



**NEVADA
COUNTY**
CALIFORNIA

**Behavioral
Health**

Nevada County Behavioral Health

**Cultural Competency and Linguistic
Proficiency Plan Annual Plan**

Calendar Year 2026

TABLE OF CONTENTS

FACESHEET	1
OVERVIEW.....	2
I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE	3
Nevada County Cultural and Linguistic Proficiency Goals.....	4
II. DATA, ANALYSIS, AND OBJECTIVES.....	8
A. County Geographic and Socio-Economic Profile	8
1. Geographical location and attributes of the county	8
2. Demographics of the county	8
3. Socio-economic characteristics of the county.....	9
4. Analysis of disparities identified in penetration rates	11
5. Penetration rates trends over the last four years	12
6.	
7.	
8.	
9. Substance Use Disorder Penetration Rates (SmartCare Data)	14
III. MEETING CULTURAL AND LINGUISTIC PROFICIENTY REQUIREMENTS	16
A. Outline the culturally-specific services available to meet the needs of diverse populations, including peer-driven services; identify issues and methods of mitigation	16
B. Describe the mechanisms for informing clients of culturally-proficient services and providers, including culturally-specific services and language services; identify issues and methods of mitigation.....	17
C. Outline the process for capturing language needs and the methods for meeting those needs; identify issues and methods of mitigation	18
D. Describe the process for reviewing grievances and appeals related to cultural and linguistic proficiency; identify issues and methods of mitigation	18
IV. STAFF AND SERVICE PROVIDER ASSESSMENT	19
A. Current Composition.....	19
1. Ethnicity by Function	19
2. Staff Proficiency in Reading and/or Writing in a Language Other Than English By Function and Language	19
B. Analyze staff disparities and related objectives	19
C. Identify barriers and methods of mitigation	20
V. TRAINING IN CULTURAL PROFICIENCY (CY 2025).....	21
A. List of Cultural and Linguistic Competence Trainings.....	21

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CHECKLIST OF THE 2010 CULTURAL COMPETENCY PLAN REQUIREMENTS CRITERIA

- CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE
- CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS
- CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES
- CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM
- CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES
- CRITERION 6: COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF
- CRITERION 7: LANGUAGE CAPACITY
- CRITERION 8: ADAPTATION OF SERVICES

It is the mission of Nevada County Behavioral Health is to enable individuals in our community who are affected by mental illness and serious emotional disturbances to achieve the highest quality of life. To accomplish this goal, services must be delivered in the least restrictive, most accessible environment within a coordinated system of care that is respectful of a person's family, language, heritage, and culture.

OVERVIEW

Nevada County Behavioral Health (NCBH) strives to deliver culturally-, ethnically-, and linguistically appropriate services to all behavioral health clients and their families. We recognize the importance of developing services that are sensitive to diverse cultures, including Hispanic, Asian, Native American and other racial and ethnic groups; persons with disabilities; consumers in recovery (from mental health or substance use); LGBTQ+ community; various age groups (Transition Age Youth – TAY, Older Adults); veterans; faith-based; physically disabled; and persons involved in the correctional system.

Developing a culturally and linguistically proficient system requires the commitment and dedication from leadership, staff, and the community to continually strive to learn from each other. This goal also requires ongoing training and education at all staff levels. The following Cultural and Linguistic Proficiency (CLP) Plan reflects the NCBH ongoing commitment to improve services, thereby expanding access to services, quality care, and improved outcomes. The CLP Plan addresses the requirements from the Department of Health Care Services (DHCS) for both Mental Health and Substance Use Disorder (SUD) services, including the Cultural and Linguistic Standards (CLAS).

The Cultural and Linguistic Proficiency (CLP) Committee was started in 2000 when the first CLP plan was developed. The CLP Committee is comprised of Behavioral Health staff, clients/staff for other county agencies, community members, and interested community stakeholders. The CLP Committee meets every month and reviews data, plans activities to support the development of culturally and linguistically proficient services, and identifies training and outreach activities, as well as provides a supportive forum for resource sharing amongst providers and within the community.

NCBH also maintains a 24/7 access line as an entry point to services, reducing barriers to accessing assessment and mental health treatment and strengthening commitment to cultural competency from the start of a client's journey with our system of care. The 24/7 access line is tested multiple times each month for Spanish speaking and other languages to ensure that persons speaking Spanish and other languages will have the call available in their preferred language (whether through interpreter or native speaking service provider). These test calls include requests for both mental health and SUD services. There is a total of 18 test calls per quarter, at least 6 of them in Spanish. All informing materials for clients are also available in multiple formats and threshold languages (Spanish), and available on request to clients/providers, further supporting reducing barriers to engaging with and receiving culturally competent services.

I. COMMITMENT TO CULTURAL AND LINGUISTIC COMPETENCE

a. **Nevada County Behavioral Health System Commitment To Cultural Competence**

- A. Policies, procedures, or practices that reflect steps taken to fully incorporate the recognition and value of racial, ethnic, and cultural diversity within the NCBH county behavioral health system.

NCBH has multiple policies, procedures and practices in place that reflect steps taken to fully incorporate the recognition and value of racial, ethnic, and cultural diversity within the County Behavioral Health System and to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. The Department is committed to embedding cultural sensitivity and inclusiveness into all its activities. It maintains close oversight of this value and requires all planning efforts directly address cultural competence.

The Cultural Competence Plan is solely dedicated to advancing the Department's overall cultural competence. Policies and procedures and practices include the following, which are available on request:

- #132 Professional Behavior
- #139 Ethics and Conduct Policy
- #171 Cultural Competence
- #172 Community Outreach and Awareness
- #222 Meeting Consumer Cultural and Linguistic Needs
- #223.1 Cultural Competence Program
- #223 Culturally Diverse Access
- #228 Information for Visually and or Hearing-Impaired Clients
- #516 Availability of Written Materials in English and Spanish

b. **County recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system**

NCBH department and staff are committed to constantly improving services to meet the needs of culturally diverse individuals seeking and receiving services. It is the expectation of NCBH that all network and organizational providers will be accountable for providing culturally and linguistically competent services. All contracts with organizational providers include a provision on Cultural Competence stating the contractor shall comply with all federal regulations regarding discrimination based upon race, sex, sexual orientation, color ancestry, religion/religious creed, national origin or ethnic group identification for both employment and provision of services to any consumers of Nevada County.

Cultural awareness and ongoing collaborative discussions are an integrated part of our child, youth, adult, older adult, and SUD service delivery systems. We ensure discussions include understanding of how diverse backgrounds influence outcomes, and the importance of understanding an individual's culture and unique perspectives to better combine or weave together western methodologies and philosophies with understanding and encouragement of traditional or cultural healing practices and methods. We also ensure planning activities for the Behavioral Health Services Act (BHSA) include promoting culturally sensitive services, outlining the importance of integrating an individual's culture and community (including involving families and other natural supports in treatment wherever possible). In addition to the BHSA planning process, NCBH takes care to prioritize cultural considerations in multidisciplinary team meetings, where clients, family, staff, and other support persons come together to develop a comprehensive plan for treatment engagement and success. Working as a team enhances our ability to understand how culture can shape the choices, goals, and outcomes for each of our community members. As part of this planning process, we include discussions on how to incorporate cultural or spiritual leaders into our services as a support network for those receiving services with our agency. This teamwork is consistently represented in our system of care, woven throughout meetings and interactions at all levels and across agencies, including our allied partner agencies, with whom we work closely to promote an open learning environment.

c. Nevada County Cultural and Linguistic Proficiency Goals

Nevada County has devoted additional resources to meaningful progress and monitoring of these goals. Based on analysis of the previous year's outcomes and priorities for the coming year, each goal has been reviewed and modified as necessary, and as outlined below.

Goal 1:

- a. 2025 Goal: NCBH will increase the penetration rates for services provided to the Hispanic population from 4.72% to 5.5% through the use of targeted community outreach and education to reduce stigma and increase awareness of mental health services in both Eastern and Western Nevada County. Activities to increase access for Hispanic people include training staff to accurately document race and ethnicity, so we can accurately know the number of persons served; hiring bi-lingual staff; develop a culturally-diverse and welcoming environment at access points; integrate health and behavioral health care; expand membership on key committees and planning groups; and offer culturally-diverse outreach into the Hispanic community.
- b. Update for FY 24/25: The FY 24/25 penetration rate for Hispanic eligibles was 8.03% across both MH and SUD. The MH penetration rate was 6.83% (303 members served compared to 4,392 enrollees) and the SUD penetration rate was 1.20%. Since the penetration rate has improved significantly, it appears the activities to improve access have been helpful. The interventions will continue to include regular updates by Promotoras at

Cultural Competence Committee (CCC) meetings. Additionally in each of our clinic settings one or more staff are strong advocates for the Hispanic community and endeavor to provide a welcoming environment to encourage access.

- c. 2026 Updated Goal: NCBH will maintain the penetration rates for specialty mental health services provided to Hispanic members at 6.83% and 1.2% through the use of targeted community outreach and education to reduce stigma and increase awareness of mental health services in both Eastern and Western Nevada County. Activities to increase access for Hispanic people include training staff to accurately document race and ethnicity, hiring bi-lingual staff, seeking spaces within the Hispanic community to provide outreach and education, and increasing collaboration with Promotoras (community health workers). Specifically, Promotoras from Eastern and Western Nevada County are members of the Cultural Competency Committee (CCC) and provide regular updates at CCC meetings on both needs and strategies for effectively outreaching to the Hispanic community regarding behavioral health services.

Goal 2:

- d. 2025 Goal: NCBH will participate in at least one LGBTQ+ outreach event in FY 24/25, and will offer at least one LGBTQ+ related training to staff.
- e. Update for FY 24/25: In FY 24/25, NCBH was a major sponsor, organizer and participant in the Nevada County Pride community outreach through the Pride family picnic, which featured 500 attendees. NCBH staff volunteered time extensively to prepare for this event. NCBH also provided formal trainings on “Nevada County Pride, Being an Ally,” and “Transgender, Gender Diverse, Intersex.”
- f. 2026 Updated Goal: NCBH will participate in at least one LGBTQ+ outreach event in FY 25/26, and will offer at least one LGBTQ+ related training to staff.

Goal 3:

- g. 2025 Goal: Improve data quality to measure the number of clients experiencing homelessness. Identify uniform data measurement practice (i.e. problem list, demographics screen) and implement quarterly data quality audits to improve data completion and accuracy.
- h. Update for FY 24/25: Implemented uniform data measurement practice to collect homelessness status in Client Problem List as “Z59.00 SNOMED 3291100” and conducted staff and contractor training in July 2025

- i. 2026 Updated Goal: Improve data quality to measure the number of clients experiencing homelessness. Implement uniform data measurement practice (i.e. problem list, demographics screen) and implement quarterly data quality audits to improve data completion and accuracy.

Goal 4:

- j. 2025 Goal: Enhance services to Older Adults (65+) by increasing the number of individuals 65+ who participate in group services.
- k. Update for FY 24/25:
 - i. In FY 23/24, 42 clients age 65 or above received a group service.
 - ii. In FY 24/25, 44 clients age 65 or above received a group service.
 - iii. Other related data: 246 clients age 65 or above received any service from NCBH in FY 23/24, and this number decreased slightly to 242 in FY 24/25.
 - iv. The penetration rate for clients age 65 decreased from 9.34% in FY 23/24 to 7.85% in FY 24/25. This is due to the number of Medi-Cal eligibles increasing from 2,635 in FY 23/24 to 3,084 in FY 24/25.
- d. 2026 Updated Goal: Enhance services to Older Adults (65+) by increasing the number of individuals 65+ who participate in group services.

Goal 5:

- a. 2025 Goal: NCBH will require all staff and stakeholders to receive annual cultural competency training. NCBH will offer at least one cultural competency training annually, and will monitor the compliance of both NCBH and Contractor staff in completing cultural competency training biannually.
- b. Update for FY 24/25: NCBH provides annual cultural competency training to staff, contractors and stakeholders. Please refer to Section V, Training in Cultural Proficiencies, for additional information. In FY 24-25 a total of 87 NCBH staff completed cultural competence training. NCBH contractors submitted attestations confirming that their staff completed cultural competence training.
- c. 2026 Updated Goal: NCBH will require all staff to receive annual cultural competency training. NCBH will offer at least one cultural competency training annually, and will monitor the compliance of both NCBH and Contractor staff in completing cultural competency training biannually.

Goal 6:

- d. 2025 Goal: Increase the percentage of members who receive at least one Peer Support Service.
- e. Update for FY 24/25: In FY 24/25, 274 individuals of the 2,758 clients served by NCBH (9%) received at least one Peer Support Service, compared to 112 individuals out of 2,609 clients served (4%) who received Peer Support Services in FY 23/24. This goal is consistent with the NCBH non-clinical Performance Improvement Project, Increasing Recipients of Peer Support Services.
- f. 2026 Updated Goal: Continue to increase the percentage of

members who receive at least one Peer Support Service.

Goal 7:

- g. 2025 Goal: NCBH will increase its cultural competency in providing behavioral health services to Native American residents of Nevada County. Specific activities will include providing at least one training specific to working with the Native American population to NCBH staff and assisting CHIRP (California Heritage: Indigenous Research Project) in exploring the new benefit allowing billing Medi-Cal for providing traditional health practices and services.
- h. Update for FY 24/25: 1) Nevada County Behavioral Health partnered with the Native Wellness Institute to provide the “Being an Ally in Indian Country” training for all NCBH staff on January 9th, 2025. This training focused on allyship and explored effective ways to serve Native communities.
2) CHIRP has been participating in a Nevada County Behavioral Health Learning Collaborative to explore options for billing Medi-Cal and increasing funding diversity, including exploring the new Medi-Cal benefit for providing traditional health practices and services. NCBH has also been in conversation with the local Indian Health Care Provider Chapa De to explore their interest in partnering with CHIRP, as our understanding of the requirements is that CHIRP would need to partner with Chapa De to provide and bill for this benefit.
- i. 2026 Updated Goal: NCBH will increase its cultural competency in providing behavioral health services to Native American residents of Nevada County. Specific activities will include providing at least one training specific to working with the Native American population to NCBH staff and assisting CHIRP (California Heritage: Indigenous Research Project) in exploring the new benefit allowing billing Medi-Cal for providing traditional health practices and services.

d. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural competence

NCBH has a designated Cultural Competence/Ethnic Services Manager who is responsible for monitoring the development of appropriate mental health services that will meet the needs of the county’s racial, ethnic, cultural and linguistic populations.

The Cultural Competence/Ethnic Services Manager position is filled by the NCBH Quality Assurance Manager who has direct access to the Director of NCBH regarding any concerns that impact the delivery of culturally competent services to the consumers of Nevada County.

e. Identify budget resources targeted for culturally competent activities

While NCBH does not have a specific line item in our budget for cultural competency activities, cultural competency activities are embedded in our training funds as well as our entire behavioral health system. Examples

include the use of BHSA funds for outreach to diverse populations, including Latinx communities, Native American communities, and LGBTQ+ youth. In FY 25/26, NCBH has allocated \$4,000 to Interpreter services, \$247,234 to LatinX Promotoras programming, \$92,700 to Native American outreach, and \$71,519 to LGBTQ+ youth programming.

II. DATA, ANALYSIS AND OBJECTIVES ASSESSMENT OF SERVICE NEEDS

A. County Geographic and Socio-Economic Profile

1. Geographical location and attributes of the county

Nevada County is a small, rural, mountain community home to 102,195 individuals (July 1, 2024 U.S. Census estimates). Approximately 82.4% of the Nevada County residents identify their race as White. Approximately 4.1% of Nevada County residents identify their race as African American, Alaskan Native, Native American, Asian, and Pacific Islander. Persons who are Hispanic represent 11.3% of the population, Asian/Pacific Islander represent 2.0% of the population, and Alaskan Native/ Native American represent 1.3% of the population, and two or more races represent 3.6% of the population. Nevada County has one threshold language, Spanish.

The county lies in the heart of the Sierra Nevada Mountains and covers 974 square miles. Nevada County is bordered by Sierra County to the north, Yuba County to the west, Placer County to the south, and the State of Nevada to the east. The county seat of government is in Nevada City. Other cities include the city of Grass Valley and the Town of Truckee, as well as nine unincorporated cities.

In winter, it is often difficult to access the Lake Tahoe region of the county, when inclement weather makes travel through the Sierras difficult. As a result, individuals in the Lake Tahoe region may be isolated and unable to easily access services.

2. Demographics of the county

Figure 1 shows age, race/ethnicity, and gender of the general population. For the estimated July 1, 2024 population of 102,195 residents who live in Nevada County, 16.7% are children/youth under 18, 52.8% adults 18-64 and 30.5% 65+ years. The majority of persons in Nevada County (82.4%) are Caucasians. Persons who are Hispanic or Latinx 11.3%, Asian/Pacific Islander represent 2.0%, and Black/African American represent 0.8%. There are slightly more females (50.6%) than males (49.4%) in the county.

Table 1
Nevada County Residents
By Age, Race/Ethnicity, and Gender
(Population Source: July 1, 2023 US Census Estimates)

	Nevada County Population July 1, 2023 Census Estimates	
Age Distribution	Number	Percent
0 – 5 years	3,883	3.8%
6 – 17 years	13,183	12.9%
18 – 64 years	53,959	52.8%
65+ years	31,170	30.5%
Total	102,195	100%
Race/Ethnicity Distribution	Number	Percent
Black/African American	818	0.8%
American Indian/Alaskan Native	1,329	1.3%
Asian	1,840	1.8%
Native Hawaiian/Pacific Islander	204	0.2%
White (not Hispanic)	84,209	82.4%
Hispanic or Latinx	11,458	11.3%
Two or More Races	3,679	3.6%
Total	102,195*	100%
Gender Distribution	Number	Percent
Male	50,484	49.4%
Female	51,711	50.6%
Total	102,195	100%

* Note: Race/Ethnicity percentages from US Census website add up to 101.3% so some people were counted in more than one category.

3. Socio-economic characteristics of the county

Nevada County businesses are frequently tourist-focused due to many outdoor recreational opportunities: camping; fishing; hiking; boating; winter sports activities; gold mining and historical sites; and an active artistic and musical community.

Over ten percent (10.9%) of the individuals in Nevada County were below the poverty level in July 2024, compared to the statewide average of 11.8%. The median household income from 2019 to 2023 was \$84,905, compared to the state-wide median family income of \$96,334 during the same period.

There has been a significant increase in the number of persons who are eligible for Medi-Cal benefits since 2000. In 2000, there were 5,277 individuals on Medi-Cal in the Nevada County area. In State Fiscal Year FY 2024-25, this number more than quintupled to 29,863.

Low-income housing is a rare commodity in this county. In fact, unemployment and housing concerns were the two highest ranked issues for all categories of respondents in a needs assessment survey. A significant part of the

unemployed work force has a high level of education and/or specialized work skills that surpass the needed level for Nevada County’s available jobs. Although under-employment is an ongoing problem in most rural counties, the severe unemployment problem that hit Nevada County in the 1990’s has compounded the problem. There was a 100% increase in unemployment from 1990 to 1992 in Nevada County, at which time unemployment was 9% according to the Nevada County Planning Department. According to the U.S. Bureau of Labor Statistics, in 2017, there was 4.1% unemployment in Nevada County. In February 2020 unemployment was only 3.6%, but due to the coronavirus pandemic it reached a peak of 15.2% in April 2020. By July 2021 unemployment had been reduced to 5.7% and in as of August 2025 it is estimated to be 5.1%.

Table 2
Nevada County Mental Health Penetration Rates By Age, Race/Ethnicity, Language, and Gender
 (Source: SmartCare and DHCS California Open Data Portal)

	Nevada County Average Number of Medi-Cal Enrollees FY 24/25		Number of Medi-Cal Mental Health Clients Served FY 24/25		Mental Health Medi-Cal Penetration Rate FY 24/25
Age Distribution					
Age 0-18	9,137	30.60%	942	32.88%	10.31%
Age 19-44	11,217	37.56%	1,089	38.01%	9.71%
Age 45-64	6,425	21.51%	591	20.63%	9.20%
Age 65+	3,084	10.33%	242	8.45%	7.85%
Unknown	-	-	1	0.03%	-
Total	29,863	100%	2,865	100%	9.59%
Race/Ethnicity Distribution					
Black/African American	229	0.77%	47	1.64%	20.52%
American Indian/Alaskan Native	170	0.57%	53	1.85%	31.18%
Asian/Pacific Islander	379	1.27%	27	0.94%	7.12%
White/Caucasian	19,916	66.68%	1,745	60.91%	8.76%
Hispanic	4,392	14.71%	300	10.47%	6.83%
Other/Unknown	4,778	16.00%	693	24.19%	14.50%
Total	29,863	100%	2,865	100%	9.59%
Gender Distribution					
Female	15,148	50.72%	1,380	48.17%	9.11%
Male	14,715	49.28%	1,410	49.21%	9.58%
Unknown	-	-	75	2.62%	-
Total	29,863	100%	2,865	100%	9.59%
Language Distribution					
English	27,539	92.22%	2,345	81.85%	8.51%
Spanish	2,111	7.07%	111	3.87%	5.26%
Vietnamese	14	0.07%	0	0.00%	0.00%
Russian	22	0.05%	0	0.00%	0.00%
Other/ Other Non-English	8	0.03%	0	0.00%	0.00%
Missing/Unknown	12	0.04%	6	0.21%	50.00%
Total	29,863	100%	2,865	100%	9.59%

Distribution totals may differ from averages due to rounding.

4. Analysis of disparities identified in penetration rates

The penetration rates in Table 2 were calculated by dividing the number of Medi-Cal clients served by the total number of Medi-Cal members for each subgroup. The penetration rate for Caucasian Medi-Cal members (8.76%) is slightly lower than the total penetration rate of 9.59%. The penetration rate for Hispanic Medi-Cal members is 6.83%, a significant increase from FY 23-24 (4.72%) mainly due to an increase in the number of Hispanic Medi-Cal members served, which was 303 in FY 24-25 compared to 204 in FY 23-24. This penetration rate difference may be related to the success of NCBH activities to increase access for Hispanic people (please refer to Goal 1 in Section 1 above). The small numbers of persons served in the population for other race/ethnicities creates variability in the data and is therefore difficult to interpret, although most have higher penetration rates. The penetration rate data for age shows that there are higher penetration rates for all younger age groups, ranging from 7.85% for older adults to 10.31% for children and youth. This is consistent with the FY 22-23 Kingsview data, which showed higher penetration rates for younger age groups, and the lowest penetration rate for older adults.

Of the clients who received one or more mental health services in FY 2024/25, 32.88% were Children and Youth ages 0-18; 38.01% were adults ages 19-44; 20.63% adults ages 45-64; and 8.45% were older adults ages 65 and older. There were 60.91% White/Caucasian clients, 10.47% Hispanic/Latinx clients, and the remainder were a smaller number of clients of other races/ethnicities. A majority of clients were male (49.21%) compared to female (48.17%) and 2.62% other or unknown. There were 81.85% of the clients whose primary language was English, 3.87% whose preferred language was Spanish, 0.4% identified as speaking another language, and 0.21% unknown.

The penetration rate data by age shows that 9.59% of the Nevada County Medi-Cal eligible individuals received mental health services. Of these individuals, Children and youth had a penetration rate of 10.31%; Adults ages 19-44 had a penetration rate of 9.71%; Adults ages 45-64 had a penetration rate of 9.2%; and older adults had a penetration rate of 7.85%.

For race/ethnicity, persons who are White/Caucasian had a penetration rate of 8.76% and persons who are Hispanic/Latinx had a penetration rate of 6.83%. Due to the small number of members of other races, the data is more challenging to interpret accurately. Males had a penetration rate of 9.58%, females had a penetration rate of 9.11%.

For language distribution, English speaking Medi-Cal members had a penetration rate of 8.51% and members with a primary language of Spanish had a penetration rate of 5.26%, which is an increase from 2.8% in FY 23-24. One of our goals is to increase services provided to Hispanic/Latinx members through the use of targeted community outreach and education to reduce stigma and increase awareness of mental health services, which we anticipate will include more Spanish speakers. The penetration rate for Medi-Cal

members speaking other languages (Vietnamese, Chinese, Russian and other languages) is difficult to evaluate because of the low total numbers of members.

5. Penetration rate trends over the last four years

We have also analyzed our penetration rates for the past four years for age and race/ethnicity. (See Tables 3 and 4, and Figure 4A), which were calculated by comparing the number of Medi-Cal clients served with the total number of Medi-Cal members for each sub-group. This year we are comparing four years instead of three (as done in previous Cultural and Linguistic Proficiency Plans) to display the different results before and after changing our EHR from Kingsview to SmartCare.

Table 3 data shows a marked increase in the percentage of Medi-Cal clients served in FY 2023-24 and 2024-25, which may be related to the change to SmartCare, which is capturing additional services such as access services. Note that there are different age groupings beginning in FY 2023-24 also due to the differences in data sources.

**Table 3
Nevada County Mental Health Service
FY 2021/22 to FY 2024/25
By Age Distribution**

(Source: Kingsview FY 21-22 and 22-23 /
SmartCare FY 23-24 and 24-25)

Age Distribution	0-17	18-24	25-64	65+	TOTAL
FY 2021-22 # of Clients	501	162	901	88	1,652
FY 2021-22 # of M/Cal Eligibles	6,459	2,241	14,045	2,379	25,124
FY 2021-22 Penetration Rate	7.8%	7.2%	6.4%	3.7%	6.6%
FY 2022-23 # of Clients	504	183	900	113	1,700
FY 2022-23 # of M/Cal Eligibles	6844	2389	14970	2668	26,871
FY 2022-23 Penetration Rate	7.4%	7.7%	6.0%	4.2%	6.3%

Age Distribution	0-18	19-44	45-64	65+	Unknown	TOTAL
FY 2023-24 # of Clients	761	1,010	533	246	1	2,551
FY 2023-24 # of M/Cal Eligibles	9,441	11,830	6,665	2,635	-	30,571
FY 2023-24 Penetration Rate	8.06%	8.54%	8.00%	9.34%	-	8.34%
FY 2024-25 # of Clients	9,137	11,217	6,425	3,084		29,863
FY 2024-25 # of M/Cal Eligibles	942	1,089	591	242	1	2,865
FY 2024-25 Penetration Rate	10.31%	9.71%	9.20%	7.85%	-	9.59%

Age Distribution	0-17	18-64	65+	TOTAL
July 1, 2024 Census Population	17,066	53,959	31,170	102,195

Historically there has been a large older adult population in Nevada County, but a small number of individuals access services. An important area of focus in recent years has been to reach out to both older adults and caregivers. As shown by the increase in penetration rate from 3.7% in FY 2021-22 to 9.34% in FY 2023-24 for 65+, these efforts may already be having an impact. For FY 2024-25 the older

adult penetration decreased to 7.85, but the number of members served was almost the same (242 compared to 246) meaning this was largely due to an increase in the number of Medi-Cal eligibles in this age group.

Table 4 and Figure 4A show the penetration rate based on race/ethnicity. The total number of clients served has increased from 1,652 in FY 2021-22 and 1,782 in FY 2022-23, to 2,551 in FY 2023-24 and 2,865 in FY 2024-25. As reported above, there was a significant increase in the number served and penetration rate in FY 2024-25 for Hispanic/Latinos, which shows that the effort to increase access for those with Hispanic/Latinx ethnicity described in Goal 1 may be succeeding. No reliable conclusions can be drawn for the penetration rates for the other ethnic groups due to the lower numbers.

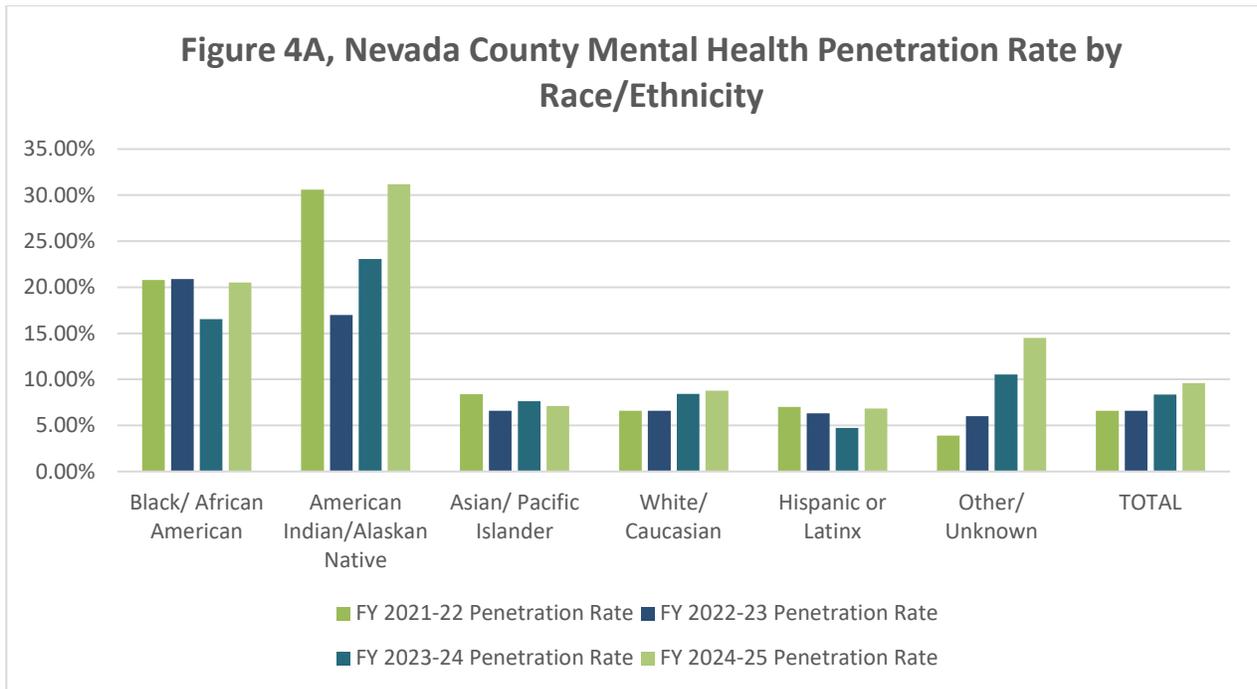
Table 4
Nevada County Mental Health Service
FY 2022/23 to FY 2024/25
By Race/Ethnicity

(Source: Kingsview FY 21-22 and 22-23 /
SmartCare FY 23-24 and 24-25)

RACE/ETHNICITY →	Black/ African American	American Indian/Alaskan Native	Asian/ Pacific Islander	White/ Caucasian	Hispanic or Latinx	Other/ Unknown	TOTAL
FY 2021-22 # of Clients	30	48	24	1,208	227	115	1,652
FY 2021-22 # of M/Cal Eligibles	144	157	285	18,322	3,251	2,961	25,120
FY 2021-22 Penetration Rate	20.8%	30.6%	8.4%	6.6%	7.0%	3.9%	6.6%
FY 2022-23 # of Clients	34	28	21	1,276	223	200	1782
FY 2022-23 # of M/Cal Eligibles	163	165	316	19346	3529	3348	26867
FY 2022-23 Penetration Rate	20.9%	17.0%	6.6%	6.6%	6.3%	6.0%	6.6%
FY 2023-24 # of Clients	35	41	29	1,765	201	480	2,551
FY 2023-24 # of M/Cal Eligibles	212	178	380	20,985	4,260	4,558	30,571
FY 2023-24 Penetration Rate	16.54%	23.07%	7.64%	8.41%	4.72%	10.53%	8.34%
FY 2024-25 # of Clients	47	53	27	1,745	300	693	2,865
FY 2024-25 # of M/Cal Eligibles	229	170	379	19,916	4,392	4,778	29,863
FY 2024-25 Penetration Rate	20.52%	31.18%	7.12%	8.76%	6.83%	14.50%	9.59%
July 1, 2024 Census Population	818	1,329	2,044	84,209	11,458	3,679 (Two or More)#	102,195*

#US Census included a category for Two or More Races, but no category for Other or Unknown.

* Note: Race/Ethnicity percentages from US Census website add up to 101.3% so some people were counted in more than one category.



6. Substance Use Disorder Penetration Rates (SmartCare Data)

Table 5 shows the percentage of Medi-Cal members who accessed SUD services in FY 2024/25, based on claims data from SmartCare. From this data, a penetration rate was calculated, showing the percent of persons who are Medi-Cal members who received services from NCBH in FY 2024/25. This data is shown by age, race/ethnicity, and gender.

There were 954 Medi-Cal members who received SUD services in FY 2024/25, which was an increase from 878 in FY 2023/24. Of these individuals, 1.47% were children and youth; 67.71% were adults ages 19-44; 27.78% were adults ages 45-64; and 2.94% were older adults. 77.98% of the clients were Caucasian, 5.56% were Hispanic, 3.04% were American Indian/Alaskan Native and 11.74% were of unknown race/ethnicity. The other race/ethnicity groups represented a less than 1.5% each. The majority of clients were males (63.21%) compared to females (36.16%).

The penetration rate data shows that 3.19% of the Nevada County Medi-Cal members received SUD services, or 954 clients out of the 29,863 Medi-Cal members. Of these individuals, children had a penetration rate of 0.15%, adults ages 19-44 had a penetration rate of 5.76%, adults ages 45-64 had a penetration rate of 4.12%, and older adults had a penetration rate of 0.91%.

For race/ethnicity, persons who are Caucasian had a penetration rate of 3.74%, persons who are Hispanic had a penetration rate of 1.2%. All other race/ethnicity groups represented a small number of individuals, so the percentages tended to be skewed either very high or low. Males had a penetration rate of 4.1%, and females had a penetration rate of 2.28%.

Table 5
Nevada County Medi-Cal Substance Use Disorder Penetration Rates
by Gender, Age, and Race/Ethnicity

(Source: SmartCare and DHCS California Open Data Portal)

	Nevada County Average Number of Enrollees FY 24/25		Number of Medi-Cal SUD Clients Served FY 24/25		SUD Medi-Cal Penetration Rate FY 24/25
Age Distribution					
Age 0-18	9,137	30.60%	14	1.47%	0.15%
Age 19-44	11,217	37.56%	646	67.71%	5.76%
Age 45-64	6,425	21.51%	265	27.78%	4.12%
Age 65+	3,084	10.33%	28	2.94%	0.91%
Unknown	-	-	1	0.10%	-
Total	29,863	100%	954	100%	3.19%
Race/Ethnicity Distribution					
Black/ African American	229	0.77%	14	1.47%	6.11%
American Indian/ Alaskan Native	170	0.57%	29	3.04%	17.06%
Asian/ Pacific Islander	379	1.27%	2	0.21%	0.5%
White/ Caucasian	19,916	66.68%	744	77.98%	3.74%
Hispanic	4,392	14.71%	53	5.56%	1.20%
Other/ Unknown	4,778	16.00 %	112	11.74%	2.34%
Total	29,863	100%	954	100%	3.19%
Gender/Sex Distribution					
Female	15,148	50.72%	345	36.16%	2.28%
Male	14,715	49.28%	603	63.21%	4.10%
Unknown	-	-	6	0.63%	-
Total	29,863	100%	954	100%	3.19%

Distribution totals may differ from averages due to rounding

*Number is higher than total Medi-Cal clients due to some members selecting more than one race/ethnicity

*Number is higher than total Medi-Cal clients due to some members having services at two different ages through the fiscal year.

III. MEETING CULTURAL AND LINGUISTIC PROFICIENCY REQUIREMENTS

A. Outline the culturally-specific services available to meet the needs of diverse populations, including peer-driven services; identify issues and methods of mitigation

We strive to incorporate discussions of delivering culturally relevant services into our monthly staff meetings, weekly team meetings, during clinical and staff supervision, contracts review, program implementations, grant seeking or writing, and during our various committee meetings. We take advantage of any regional and/or state training offered on promoting and delivering culturally-relevant services. We treat each client as an individual, with many different needs and cultures. In addition to delivering services in the person's preferred language and utilizing bicultural staff whenever possible, we also understand that age, health, gender, community, and lifestyle have an important role in meeting the individual needs of each client. It is also important to note that these needs may change over time, and staff must be sensitive to different needs as they may change.

Our biggest challenge is in hiring bilingual, bicultural staff to provide services to our Hispanic communities. We currently have eight behavioral health staff who are proficient in Spanish – two therapists, four Behavioral Health workers, one Clinical Supervisor and one Program Manager. In addition, one Medical Team member and one Behavioral Health worker are bilingual in a language other than Spanish.

In our BHSA Plans, we have repeatedly identified the need to hire additional staff that are bilingual and bicultural throughout our organization. We have been successful in developing a contract with consumers to develop the Spirit Peer Empowerment Center, a consumer run program which offers Peer to Peer Counseling. The Spirit Peer Empowerment Center employed a Spanish speaking staff member who has been instrumental in bridging gaps with our Latino/Latinx community members. Although that position is currently vacant, we recognize its critical value and remain committed to filling it promptly. We have also contracted with local Family Resource Centers who have *Promotoras* Programs in both Western and Eastern Nevada County. The *Promotora* is an individual who is Hispanic, bilingual and bicultural, and is a health educator. The *Promotora* provides outreach and engagement services to the Hispanic community, help improve access to services, and support staff in delivering culturally sensitive services. In FY 23/24, NCBH entered into a new partnership via BHSA funding with CHIRP (California Heritage: Indigenous Research Project) to provide outreach and engagement, access and linkage to services, case management support, and education and training to reduce stigma surrounding mental health for the Indigenous People of Nevada County. Additionally, NCBH entered into a new partnership in FY 23/24 to provide facilitation support and create peer-led support structures for LGBTQ+ youth in local high schools.

NCBH has also continued our HOME Team (Homeless Outreach and Medical Engagement) and devoted resources and staffing to HOME Team efforts. The purpose of this team is to identify, engage and provide case management and housing support to highly vulnerable homeless residents of Nevada County. This is done through staff of Peer Supporters, a Registered Nurse, Housing Navigators and Outreach Workers. In our BHSA Plan, we have outlined specific outreach and engagement activities to improve access for persons who are Hispanic, LGBTQ+, TAY, Older Adults, Homeless, persons with co-occurring disorders, and veterans.

Qualified bilingual staff receive a stipend. In order to receive this differential pay, employees must demonstrate proficiency in the second language that is administered through a test conducted by our Nevada County Human Resources Department. The individual is also required to spend a targeted percentage of their time providing bilingual services to qualify for this stipend.

B. Describe the mechanisms for informing clients of culturally proficient services and providers, including culturally specific services and language services; identify issues and methods of mitigation

NCBH utilizes Auburn Counseling for operation of its 24/7 Access and local crisis line. Individuals who staff this 24/7 Access Line are trained to be familiar with the culturally proficient services that we offer and are able to provide interpreter services or link clients to language assistance services as needed. NCBH added mobile crisis services in January 2024 through Sierra Mental Wellness Group (SMWG), who are trained in both language line services and engaging Promotoras when appropriate.

The NCBH *Integrated Behavioral Health Handbook* brochure (in English and Spanish) highlights available services, including culturally specific services. In addition, the guide informs clients of their right to FREE language assistance, including the availability of interpreters. This brochure is provided to clients at intake and is also available at our clinics and wellness centers throughout the county.

A *Provider Directory* is available to clients which lists provider names, population specialty (children, adult, veterans, LGBTQ+, etc.), services provided, language capability, alternative options, and whether or not the provider is accepting new clients. This directory is provided to clients upon intake and is available at our clinics and the wellness center. The Provider Directory is updated at least monthly, is published online and is also available in Spanish.

In addition, NCBH uses the following informal mechanisms to inform clients and potential clients of culturally proficient services and providers:

- NCBH Website and partner websites
- NCBH Facebook page and partner social media sites
- NCBH informal brochures and rack cards identifying available services and how to access them for targeted groups such as TAY,

older adults, and persons who are Hispanic.

- Stigma Reduction and Suicide Prevention materials in Spanish

(Mental Health Matters Nevada County and Know Overdose Nevada County local campaign materials)

- Local newsletters
- Interagency Meetings

C. Outline the process for capturing language needs and the methods for meeting those needs; identify issues and methods of mitigation

In the past, we have had difficulty in hiring bilingual, bicultural staff, especially licensed clinicians, nurses, and psychiatrists. We have recently been able to hire bilingual staff, and we have several individuals who are bilingual and live in the Truckee area. We also have multiple staff members who are engaging in coursework or training necessary to broaden their language skills and competencies, especially with Latino/Latina/Latinx clients.

Qualified bilingual staff receive an hourly pay differential, if they meet a targeted percentage of time providing Spanish services. In order to receive this differential pay, employees must demonstrate proficiency in the second language and meet the percent of time in providing services in Spanish. Currently, the county Department of Human Resources conducts a language and written proficiency exam to qualify the individual as bilingual.

D. Describe the process for reviewing grievances and appeals related to cultural and linguistic proficiency; identify issues and methods of mitigation

The Quality Improvement Committee (QIC) reviews complaints and grievances as well as tracks outcome resolution. The grievance log is a record of any issues related to cultural proficiency. The QIC reviews all issues and determines if the resolution was culturally appropriate. The QIC and CLP Committees work together as needed, as many members are on both committees, and broader perspective can be obtained if an issue arises. The QIC committee meets monthly and the CLP Committee monthly and therefore can identify additional issues and objectives to help improve services during the coming year. NCBH also ensures that our county Patient's Rights Advocate is available to all members, and our Quality Assurance Manager/Ethnic Services Manager is available to be consulted as needed in any grievance or appeals related to cultural proficiency or access barriers.

In addition, NCBH has a policy and form to allow individuals to file a problem with BHSa programs and has a resolution process in place to address these identified issues.

IV. STAFF AND SERVICE PROVIDER ASSESSMENT

A. Current Composition

The staff demographic information was based on a staff survey conducted in December 2025. Fifty-three surveys were returned, meaning that the data does not reflect the approximately 20 staff who did not return their surveys. For this reason, the numbers below are only a partial representation of the NCBH staff.

1. Ethnicity by Function (based on staff survey)

NCBH staff by function:

- Director: Caucasian
- Medical Director: Caucasian
- Program Manager or Clinical Supervisor: 7 Caucasian, 1 Hispanic, 1 Asian/Pacific Islander
- Clinical Staff and Case Managers: 19 Caucasian, 6 Hispanic, 2 American Indian/Alaska Native.
- Administrative Staff: 12 Caucasian, 2 American Indian/Alaska Native
- Medical Team: 1 Asian/Pacific Islander

2. Staff Proficiency in Reading and/or Writing in a Language Other Than English by Function and Language

NCBH Staff proficiency

- Clinical Staff
 - Spanish – 6
 - Danish-1
 - Tagalog-1
- Program Manager or Supervisor
 - Spanish – 2

B. Analyze staff disparities and related objectives

NCBH strives to hire staff members who at a minimum reflect the cultural diversity of our county. This goal has been extremely difficult for several reasons, including unprecedented shortage of overall mental health providers, much less bilingual providers. For positions at NCBH, a priority has been placed on hiring more persons who are Hispanic or Spanish bilingual. NCBH now has eight bilingual clinical staff and two bilingual program manager/supervisors.

The diversity of our workforce is not equal to our client population or our general population. As a result, we will continue to identify opportunities to recruit and retain bilingual, bicultural staff. To achieve this objective, it is our goal to have the department's employee demographics be representative of our client and community population, whenever possible.

NCBH strives to incorporate discussions of delivering culturally relevant services within our staff meetings, as well as during clinical and staff supervision. We take advantage of regional and/or state trainings offered on promoting and delivering culturally relevant services.

We treat each client as an individual, all having differing needs and cultural

backgrounds. In addition to delivering services at the person's preferred location, we understand that age, health, gender, community, and lifestyle have an important role in meeting the individual needs of each client. As circumstances and needs change over time, staff is sensitive to evaluating and implementing services that best fit the client at any given time.

NCBH has designated Brienne Chavez, LMFT, as the county's Cultural Proficiency/Ethnic Services Manager. This individual is responsible for promoting mental health services that meet the needs of our diverse population. She promotes the delivery of culturally sensitive services and provides leadership and mentoring to other staff on cultural proficiency related issues. The Cultural Competency/Ethnic Services Manager reports to, and/or will have direct access to, the Behavioral Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the county.

Our Cultural Competency Committee is a cross-agency and community committee that has representatives from NCBH, organizational providers of mental health, alcohol and drug organizational providers, public health services, peer organizations, community organizations; family members and/or consumers of mental health or substance use services. Committee members are representative of our county's general population. Membership is consistently comprised of multiple diverse members: Caucasians, Hispanics/Latinas/Latinx, Indian; adults ages 26-59 as well as multiple older or senior identified adults; several persons from the LGBTQ+ community; one member identified as a Veteran; and mixed identified genders. Law enforcement is also represented as a semi-regular attendee.

The members of the CCC Committee represent several organizational providers, community members and consumers. In addition, there are members serving on both the Mental Health Board and the CCC Committee. Working closely together, the committee will review data, organize culturally relevant activities and trainings that promote healing through engagement of one's cultural background.

NCBH has also contracted with a consultant to provide the NCBH Leadership Team with a Diversity, Equity and Inclusion (DEI) training to ensure we continue to incorporate Cultural and Linguistic Competence in our management priorities.

C. Identify barriers and methods of mitigation

The primary barrier to meeting our goal of expanding our culturally representative staff is our limited size and requirements to fill current positions, as well as overall scarcity of mental health professionals, including diverse mental health professionals. In addition, housing in our county is limited, further restricting recruitment abilities for out of county potential staff. As a result, it is difficult to recruit potential staff members that meet the qualifications for the professional positions that become available. County staff and contracted providers have attempted to mitigate through increased recruitment strategies, usage of natural and in community resources to meet services needs and gaps, and ongoing recruitment of diverse client/family members to serve in various committees.

V. TRAINING IN CULTURAL PROFICIENCIES (2025)

This section describes cultural proficiency trainings for staff and contract providers, in Calendar Year 2025.

A. List of Cultural and Linguistic Competence Trainings Attended by Staff or Contract Providers

First Date Attended	Training Title
01/09/2025	NCBH – Being an Ally in Indian Country
04/30/2025	NCBH – Nevada County Pride, Being an Ally
07/30/2025	NCBH – Complex Trauma, Systemic Racism, and for Black, Indigenous, and People of Color (BIPOC) impacted by Community Violence
08/06/2025	NCBH – Transgender, Gender Diverse, Intersex
08/11/2025	NCBH – Transgender, Gender Diverse, Intersex
09/11/2025	NCBH – Complex Trauma in Immigrant & Refugee Children and Families
Various Dates	NCBH – Building Inclusive, Affirming Program
Various Dates	NCBH – Improving behavioral Health Equity: People Who are Transgender and Nonbinary
Various Dates	NCBH - Working with Individuals Experiencing Homelessness
Various Dates	NCBH – Intro to Cultural Variations in BH for paraprofessionals
Various Dates	NCBH – Cultural Awareness and Humility
Various Dates	NCBH – Cultural Considerations Related to Suicide
Various Dates	NCBH - Cultural Humility and Implicit Bias in Behavioral Health
Various Dates	NCBH – Addressing the Behavioral Health Needs of Rural Populations
Various Dates	SMWG – Introduction to Culturally Responsive Care in Diverse Communities
Various Dates	SSYAF - Sex, Gender, and Sexuality

It is our system view that all staff will participate in a number of different learning experiences to help promote person-centered care and develop culturally sensitive services to all individuals in the mental health system. Staff will participate in a number of different learning opportunities that include face-to-face meetings and trainings, individual learning sessions online, and ongoing discussions during staff meetings, clinical team meetings and during supervision.

We have integrated cultural and linguistic proficiency training and discussions in our staff meetings. NCBH staff has expanded their knowledge of different cultures and infused this knowledge throughout rendered services. We have created a safe, learning environment where the staff members feel safe to ask questions about culture. Equally important, staff also feel comfortable in providing feedback to others regarding specific behaviors which may not have been as culturally sensitive. By creating a safe environment to ask and receive feedback, each person can learn and expand their services to better meet the needs of the community.

Psychiatry and western medicine techniques as one path to healing will be incorporated in this training. Staff will be able to understand that medications are one treatment modality that can be offered to clients as an option for helping manage risk. Staff will be aware that accepting a client's perspective in healing practices will increase the likelihood the client will engage in psychiatry.

Training will also be provided to staff that creates an understanding of the firsthand accounts and impressions of members of those living in our community that have experienced circumstances different than our own. Use of language, how to welcome individuals, and promoting opportunities to learn from individuals with lived experience will be developed. This will include training on children, TAY, families, family focused treatment, and navigating multiple service agencies. In addition, trauma focused care and creating a trauma informed community has been an ongoing topic of current trainings staff have attended.