

SIERRA COUNTY CULTURAL COMPETENCY PLAN UPDATE

2022-2023

Sierra County is the second least populated county in the State of California. In the summer months, Sierra Valley supports more cattle than the total number of Sierra County residents. Considered a “*Frontier County*”, because of remoteness and population density, Sierra County has no stoplights, fast food restaurants, movie theaters, traditional public transportation systems, hospitals, pharmacies or shopping centers. Two operating gas stations populate Sierra County, one located in Loyalton, another in Sierraville and a seasonal station on the east side of Sierra City. Former gas stations located in Downieville and Sierra City have been closed due to the high cost of environmental restoration regulations and guidelines. Most communities are geographically isolated from services and other communities. The county is bisected by the Sierra Nevada Mountain range, one pass (Yuba Pass, elevation 6,701 ft.) provides access between the east and west side communities. Harsh weather and mountain driving conditions make travel during the winter months treacherous and dangerous.

Sierra County shares a border with the State of Nevada. Neighboring counties are Plumas, Lassen, Nevada and Yuba.



Commitment to Cultural Competence

Goal I: Enhance the community's social and emotional well-being through collaborative partnerships.

Strategy 1: Create partnerships that advance an effective model of integration of mental health, physical health, and substance abuse services to achieve parity in the context of health care reform.

Sierra County has taken steps in 2018-19 to integrate the models of mental health, physical health, and substance abuse services. The Mental Health department merged with the Substance Use Disorder's department to form the Behavioral Health Department which reflects current State unification of the two departments into the Department of Health Care Services. In the process of integrating the SUD department. Sierra County Behavioral Health revised the current mission statement to encompass the following: Mental Health, Substance Use Disorders, Mental Health Services Act, and Cultural Competency. The new name is Behavioral Health Advisory Board which was approved in 2018-19. This merger strengthens the services provided by sustaining health equity within Sierra County communities.

With the lack of medical resources in Sierra County, residents fall into the underserved category in regards to physical health. Due to the remote frontier geography of Sierra County, there are no major medical services available. Residents can access two satellite clinics (provided by out of county entities) housed on either side of the county. These clinics offer a basic level of care, on a part-time basis.

As such, Sierra County Behavioral Health is collaborating with Eastern Plumas Health Care on the eastern side of the county to integrate the whole person care model through Behavioral Health. This collaboration improves access to physical health care for the severe mentally ill population, as well as facilitating bi-lateral referrals for the care of the mild to moderate mentally ill populations. Sierra County Behavioral Health further recognizes the importance of integrating the health care model into wellness and recovery throughout the entire county. Thus, Sierra County Behavioral Health has begun to collaboration with Western Sierra Medical Clinic on the western side of the county. Parity of services for community members throughout the county was challenging, due to collaborating with two distinct and separate out of county medical facilities tasked with their own regulations and governances but was able to be achieved in 2018-19.

Strategy 2: Create, support and enhance partnerships with community based organizations in natural settings such as park and recreational facilities to support the social and emotional well-being of communities.

Providing services to Sierra County's small population is challenging due to the intra-connectedness within communities, as well as, the inter-relationships and inter-connectedness which occur throughout the county as a whole. Dual relationships, along with a lack of anonymity, are a distinctive norm community members of Sierra County live and deal with on a

day to day basis. Thus, providing specific programs focusing on an under-represented, minority population inadvertently creates profiling of the population Sierra County Behavioral Health is seeking to serve. For example, a youth seeking services does not feel comfortable receiving services in a group setting because they can be identified, have a current or have had a previous relationship with the other youth receiving services or the facilitator of the service. More likely than not, there are familial ties to the youth and one or more of those individuals involved in receiving or providing the service. Once the service has a 'label' or a specific identified outcome, the youth attending have been profiled. Sierra County's community defined best practices, based on the challenges above; indicate building trust while participating in a universal or selective service strategy resulting in warm referrals is most successful.

As such the Sierra County Wellness Center in collaboration with Sierra County Public Health implemented a universal "Front Porch" Program. The "Front Porch" program is designed to provide outreach and support to isolated community members. Peer Support staff and Community Outreach Coordinators conduct activities in geographically isolated communities which provides education on different services provided, as well as wellness and recovery (social and emotional well-being of communities).

One such culminating activity provided by the "Front Porch" program, is the Sierra County Community Outreach Van. The goal is to build an outreach team consisting of health department staff, oral Health, eligibility case worker, substance use treatment navigator / veterans advocate, case manager and peer counselor to educate and provide services to underserved communities in Sierra County. The plan is for Public Health to provide health services by traveling to those communities with the outreach Van and other county vehicles with qualified team members offering HIV, Hep C, TB testing, flu shots, oral health while providing other health and information services. Harm Reduction services to include syringe disposal, provide free injection supplies, drug take back services to reduce availability of non-needed medications in the home, substance use treatment information, screening for SUD treatment, opioid overdose recognition education, provide naloxone administration training and distribution of Narcan to at risk opioid users and support persons in their lives. Eligibility case workers will assist customers sign up for Medi-Cal insurance, social security, food stamps, cash aid and other services they provide. Case management services to include assistance for transportation needs and scheduling of medical appointments. Peer support staff will be available to assist customers develop WRAP plans, develop and promote art projects, availability for confidential discussion, and provide support for healthy living. Veterans Advocate to provide information and linkage to Veterans Service Officer to access services and benefits. Veterans Advocate available to provide transportation to VSO and medical appointments if needed. By promoting this community outreach collaboration, Sierra County Behavioral health is able to provide services to promote health and wellness to those located in the remote areas of the county.

Sierra County Behavioral Health will continue to look for community-based organizations to further collaborate with to support social and emotional wellbeing within our communities. Over the next three years, the Wellness Center in collaboration with Sierra County Public Health will continue to expand the current Front Porch Program. This expansion will include the development of additional activities to take place in natural and recreational settings.

Goal II: Create and enhance culturally diverse, client and family driven, mental health workforce capable of meeting the needs of our diverse communities.

Strategy 1: Train mental health staff in evidence-based, promising, emerging and community-defined mental health practices.

Currently the Behavioral Health agency offers several different evidence based trainings for the staff. Prevention will continue to offer Mental Health First Aid. Mental Health First Aid is a course designed to help staff learn the risk factors and warning signs for addiction and mental health concerns. This training outlines action plans for someone in either crisis or non-crisis situations.

In 2019 the Sierra County Behavior Health staff was trained in evidenced based practice of Motivational Interviewing. This training provided knowledge of the concepts of Motivational Interviewing and how to use MI to create a culturally responsive and trauma-informed approach to care. Additionally, the four key elements of MI (partnership, acceptance, compassion, and evocation), lay the foundation for client driven practice across diverse community populations.

Additionally, training will be provided on Trauma Informed Care in the near future. This training will provide the five primary principals for trauma informed care. These principals include Safety-creating spaces where people feel culturally, emotionally, and physically safe as well as an awareness of an individual's discomfort or unease. Transparency- full and accurate information about what's happening and what's likely to happen next. Choice- the recognition of the need for an approach that honors the individual's dignity. Collaboration and Mutuality- the recognition that healing happens in relationships and partnerships with shared decision-making. Empowerment- the recognition of an individual's strengths. These strengths are built on and validated.

The Sierra County Community Academy will continue to provide evidenced based culturally competent training to staff, professionals, as well as community members. 'Community Academy' activities provide a universal service strategy, reaching community populations, to address Outreach and Engagement objectives. Historically, Community Academies have been successful in Sierra County as a venue to provide one day workshops featuring appropriate and knowledgeable speakers addressing relevant behavioral health topics. A follow-up 'Bridges out of Poverty' workshop will be offered as a result of stakeholder interest in continuing to learn about strategies to improve relationships between different cultures and communities, along with reducing barriers to participating in behavioral health services. Cultural Proficiency will

continue to be address through the Community Academy venue. Approximately four Community Academy activities will be offered as identifies through community defined practices.

Strategy 2: Recruit, train, hire and support mental health clients and family members at all levels of the mental health workforce.

In efforts to recruit, train, hire and support mental health clients and family members, Sierra County Behavioral Health with the use of the Mental Health Services Act piloted the Sierra County Wellness Center. The Sierra County Wellness Center is peer run to support wellness and recovery goals for people living with mental illness and their families. The Sierra County Wellness Center’s staff is made up of peers with lived, personal experience. Peer Support Specialists are available to provide support, education, advocacy and hope to individuals during their unique wellness and recovery path. Additionally, the Wellness Center provides Whole Person health support through education classes, peer support, life skills, community building, art and other activities which support wellness, recovery and resiliency.

Furthermore, Sierra County Behavioral Health is strongly committed to recruit, train, hire and support mental health clients and family members across all levels of the workforce. Unfortunately, due to the small population, identifying which positions within Behavioral Health would be a violation of HIPAA (Health Insurance Portability and Accountability Act). Identifying which positions were/are former clients or family members of clients will violate confidentiality. Therefore, in efforts to demonstrate Sierra County’s efforts to hire clients and family members, a poll was developed to collect data. As shown in Table One, 31 Health and Human Services staff members responded to the survey. 15 staff members reported that they were former clients or had a family member who accessed services, while 15 staff members did not. Additionally, one staff member declined to state.

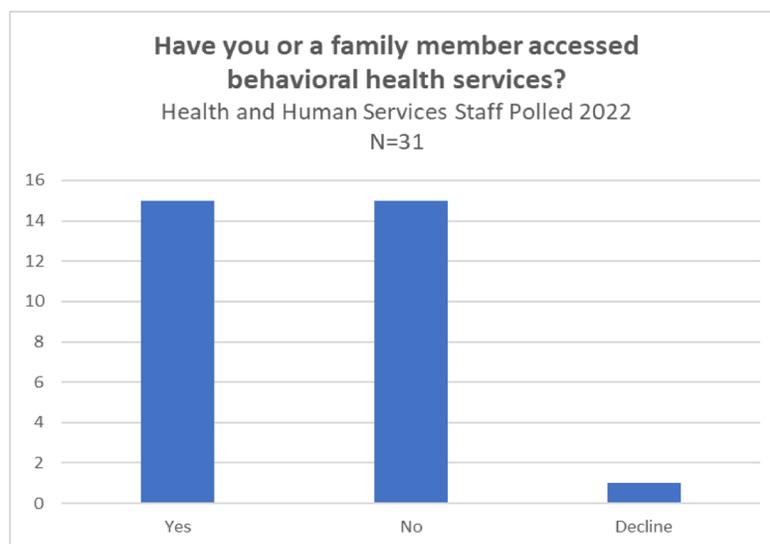


TABLE ONE

Updated Assessment of Service Needs

According to the 2020 Demographic Profile Data from the U.S. Census Bureau, Sierra County’s total population is 3,236 persons, as indicated in Attachment A- Profile of General Population.

Races identified below are indicated as only White, Black or African American, American Indian and Alaskan Native, Asian Native Hawaiian and Other Pacific Islander, Some Other Race alone. Hispanic or Latino was identified off the top of Sierra County’s total population. Table Two shows Sierra County’s populations divided by race and Hispanic or Latino. There are 2,615 persons reported as white, 7 African American/Black persons, 18 American Indian/Alaska Native persons, 7 persons reported as Asian only, 25 persons reported as Some Other Race alone, 377 persons indicated as Hispanic/Latino and 186 persons identified as more than one race. These statistics were located in the vintage 2020 Data Census: Measuring America’s People; Hispanic or Latino, and not Hispanic or Latino by Race.

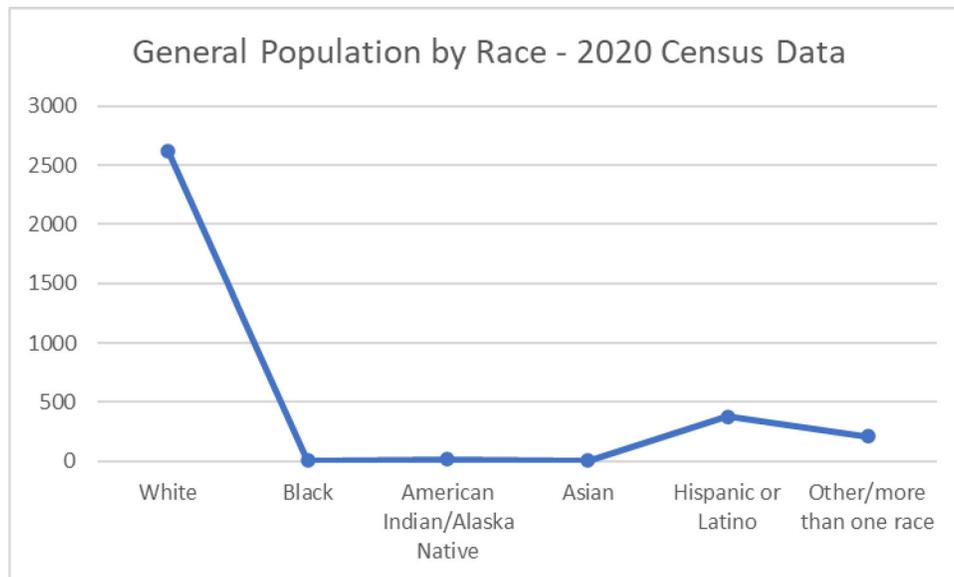


TABLE TWO

Sierra County’s Behavioral Health client utilization data was compiled through Sierra County’s Electronic Health Record through self-reporting or data being unknown to staff. This data is presented in aggregate form through clients who utilized Mental Health, Substance Use Disorder and Wellness Center services. Two tables are presented below representing both race and ethnicity.

Table three shows utilization by Race. 151 persons identified as White, 8 as unknown, 9 as Other, 1 as Black or African American, 5 as mixed race.

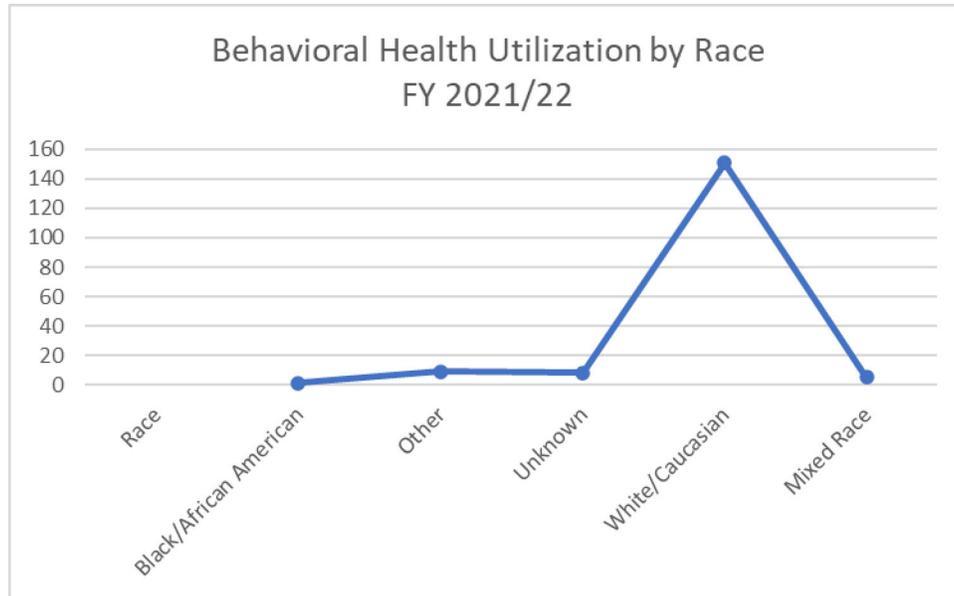


TABLE THREE

Table four shows utilization by Ethnicity which then includes individuals who identify as Hispanic or Latino. One hundred sixty three (163) identified as Not Hispanic, 17 Unknown/Not Reported, 11 Other Hispanic Latino, 7 Mexican/Mexican American, 1 Central American, 1 Declined to State.

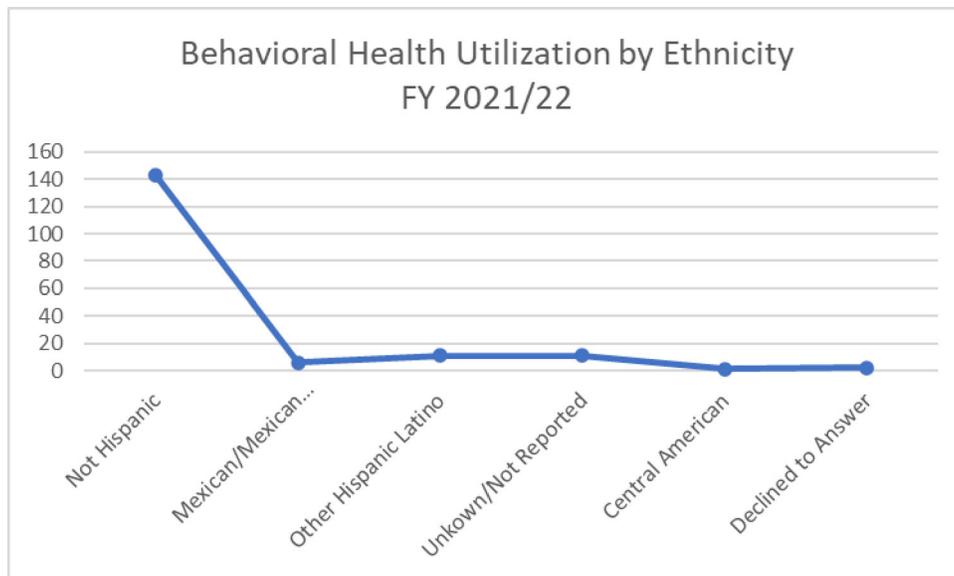


TABLE FOUR

Proportionally, Sierra County Behavioral Health is serving Sierra County Residents as the general population is represented by race. Races not served (through available data) were American Indian and Alaskan Natives. It also needs to be noted that in the General Population data there are 212 individuals where race is not known because they identified as other races

or two or more races, this is proportionate to Behavioral Health Utilization data where data corresponded with unknown/not reported, declined to answer, other and n/a.

Provision of Culturally and Linguistically appropriate services. Identification of disparities and assessment of needs and assets. Implementation of strategies to reduce identified disparities.

Sierra County Behavioral Health embraces a strong commitment to cultural competence, this includes executing more effective data collecting tools to track and identify the groups served.

The electronic health records allow Sierra County Behavioral Health to track and record data across several demographic planes. Language, ethnicity, gender, and age demographics can be straightforwardly identified thus further delineating the different cultures within our population. An important to note at this time, Sierra County Behavioral Health staff have found that at times, the data collected from the EHR has been skewed. But Sierra County has not identified precisely how the data is being skewed.

Furthermore, Sierra County contracts outside agencies such as the Family Resource Center which collects data on groups served. This data is collected per Prevention and Early Intervention regulations, through programs such as Nurturing Parenting. This data includes demographics such as Veteran status, sexual orientation, or identifying gender. Unfortunately, due to our small population and HIPPA laws the data is unreportable. If the data was reported, Sierra County contractors can possible identify the clients thus breaking confidentiality laws.

Due to the lack of resources within Sierra County, currently the Behavioral Health Advisory Board is also designated as the Cultural Competency Committee. This committee convenes once a month to provide on-going, planning, tracking and on-going assessment of the cultural competency needs of the county. With a lack of ethnic diversity within the county, distinct cultures of lower socio-economic status and isolated communities have been identified.

Seniors in Sierra County have been identified as a target population that is in severe need. Partnering with Sierra County Social Services, all Health and Human Services employees were encouraged to attend an Aging Training in 2019. Sierra County in accordance with the Cultural Competency Committee is currently implementing strategies to target these populations to reduce disparities and provide community driven care.

There is no threshold language identified in Sierra County. Within the last 5 years, one family was in need of an interpreter to receive services. An interpreter was provided and services were delivered.

Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

In the past, Sierra County's Behavioral Health Advisory Board (BHAB) consisted of 11 members. Due to the small population in Sierra County, it was difficult to consistently hold 11 active members on this board. According to Welfare and Institutions Code 5604. (a). "each community mental health service shall have a mental health board consisting of 10 to 15

members, depending on the preference of the county, appointed by a governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members.” On June 7th, 2011, this code was brought before Sierra County’s Board of Supervisors for resolution and Sierra County adopted having five persons be the required number of members in Sierra County BHAB.

The BHAB has four members currently, with one seat to fill as a consumer or past consumer of Sierra County Behavioral Health services as outlined in the Behavior Health Advisory By-Laws. One person on this board is a representative from the Board of Supervisors, two are family members, and one is a community member. These Board members identify with different populations. Castilian, Hispanic, and Caucasian are the ethnic cultures identified within the board members.

All information, including scheduled meetings and agendas regarding the BHAB, will be advertised at various locations frequented by populations. Sierra County Behavioral Health continues to encourage people to attend the scheduled meetings, regardless of membership. Community attendance is encouraged to allow individuals the opportunity to see how meetings are conducted and empower people to participate in each meeting.

Sierra County BHAB is aware that there is a need that must be addressed. Currently, all BHAB are being held on the East side of the county in Loyalton, California. This eliminated the ability to work with the community living on the West side of Sierra County.

Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Sierra County embraces a strong commitment to cultural competence. Thus it ensures that staff and other service providers are given access to culturally appropriate trainings beginning at hire throughout employment at the agency. Sierra County is further committed to cultural competence within the community, by offering programming and training to the residents of the county aptly named the Community Academy.

Community Academy activities strive to educate and build trust with other community based-organizations to help reduce barriers associated with receiving behavioral health services. As such, a universal service strategy is used reaching community populations, to address Outreach and Engagement objectives. Cultural Proficiency will continue to be addressed through the Community Academies.

Historically, Community Academies have been successful in Sierra County as a venue to provide one day workshops featuring appropriate and knowledgeable speakers addressing relevant behavioral health topics. Community Academy topics can be determined through the Community Planning Process. A follow-up ‘Bridges out of Poverty’ workshop will be offered as a result of stakeholder interest in continuing to learn about strategies to improve relationships between different cultures and communities, along with reducing barriers to participating in behavioral health services.

During the November 2021 Behavioral Health Advisory Board meeting two trainings were requested by the Cultural Competency Board. It was determined a training centering on race, biases and what

constitutes racism is needed. Due to the fact that Sierra County falls within the Sexual Exploitation corridor created by Highways 80, 395 and 70 a training from Awaken (a Reno Community Based Organization) was offered in 2022.

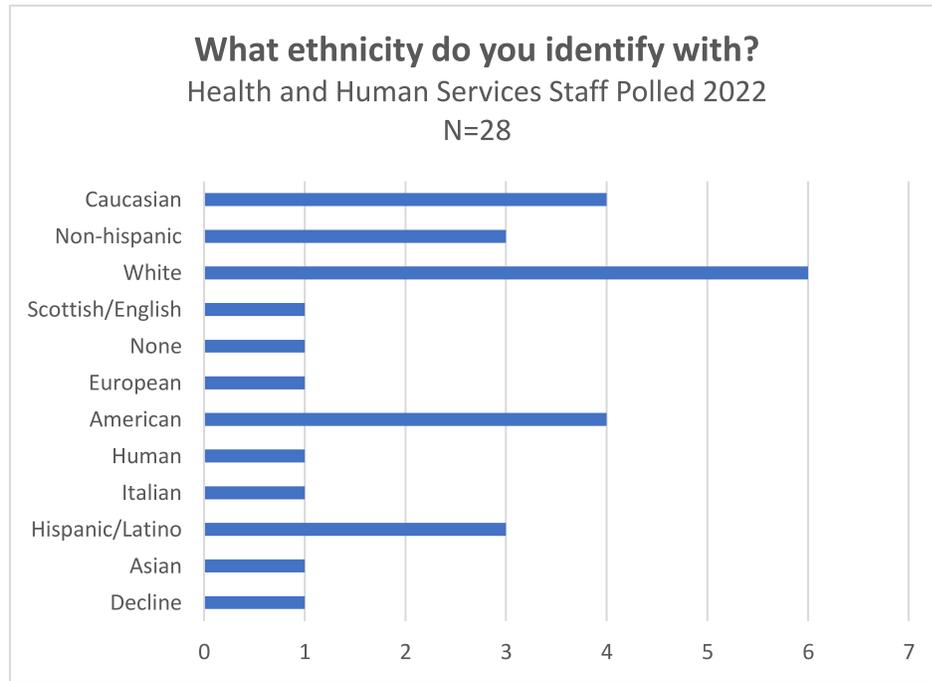
Additionally, a refresher training in the evidenced based practice of Motivational Interviewing should be offered by the end of 2023. This training provides knowledge of the concepts of Motivational Interviewing and how to use MI to create a culturally responsive and trauma-informed approach to care. Moreover, the four key elements of MI (partnership, acceptance, compassion, and evocation), lay the foundation for client driven practice across diverse community populations.

Sierra County is now requiring Behavioral Health staff and contractors to attend a minimum of 8 hours identified cultural competency trainings. The minimum 8 hours of training will be indicated in 2023 contracts.

County Mental Health System County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

Below (Tables 1 and 2) is an 'at a glance' general ethnic assessment of all Sierra County Health and Human Services workforce. Sierra County Health and Human Services which includes Behavioral Health is predominantly Caucasian. Hispanic/Latinos are underrepresented in our services delivery system as are other race/ethnicity groups. A comparison of staffing and the population reflects a disparity between the Hispanic/Latino population (8.3% of Sierra County's total population) and Sierra County Health and Human Services provider settings.

Table 6 – Ethnic Identification of Sierra County Health and Human Services (SCHHS) Workforce. Ethnic identification was self-reported through an open-ended

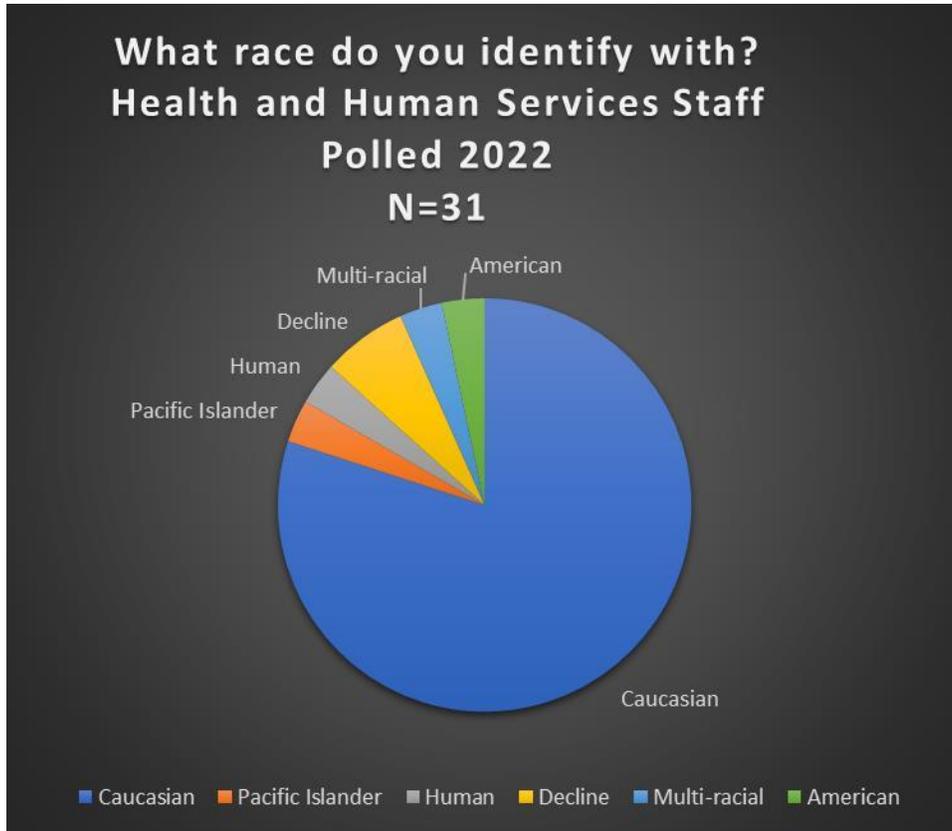


question.

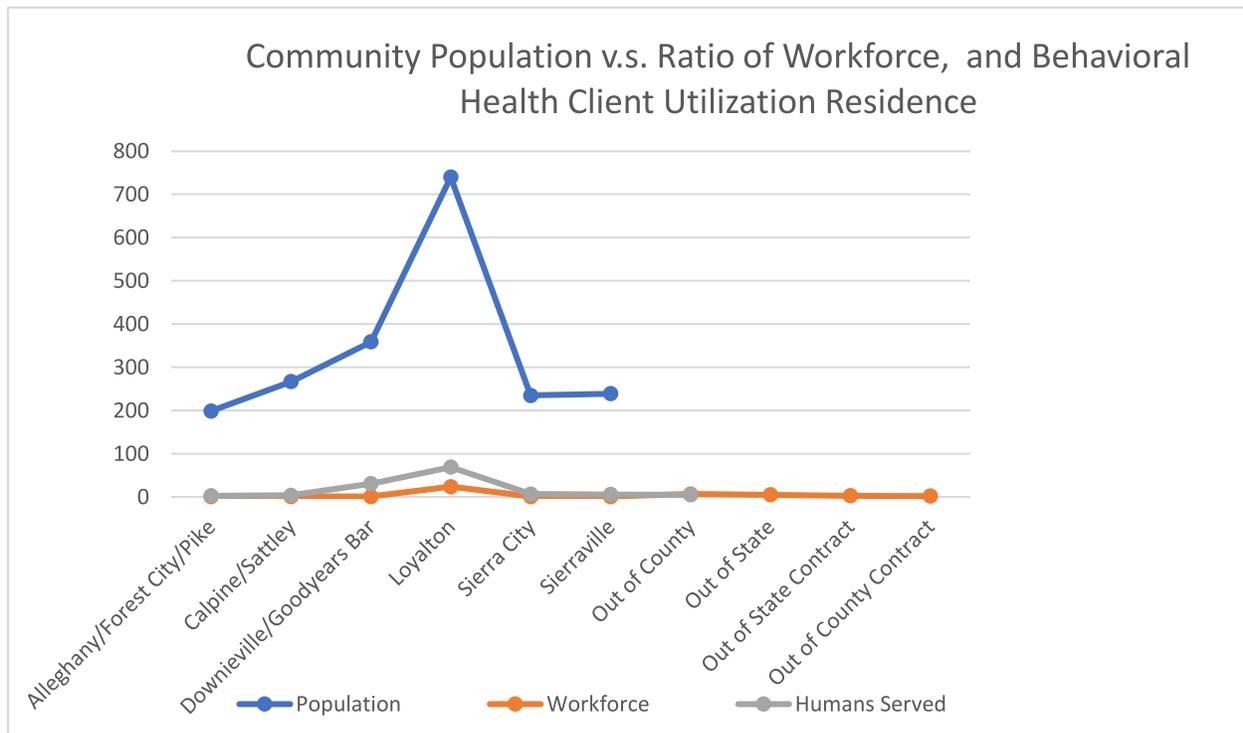
Table 7– Ethnic Identification of Contract Agencies Workforce

Sierra County Health & Human Services contract agencies workforce (2022)	Caucasian	Hispanic/Latino	African American	Asian	American Indian	Other	Total	%
Contract Agencies	2	1						

Table 8 – Self reported race of Health and Human Services Staff.



Each community in Sierra County has a culture that needs to be recognized. In Table 9, below, Sierra County Behavioral Health is able to demonstrate a degree of cultural awareness based on employee residence vs Behavioral Health utilization residence. The graph below shows the population of communities (some are combined in isolated geographic locations), the amount of staff employed by Sierra County who reside in the communities and the number of humans served by Behavioral Health from each community.



In analyzing the WET Plan assessment data with the general population a disparity that comes to light is the fact that Sierra County Health and Human Services employees predominantly Caucasian employees. This creates a disparity with the Hispanic/Latino population which comprises 8.3% of Sierra County’s total population.

A target population that is not identified with an ethnic group is the Low Socio Economic Status population. 26.57% of the general population lives in households below the 200% poverty level. Therefore, in striving to be culturally aware, the agency needs to be mindful of the culture associated with poverty and uninsured community members.

The objective to improve penetration rates and eliminate disparities will be two pronged, centering more on the Low Socio Economic Status population with the knowledge that Sierra County Health and Human Services needs to continually move forward in recruiting and employing a more culturally diverse staff to lessen the disparity between Sierra County’s workforce and the Hispanic/Latino community.

Goals and strategies are identified below.

Objective	Goal	Strategies
Improve Penetration rates and eliminate	1) Increase cultural awareness of Sierra	1) Provide “Bridges Out of Poverty” training by

<p>disparities associated with the Low Socio Economic Status population.</p>	<p>County Health and Human Services of this target population.</p>	<p>December. 2) Provide training centering on race, biases and what constitutes racism.</p>
	<p>2) Provide outreach and engagement activities/services throughout Sierra County Communities to provide community members with an understanding of services provided through Sierra County Health and Human Services.</p>	<p>1) Distribute informational pamphlets addressing services provided and who can receive services at community events. 2) Utilize the Community Outreach Van to lessen stigma associated with receiving services. 3) Identify and build relationships with key community leaders within the Low Socio Economic Status population. 4) Educate key community leaders regarding services provided and who can receive services. Key community leaders can then educate and build trust within the Low SES population to help break down barriers and stigma associated with Sierra County Health and Human Services. 5) Hold focus groups with identified Key Community Leaders to learn further strategies of engagement with the Low SES population.</p>
<p>Improve penetration rates and reduce disparity associated</p>	<p>1) Sierra County Health and Human Services will identify the aged</p>	<p>1) Provide trainings addressing the culture of the aged population.</p>

with the aged population of 60+.	population as an underserved population.	2) Utilize the Front Porch Program to provide outreach and engagement activities to reach the aged population and understand their unique needs.
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From an ethnic standpoint there has been no change in Sierra County Health and Human Services workforce. Thus far targets still need to be reached. Sierra County Health and Human services has an experienced team of administrators and staff associated with Behavioral Health that have been working together for the past three years. It is hoped that current staffing will be maintained for more than a three-year period as this staff is committed to implementing culturally aware practices.

The current staff at Sierra County Health and Human Services is quite diverse within some of the cultures identified during the 2013 Cultural Competency Review: 1) income level, 2) geographic community, 3) church affiliation, and 4) industry affiliation.

Northern California Frontier County demographics lend these counties to geographic isolation and being predominantly populated by Caucasians. Sierra County is a Frontier County and as such has a limited pool of people to employ from. Cultural diversity and disparity in Sierra County is not based on ethnicity. Rather, it is based on such factors as what income level one is at, what community one lives in, what church one attends, whether one is associated with the ranching or timber industry or is a government employee.

Perspective employees, especially licensed ones, often need to be willing to relocate to the area or be willing to commute for a minimum of 45 minutes. Historically, employees new to the County have found it difficult to assimilate into the unique frontier culture of Sierra County.

Hard to fill positions identified in the WET planning and implementation efforts are still identified as hard to fill. Filling these positions with an employee of a specific ethnic culture continues to prove difficult.

County Mental Health System Language Capacity

Currently, there are no threshold languages in the county of Sierra. But Sierra County Behavioral Health has been working diligently to develop the 24/7 telephone line that will meet the culturally linguistic needs of clients. The 24/7 telephone line has successfully gone live on December 11th, 2017. Once the 24/7 phone line is operational for a length of time, Sierra County Behavioral Health should be able to track a variety of data. This data should include how many non-English speaking calls were

placed, as well the number of crisis calls.

Additionally, Sierra County Behavioral Health contracts with Telelanguage.com to provide professional services in language support. Interpreters are on-call 24/7 providing language support in over 300 different languages. Telelanguage.com requires all interpreters to complete the Telelanguage Interpreter Certification Program (TICP) that targets industries such as Behavioral Health. Additionally, the TICP course covers ethics, interpreter roles, basic skills (from pre-session to post-session), positioning and terminology, modes of interpreting, steps for sight translation, cultural mediation, and other vital skills. Currently, the industry standard is a 30-hour training course for certification. TICP utilizes a 120-hour training course, coupled with a 370-page training manual, for a highly comprehensive learning experience – exceeding industry standards.

In June of 2017, Sierra County Behavioral Health contracted with a Spanish speaking on site interpreter for interpretation services. This collaboration with the Interpreter provides a continuum of care for Sierra County residents and is available upon client request. Additionally, the Interpreter is asked to attend any and all cultural competency training the agency provides.

County Mental Health System Adaptation of Services

Sierra County Wellness Center, located in Loyalton, is wellness-focused and provides integrated services that are supportive, alternative and unique to support community members on their recovery path. The Wellness Center strives to be culturally competent, member-driven, and wellness-focused. Additionally, the Wellness Center provides services which are racially, ethnically, culturally, and linguistically specific to Sierra County. Peer Support Specialist staff is made up of peers with lived, personal experience. Peer Support Specialists are available to provide support, education, advocacy and hope to individuals during their unique wellness and recovery path. The Veterans' Peer Support Specialist is also housed at this site. Peer support staff provide services via the phone, home visits, and on site. Downieville does not currently have a Wellness Center, however a Peer Support Specialist is available at the satellite Health and Human Services building located in Downieville. The same services can be provided at this site through collaboration with the Sierra County Wellness Center. It is Sierra County Behavioral Health's goal to find an appropriate setting to house and facilitate a Wellness Center in Downieville. In general, the Wellness Center provides opportunities to find ways to increase the persons served ability to live life at its fullest. Services focus on: • Wellness & Recovery Action Plans (WRAP®) • Supportive Conversation • Independent Living Skills • Veterans Peer Support • Connection with Workforce Alliance • Art and Meaningful Activities • Social Activities • Living with challenges of mental illness • Collaboration with other entities to provide identified individualized services not offered through the Wellness Center

Also, The Ways to Wellness program was implemented from a direct result of an identified need to provide services to underserved or unserved community members living at the Senior Apartment Complex in Loyalton. Many of the community members living in the complex do not access services and supports located at Sierra County Behavioral Health in Loyalton. Peer Support Specialists facilitate this program. This program is implemented to provide an environment where community members can learn creative wellness tools through positive activities aiding in reducing depression

and loneliness and promote building relationships, supports and positive social activities through arts and crafts. WRAP's ideas are introduced and participation in completing an action plan is encouraged.

Grievance and Appeal Process

Clients who are dissatisfied with their services may file a complaint. Complaints are divided into two categories: informal complaints and formal complaints (grievances). Clients will not be subject to any penalty or discrimination for filing a complaint or grievance and may appeal decisions. Sierra County Systems of Care Complaint process brochures are printed in both English and Spanish and are located in the lobby of the Loyalton, and Downieville Behavioral Health buildings as well as the Loyalton Wellness Center. Sierra County does not have a population whose language represents the need for an identified threshold language, therefore there are no requirements relating to documents being published in other languages.