



Community Needs Assessment

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Nevada County Adult & Family Services Commission

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Executive Summary

In 1964, Congress passed the Economic Opportunity Act to begin America’s War on Poverty. This act created a special funding stream for communities to address poverty on the local level. Community Actions developed across the nation to support low-income individuals in improving the quality of their lives. Community Action Agencies administer Community Services Block Grant Funding and are overseen by the California Department of Community Services and Development, and at a federal level by the Office of Community Services, an office of the Administration for Children and Families, a unit of the U.S. Department of Health & Human Services.

Through the Nevada County Social Services Department, a public agency, Community Services Block Grant funding is dedicated to bringing resources together to reduce poverty. The Adult and Family Services Commission, the advising tri-partite board, works to ensure that funds dispersed in support of community programs focus in five key focus areas: (1) Food and Nutrition, (2) Safe and Stable Housing, (3) Transportation and Core Service Connectivity, (4) Education Attainment, (5) and Specialty Health Care.

Every three years, Community Services Block Grant funding requires grantees to complete a comprehensive community needs assessment and internal evaluation, basing our two-year plan on the information that we unveil during the process. The resulting Community Action Plan (CAP) provides a base line for the county as they move the funding forward. The most recent community needs assessment incorporates the input of hundreds of community members and low-income residents, community-based organizations, partner agencies and staff. It is the only document of its kind geared solely at no or low-income individuals and families, providing a local source of information about what it is like to live in Nevada County and how difficult it is to make ends meet. The agency, and many service providers, both public and private, struggle with chronic underfunding for many of

their programs.

As part of an ongoing assessment of community need, the Nevada County Adult and Family Services Commission, engaged in a comprehensive process of community focus groups, surveys, data gathering and analysis to identify the root causes and conditions of poverty in Nevada County. Surveys and focus groups were facilitated in a variety of settings in order to reach a diverse group of respondents. Additionally, data was included from a variety of reputable publications to draw a comparison between the results for the data collected and existing data on the target population's needs.

While the priority of each specific need may vary by location, the primary needs of housing, employment, sustainable income, transportation, child care and mental health were identified by a broad cross-section of community organizations, partners, the general public, staff and Commission members.

Nevada County has less than the state or nation average rates of unemployment and poverty but has a high level of cost-burdened renters and home owners. In addition, access to transportation and safe and sanitary housing are significant issues.

Lack of income makes meeting basic household needs, accessing child care, affording safe housing and treating mental health and addiction issues even more difficult. The assessment also identifies some communities in our county with indicators of additional challenges that may relate to poverty and low average household income rate, and in cases, low average wage and education rates which are significant indicators of poverty.

At the most simplistic level, the best way to increase household income is through employment. However, low-income families in our County lack career paths. Instead, the focus is on getting someone in the house a job, but the ongoing supports to allow for moving up in that job are lacking.

Recommendations for combating the causes and conditions of poverty include prioritizing cradle to career pathways; finding creative solutions to transportation; integrating direct services with community development; and focusing on priority areas which are showing indicators of other challenges faced by low-income families. In addition, understanding the significant gaps in affordable housing more clearly, and understanding the unique challenges faced by families with cultural and/or language differences are identified as less significant needs and require further analysis.

The 2018 Nevada County Community Needs Assessment (CNA) was designed to meet the federal funding requirement and to provide the county with an in-depth understanding of low-income household needs in the communities that they serve. This assessment was developed through a collaborative multi-tiered approach and is based on qualitative and quantitative data; including demographic, social, economic, and environmental factors that impact the lives of low-income persons. The CNA, as well as the subsequent Community Action Plan, is based on publicly available data and information gathered through the survey tool and assessment process, as well as with information available through local published reports, program outcomes and the U.S. Census Bureau. Input was captured through a web-based survey tool; community focus groups and smaller collaborative interviews/meetings.

This summary report provides the key findings from the needs assessment that was conducted by SiLK Consulting Group, on behalf of the Adult and Family Services Commission and Nevada County, in the fall of 2018. The Community Needs Assessment was approved and accepted by the Adult and Family Services Commission on April 9, 2019.

Background

The Adult and Family Services Commission (hereinafter Commission) of Nevada County serves as the local

Community Action governing board. The purpose of the Community Action Commission is:

- To study poverty in Nevada County
- To form strategies that reduce the causes of poverty
- To incorporate input of citizen and others in the resolution of community needs
- To facilitate the delivery of programs, services and resources
- To evaluate programs and alter them as needs/conditions warrant innovative approached

Historically, the Commission mobilizes funding and establishes an array of programs and services within the community to address its stated mission, and to create and maximize the resources necessary to address and eliminate barriers that individuals and families face in achieving self-sufficiency. The funds from the federal government go to the California State Department of Housing and Community Development and is then granted to Nevada County through its Health & Human Services Agency and is governed by Adult and Family Services Commission.

In 2017/18, the Nevada County Adult and Family Services Commission served 8,670 persons representing 8.8% of the population of the County. These families received at least one of the following services and programs available through the Nevada County Community Action Agency. These programs include:

- Homeless Programs
 - Rental subsidies
 - Financial Education
 - Food Bank
 - Transportation to mainstream resources

During that same time period, 60 community members were mobilized, participating in community and anti-poverty initiatives-donating over 14,800 hours towards our collective efforts.

Every three years, all Community Action Agencies must conduct a community needs assessment to inform the strategies of its strategic plan and community action plan. This needs assessment describes community needs, service delivery strategies based on those needs, and directions for building the capacity of the agency and community to meet local needs. This needs assessment's focus is on Nevada County, California and will provide input for calendar years of 2019/2020, and 2020/2021. The Community Needs Assessment (CNA) must meet the following organizational standards:

- 1.1 - Low income individuals participate in the CNA.
- 1.2 - The organization analyzes information collected directly from low-income individuals as a part of the community needs assessment.
- 1.3 - The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the tripartite governing board.
- 3.1 - Conduct an assessment and issue a report within the past three years.
- 3.2 - Collection of data specific to poverty and its prevalence related to gender, age, and race/ethnicity for the service area.
- 3.3 - Include both quantitative and qualitative data.
- 3.4 - Include key findings on the causes and conditions of poverty in the community.
- 3.5 - Have the CNA approved by the tripartite governing board.

Enclosed in this community needs assessment report you will find that the AFSC met these standards as evidenced by:

- 1.1 – Low income individuals participated in community focus groups, completed community needs assessment and customer satisfaction surveys.
- 1.2 – An analysis is included in the CNA in the Community Profile and Analysis sections.
- 1.3 – The agency’s process for reporting customer satisfaction can be found in the Customer Satisfaction process section of this assessment.
- 3.1 – This report was completed in March 2019 and submitted to the governing board for review, as evidenced by the backup document in the appendices. Approval was obtained on April 9, 2019.
- 3.2 – See the needs assessment data and the Poverty Profile for Nevada County.
- 3.3 - Both community focus groups and surveys were utilized.
- 3.4 – See the Causes and Conditions of Poverty section.
- 3.5 – See the signed board approval in the appendices.

Poverty

Federal poverty thresholds were originally developed in the 1960’s by the Social Security Administration to determine the level of hardship families were facing in purchasing food. Using a “three times the cost of food” methodology, poverty thresholds were developed for families of all sizes. Over time, updates have been made in relation to the Consumer Price Index (CPI) alone. Each year, the updated Federal Poverty Guidelines are issued by the Department of Health and Human Services.

The 2019 poverty guidelines are as follows:

Family Size	100% of Poverty	125% of Poverty	200% of Poverty	250% of Poverty	300% of Poverty
1	\$12,490	\$15,613	\$24,980	\$31,225	\$37,470
2	\$16,910	\$21,138	\$33,820	\$42,275	\$50,730
3	\$21,330	\$26,663	\$42,660	\$53,325	\$63,990
4	\$25,750	\$32,188	\$51,500	\$64,375	\$77,250
5	\$30,170	\$37,713	\$60,340	\$75,425	\$90,510
6	\$34,590	\$43,238	\$69,180	\$86,475	\$103,770
7	\$39,010	\$48,763	\$78,080	\$97,525	\$117,030
8	\$43,430	\$54,288	\$86,860	\$108,575	\$130,290

Community Action Agencies receive federal Community Services Block Grant (CSBG) dollars, designed to reduce poverty, revitalize low-income communities and to empower low-income families to become self-sufficient. This funding supports agency operations and administration, and direct service programming impacting those individuals and families at, or below, 125% of the federal poverty limit.

Poverty Wage vs. Living Wage vs. Minimum Wage

Poverty wage is calculated by dividing the income amount per the Federal Poverty Guidelines by a full-time schedule at 2,080 hours annually.

The chart below reflects the differences in living wage, poverty wage and minimum wage for Nevada County. In 2 adult households, the presumption is that one adult is working.

Wages								
Hourly Wages	1 Adult	1 Adult, 1 Child	1 Adult, 2 Children	1 Adult, 3 Children	2 Adults	2 Adults, 1 Child	2 Adults, 2 Children	2 Adults, 3 Children
Living Wage	\$12.32	\$27.12	\$32.93	\$43.12	\$19.91	\$24.78	\$27.58	\$32.51
Poverty Wage	\$5.84	\$7.91	\$9.99	\$12.07	\$7.91	\$9.99	\$12.07	\$14.14
Minimum Wage	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00

Living wage, although more difficult to calculate, is more reflective of the minimum amount of money a family must earn and still be considered self-sufficient in Nevada County. Living wage varies based on family composition and specific needs of the family. Living wage takes fair market rent/mortgage, child care costs, transportation costs, food costs and other daily and monthly expenses into consideration, along with the receipt of tax credits available. However, living wage assumes that families are properly budgeting for those tax credits and are including them in their annual household income, and not using them for payment on credit card bills or other major expenses that been deferred over time. Living wage also does not consider the “extras”, such as costs of emergencies, holidays and gifts, travel or vacations, and other regular expenses.

Assessment & Planning Process

This Community Needs Assessment (CNA) was developed utilizing the tools discussed below and included in the appendices of this CNA.

- Compilation of data specific to poverty and its prevalence related to gender, age, and race/ethnicity for the service area obtained from Community Commons on 2/2/19 at www.communitycommons.com.
- Community Needs Assessment Surveys created on 10/23/18 and available at <https://www.mynevadacounty.com/1434/Adults-Family-Services-Commission>
https://www.surveymonkey.com/r/ConsumerSurvey2020_21
<https://www.surveymonkey.com/r/PartnerSurvey2020-21>
This survey was developed and posted on the agency’s website, on Facebook and featured in the local paper.
- 2 community focus groups were held. These focus groups were chaired by the following staff and consultants: Rob Choate, Mike Dent and Suzi Kochems.

Discussion of Low-Income Involvement

The AFSC engaged low income individuals in the following ways to participate in the need’s assessment:

- Facilitated community focus groups on opposite sides of the county in areas with the highest concentration of potential participants; these focus groups were held in November and December 2018. Their feedback is discussed in the analysis section. 50 low income individuals participated in the focus groups.
- Conducted outreach to program participants to fill out Customer Satisfaction Needs Assessment Surveys and the Needs Assessment Survey face to face at time of service, online (via Survey Monkey or on the County website), and in the local newspaper.
- 102 Customer Satisfaction Surveys were submitted, and 170 Needs Assessment Surveys were completed by low income individuals/consumers and 42 Partner Agency Surveys were completed.
- The results of the surveys below. The top six community-level needs identified through the survey

process are noted in section F below.

Family, Community & Agency Level Needs

Using Community Action’s ROMA (Results Oriented Management and Accountability) practices, needs identified in this assessment have been categorized as one of three levels: Family, Community and Agency.

Family level need is what human service agencies are most familiar with. These needs impact an individual or family, because a person has a challenge, deficiency or barrier that they are unable to resolve on their own.

When individuals in the community have adequate skills, but there aren’t enough employers for the available workforce, then that is a community level need.

An Agency level need is the ability of the community organizations/partners to come together to resolve either a family level or community level need.

Many needs can be at least partially categorized on each level. By defining the need by level, we are better able to see the difference between a cause and a condition and can implement appropriate interventions and ultimately achieve better outcomes.

Community Action Agencies are tasked with not only understanding the conditions of poverty in their communities, but also the causes; and then, provide the types of services and supports that eradicate those root causes.

Methodology

Survey Design: Nevada County Health & Human Services/Adult & Family Service Commission staff and the consulting firm, SiLK Consulting Group, worked together in the early fall of 2018 to review c and focus group questions from prior Community Needs Assessments. Based on the review, they clarified and expanded existing questions and categories. Surveys were then re-drafted and distributed to the Commission for review and feedback until the final version was approved by consensus.

Survey Administration: Two different surveys were administered to collect data from a variety of individuals and stakeholders in the community. The first survey was for consumers and the general public. The second was for partner agencies, community stakeholders and providers. Surveys were available online via Survey Monkey and were available at many provider offices and community meetings. Community members were informed about the survey through postings on the Nevada County Health & Human Services website and social media; announcements at provider programs and events; agency meetings and word of mouth. Copies of blank surveys can be viewed in the Appendices. The surveys were administered both in-person and via the online tool. Physical surveys were then manually entered in Survey Monkey. All data was analyzed using the online descriptive analysis tools. Filters were created to sort data by questions and answers, depending on the variable of interest, illuminating trends in the data. Reports were created based on demographic categories. See the chart below for respondent demographics, obtained from the surveys completed by consumers and providers.

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A. Characteristics	N	%
All Respondents	212	100%
Male	66	31%
Female	146	69%
B. Race/Ethnicity (N=212)		
White	192	91%
Hispanic/Latino (Ethnicity)	(14)	
American Indian/Native American	7	3%
Asian/Asian American/Pacific Islander	8	4%
Other-Mixed Races	3	1%
African or Black	2	1%
C. Age of Respondent (N=212)		
Under 18	2	<1%
18 to 24	17	8%
25 to 34	31	15%
35 to 44	74	35%
45 to 54	56	26%
55 to 64	22	10%
65 or older	10	5%
D. Marital Status of Respondents (N=212)		
Single, never married	21	10%
Living with a partner	18	8%
Married	133	63%
Separated	6	3%
Divorced	30	14%
Widowed	4	2%
E. Individual & Family Needs (N=212)		
Not enough household income to meet basic needs	116	56%
Inability to afford safe and/or quality housing	109	51%
Untreated Mental Health Needs	68	32%
Lack of reliable and/or affordable transportation	51	24%
Drug/alcohol use or addiction issues	70	33%
F. Community Needs (N=212)		
Lack of living wage jobs	137	65%
Lack of job availability	80	38%
Lack of affordable/safe housing	140	66%
Inadequate and unaffordable public transportation	55	26%
Lack of substance use treatment programs and facilities	43	20%
G. Agency Needs (N=209)		
Inexperienced or unskilled staff	48	23%
Lack of funding for services and supports, including affordable housing	122	58%
Inability/inefficiency to let those in need know about resources	65	31%
Complicated system for addressing needs	68	32%
Agencies being limited to geographic regions for services	72	34%

H. Household Type (N=212)		
No children	99	47%
One-two children	85	40%
Three or more children	28	13%
I. Poverty Status (approximated) (N=212)		
Less than 100% of FPL	117	55%
100% to less than 130%	36	17%
Above 130%-250% of FPL	59	28%
J. County Participant Residence (N=212)		
Grass Valley	87	41%
Nevada City	57	27%
Truckee	13	6%
Penn Valley	19	9%
Rough & Ready	12	6%
Alta Sierra	12	6%
Lake of the Pines	9	4%
North San Juan	3	2%
Lake Wildwood	0	0%
Donner	0	0%
K. Veteran Status (N=210)		
Has served on active duty	28	13%
Has not served on active duty	182	87%

The chart above demonstrates the age composition and the chart below marks the racial composition of all survey respondents

Core Areas

Core areas of identified need overlapped whether general public/consumer or community organization/provider responded. They are:

- Housing
 - Lack of housing availability
 - Lack of affordable and safe housing
 - Inability to afford quality/safe housing
- Income
 - Not enough income to meet household needs
- Transportation
 - Inadequate public transportation
 - Inability to pay for bus passes
- Employment
 - Lack of livable wage jobs
 - Lack of job availability
 - Lack of skills for available or higher wage jobs
- Mental Health or Addiction issues in the home
 - Lack of treatment centers/programs
- Insurance
 - Lack of medical providers that accept public insurance (Medi-Cal)
 - Lack of specialty providers
 - Lack of access to dental and vision insurance

Mission, Vision, and Approach

Mission Statement

It is the mission of the Nevada County Adult and Family Services commission to engage and empower our community to eliminate poverty, to create equity and prosperity, and to assist people in achieving self-sufficiency through direct services, advocacy and community partnerships.

Vision Statement

The Nevada County Adult and Family Services Commission envisions communities where all residents have access to quality education, affordable housing, healthcare transportation, healthy food and a living wage.

- Through partnerships, people with low-income find resources, support, relationships and opportunities that aid them in overcoming economic and cultural barriers to establishing and maintaining self-sufficient lives
- Commitment to empowering those seeking assistance to achieve and sustain self-sufficiency
- Organizational excellence and continued improvement working with employees, the community and partners.

Our Promise

The Promise of Community Action, is to change people's lives, embody the spirit of home, improve communities, and make America a better place to live We care about the entire community, and we are dedicated to help people help themselves and each other.

Community Action uses a results-oriented and outcome focused approach to promote self-sufficiency, family stability and community revitalization to eradicate poverty, through empowerment and help people help themselves.

Approach

- Offering support services and providing basic needs to which all people have a right.
- Developing opportunities for people with low incomes. Increasing public awareness about the challenges that many persons with low incomes face.
- Ensuring that people with low incomes provide the leadership in the decisions that affect their lives.
- Engaging many voices in promoting human rights and economic justice.
- Advocating for policies that help and taking a stand against policies that hurt those living with low incomes.

Community Profile

The Adult and Family Services Commission (AFSC) of Nevada County is the designated Community Action Agency for Nevada County, California. In total, the CSBG service area includes the cities of Grass Valley, Nevada City and Truckee and unincorporated areas of Alta Sierra Lake of the Pines, Lake Wildwood, Penn Valley, Washington and North San Juan. Nevada City serves as the county seat and rests approximately 60 miles northeast of the state capital of Sacramento. With an area of 957.77 square miles and a population density of 102.99 per square mile, Nevada County is less dense than the state average and slightly more-dense than the national average. Population in Nevada County has been on a slow incline for some time as older individuals are retiring in our communities. The largest segment of its population is over the age of 55.

Compared to the rest of the state and nation, AFSC's service area has relatively low levels of racial and ethnic diversity. The vast majority (84.3%) of the survey respondents identify as white, while 9% identified as Hispanic. Nevada County's poverty rate is approximately 4% lower than the state and national averages at 10.4%. The disabled population is 13.4%, greater than both the nation and state averages. Individuals that report as multi-racial were also identified as disabled at greater rates than whites, with 24.4. Most notably, almost half of Native American/Alaska Natives were disabled. Only 3.8% of the population has limited English proficiency.

Within the report area 5,963 public school students or 48.5% are eligible for the Free/Reduced Priced Meal Program out of 12,295 total students enrolled. 21% of the total population is identified as experiencing food insecurity at some point during the year. 24% of children were identified as food insecure. 11% of these food insecure children are not eligible for any assistance. There are free meals available in the community every day of the week and several highly successful faith-based organizations operating food pantries. During the summer months when students are not enrolled in classes, the summer lunch program provides nutritious lunches in specified areas of the county.

Nevada County is home to nine public school districts and eleven charter schools. 50% of all students in the 2017-2018 school year received their diploma. While most school districts are showing a decrease in chronic school absences, according to the California School's Dashboard, standards for English Language arts, Mathematics and parent engagement fall in the needs improvement or standards not met category. This is relevant because research suggests that education is one of the strongest indicators of health.

In terms of education, Nevada County has approximately 4% of its students who do not graduate from high school with a diploma; the state average is 10%. Approximately 73% of the county's residents have attended college, pursued or attained a degree compared to the state average of 61%. 42% of the Hispanic population does not have a high school diploma.

Transportation is a challenge for many low-income families in Nevada County. While only 2% of all households report having no motor vehicle, the local transit system is often overwhelmed and has limited stops/routes for ease of getting to work or school. Nevada County Transportation provided over 25,697 trips in the late six months of 2018 alone. Many of these trips were for employment (almost 16,000) with medical following (around 4,000).

The housing market in Nevada County is very challenging as it is across the state and the West coast. 49.3% of all households pay more than 30% of their income towards their housing and approximately 62.1% of all renters and 45% of all owner households in the County overpay. In the unincorporated area of the county, approximately 82% of all extremely low-income owner-occupied housing units and approximately 92% of extremely low-income renter occupied housing units were overpaying for housing. The housing stock, as projected by the census, is around 40,587 units and approximately 4,426 of those household are extremely low-income which represents 11% of the total households. Approximately 72% of those units are owner occupied. Focus groups with low-income individuals indicated that rental housing that will pass inspection is difficult to find and that many individuals have had to move outside of their school district or the county at times when unable to locate affordable, quality housing. This is supported by the fact that the county has 6.7% of its housing units being occupied with one or more substandard conditions.

Community Commons' county profile indicates that 1.8% of the county's housing units are vacant. 64% of the housing stock was built before the 1980's. The greatest percentage of homes/property are valued between \$200,000 and \$750,00 with the median property value in Nevada County at \$355,900. Nevada County does not fare well in comparison to the state and nation in terms of access to HUD-Assisted units with 456 units in the county.

The median household income in the community is \$60,501, well below the state median of \$67,715 and slightly above the national median income of \$57,617. Married couples, singles, and single fathers far out earn single females with children. Single father's median income is \$31,071 and single mother's median income is \$18,761. While no data is available for most minority groups, Asian's median income is shown to be \$139,12, followed by unknown (multi-racial) at \$61,173, and white at \$54,400. Individuals reporting as Hispanic/Latino make the lowest median income of \$24,853. Overall, Nevada County reports 3-7,000 less in per capita income than the state and nation. 55% of survey respondents reporting having an income above \$30,000 and a family size of 4 or more.

Nevada County has a lower usage rate for public supports than the state and nation. <1% of residents receive General Assistance. 215 households receive about \$110 in public assistance. 201 of the 215 households, or 95%, receive Medicaid. These individuals are more frequently between 50 and 59; although the average age of a Nevada County resident on General Assistance is 42.

According to the State Primary Care Office, the county is both a mental health professional shortage area and a medically underserved community. Currently, Nevada County has four substance abuse treatment providers, Community Recovery Resources maintains two sites and two Common Goals locations. There is a total of 5 mental and 14 primary healthcare provider organizations in the entire county. A total of 14.6% of the entire population is uninsured while 33.4% of the county's residents are on some form of public insurance.

The area also has fewer families on SNAP than the state and national averages, with 4.2% of the population receiving SNAP. These benefits are also disproportionately depended upon by White (86%), Black (<1%), Asian (<1%), American Indian (1%), Undetermined race/other (5.4%), and multi-racial (3.5%) families. The county has 31 Authorized SNAP retailers, allowing higher access than the state and national average.

Poverty in the community also follows these trends. While many people are earning living wages, more than one in ten (12%) people in the County live below the federal poverty level (FPL). Significant to this statistic is the number of working residents who work in tourist-related industries where work is season and may be affected by weather. 41% of the county's residents are under the 130% Federal Poverty Level compared to the states 58.1%. 19% of residents earned between 130% and 185% of the poverty level and were income-eligible for programs such as WIC and reduced school meals. On the CalFresh Program Access Index, Nevada County ranked 35th out of 58 counties (2016).

The current unemployment rate for the county is 3.2%. Over the course of May 2016-May 2017 rates ranged from as low at 3.4% to 5.4%. The county's rate is slightly less than the United States and the state's averages.

Due to many health-related factors and access to clinical care, the county ranks 14 out of 57 in terms of health outcomes. Most notable are its teen pregnancy rates (14%) and high quality of life factors being greater than other California Counties, according to the County Health Rankings produced by the Robert Wood Johnson Foundation. The county also has a high tobacco consumption rate of 12%, 1% under the state and 3% under the national average.

Individual/Family Level Needs Identified

The general public and consumers surveyed in the County identified their top five family-level needs as:

1. Not enough household income to meet basic needs
2. Inability to afford quality and/or safe housing
3. Mental health, drug/alcohol or addiction issues in the home
4. Lack of reliable and/or affordable transportation
5. Lack of health or dental insurance

Community Level Needs Identified

The general public and consumers surveyed in the County identified their top five community-level needs as:

1. Lack of living wage jobs
2. Lack of job availability
3. Lack of affordable/safe housing
4. Inadequate and unaffordable public transportation
5. Lack of substance use treatment programs and facilities

Agency Level Needs Identified

The general public and consumers surveyed in the County identified their top five agency-level needs as:

1. Lack of funding to support building affordable housing
2. Lack of funding for services/supports
3. Inability/inefficiency to let those in need know about resources available
4. Complicated system for addressing needs
5. Agencies being limited to geographic regions for services

Poverty Profile for Nevada County

Working with the most current Census data and demographics from the American Community Survey, core demographic-data in identified key need areas was mapped.

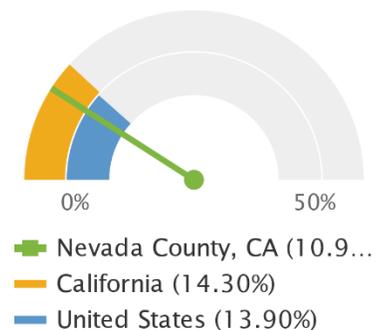
Household Income

Below is an excerpt on poverty from the full Community Needs Assessment accessed from Community Commons on 2/12/19.

Poverty - Population Below 100% FPL

Poverty is considered a *key driver* of health status.

All Ages
Poverty Rate



Within the report area 10.9% or 10,662 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

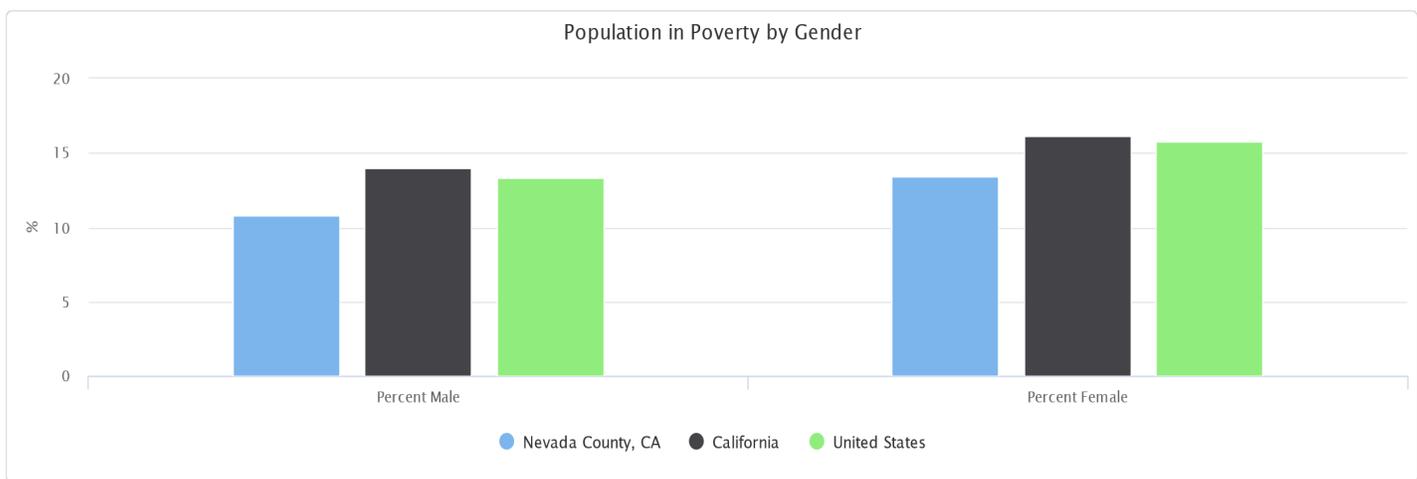
Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Nevada County, CA	98,838	10,662	10.9%
California	38,242,946	11,055,243	14.3%
United States	313,048,563	44,115,713	13.9%

Population in Poverty-Percent By Age/Composition

Report Area	Age 0-4	Age 5-17	Age 65+	Households	Female Householder
Nevada County, CA	13.5%	15.6%	7.1%	10.3%	48.9%
California	21.5%	20.5%	10.2%	13.8%	45.2%
United States	22.5%	19.5%	9.3%	13.8%	52.7%

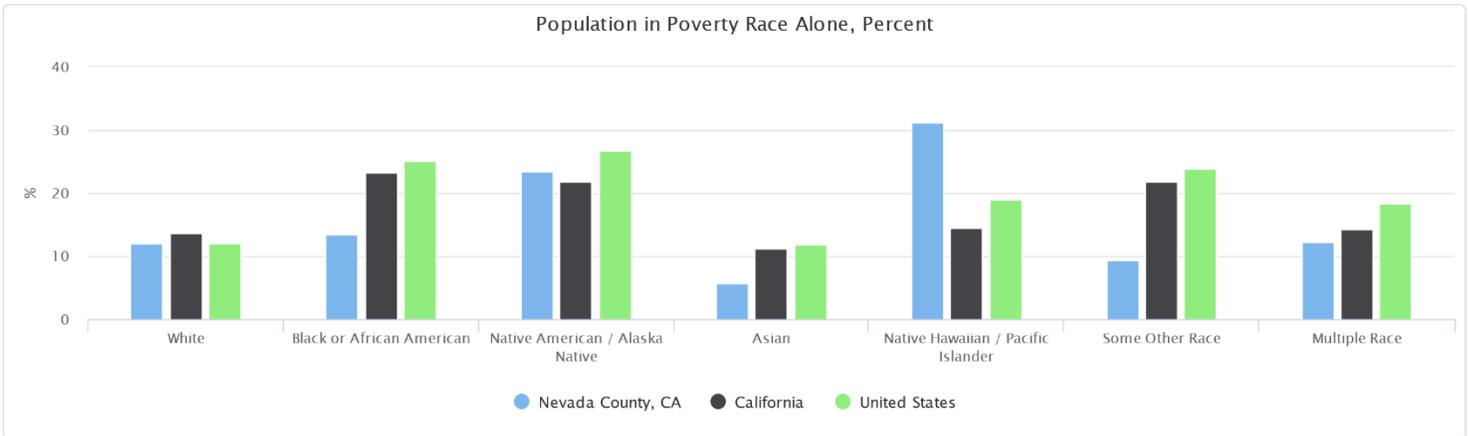
Population in Poverty-By Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Nevada County, CA	5,917	6,66	10.8%	13.41%
California	2,664,246	3,129,162	13.99%	16.17%
United States	20,408,626	25,241,719	13.31%	15.8%



Population in Poverty by Race Alone, Percent

Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Nevada County, CA	12.1%	13.43%	23.43%	5.76%	31.31%	9.44%	12.28%
California	13.7%	23.21%	21.89%	11.21%	14.49%	21.8%	14.26%
United States	12%	25.19%	26.78%	11.93%	19.01%	23.85%	18.43%



Income Levels

Report Area	Median Household Income	Per Capita Income
Nevada County, CA	\$60,610	\$35,581
California	\$67,169	\$33,128
United States	\$57,652	\$31,177

Housing

Cost-burdened status is a key indicator of family stability and financial success. A household that spends more than 30% of its gross income on maintaining their housing, including taxes, rent or mortgage, insurance, and basic utilities is considered cost burdened and leaves the household with less income available to meet other basic needs. Cost burdened status speaks to many of the needs identified in the survey process, including not having enough income to meet household needs, lack of affordable and/or quality/safe housing and inability to afford quality/safe housing and was even more significant for the senior population.

Housing Burden

Nearly half of households in the County (owned and rented) spend more than 30% of household income on housing. These households are considered to cost-burdened and tend to be the households with the lowest income. Some households may have a more difficult time finding and sustaining affordable and safe housing.

These include, but are not limited to persons in poverty, single-head of households with children, seniors and persons with disabilities.

Housing - Vacancy Rate

This indicator reports the number and percentage of housing units that are vacant. A housing unit is considered vacant by the American Community Survey if no one is living in it at the time of interview. Units occupied at the time of interview entirely by persons who are staying two months or less and who have a more permanent residence elsewhere are temporarily occupied and are classified as “vacant.”

Report Area	Total Housing Units	Vacant Housing Units	Vacant Housing Units, Percent
Nevada County, CA	56,193	1,022	1.8%
California	14,981,683	177,543	1.2%
United States	146,832,025	3,825,190	2.6%%

Lack of Insurance

Insurance - Uninsured Adults

The lack of health insurance is considered a *key driver* of health status.

This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Age 19- 64	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Nevada County, CA	55,791	47,561	85.2%	8,230	14.8%
California	6,947,227	6,323,870	91.03%	623,357	8.97%
United States	194,584,952	168,884,012	86.79%	25,700,940	13.21%

Insurance - Uninsured Children

This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Under Age 19	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Nevada County, CA	18,396	17,188	93.4%	1,208	6.6%
California	3,831,448	3,690,816	96.3%	140,632	3.7%
United States	76,217,025	72,369,595	94.95%	3,847,430	5.05%

Insurance - Uninsured Population

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Nevada County, CA	98,838	9,513	9.6%
California	11,402,897	1,108,605	9.72%
United States	311,516,332	40,446,231	12.9%

Public Benefits

Population Receiving SNAP Benefits (SAIPE)

This indicator reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits during 2017. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Nevada County, CA	98,838	26,393	27%
California	39,56,094	12,598,740	33%
United States	310,899,910	46,412,427	14.9%

Households Receiving SNAP Benefits by Race/Ethnicity, Percent

Report Area	Total Population	Non-Hispanic White	Black	Asian	American Indian / Alaska Native	Other Race	Multiple Race	Hispanic / Latino
Nevada County, CA	27%	81.8%	0%	.9%	1.4%	1.0%	0%	12.6%
California	33%	25%	7.2%	9.7%	.5%	.3%	1.7%	55.3%
United States	13.17%	8.06%	28.31	7.59%	26.64%	24.32%	20.21%	22.48%

Higher Education

Population with Associate's Level Degree or Higher

52.6% of the population aged 25 and older, or 46,058, have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population over Age 25	Population over Age 25 with associate degree	Population over Age 25 with bachelor's degree or Higher
Nevada County, CA	75,012	8,101	26,854
California	25,950,818	2,024,164	8,459,967

United States	216,271,644	17,950,546	66,827,937
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Population with No High School Diploma

Within the report area there is 6.45% of persons aged 25 and older without a high school diploma (or equivalency) or higher. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Total Population over Age 25	Population Age 25 with No High School Diploma	Percent Population Age 25 with No High School Diploma
Nevada County, CA	75,012	4,838	6.45%
California	25,950,818	4,543,988	17.51%
United States	216,271,644	27,444,871	12.69%

Transportation

Particularly in the small, rural County, Transportation can be a critical issue. Households passionately responded to transportation being one of the top needs in their household. Fourteen percent of those surveyed were very concerned about the lack of affordable transportation with cost of bus passes being the number one reason. The cost of purchasing, maintaining, repairing and fueling vehicles were all responses respondents had to transportation concerns. Lack of transportation is also a barrier to securing food resources or getting to food pantries or grocery stores.

An estimated 10,000 people commute out and 4,000 commute into the county for work. Commuting impacts where people need and use services, including child care and health care. Only 1.2% of residents take public transportation to get to work and nearly 3% walk to work or opt to ride a bicycle while 2.7% have a friend or family member take them to work.

This indicator is relevant because lack of transportation is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status, as well as to employment opportunities, child care providers, social connections and to food resources/nutrition.

Report Area	Workers over age 16	Percent that Drive	Percent that Uses Public Transportation	Percent that Walks or Bikes
Nevada County, CA	40,996	74.4%	1.2%	3.7%
California	17,589,785	73.6%	5.2%	3.7%
United States	148,432,042	76.4%	5.1%	3.3%

Mental Health

This indicator is relevant because a lack of stable mental health is a significant barrier to employment resulting in poverty and poor overall health outcomes. Poverty increases the risk of mental disorders and having a mental disorder increases the likelihood of descending into poverty.

The challenges that adults with mental illness face are made more difficult if they are living in poverty. The relationship between mental illness and poverty is complicated. Poverty may often intensify the experience of mental illness while mental illness may increase the chances of living below the poverty line. Lack of income makes treating mental health and addiction issues more difficult. Adults tend to be resistant to counseling; many do not follow through with referrals and appointments. Survey respondents overwhelmingly reported that a mental/physical disability as a barrier to employment. Community partners and providers placed mental/behavioral health issues in the top three list of problems in the community not being adequately addressed. One of the most common comments regarding mental health is the lack of mental health providers that accept Medi-Cal or Medicare. There continues to be ongoing debate as to whether drug abuse causes poverty or if poverty causes drug abuse. Many using/abusing drugs as a form of self-medicating their behavioral health needs. Substance abuse is quickly becoming a growing area of concern in the County, particularly opioid, heroin and fentanyl abuse.

Conditions & Causes of Poverty in Nevada County

Many Nevada County families do not have enough household income to meet their basic needs. As a result, they are also unable to afford quality and/or safe housing, access reliable transportation, and pay for their most basic health care needs. Additionally, once individuals in poverty reach a minimal increase in income, they experience the benefits cliff. Many low-income individuals indicated this as a major reason for their continued poverty.

Employment

Low income households and community providers and partners indicated that employment is one of the largest causes of poverty in the community. The problem is two-fold.

Local data, as well as statewide data indicates that employers are unable to fill higher paying positions because the community lacks a workforce that has the educational requirements or attained skill level; many of their higher paid positions remain unfilled. Local employers indicated that most individuals do not show up for drug screens. They frequently recruit outside of the area. Local employers also pointed to the lack of affordable, reliable transportation.

Low income households indicated that many jobs they were able to perform were low paying and could not replace the benefits they would stand to lose. They also pointed to transportation issues and affordable childcare being a barrier to maintaining employment. They also indicated that many local employers use of temporary agencies made it difficult to find permanent positions they could rely upon to pay their bills.

Affordable Housing

Nevada County's renters are extremely housing burdened. 46% of the county's housing stock was build prior to 1980. 1,022 units are sitting vacant. Only 90 units are available for rent under \$500/month and only 1,417 units under \$1,000/month. Across Nevada County, there is a shortage of rental units affordable and available to extremely low- income households, whose incomes are at or below the poverty guideline or 30% of their area median income (AMI). Many of these households are severely cost burdened spending more than half of their income on housing. Severely cost burdened poor households are more likely than other rents to sacrifice other necessities like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions. The annual income needed to afford the rent for a 2-bedroom unit at 30% of income in Nevada County is \$40,000 per year. Both in focus groups and the Community Needs Assessment Survey, safe and affordable housing was rated as the top reason for poverty in the community and something the agency should address to move individuals out of poverty.

Substance Abuse & Mental Health

Substance abuse impacts entire communities either directly through its use or through the effects it has on families and children. The 2017 Nevada County Community Health Assessment identified substance abuse as a top public health concern. Like many other counties in California and across the country, Nevada County has been overrun by the opioid epidemic. The California County Spotlight estimates that 5.1% of people ages 12 years or older (approximately 5,055 persons) misused opioids in Nevada County in 2016. .9% of people (910 persons) had an opioid use disorder, defined as opioid abuse or dependence. The county had 20 drug induced deaths in 2018. There are between 230-594 persons with an opioid use disorder in the county without local access to opioid agonist treatment; since there are no regulatory barriers to naltrexone and counseling treatments, agonist treatment is the focused treatment. The California Prevalence rates for Nevada County indicates that mental health need estimates for children below 18 years of age are primarily based on poverty levels. When looking at households in poverty, 8.72% have a teenager living with a serious mental illness (SMI), while 13.29% of those same households have a parent/caregiver age 45-54 living with a mental illness. In Nevada County, there are approximately 1,500 adults and 540 youths living in poverty households who are coping with a serious mental illness; indicating that about 40% of the SMI population comes from households living in poverty. The prevalence of mental illness is found in Hispanic and White households where these two ethnic populations comprise 94.6% of the county's mentally ill.

While progress is reported with the opioid abuse epidemic in Nevada County, the prescription rate is 971 per 1,000 residents according to the California Department of Public Health. The Sierra Nevada Memorial Miners Hospital in Grass Valley was selected to participate in the California Bridge Program, a substance use disorder treatment program. The 18-month program will ensure that any interaction a patient has with the healthcare system can be a potential opportunity to enter treatment having the potential to radically change the trajectory of the opioid epidemic.

A lack of access to care presents barriers to good health but can be deadly when it comes to substance abuse. The supply and accessibility of facilities and physicians, the rate of un-insured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access to treatment.

Race

Community needs assessment data also supports a race disparity in the community. Individuals reporting as Asian American, American Indian, Hispanic, or other race experience poverty and its associated impacts at greater rates than their white counterparts.

Female Head of Households

As noted in the poverty profile section above, female headed households are also disproportionately impacted by poverty. The more children in the household, the greater the rates of poverty.

Community Needs Assessment Survey Analysis

The Community Needs Assessment Survey was analyzed to distinguish between consumers and low-income input and all community stakeholders. The top ten priorities for each group are listed below and further analyzed in this section.

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Community's top 10 Critical Needs

Priority	Low Income	All Stakeholders	Overlapping Priorities
1	Increased Household Income	Housing Availability/Stock	Affordable Housing/Rent Assistance
2	Affordable Safe & Quality Housing-rental assistance	Mental Health Treatment	Mental Health/Substance Treatment
3	Mental Health/Substance Treatment	Substance Use Treatment	Household Income/Living Wage jobs
4	Reliable & Affordable Transportation	Household Income/Living Wage Jobs	Transportation
5	Health/Dental Insurance	Transportation	Medical/Dental Insurance
6	Higher Education Opportunities	Job Skills Training	Budgeting/Financial Mgmt.
7	Household Family Violence	Legal Services	
8	Healthy Food	Medical/Dental Insurance	
9	Teen Pregnancy	Budgeting	
10	Budgeting	Counseling Services	

Focus groups with low income individuals also had similar themes. These themes included: housing stock, affordable housing, substance abuse and prevention services (detox centers), mental health treatment, the expansion of transportation services available, and in-home assistance for the elderly outside of IHSS services.

Affordable Housing – Across stakeholder groups, affordable housing continues to be a high priority for the community. The County realizes that the issue lies mostly in the need for capital development of significant numbers of affordable housing units and there appears to be financial support from the State of California for developers to tackle a portion of the local need.

Rental Assistance – Along with affordable housing and the prioritization of HUD to serve literally homeless individuals, few resources exist for rent assistance in the community. The agency will continue to seek out partnerships with the local Continuum of Care to find new funds to serve this need.

Substance Abuse – The substance abuse issue in the community is impacting multiple programs. The increase in individuals impacted by opioid misuse disorder has resulted in increased law enforcement, court, jailing, and treatment costs. EMS personnel and hospital staff are inundated with individuals overdosing. Low income and other stakeholder groups alike have identified this critical need in our community. Low income individuals recognize that treatment options are scarce for individuals on Medicaid and facilities have long waiting lists. The agency is working with Behavioral Health to increase treatment options in the community. The county recognizes the new California Bridge Program to address substance use treatment.

Mental Health Treatment – All stakeholder groups clearly articulated the correlation between poverty, mental health treatment and the opioid epidemic; often citing the cyclical nature of need and self-medicating. The agency will clearly continue to work with the Continuum of Care and the County Behavioral Health Department on long-term solutions to the shortage of mental health treatment programs and facilities.

Household Income – The low-income respondents recognize that they struggle with meeting their household’s basic needs due to a lack of adequate income. Most attribute the lack of income to a lack of job skills for higher paying jobs, a lack of affordable transportation and a lack of available jobs within commuting distance.

Medical & Dental Care – Many low-income families and other stakeholders recognize that there is a resistance by low-income families to attain public health insurance and dental insurance is not readily available. The area is often underrepresented with primary and other emergency care providers who accept Medi-Cal. The agency continues to look at opportunities to solve this critical need.

Transportation – The County’s transit program struggles to keep up with the demand for its services. The agency

is exploring alternatives like point deviated routes, additional contracts with local employers, and the development of a volunteer driver programs to meet the needs of individuals whose circumstances do not have a funding source.

Customer Satisfaction Approach

Collection – Customer Satisfaction Surveys are distributed by front-line staff at the time of service. The AFSC has a customer service feedback box for program participants to submit their surveys anonymously. The survey is also available online on the Nevada County Health & Human Services website and is distributed on the agency’s Facebook page. The Community Needs Assessment also includes a section on rating your experience with each type of program AFSC operates.

Analysis –County staff enters survey data into Survey Monkey. The Program Coordinator analyzes the feedback annually and reports to the Board. Survey Monkey has the ability to filter by program type. The Program Coordinator did filter the data to identify if program participants had more positive or negative feedback based upon the programs they were using. However, what the Program Coordinator found was that most customers were visiting and reported on multiple services. During the annual survey update, the Program Coordinator will work to create different surveys and/or lines of questioning specific to each program for more individualized feedback. To analyze customer feedback on the Community Needs Assessment Survey, the Program Coordinator filtered the results by low-income participants/consumers only.

Reporting Data to the Board – The Program Coordinator will distribute the PDF of the Survey Monkey Customer Feedback results to the AFSC Board of Directors on an annual basis. As the surveys are improved and customers submit more feedback, Program Managers may be better able to adjust their programs based upon those results.

Customer Satisfaction Analysis

For the most part, customer satisfaction reported on the Customer Satisfaction Surveys facilitated by service providers was overwhelmingly positive. Customers reported fast, respectful, knowledgeable service being provided across program types with 89% being extremely satisfied with the service(s) received. Only one respondent indicated that they were “dissatisfied” with Community Action services.

Within the respondent pool, 48% were physically disabled with moderate to significant barriers to activities of independent living. In the Survey, all “don’t know answers” where the individual responding was not familiar with the program were excluded from analysis. The comments regarding top needs identified by respondents are noted below.

- Cheaper housing
- More community and qualified retired living; more modern facilities
- Help paying for supplemental insurance for those under age 65
- More housing availability
- Access to medical care for severely ill patients who are home bound
- More services for the mentally ill
- Support to pay for housing and/or utilities
- Credit repair assistance/financial management
- Access to health care

The three programs with the most negative feedback included transit, mobility management, and housing programs. Focus group participants indicated that the following issues were present in those programs:

Transit and Mobility Management: The need for a free transit, shuttle service in the County, more transit to employment, and more on-time trips. Mobility challenged low-income participants expressed frustration at the lack of out of county transportation available to non-Medicaid eligible populations under the age of 60.

Housing Programs: Focus group participants shared their frustration in the lack of affordable housing units (especially those available for persons with special needs) and rent subsidies available in the community.

Needs Assessment Recommendations for this issue: the agency must continue to support the County's efforts to expand affordable housing developments; the issue is outside of the scope of CSBG funding allotted to Nevada County. NIMBY issues continue to be a challenge, as well as properties suitable for congregate living that would provide separate living spaces for single men and households with children.

Key Findings

Respondents of the surveys and participants of the focus group meetings were representative of the "typical" community action consumer. Our communities have relatively low unemployment rates consistent with the state and national averages, which means individuals are working. But the County also has high rates of families who are cost-burdened with housing. The combination of low unemployment and a high cost-burden means that Nevada County families do not necessarily meet the criteria for "poverty" but are not earning enough income to meet their household's basic needs. This also means that families are at risk for having one unplanned, costly event launching the family into crisis.

Lack of income makes accessing reliable transportation, affordable and safe housing, obtaining quality child care and treatment of mental health and addiction issues more difficult. Affordable housing was identified by all groups surveyed as one of the top five priority need areas.

Through the focus group and survey process, additional needs in the County were also identified. While various stakeholders prioritized the other needs differently, fundamentally, they can be broken down into causes and conditions.

Conditions of Poverty

Families do not have enough household income to meet their basic needs. As a result, they are also unable to afford safe housing, access reliable transportation or to secure quality child care or treatment services.

Causes of Poverty

At its most basic level, the way for a family to increase the household income is to increase their earnings. However, families in Nevada County lack skills for higher paying jobs and/or are unable to get to the employers who pay livable wages due to a lack of transportation.

Next Steps & Recommendations

The needs assessment process is not a linear process. Instead, it is an on-going assessment and evaluation of need and impact in the County. But, based on the information gathered and knowledge gained, several key recommendations for the Nevada County Community Action Commission can be made:

- Rather than just focus on getting an individual a job, the focus should shift to developing career paths so that

as a person increases skills and knowledge, they can move into higher paying positions. Career paths should begin in the primary and secondary education arena but can be developed for the under and un-employed adults currently in the County. Community Action could focus its long-term programming to support career paths and cradle to career partnerships.

- Affordable housing should be studied more. This assessment did not specifically identify where gaps in housing exist in the County, or what potential solutions may be, but we do know that the state is having a housing crisis as is the County. Partnerships should be developed to increase Community Action's understanding and capacity to assist low-income families in securing and maintaining affordable housing. Community Action also needs to better define its role in affordable housing.
- Coordinated public transportation cannot be the only answer to the transportation issue. Community Action could develop creative solutions that will help families not only get back and forth to work, but also for other household transportation needs.
- Homelessness, mental health disorders and substance abuse often go hand in hand as social determinants of health. These conditions also impact poverty and self-sufficiency. Community Action should partner with local providers to ensure pathways to treatment success.

Community Action will use the knowledge gained through this process in our annual work plans to combat poverty in the County. Community Action will continue to be a leader in understanding poverty in the County, disseminating demographic and other quantitative data providing advocacy and outreach, and creating or joining in coalitions and partnerships that will help people and change lives.

Appendices

Focus Group Summary

Following is a summary of input from the focus group and key interviews:

1. Seniors

- Seniors on fixed incomes that are living in mobile homes and are not able to meet their daily living expenses
- No transportation and can't afford bus passes
- Eligible for Meals on Wheels, but there is a waiting list
- Need adult daycare or a senior cent

2. Housing & Homelessness

- CalWORKs recipients are living in sub-standard housing or are homeless
- Need to build more affordable housing
- Addressing abandoned properties and blight
- HUD is increasing regulatory requirements and decreasing/maintaining funding levels
- Need to connect data to the root causes of homelessness
- Need mobile showers and laundry facilities
- Develop Trauma Recovery partnered with Yoga-trauma-informed care
- Affordable housing vs. assistance for the homeless
- Need more prevention programs for at-risk populations
- Provide case management to serve as navigator

3. Household Finances

- Need for budgeting, financial education, credit counseling for consumers

4. Employment

- Employment opportunities and support for ex-offenders
- Family self-sufficiency services critically important to break the cycle of generational poverty; the County needs economic opportunities, stable affordable housing, stable families and educational opportunities to break the cycle of poverty, career pathways
- Engagement of youth; growing number of youth unprepared for family-sustaining jobs; tutoring programs needed; target young males
- Job skills training/trade schools necessary to train those persons who do opt not to attend traditional college environments

5. Youth

- Housing for TAY Youth and Foster Youth/ILP
- Need full after-school programs that are not income based
- Need transportation for youth to get to after-school activities
- Need after-school activities that aren't sports oriented

6. Transportation

- Expand bus routes/no funding to support expansion
- Bus routes are not frequent enough
- No transit services in North San Juan currently
- Transit service is researching volunteer driver program to keep costs down

Participants discussed the importance of all resources that are currently in Nevada County. They also discussed the need for additional resources to help all community members be able to rise above poverty. The most significant need they came up with was more affordable housing. A competitiveness is absent when dealing with the local landlords and they keep inflating the rent prices due to supply/demand.

Data Sources

- US Census Bureau, American Community Survey. 2011-15, 2009-13. Source geography: Tract
- US Department of Health & Human Services, Health Indications Warehouse, Centers for Disease Control and Prevention
- US Department of Labor
- Department of Housing and Urban Development
- Nevada County CHA-Final
- Nevada County Economic Resource Council Report
- Small Area Income and Poverty Estimates (SAIPE)
- American Housing Survey
- Community Commons-CAP HUB
- Nevada County Community Needs Survey
- Nevada County CSBG IS Survey/Program Data
- https://public.tableau.com/profile/benjamin.yeager#!/vizhome/Cap_Assessment/CAPData
- <https://openjustice.doj.ca.gov/crime-statistics/>
- <https://www.bls.gov/data/>
- <https://www.addicted.org/directory/category/nevada-county-2.html>
- <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
- https://www.google.com/search?tbm=lcl&ei=pAGEXleIIZC0sQWE_a2AAQ&q=mental+healthcare+providers+in+nevada+county%2C+ca&oq=mental+healthcare+providers+in+nevada+county%2C+ca&gs_l=psy-ab.3...222582.225216.0.228110.15.12.0.0.0.0.293.1290.0j6j1.7.0....0...1c.1.64.psy-ab..10.0.0....0.a-f5VdtGH50#rifi=hd::si::mv:!1m2!1d39.2342516!2d-121.0295218!2m2!1d39.2126656!2d-121.0636672;tbs:lrf:!2m1!1e2!2m1!1e3!3sIAE.lf:1.lf_ui:2&spf=1552155251703
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- <https://cfpa.net/program-access-index-pai-2016/> California Food Policy Advocates
- <http://www.countyhealthrankings.org/app/california/2018/rankings/nevada/county/outcomes/overall/snapshot>
- <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>
- https://www.census.gov/data-tools/demo/cedr1/sahie/sahie.html?s_appName=sahie&s_statefips=06&s_stcou=06057&menu=map_proxy&s_agecat=4
- https://www.google.com/search?source=hp&ei=Z4eEXPPYO-eatgXWkrSgBw&q=SNAP+benefits+by+race+in+nevada+county%2Cca&btnK=Google+Search&oq=SNAP+benefits+by+race+in+nevada+county%2Cca&gs_l=psy-ab.3..33i299i2.4210.15030..15208...1.0..0.204.6352.0j38j3.....0....1..gws-wiz.....0..0j0i131j0i10j0i22i30j33i22i29i30j33i160.K2skFNmnKI4
- <http://www.countyhealthrankings.org/app/california/2011/rankings/nevada/county/outcomes/overall/snapshot>
- <http://livingwage.mit.edu/counties/06057>

Board Approval

Whereby, at a regular meeting of the Adult and Family Services Commission of Nevada County on May 14, 2019 the Commission conducted its final review of the Community Needs Assessment Analysis and voted to formally adopt the results of the assessment for FY 2020-21.

Douglass Fleming, Commission Chair

Date