

# MEDI-CAL STATISTICAL BRIEF

MAY 2014

## Frequency of Threshold Language Speakers in the Medi-Cal Population by County for December 2013

### 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.”<sup>i</sup>

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

by the Research and Analytic Studies Division (RASD) of the Department of Health Care Services (DHCS) includes that information for the Medi-Cal population. A summary of the 2013 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.<sup>ii</sup>

### 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**<sup>1</sup> 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.”

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<sup>1</sup> 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 1999. URL: <http://www.bsa.ca.gov/pdfs/reports/99110.pdf>

**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 December 2013, updated as of May 2014. A specific month’s count is considered nearly complete 6 months after the month’s end and finalized 12 months after the month’s end. Information presented in this

report reflects a 5-month reporting lag, and is typically over 99% complete.

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 December 2013**

Status	Eligibles	
	Number	Percent
<b>Certified</b>	8,577,224	96.9%
<b>Not Certified; Unmet Share of Cost</b>	278,018	3.1%
<b>Grand Total</b>	<b>8,855,242</b>	<b>100.0%</b>

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 percent, or 3,557,751 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.
- Forty nine 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 (34.5%) and was represented in the greatest number of counties (49).
- Los Angeles had the greatest number of threshold languages (12) of any county. (See Table 3).

**Table 2: Summary by Threshold Language; December 2013(updated through May 2014)**

Language	Number of Counties Where Primary Language Frequency Reaches Threshold Level	Number of Eligibles Speaking Threshold Language	Percent of Total Medi Cal Eligibles
Spanish	49	3,057,209	34.5%
Vietnamese	7	143,919	1.6%
Cantonese	5	94,104	1.1%
Armenian	1	60,909	0.7%
Russian	3	32,598	0.4%
Mandarin	4	38,485	0.4%
Tagalog	4	26,552	0.3%
Korean	2	30,788	0.3%
Arabic	2	20,080	0.2%
Hmong	2	19,578	0.2%
Farsi	2	16,667	0.2%
Cambodian	1	8,103	0.1%
Other Chinese	1	8,759	0.1%
<b>Grand Total</b>	<b>49</b>	<b>3,557,751</b>	<b>40.2%</b>

**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; December 2013 (updated through May 2014)**

County	County or Primary Language Population	Number of Eligibles	Percent of County Population
<b>Alameda</b>	Entire Population	288,019	100.0%
	Spanish	70,448	24.5%
	Cantonese	16,684	5.8%
	Vietnamese	7,815	2.7%
	Mandarin	4,416	1.5%
<b>Amador</b>	Entire Population	5,145	100.0%
	Spanish	287	5.6%
<b>Butte</b>	Entire Population	56,367	100.0%
	Spanish	5,075	9.0%
<b>Calaveras</b>	Entire Population	7,531	100.0%
	Spanish	406	5.4%
<b>Colusa</b>	Entire Population	6,499	100.0%
	Spanish	3,395	52.2%
<b>Contra Costa</b>	Entire Population	170,992	100.0%
	Spanish	49,782	29.1%
<b>Del Norte</b>	Entire Population	8,484	100.0%
	Spanish	460	5.4%
<b>El Dorado</b>	Entire Population	22,844	100.0%
	Spanish	3,390	14.8%
<b>Fresno</b>	Entire Population	347,277	100.0%
	Spanish	109,481	31.5%
	Hmong	10,653	3.1%
<b>Glenn</b>	Entire Population	8,950	100.0%
	Spanish	2,903	32.4%
<b>Humboldt</b>	Entire Population	30,788	100.0%
	Spanish	1,666	5.4%
<b>Imperial</b>	Entire Population	65,262	100.0%
	Spanish	36,944	56.6%
<b>Inyo</b>	Entire Population	4,058	100.0%
	Spanish	1,019	25.1%
<b>Kern</b>	Entire Population	274,105	100.0%
	Spanish	93,232	34.0%
<b>Kings</b>	Entire Population	40,885	100.0%
	Spanish	13,604	33.3%
<b>Lake</b>	Entire Population	20,497	100.0%
	Spanish	2,398	11.7%

<b>Los Angeles</b>	Entire Population	2,705,779	100.0%
	Spanish	1,135,732	42.0%
	Armenian	60,909	2.3%
	Cantonese	29,744	1.1%
	Korean	25,707	1.0%
	Vietnamese	23,040	0.9%
	Mandarin	23,197	0.9%
	Farsi	12,306	0.5%
	Tagalog	11,509	0.4%
	Russian	10,726	0.4%
	Cambodian	8,103	0.3%
	Other Chinese	8,759	0.3%
	Arabic	5,066	0.2%
<b>Madera</b>	Entire Population	51,901	100.0%
	Spanish	23,724	45.7%
<b>Marin</b>	Entire Population	27,149	100.0%
	Spanish	13,126	48.3%
<b>Mendocino</b>	Entire Population	27,460	100.0%
	Spanish	6,053	22.0%
<b>Merced</b>	Entire Population	97,657	100.0%
	Spanish	34,868	35.7%
<b>Modoc</b>	Entire Population	2,172	100.0%
	Spanish	174	8.0%
<b>Mono</b>	Entire Population	2,105	100.0%
	Spanish	1,099	52.2%
<b>Monterey</b>	Entire Population	122,980	100.0%
	Spanish	71,990	58.5%
<b>Napa</b>	Entire Population	21,930	100.0%
	Spanish	10,698	48.8%
<b>Nevada</b>	Entire Population	14,663	100.0%
	Spanish	1,166	8.0%
<b>Orange</b>	Entire Population	573,530	100.0%
	Spanish	234,007	40.8%
	Vietnamese	55,157	9.6%
	Korean	5,081	0.9%
	Farsi	4,361	0.8%
<b>Placer</b>	Entire Population	37,834	100.0%
	Spanish	4,745	12.5%
<b>Riverside</b>	Entire Population	509,379	100.0%
	Spanish	162,068	31.8%

<b>Sacramento</b>	Entire Population	370,337	100.0%
	Spanish	52,795	14.3%
	Russian	17,419	4.7%
	Hmong	8,925	2.4%
	Vietnamese	7,677	2.1%
	Cantonese	5,368	1.4%
<b>San Benito</b>	Entire Population	12,951	100.0%
	Spanish	5,554	42.9%
<b>San Bernardino</b>	Entire Population	577,160	100.0%
	Spanish	150,103	26.0%
<b>San Diego</b>	Entire Population	537,241	100.0%
	Spanish	173,771	32.3%
	Arabic	15,014	2.8%
	Vietnamese	10,173	1.9%
	Tagalog	6,261	1.2%
<b>San Francisco</b>	Entire Population	151,299	100.0%
	Cantonese	38,927	25.7%
	Spanish	27,762	18.3%
	Russian	4,453	2.9%
	Vietnamese	3,641	2.4%
	Tagalog	3,477	2.3%
	Mandarin	3,090	2.0%
<b>San Joaquin</b>	Entire Population	209,147	100.0%
	Spanish	54,376	26.0%
<b>San Luis Obispo</b>	Entire Population	40,178	100.0%
	Spanish	10,679	26.6%
<b>San Mateo</b>	Entire Population	99,818	100.0%
	Spanish	42,835	42.9%
<b>Santa Barbara</b>	Entire Population	98,656	100.0%
	Spanish	50,879	51.6%
<b>Santa Clara</b>	Entire Population	305,102	100.0%
	Spanish	103,372	33.9%
	Vietnamese	36,416	11.9%
	Mandarin	7,782	2.6%
	Tagalog	5,305	1.7%
	Cantonese	3,381	1.1%
<b>Santa Cruz</b>	Entire Population	51,650	100.0%
	Spanish	25,204	48.8%
<b>Solano</b>	Entire Population	79,367	100.0%
	Spanish	18,026	22.7%
<b>Sonoma</b>	Entire Population	80,455	100.0%
	Spanish	31,094	38.6%

<b>Stanislaus</b>	Entire Population	157,179	100.0%
	Spanish	43,445	27.6%
<b>Sutter</b>	Entire Population	28,579	100.0%
	Spanish	6,335	22.2%
<b>Tehama</b>	Entire Population	19,948	100.0%
	Spanish	3,409	17.1%
<b>Tulare</b>	Entire Population	191,835	100.0%
	Spanish	76,847	40.1%
<b>Ventura</b>	Entire Population	150,003	100.0%
	Spanish	71,989	48.0%
<b>Yolo</b>	Entire Population	37,479	100.0%
	Spanish	11,246	30.0%
<b>Yuba</b>	Entire Population	22,174	100.0%
	Spanish	3,548	16.0%

<sup>i</sup> California Code of Regulations (CCR), Title 9, Rehabilitative and Developmental Services, Section 1810.410 (f) (3).

<sup>ii</sup> Language Access, Department of Mental Health, Office of Multi-Cultural affairs, July 2009