	Arabic	11,675	2.5%
	Vietnamese	9,296	2.0%
	Tagalog	5,706	1.2%
San Francisco	Entire Population	143,241	100.0%
	Cantonese	33,952	23.7%
	Spanish	26,392	18.4%
	Russian	4,647	3.2%
	Vietnamese	3,534	2.5%
	Tagalog	3,522	2.5%
San Joaquin	Entire Population	189,566	100.0%
	Spanish	49,522	26.1%
	Cambodian	3,010	1.6%
San Luis Obispo	Entire Population	35,947	100.0%
	Spanish	9,376	26.1%
San Mateo	Entire Population	81,514	100.0%
	Spanish	33,596	41.2%
Santa Barbara	Entire Population	85,606	100.0%
	Spanish	44,638	52.1%
Santa Clara	Entire Population	275,391	100.0%
	Spanish	93,334	33.9%
	Vietnamese	32,410	11.8%
	Mandarin	7,288	2.6%
	Tagalog	5,181	1.9%
Santa Cruz	Entire Population	45,221	100.0%
	Spanish	21,698	48.0%
Siskiyou	Entire Population	10,985	100.0%
	Spanish	559	5.1%
Solano	Entire Population	73,553	100.0%
	Spanish	16,575	22.5%
Sonoma	Entire Population	67,284	100.0%

County	County or Primary Language Population	Number of Eligibles	Percent of County Population
	Spanish	24,008	35.7%
Stanislaus	Entire Population	144,377	100.0%
	Spanish	40,199	27.8%
Sutter	Entire Population	24,982	100.0%
	Spanish	5,764	23.1%
Tehama	Entire Population	18,657	100.0%
	Spanish	3,389	18.2%
Tulare	Entire Population	176,171	100.0%
	Spanish	72,010	40.9%
Ventura	Entire Population	134,047	100.0%
	Spanish	65,369	48.8%
Yolo	Entire Population	32,845	100.0%
	Spanish	9,588	29.2%
Yuba	Entire Population	21,595	100.0%
	Spanish	3,408	15.8%

ⁱ California Code of Regulations (CCR), Title 9, Rehabilitative and Developmental Services, Section

ⁱⁱ Language Access, Department of Mental Health, Office of Multi-Cultural affairs, July 2009