



**HUMBOLDT COUNTY ASSOCIATION OF GOVERNMENTS**

**Regional Transportation Planning Agency**

**Humboldt County Local Transportation Authority**

**Service Authority for Freeway Emergencies**

611 I Street, Suite B

Eureka, CA 95501

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# Title VI Program and Limited English Proficiency (LEP) Plan 2025

Adopted August 2025 [Resolution 25-19]

This document was prepared by the Humboldt County Association of Governments (HCAOG) and approved by its board of directors to comply with Title VI of the Civil Rights Act of 1964, including new provisions detailed in U.S. Department of Transportation's Federal Transit Administration (FTA) Circular 4702.1B, "Title VI Requirement and Guidelines for Federal Transit Administration Recipients."

*To obtain services or copies in an alternate format or language,  
please contact HCAOG's Title VI Coordinator at (707) 444-8208,  
or visit HCAOG's website at  
<http://www.hcaog.net/funding-administration>*

*Para recibir servicios o copias en otro formato o idioma,  
contacte a Coordinador del Título VI de HCAOG al (707) 444-8208  
o visite el sitio web  
<http://www.hcaog.net/funding-administration>*

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## **Introduction:**

The Federal Highway Administration (FHWA) and the Federal Transit Administration (FTA) have a longstanding policy of actively ensuring nondiscrimination under Title VI of the 1964 Civil Rights Act in federally funded activities. In recent years, a renewed emphasis on Title VI issues has become a more integral focus of the transportation planning and programming process.

Title VI is a federal statute that provides that no person shall, on grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Title VI allows people alleging discrimination by recipients of federal funds to file administrative complaints with the Federal departments and agencies that provide financial assistance. Subsequently, related authorities have expanded Title VI protections to include gender, age, and disability

A Title VI Program and Limited English Proficiency (LEP) Plan refers to a document developed by a recipient of federal funding that demonstrates how the recipient is complying with Title VI requirements. As a subrecipient, Humboldt County Association of Governments (HCAOG) must submit a Title VI Program to the primary recipient, the California Department of Transportation (Caltrans). The submission of HCAOG's Title VI Plan is to assist Caltrans in its compliance efforts. Caltrans must document and submit its Title VI Program to the FTA every three years.

HCAOG is guided by federal Title VI mandates and strives to not only meet these mandates, but to create an overall transparent, inclusive planning process. As the Regional Transportation Planning Agency (RTPA) for the Humboldt County region, HCAOG is committed to making Title VI a part of our planning process and a guide for our public participation efforts. This document establishes a framework for HCAOG's efforts to ensure compliance with Title VI and related statutes regarding nondiscrimination. A commitment to Title VI has, and continues to be, reflected in HCAOG's Overall Work Program, communications, public involvement efforts, and overall operations.

## **Purpose and responsibilities:**

HCAOG is one of 43 Regional Transportation Planning Agencies (RTPA) in California, created as a result of Section 29532 of the Government Code. The principal purpose of RTPAs in rural areas is to prepare and adopt planning and programming documents required by law and allocate funds and administer various funding programs that involve cities, counties, and transit operators.

The HCAOG Board membership consists of elected representatives from the Board of Supervisors and Humboldt's seven (7) cities. The HCAOG Board, with the additions of a representative from the California Department of Transportation, and a representative from the

Humboldt Transit Authority (Humboldt's regional transit system) serve as the Policy Advisory Committee.

### **INCLUSION OF TITLE VI ASSURANCES**

HCAOG will ensure that all agreements for federal-aid projects include Title VI Assurances in accordance with Exhibit 4-C and Appendices A and E. These are included in all subrecipient contracts, MOUs, and agreements funded in whole or in part by FHWA.

### **TITLE VI DATA COLLECTION AND ANALYSIS**

HCAOG will collect statistical data on the race, color, and national origin of participants in and beneficiaries of federally funded programs. The agency will analyze this data annually to evaluate outreach effectiveness and ensure equitable participation in planning processes.



## **HCAOG's Title VI Notice to the Public**

The Humboldt County Association of Governments (HCAOG) is committed to ensuring that no person shall be excluded from the equal distribution of its services and amenities because of race, color or national origin in accordance with Title VI of the Civil Rights Act of 1964.

- HCAOG's principal purpose as a Regional Transportation Planning Agency (RTPA) in a rural area is to prepare and adopt planning and programming documents required by law and allocate funds and administer various funding programs that involve cities, counties, and transit operators.
- HCAOG provides these services without regard to race, color, and national origin in full compliance with Title VI.
- Any person who believes he or she has been aggrieved by any unlawful, discriminatory practice under Title VI while using HCAOG services may file a complaint with HCAOG. All complaints will be fairly and objectively investigated.
- To file a complaint, you may contact our Title VI Program Administrator Brendan Byrd at (707) 444-8208; send email to [brendan.byrd@hcaog.net](mailto:brendan.byrd@hcaog.net); or visit HCAOG's office at 611 I Street, Suite B, Eureka, CA 95501.
- For more information about HCAOG's Title VI program, complaint procedure, or Limited English Proficiency Plan, contact (707) 444-8208; or visit HCAOG's website: [www.hcaog.net](http://www.hcaog.net)
- A complainant may file a complaint directly with the Federal Transit Administration by filing a complaint with the Title VI Program Coordinator, FTA Office of Civil Rights, East Building, 5th Floor – TCR, 1200 New Jersey Ave., S.E., Washington, D.C. 20590
- If information is needed in another language, contact (707) 444-8208.
- Si se necesita información en español, llame (707) 444-8208.



## **Aviso al público de Título VI de HCAOG**

La Asociación de Gobiernos del Condado de Humboldt (HCAOG) se compromete a asegurar que ninguna persona sea excluida de una distribución igualitaria de sus servicios por razón de su raza, color o nacionalidad de acuerdo con el Título VI de la Ley de Derechos Civiles de 1964.

- El propósito principal de HCAOG, como una Agencia Regional de Planificación de Transporte (RTPA) en un área rural, es preparar y aprobar los documentos de planificación y programación exigidos por la ley, y asignar fondos y administrar varios programas de financiamientos que involucran ciudades, condados y operadores de transporte.
- HCAOG provee servicios y lleva a cabo programas sin distinción de raza, color o nacionalidad en completo acuerdo con el Título VI.
- Cualquier persona que crea que él o ella ha sido agraviado(a) en base a una discriminación ilícita de acuerdo con el Título VI mientras estaba usando los servicios de HCAOG, podrá cumplimentar un formulario de reclamación de HCAOG. Todas las reclamaciones serán investigadas de forma justa y objetiva.
- Para cumplimentar una reclamación, puede usted ponerse en contacto con nuestro Administrador del Programa del Título VI en el (707) 444-8208; o por e-mail: [brendan.byrd@hcaog.net](mailto:brendan.byrd@hcaog.net); o visitando la oficina de HCAOG en el 611 "I" Street, Suite B, Eureka, CA, 95501.
- Para más información sobre el programa del Título VI de HCAOG, el procedimiento para presentar una reclamación, o sobre el Plan de Conocimientos Limitados de Inglés (LEP) póngase en contacto con el (707) 444-8208; o visite la página web de HCAOG: [www.hcaog.net](http://www.hcaog.net).
- Cualquier reclamante puede presentar una reclamación directamente en la Administración Federal de Tránsito (FTA) cumplimentando el formulario a la atención del Coordinador del Programa del Título VI, FTA Office of Civil Rights, East Building, 5th Floor – TCR, 1200 New Jersey Ave., S.E., Washington, D.C. 20590.
- Si se necesita información en otro idioma, póngase usted en contacto con el (707) 444-8208.
- Si se necesita información en español llame al (707) 444-8208.

## Posting Locations for Title VI Public Notices

HCAOG's Title VI notice is posted at the following locations:

**Table 1 – Posting locations for HCAOG's Title VI notice**

| Location Name               | Address               | City   |
|-----------------------------|-----------------------|--------|
| HCAOG Office (Reception)    | 611 I Street, Suite B | Eureka |
| HCAOG Office (Meeting Room) | 611 I Street, Suite B | Eureka |

The Title VI notice to the public and program information is also provided on HCAOG's website at <http://www.hcaog.net/funding-administration>

### Title VI Complaint Procedures:

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by the Humboldt County Association of Governments (HCAOG) may file a Title VI complaint by completing and submitting HCAOG's Title VI Complaint Form which is available, in English or Spanish (translation into other languages available upon request), at the HCAOG office (611 I Street, Suite B, Eureka, CA 95501), or online at [www.hcaog.net](http://www.hcaog.net). HCAOG reserves the right not to investigate complaints received more than 180 days after the alleged incident. HCAOG will only process complaints that are complete.

The following procedures will be followed to investigate formal Title VI complaints:

- Within 10 business days of receiving a complete complaint form, the HCAOG Title VI Program Administrator will review it to determine if our office has jurisdiction. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.
- The investigation will be conducted and completed within 30 days of receipt of the formal complaint.
- If more information is needed to resolve the case, HCAOG may contact the complainant by letter. The complainant has 10 business days from the date of the letter to send requested information to the Title VI Administrator. If the administrator is not contacted by the complainant or does not receive the additional information within 10 business days, HCAOG will administratively close the case.
- The complainant will be notified in writing of the cause to any planned extension to the 30-day rule (The investigation will be conducted and completed within 30 days of the receipt of the formal complaint.).
- A case may be administratively closed if HCAOG receives written confirmation that the complainant no longer wishes to pursue their case. Following the investigation, the Title VI Administrator will issue one of two letters to the complainant: 1) a closure letter; or, 2) a letter of finding (LOF). A closure letter summarizes the allegations and states that either there was not a Title VI violation or there were insufficient facts to determine whether or not there was a violation. In either case a closure letter results in the case being closed. A LOF summarizes the allegations and the interviews regarding the alleged



incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur. Additionally, if the incident resulted from an inquiry by the complainant, HCAOG will respond to the inquiry by providing the complainant with relevant public information.

- If the complainant is unsatisfied with the decision, he/she has 30 days after the date of HCAOG's closure letter or the LOF to submit a written appeal to the HCAOG Board of Directors. The complainant is entitled to review the denial, to present additional information and arguments, and to separation of functions (i.e., a decision by a person not involved with the initial decision to deny eligibility). The complainant is entitled to receive written notification of the decision of the appeal and the reasons for it.

The complainant may also file a complaint directly with the Federal Transit Administration, as follows: Title VI Program Coordinator, FTA Office of Civil Rights, East Building, 5th Floor – TCR, 1200 New Jersey Ave., S.E., Washington, D.C. 20590

## HCAOG Regional Transportation Agency Title VI Complaint Form

### Section I: *Please write legibly*

1. Name:

2. Address:

3. Telephone :

3.a. Secondary Phone (*Optional*):

4. Email Address:

5. Desired communication methods for following up on complaint?

☐ Large Print

☐ Audio Tape

☐ Telecommunications Device for the Deaf (TDD)

☐ Other

### Section II:

6. Are you filing this complaint on your own behalf?

Yes\* ☐

No ☐

\*If you answered “yes” to #6, go to Section III.

7. If you answered “no” to #6, what is the name of the person for whom you are filing this complaint?

Name:

8. What is your relationship with this individual:

9. Please explain why you have filed for a third party:

10. Please confirm that you have obtained permission from the aggrieved party to file on their behalf.

Yes ☐

No ☐

**Section III:**

11. I believe the discrimination I experienced was based on (*check all that apply*):

☐ Race      ☐ Color      ☐ National Origin

12. Date of alleged discrimination (mm/dd/yyyy):

13. Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known), as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.

**Section IV:**

14. Have you previously filed a Title VI complaint with HCAOG?

Yes ☐

No ☐

**Section V:**

15. Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

☐ Yes\*      ☐ No

\*If yes, check all that apply:

☐ Federal Agency   ☐ State Agency   ☐ Local Agency

☐ Federal Court   ☐ State Court

16. If you answered “yes” to #15, provide information about a contact person at the agency/court where the complaint was filed.

Name:

Title:

Agency:

Address:

Telephone:

Email:

**Section VI:**

Name of agency complaint is against:

Contact person:

Title:

Telephone number:

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date are required below to complete form:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit this form in person, or by mail, to the address below:

HCAOG Title VI Program Administrator

611 I Street, Suite B

Eureka, CA 95501

| Agencia de Transporte Regional HCAOG Título VI Formulario de Reclamación                                                                        |                                                                                        |                              |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------|--------------------------------------------|
| <b>Apartado I: Por favor, escriba de forma legible</b>                                                                                          |                                                                                        |                              |                                            |
| 1. Nombre:                                                                                                                                      |                                                                                        |                              |                                            |
| 2. Dirección:                                                                                                                                   |                                                                                        |                              |                                            |
| 3. Número de teléfono:                                                                                                                          |                                                                                        | 3.a. Otro número (Opcional): |                                            |
| 4. Dirección de e-mail:                                                                                                                         |                                                                                        |                              |                                            |
| 5. ¿Cuál es el método de comunicación deseado para realizar la reclamación?                                                                     | <input type="checkbox"/> En letra grande                                               |                              | <input type="checkbox"/> En cinta de audio |
|                                                                                                                                                 | <input type="checkbox"/> Un dispositivo de telecomunicación para personas sordas (TDD) |                              | <input type="checkbox"/> Otro              |
| <b>Apartado II:</b>                                                                                                                             |                                                                                        |                              |                                            |
| 6. ¿Está usted cumplimentando este formulario para usted mismo?                                                                                 |                                                                                        | Sí* <input type="checkbox"/> | No <input type="checkbox"/>                |
| * Si su respuesta ha sido "sí" a la pregunta 6, por favor vaya al apartado III                                                                  |                                                                                        |                              |                                            |
| 7. Si su respuesta ha sido "no" a la pregunta 6, ¿Podría usted indicar el nombre de la persona para la que está cumplimentando este formulario? |                                                                                        |                              |                                            |
| Nombre:                                                                                                                                         |                                                                                        |                              |                                            |
| 8.Cuál es su relación con dicha persona:                                                                                                        |                                                                                        |                              |                                            |
| 9. Por favor, explique por qué ha cumplimentado este formulario para una tercera persona:                                                       |                                                                                        |                              |                                            |
| 10. Por favor, ratifique que usted ha obtenido permiso por parte del agraviado para cumplimentar este formulario en su nombre:                  |                                                                                        | Sí <input type="checkbox"/>  | No <input type="checkbox"/>                |

**Apartado III:**

11. Considero que la discriminación que he sufrido ha sido en base a (marque todas las casillas que sean aplicables)

☐ Raza      ☐ Color      ☐ Nacionalidad

12. Fecha en que sufrió la supuesta discriminación (mm/dd/aaaa):

13. Explique con la mayor claridad posible los eventos acontecidos y por qué cree usted que ha sido discriminado. Describa a todas las personas implicadas. Incluya el nombre y la información de contacto de las personas que discriminaron contra usted (si los conoce), así como los nombres y la información de contacto de cualquier testigo. Si precisa de más espacio, por favor use la parte de atrás de este formulario.

**Apartado IV:**

|                                                                               |                             |                             |
|-------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| 14. ¿Ha hecho usted con anterioridad alguna reclamación de Título VI a HCAOG? | Sí <input type="checkbox"/> | No <input type="checkbox"/> |
|-------------------------------------------------------------------------------|-----------------------------|-----------------------------|

**Apartado V:**

15. ¿Ha presentado usted esta reclamación contra otra agencia Federal, Estatal o local, o bien contra un tribunal Federal o Estatal?

☐ Sí\*      ☐ No

\*Si la respuesta es "sí", seleccione todas las casillas que sean aplicables:

☐ Agencia Federal    ☐ Agencia Estatal    ☐ Agencia Local

☐ Tribunal Federal    ☐ Tribunal Estatal

|                                                                                                                                                                         |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| <b>Agencia de Transporte Regional HCAOG Título VI Formulario de reclamación    Página 3</b>                                                                             |                      |
| 16. Si su respuesta a la pregunta 15 ha sido "sí", aporte información sobre una persona de contacto en la mencionada agencia/tribunal donde se presentó la reclamación. |                      |
| Nombre:                                                                                                                                                                 |                      |
| Título:                                                                                                                                                                 |                      |
| Agencia:                                                                                                                                                                |                      |
| Dirección:                                                                                                                                                              |                      |
| Número de Teléfono:                                                                                                                                                     | Dirección de e-mail: |
| <b>Section VI:</b>                                                                                                                                                      |                      |
| Nombre de la agencia contra la que se presentó la reclamación:                                                                                                          |                      |
| Persona de Contacto:                                                                                                                                                    |                      |
| Título:                                                                                                                                                                 |                      |
| Número de Teléfono:                                                                                                                                                     |                      |

Puede usted adjuntar cualquier escrito o cualquier otra información que crea relevante para su reclamación:

Para completar el formulario se requiere que usted firme y ponga la fecha más abajo.

Firma \_\_\_\_\_

Fecha \_\_\_\_\_

Por favor entregue este formulario en persona, o por correo a la dirección que se encuentra más abajo:

HCAOG Título VI Administrador del programa

611 "I" Street, Suite B

Eureka, CA 95501

## LIST OF TITLE VI INVESTIGATIONS, COMPLAINTS, AND LAWSUITS

HCAOG has not been involved in any Title VI investigations, complaints, or lawsuits to date.

TABLE 2 – LIST OF TITLE VI INVESTIGATIONS, COMPLAINTS, AND LAWSUITS

|                       | <b>Date (Month,<br/>Day, Year)</b> | <b>Summary (Include basis of<br/>complaint: race, color, or<br/>national origin)</b> | <b>Status</b> | <b>Action(s) Taken</b> |
|-----------------------|------------------------------------|--------------------------------------------------------------------------------------|---------------|------------------------|
| <b>Investigations</b> | None                               |                                                                                      |               |                        |
| <b>1</b>              |                                    |                                                                                      |               |                        |
| <b>2</b>              |                                    |                                                                                      |               |                        |
| <b>Lawsuits</b>       | None                               |                                                                                      |               |                        |
| <b>1</b>              |                                    |                                                                                      |               |                        |
| <b>2</b>              |                                    |                                                                                      |               |                        |
| <b>Complaints</b>     | None                               |                                                                                      |               |                        |
| <b>1</b>              |                                    |                                                                                      |               |                        |
| <b>2</b>              |                                    |                                                                                      |               |                        |



## HCAOG'S TITLE VI OUTREACH TECHNIQUES

The following is a summary of techniques used by HCAOG to ensure compliance with Title VI and Environmental Justice (EJ) requirements. HCAOG'S Public Participation Plan (Attachment C) contains policies for public involvement practices.

To ensure that LEP individuals are aware of language assistance opportunities available to them and to appraise LEP populations' need for language assistance with HCAOG services, HCAOG provides the following:

- HCAOG's website, where most documents are posted, is accessible to non-English speaking visitors who may translate [www.hcaog.net](http://www.hcaog.net) to multiple languages.
- When public notices are provided, they are published in advance of HCAOG meetings (for details on public review periods, please consult the Public Participation Plan provided as Attachment B. The public notices delineate how prior arrangements can be made for a translator (LEP) or interpreter (sign language for hearing impaired individuals) to attend the meeting.
- Professional interpreter services are available upon request.
- Posted notice of LEP Plan and the availability of interpretation or translation services free of charge in languages LEP persons would understand.
- "I Speak" cards for HCAOG staff, at public meetings, to identify language interpretation needed if the occasion arises.
- Annual survey of all HCAOG staff on their experience concerning any contacts with LEP persons during the previous year.
- Staff may greet participants as they arrive at meetings. By informally engaging participants in conversation, it is possible to gauge each attendee's ability to speak and understand English. Although translation may not be possible at the meeting, one-on-one assistance could be provided later, and it will help identify the need for future meetings.

Additionally, Title VI notices, complaint forms, and complaint procedures have been printed and posted in English and Spanish. These notices are posted in the following locations:

- HCAOG office
- HCAOG website

# **LIMITED ENGLISH PROFICIENCY (LEP) PLAN**

## **INTRODUCTION**

This Limited English Proficiency (LEP) Plan was developed during the process of preparing HCAOG's Title VI Program to ensure that HCAOG's services are accessible to limited English proficient individuals. Title VI of the 1964 Civil Rights Act is one of two federal mandates that guarantee the provision of meaningful access to federally funded services for LEP individuals:

- Title VI of the 1964 Civil Right Act prohibits federally funded agencies from discriminating against individuals based on race, color, and national origin and includes meaningful access to LEP customers.
- Presidential Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000): Instructs federal agencies to improve access to services by mandating that any federally conducted or assisted programs of activities (e.g. recipients of federal funding) must provide meaningful access to LEP customers.

HCAOG's Title VI Program has been prepared in accordance with FTA Circular 4702.1B, Title VI Requirements and Guidelines for Federal Transit Administration Recipients, October 1, 2012.

HCAOG has developed this LEP Plan to help identify reasonable steps for providing language assistance to persons with limited English proficiency who wish to access services provided. As defined by Executive Order 13166, LEP persons are those who do not speak English as their primary language and have limited ability to read, speak, write, or understand English. This plan outlines how to identify a person who may need language assistance, the ways in which assistance may be provided, staff training that may be required, and how to notify LEP people that assistance is available.

In order to prepare this plan, HCAOG used the four-factor LEP analysis which considers the following factors:

1. The number or proportion of LEP people in the service area who may be served by HCAOG.
2. The frequency with which LEP people come in contact with HCAOG services.
3. The nature and importance of services provided by HCAOG to the LEP population.
4. The interpretation services available to HCAOG and the overall cost to provide LEP assistance.

## **MEANINGFUL ACCESS: FOUR-FACTOR ANALYSIS**

The U.S. Department of Transportation (DOT) issued its Policy Guidance Concerning Recipient's Responsibilities to Limited English Proficient (LEP) Persons [Federal Register: December 14, 2005 (Volume 70, Number 239)]. This policy states that DOT recipients are required to take reasonable steps to ensure meaningful access to programs by LEP persons. This coverage extends to the recipient's entire program.

There are four factors for agencies to consider when assessing language needs and determining what steps they should take to ensure access for LEP people, regardless of whether or not the agency chooses not to prepare a written LEP plan. In order to ensure meaningful access to programs and services, HCAOG has used the information obtained in the Four Factor Analysis (below) to determine the specific language services that are appropriate to provide. The analysis, based on the four factors below, reveals how the agency can improve communication with LEP individuals.

### **Factor 1:**

**The number or proportion of LEP persons eligible to be served or likely to be encountered by a program, activity, or service of the recipient or grantee.**

HCAOG staff reviewed the American Community Survey Five-Year Estimate for language spoken at home and determined that 13,888 people in the Humboldt region (10.8% of the population) speak a language other than English. Of those 13,888 people, 4,798 people, or 34.5%, have limited English proficiency; that is, they speak English less than "very well" or "not at all." This is 3.7% of the overall population in the service area.

DOT has adopted Department of Justice's Safe Harbor Provision, which outlines circumstances that can provide a "safe harbor" for recipients regarding translation of written materials for LEP populations. The "Safe Harbor Provision", as defined by Department of Justice, stipulates that if a recipient provides written translation of vital documents for each eligible LEP language group that constitutes five percent (5%) or 1,000 persons, whichever is less, of the total populations of persons eligible to be served or likely to be encountered, then such action will be considered strong evidence of compliance with the recipient's written translation obligations."

HCAOG examined the above specific languages using the 2011-2015 American Community Survey 5-Year estimated: Language Spoken at Home by Ability to speak English for the Population 5 Years and Over, the most recent data available. This data allowed HCAOG to determine whether those speaking languages other than English fall under the "Safe Harbor Provision."

Although all language groups other than Spanish have estimated populations of less than 1,000 persons and 5% of the total population, HCAOG will further examine providing services to these language groups in review of the Title VI Program.

Spanish is the only language group that meets the threshold specified by the Department of Transportation's Safe Harbor Provision of over 5% or 1,000 individuals (whichever is less). There are 2,273 LEP Spanish speakers, or 2.2% of the population, in the Humboldt region (see

Table 3). HCAOG has translated the following vital documents into Spanish and made them available to the public (at HCAOG's office and online):

- HCAOG's Title VI Notice to the Public
- HCAOG's Title VI Complaint Form
- HCAOG's Procedures for filling out the complaint form

The next largest LEP populations in the Humboldt region are, respectively, Hmong and Chinese. The Hmong LEP community totals 565 people according to the Census data. The Chinese LEP community totals 329 individuals. While HCAOG will not immediately translate vital documents into Chinese or Hmong, as the number of LEP individuals is below the Safe Harbor Provision for each of these groups, it will continue to monitor the proportions of LEP individuals and corresponding languages as detailed in the Monitoring Section.

**Table 3 – Humboldt Region LEP Population**

|                                      | Humboldt County,<br>California | Humboldt County<br>California |
|--------------------------------------|--------------------------------|-------------------------------|
|                                      | Population Estimate            | Percentage                    |
| Total Population (5 years and older) | 128,963                        | 100.00%                       |
| English Only                         | 115,075                        | 89.2%                         |
| Speak Other Than English             | 13,888                         | 10.8%                         |
| Speak English less than "very well"  | 4,798                          | 3.7%                          |
| Spanish or Spanish Creole:           | 2,840                          | 2.2%                          |
| Hmong:                               | 565                            | 0.4%                          |
| Chinese:                             | 329                            | 0.3%                          |
| All other languages                  | 757                            | 0.6%                          |

Source: 2019-2023 American Community Survey, Table B16001.

## **Factor 2:**

### **The frequency with which LEP people come in contact with HCAOG services.**

HCAOG staff reviewed the frequency with which the HCAOG Board of Directors and office staff have, or could have, contact with LEP people. This includes documenting phone inquiries, emails, or office visits. In the past three years, HCAOG has had no requests for interpreters or for translated program documents.

As Spanish speakers remain an LEP population, current staff has been trained to greet people at public meetings to determine if there are individuals who may benefit from one-on-one assistance later, or if Spanish translation and interpretation services may be needed at future meetings. HCAOG currently has an employee on staff that is willing and able to assist LEP Spanish speakers who call, email or come into the office. If further translation or interpretation is required, HCAOG will contract out for those services.

**Factor 3:****The nature and importance of services provided by HCAOG to the LEP population.**

HCAOG performs transportation planning for the region. Transit service questions (from LEP people and otherwise) are generally directed to the Humboldt Transit Authority, the regional public transit agency or appropriate transit service agency.

There is no large geographic concentration of any type of LEP individuals in the Humboldt region. The overwhelming majority of the population in Humboldt, 89%, speaks only English. The HCAOG Board of Directors and office staff are most likely to encounter LEP individuals through office visits, phone conversations, email correspondence, and attendance at HCAOG Board of Directors' meetings.

**Factor 4:****The resources available to HCAOG, and overall costs to provide LEP assistance.**

The HCAOG assessed its available resources that could be used for providing LEP assistance, including:

- Determining the cost of a professional interpreter and translation service on an as-needed basis
- Determining which documents would be the most valuable to be translated if the need should arise
- Taking an inventory of available organizations that HCAOG could partner with for outreach and translation efforts
- Assessing the amount of staff training that might be needed.

Based on the four-factor analysis, HCAOG developed measures for language assistance, training staff, and for monitoring and disseminating its LEP Plan as outlined in the following sections.

**Equity Analysis:**

HCAOG has not been a lead agency on any construction projects. Therefore, a Title VI equity analysis is not required.

# LANGUAGE ASSISTANCE

A person who does not speak English as their primary language and who has a limited ability to read, write, speak or understand English may be a LEP person and may be entitled to language assistance with respect to HCAOG services. Language assistance can include interpretation, which means oral or spoken transfer of a message from one language into another language and/or translation, which means the written transfer of a message from one language into another language.

After analyzing the four factors, the following Language Assistance Plan has been developed to assist persons of Limited English Proficiency.

## **How HCAOG staff may identify a LEP person who needs language assistance:**

- Examine records of requests for language assistance from past meetings and events to determine the possible need for assistance at future meetings.
- Post notice of LEP Plan and the availability of interpretation or translation services free of charge in languages LEP persons would understand.
- Survey staff, on an annual basis at the beginning of each fiscal year regarding their experience on having direct or indirect contact with LEP individuals.
- HCAOG staff will be provided with “I Speak” cards, at public meetings, to identify language interpretation needed if the occasion arises.
- When public notices are provided, they are published in advance of HCAOG meetings (for details on public review periods, please consult the Public Participation Plan in Attachment C). The public notices delineate how prior arrangements can be made for a translator (LEP) or interpreter (sign language for hearing impaired individuals) to attend the meeting.
- Staff may greet participants as they arrive at meetings. By informally engaging participants in conversation, it is possible to gauge each attendee’s ability to speak and understand English. Although translation may not be possible at the meeting, one-on-one assistance could be provided later, and it will help identify the need for future meetings.

## **Language Assistance Measures:**

There are numerous language assistance measures available to LEP people, including both oral and written language services. HCAOG will ensure that vital documents, such as a Title VI complaint form, procedures for the form, and the notice of a person’s rights under Title VI are translated into Spanish. Other vital documents may be translated as need arises.

HCAOG will continue to implement the following procedures:

- When an interpreter is needed, in person or on the telephone, HCAOG staff will first attempt to determine the language assistance required, and then seek services of an interpreter or utilize the telephone interpreter service – Language Line Services at <https://www.language.com>.
- HCAOG will utilize HCAOG staff member for Spanish interpreter and translation services as available. If staff are unavailable, HCAOG will contract out for Spanish interpreter and language translation services.

The following is a list of language assistance products/methods that may be utilized by HCAOG:

- HCAOG on-staff Spanish interpreter for telephone, in person, or translation as needed.
- “I Speak” Cards
- LatinoNet (local translation/interpreter resource) [<http://latinonet.org>],
- Language Line Solutions (interpreter resource) [<https://www.language.com>]
- California Service Relay

### **Staff Training:**

All HCAOG staff receive initial and ongoing Title VI and LEP training. Training is provided upon hire and annually thereafter. Training materials include instructions on complaint procedures, LEP responsibilities, and the use of interpretation services.

Training topics are listed below:

- Understanding Title VI policy and LEP responsibilities
- Language assistance services HCAOG offers
- Use of California Service Relay (CRS)
- Use of “I Speak” cards
- How to use the “Language Line” interpretation and translation services
- Documentation and logging of language assistance requests
- How to respond to LEP callers
- How to respond to correspondence from LEPs
- How to respond to LEPs in person
- How to document LEP needs
- How to respond to a Title VI and/or LEP complaint
- Documenting civil rights complaints (Title VI Complaint Log)

All contractors or subcontractors performing work for HCAOG will be required to follow the Title VI/LEP guidelines.

### **Monitoring and Updating the LEP Plan:**

A review of the LEP Plan will be undertaken every three years, concurrent with updating and submitting the HCAOG Title VI Program.

1. Each update of the LEP Plan will examine the plan components including:
  - How many LEP people are encountered annually?
  - Were the needs of LEP people met?
  - What is the current LEP population in HCAOG’s service area?
  - Is a change needed in the types of language translation services provided?
  - Determining whether HCAOG’s financial resources are sufficient to fund language assistance resources needed.
  - Are there other programs that should be included?
  - Have HCAOG’s available resources, such as technology, staff, and financial costs changed?
  - Has HCAOG fulfilled the goals of the LEP Plan?
  - Were any complaints received?
2. HCAOG will track its language assistance efforts, including:
  - Reporting front-line staff’s interactions with LEP

- Documenting the number of LEP people encountered annually
- Documenting how the needs of LEP people have been addressed
- Determining whether complaints have been received concerning the agency's failure to meet the needs of LEP individuals
- Maintaining a Title VI complaint log, including LEP to determine issues and basis of complaints

**Dissemination of THE LEP Plan:**

Any person or agency with internet access will be able to access and download HCAOG's Title VI and LEP Plan. Notice of the public's Title VI rights (in English and Spanish) will be placed in the HCAOG office reception, as well as in HCAOG's meeting room.

Alternatively, any person or agency may request a copy of the plan via telephone, mail, or email and shall be provided with a copy of the plan at no cost. LEP individuals may request copies of the plan in translation which the HCAOG will provide, if feasible. HCAOG will also distribute copies of its Title VI Program and LEP Plan to members of the Social Services Transportation Advisory Council.

Questions or comments regarding the LEP Plan may be submitted to the HCAOG's Title VI Program Administrator:

Humboldt County Association of Governments (HCAOG)

Attn: Title VI Program Administrator

611 "I" Street, Suite B, Eureka, CA 95501

Tel: 707-444-8208 Fax: 707-444-8319



## ATTACHMENT A

### MINORITY REPRESENTATION ON NON-ELECTED ADVISORY COMMITTEES

This is a required table depicting racial breakdown of transit-related, non-elected planning boards, advisory councils or committees. The results are based on an anonymous survey sent in July 2025 to Social Services Transportation Advisory Council (SSTAC) members and their active alternates. A description of efforts made to encourage minority participation is also included.

| Race and Ethnicity |                                              | Social Services<br>Transportation<br>Advisory Council |
|--------------------|----------------------------------------------|-------------------------------------------------------|
| <b>Ethnicity</b>   |                                              |                                                       |
|                    | Hispanic or Latino                           | 12%                                                   |
|                    | Not Hispanic or Latino                       | 59%                                                   |
|                    | Elected not to report                        | 29%                                                   |
| <b>Total</b>       |                                              | <b>100.0%</b>                                         |
|                    |                                              | <b>Race</b>                                           |
|                    | American Indian or Alaska Native             | 0%                                                    |
|                    | Asian                                        | 0%                                                    |
|                    | Black or African American                    | 12%                                                   |
|                    | Native Hawaiian or Other Pacific<br>Islander | 0%                                                    |
|                    | White                                        | 59%                                                   |
|                    | Other Race/Biracial/Multiracial              | 0%                                                    |
|                    | Elected not to report                        | 29%                                                   |
| <b>Total</b>       |                                              | <b>100.0%</b>                                         |

HCAOG does not discriminate on the basis of race, color, or national origin against residents who wish to participate on non-elected or other advisory committees. In addition, HCAOG solicits participation and nominates individuals involved with local human services agencies, non-profit community-based organizations, and other local stakeholders.

HCAOG welcomes all who are interested in serving on the SSTAC who meet the mandates of the Transportation Development Act (TDA). The HCAOG Board appoints all members seeking to participate on the SSTAC. Outreach efforts are focused on the primary intent of the SSTAC, which is to meet the mandates of the TDA.

Per section 99238 of the Transportation Development Act, each transportation planning agency shall provide for the establishment of a SSTAC for each county, or counties operating under a joint powers agreement, which is not subject to the apportionment restriction established in Section 99232 which states:

The SSTAC shall consist of the following members:

- One representative of potential transit users who are 60 years of age or older.
- One representative of potential transit users who are disabled.
- Two representatives of the local social service providers for seniors, including one representative of a social service transportation provider, if one exists.
- Two representatives of local social service providers for the handicapped, including one representative of a social service transportation provider, if one exists.
- One representative of a local social service provider for people of limited means.
- Two representatives from the local consolidated transportation service agency, designated pursuant to subdivision (a) of Section 15975 of the Government Code, if one exists, including one representative from an operator, if one exists.
- The transportation-planning agency may appoint additional members in accordance with the procedure prescribed in subdivision (b).

Members of the social services transportation advisory council shall be appointed by the transportation planning agency which shall recruit candidates for appointment from a broad representation of social service and transit providers representing the elderly, the handicapped, and persons of limited means. In appointing council members, the transportation-planning agency shall strive to attain geographic and minority representation among council members. Of the initial appointments to the council, one-third of them shall be for a one-year term, one-third shall be for a two-year term, and one-third shall be for a three-year term. Subsequent to the initial appointment, the term of appointment shall be for three years, which may be renewed for an additional three-year term. The transportation planning agency may, at its discretion, delegate its responsibilities for appointment pursuant to this subdivision to the board of supervisors.

**ATTACHMENT B**

**HCAOG PUBLIC PARTICIPATION PLAN 2025 UPDATE**