FIRST 5 SHASTA

Strategic Plan

2019-2026

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Strategic Plan at a Glance

Mission

Working in partnership with the community to promote, support and improve the early health, development, and learning of children from the prenatal stage through five years of age.

Vision

Shasta County is a resilient community with strong families where young children thrive.

Goals & Objectives

Goal 1

Adverse Childhood Experiences (ACEs) are prevented and mitigated by protective factors and trauma-informed care in Shasta County for the birth through age five population.

1.1 Increase community awareness of the impact of ACEs and ways to prevent ACEs and build protective factors for young children and their families.

1.2 Advocate for systems change that prevents ACEs, builds protective factors for young children and their families, and increases trauma-informed services for families.

Goal 2

All children from birth through age five in Shasta County have healthy beginnings and optimal development.

2.1 Strengthen programs that support children from birth through age five and their families through prevention and early intervention services, health screenings, parent/caregiver services, and early learning and care programs serving infants and toddlers.

2.2 Increase access to safe, fun, and enriching spaces for families to build social connections and provide educational experiences for their children.

2.3 Support education for parents and caregivers that increases awareness and understanding of knowledge, skills, and resources that can help support their child's optimal development.

2.4 Advocate for improved access to and coordination of services and referrals for needed screenings and services.

Goal 3

All children in Shasta County will be prepared for and enter school ready to learn.

3.1 Support education for parents and caregivers of children from birth through age five that increases awareness and understanding of the knowledge, skills, and resources they need to support their child's academic, social, and physical development in preparation for learning in school and other high-quality learning environments.

3.2 Advocate for the accessibility, affordability, and quality of early care and education in Shasta County.

Indicators of Success

Goal 1

Adverse Childhood Experiences (ACEs) are prevented and mitigated by protective factors and trauma-informed care in Shasta County for the birth through age five population.

- **i** Number of organizations with staff completing ACE interface training
- **ii** Number of presentations/ testimony to local elected officials and boards/ committees
- **iii** Increased Protective Factors (as demonstrated by results of the Protective Factors Survey)
- **iv** Reduced rates of substantiated cases of child abuse and neglect for children from birth through age five

Goal 2

All children from birth through age five in Shasta County have healthy beginnings and optimal development.

- **i** Increased social media reach among families with children from birth through age five (e.g., Facebook, Instagram, LinkedIn)
- **ii** Increased utilization of the data from Child Welfare System, Child Death Review Team and other community groups to inform systems improvement and advocacy
- **iii** Increased number of three-year-olds receiving developmental screenings and appropriate developmental resources through HMG
- **iv** Reduced rates of neonatal abstinence syndrome

Goal 3

All children in Shasta County will be prepared for and enter school ready to learn.

- **i** Expanded social media reach to families
- **ii** Increased kindergarten readiness in targeted school districts using existing district measures
- **iii** Increased regular attendance of transitional kindergarten and kindergarten in targeted school districts
- **iv** Increased availability of child care for working families

Introduction

Background

The first five years of a child's life are a critical developmental window that sets the stage for learning and behavior throughout a child's lifetime. The early years of a child's life are the most active period for establishing new neural connections.[1] Research has shown the vital link between the nature of a child's early experiences and their brain development, and the clear value of rich learning and development experiences for young children. These experiences shape a child's social, emotional, and cognitive development, and ultimately, shape their physical and emotional health later in life. Investments in early child development also yield some of the greatest returns to society through reduced social welfare costs, a healthier population, and a more skilled workforce.

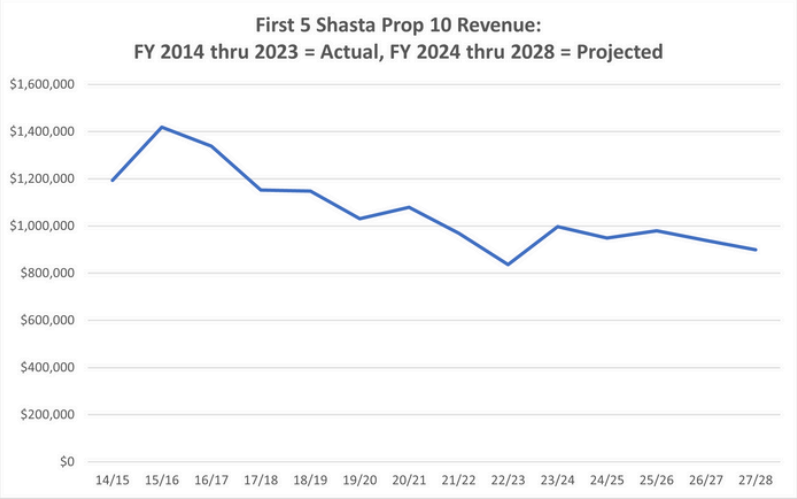
Proposition 10: The California Children and Families Act

The passage of Proposition 10 (the California Children and Families Act) in 1998 established a new revenue stream dedicated to enhancing and improving the lives of California's youngest residents. Proposition 10 added a 50 cent tax on all tobacco products to fund early childhood health and development, parent education, and other programs that improve services for children ages 0-5 and promote systems change.[2]

First 5 Shasta is one of 58 California county commissions to receive and invest Proposition 10 revenues in programs, activities, and services that benefit young children. Local counties receive Proposition 10 funding based on the number of babies born in that county each year. In addition, Proposition 10 provides funding for a state-level commission, First 5 California. The First 5 Network consists of First 5 California, the 58 California county commissions, and the First 5 Association, a nonprofit membership organization that advocates for and works with county commissions.

Across the state, the First 5 Network is a significant funder of early care and education efforts; has extensive partnerships with families, nonprofits, government agencies, businesses, and other key influencers; and provides expertise on early childhood.

The amount of funding First 5 Shasta has received through Proposition 10 has steadily declined since 1998 due to declining tobacco tax revenue, as shown in the chart to the right.



First 5 Shasta Strategic Planning

First 5 Shasta engaged in a process throughout 2018 to develop the 2019–2024 strategic plan. First 5 Shasta formed a strategic planning workgroup that included First 5 Shasta staff, Commission members, and individuals from the community and grantee organizations. The workgroup met three times in person during 2018, and also provided input on content via phone calls, email, and online surveys. In addition, First 5 Shasta gathered input from the broader Shasta County community through four mechanisms:

- A series of in-depth interviews with 9 leaders of partner organizations and grantees
- An online public survey available to all members of the community that gathered 90 responses
- Input from a series of 10 discussions held by organizations, collaboratives, and other groups in the community, submitted via an online survey
- A public input session held at one of the First 5 Shasta Commission meetings

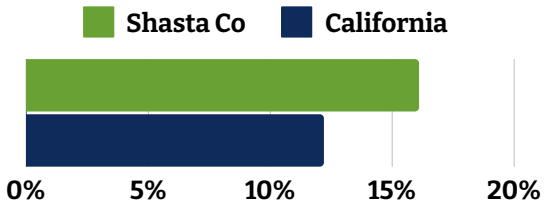
Proposition 10 contains a requirement for county commissions to adopt a strategic plan "for the support and improvement of early childhood development in the county." The proposition further specifies that the "county strategic plan shall, at a minimum, include the following: a description of the goals and objectives proposed to be attained; a description of the programs, services, and projects proposed to be provided, sponsored, or facilitated; and a description of how measurable outcomes of such programs, services, and projects will be determined by the county commission using appropriate reliable indicators."

Selected Shasta County Population Data

The following two pages contain key data on the Shasta community as a whole and the experience of young children and their families in Shasta County. These data relate to many of the considerations raised throughout the strategic planning process that informed development of this strategic plan.

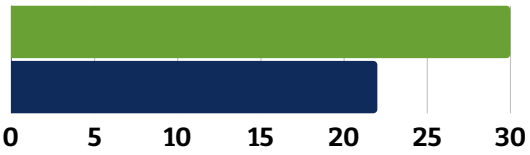
Federal Poverty Rate:

16.1% of Shasta County children under 5 are below the Federal Poverty Level (less than $30,000 for a family of 4), compared to a state average of 12.2% (2023).[3]



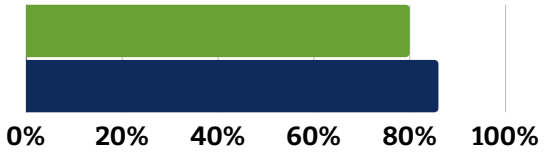
Drug Overdose Rate:

As of 2024 there was a drug overdose mortality rate of 30 per 100,000 people in Shasta County compared to 22 per 100,000 for the state overall.[4]



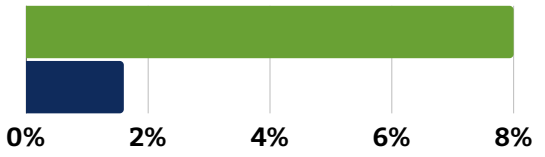
Prenatal Care:

In 2022, only 80% of infants in Shasta County had mothers who received prenatal care in the first trimester, compared to 86% statewide.[5]



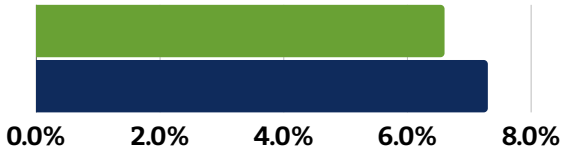
Maternal Risk Factor:

From 2019 to 2021, 8% of Shasta County women smoked cigarettes in their 3rd trimester of pregnancy compared to 1.6% statewide.[6]



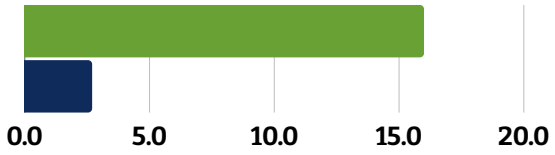
Birthweight:

6.6% of infants born in Shasta County in 2021 were born at low birthweight compared to 7.3% statewide.[7]



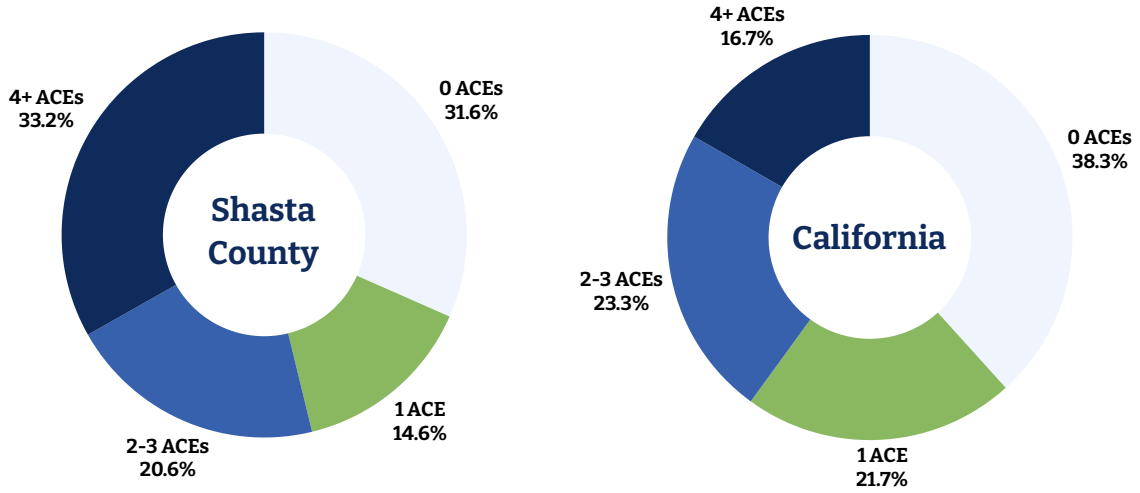
Neonatal Abstinence Syndrome:

From 2020–2022, Shasta County's rate of neonatal abstinence syndrome (16 per 1,000 children) was 6 times the state average (2.7 per 1,000 children).[8]



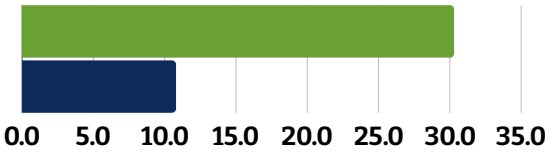
Adverse Childhood Experiences (ACEs):

In 2021, First 5 Shasta funded Shasta Community Health Service to complete ACE screenings on more than 300 adult parents of children ages 0 to 5. Results showed that 33% of those screened reported having 4 or more ACEs. This compares to a 2012 ACEs study by the Shasta County Health and Human Services Agency, Public Health and the Shasta County Strengthening Families Collaborative that found 39% of adults in Shasta County reported having 4 or more ACEs. Both of these survey findings showed that the rate of ACEs in Shasta County was more than twice the state average (16.7%).[9]



Child Abuse and Neglect:

Shasta County's rate of substantiated child abuse and neglect (30.3 per 1,000 children) was 3 times the state average (10.8 per 1,000 children) in 2023.[10]



Needs in Subsidized Child Care:

Infant/Toddler care is hard to find in Shasta County, particularly high-quality and affordable care. It's estimated that only 20% of infants and toddlers eligible for child care subsidies based on family income in Shasta County are enrolled in subsidized child care.[11]

Unmet Need for State and Federally Subsidized Programs for Shasta County Children Under 3 Years				
	0–11 Months	12–23 Months	24–35 Months	Total
Total Children	1,836	1,979	2,111	5,926
Unmet need in publicly subsidized programs	805	698	532	2,035
Percentage unmet need in publicly subsidized programs	91%	80%	67%	80%

Priorities for Funding

In this strategic plan, First 5 Shasta will have a dual focus on investments in systems that support children and families and on investments in direct services. This section outlines the priorities that First 5 Shasta will consider to inform funding decisions. The list below includes overarching priorities for consideration across all funding decisions, as well as priorities specific to funding direct services or systems change investments.

Overarching Priorities for Funding

First 5 Shasta invests in programs and projects that:

- Are evidence-based[12] (with the exception of a small amount of funding set aside for innovation)
- Are prevention- or early intervention-focused
- Demonstrate a positive return on investment (or are likely to, for innovative programs)
- Create equity and reduce disparities
- Have leveraging potential (ability to mobilize other resources)
- Are collaborative
- Address First 5 Shasta strategic goals and key priorities
- Address social determinants of health Have strong past performance on First 5 Shasta grants (if applicable)

Priorities Specific to Investing in Direct Services

First 5 Shasta invests in direct service programs and projects that:

- Are supported and trusted by target populations
- Maximize community benefit (balance addressing key community needs and numbers served)
- Will effectively serve people from a range of diverse backgrounds, including but not limited to different income and ability levels, geographies, races, ethnicities, religions, cultures, sexual orientations, gender identities and/or expressions, and family structures (e.g., multigenerational)

Priorities Specific to Investing in Policy or Systems Change

First 5 Shasta invests in policy or systems change programs and projects that:

- Build community or organizational capacity
- Have a high likelihood of impacting systems or policies
- Bring new or critical partners to the table
- Build on existing community strengths and networks
- Streamline or coordinate efforts within the community

Goals, Objectives, Strategies, and Indicators of Success

First 5 Shasta has identified three goals it would like to focus on during the course of this strategic plan and corresponding objectives, strategies, and indicators of success. In addition, First 5 Shasta also identified two cross-cutting themes that exist across the three goals: family strengthening and systems change.

Family strengthening could include parent and caregiver education, parental supports, and support for preventing and addressing ACEs so parents can adequately support and advocate for their child's health and development.

Systems change efforts seek to improve the efficacy of the systems of care serving children and families in Shasta County through coordination, advocacy, helping organizations grow their capacity, reducing silos and duplication, aligning agencies and providers, creating more flexible funding, or supporting innovation and continuous learning.

This strategic plan describes various strategies that First 5 Shasta will engage in to achieve their goals and objectives. A number of these strategies will involve First 5 Shasta providing support to other organizations or efforts. This support could take a variety of forms in order to promote change in the community, and may include advocacy, promotion of innovation and learning, strategic communications and awareness-building, funding, convening, education, and collaboration.

In the coming years during this strategic plan, First 5 Shasta will decide which of these roles they would like to play in supporting organizations and efforts in response to specific issues and needs in the community.

The list of indicators for Goal 1 includes a mixture of output-focused indicators that would measure shorter-term outputs and outcome-focused indicators that would measure longer-term change in Shasta County. This reflects the fact that efforts to reduce and prevent ACEs in Shasta County are in an early stage, with many important intermediary steps that need to be taken to make long-term progress. Indicators include, but are not limited to:

Goal 1: Adverse Childhood Experiences (ACEs) are prevented and mitigated by protective factors[15] and trauma-informed care in Shasta County for the birth through age five population.

Objectives and Strategies

Objective 1. Increase community awareness of the impact of ACEs and ways to prevent ACEs and build protective factors for young children and their families.

Strategies:

- Ensure service providers receive ACE Interface training[16]
- Provide education and support around trauma-informed care and building protective factors at individual and community levels
- Support public events and speaker opportunities to raise ACE awareness
- Incorporate questions around ACE knowledge, training, organizational practice, and utilization of appropriate curricula into grantmaking processes

Objective 2. Advocate for systems change that prevents ACEs, builds protective factors for young children and their families, and increases trauma-informed services for families.

Strategies:

- Advocate for universal ACE screening
- Increase knowledge of social determinants of health, ACEs, protective factors, and trauma-informed service delivery by advocating with local decision-makers

Indicators of Success:

1. Number of organizations with staff completing ACE interface training
2. Number of presentations/testimony to local elected officials and boards/committees
3. Increased Protective Factors (as demonstrated by results of the Protective Factors Survey)
4. Reduced rates of substantiated cases of child abuse and neglect for children from birth through age five

Family Strengthening Systems Change

Goal 2: All children from birth through age five in Shasta County have healthy beginnings and optimal development.

Objectives and Strategies

Objective 1. Strengthen programs that support children from birth through age five and their families through prevention and early intervention services, health screenings, parent/caregiver services, and early learning and care programs serving infants and toddlers.

Strategies:

- Build opportunities to strengthen the support for families of children 0–3 years of age
- Strengthen organizations providing prenatal education and care to women and families
- Strengthen postpartum services and programs
- Support Help Me Grow[17] partners in the implementation of HMG
- Advocate for family-friendly systems and practices
- Strengthen and advocate for early prevention and intervention programs

Objective 2. Increase access to safe, fun, and enriching spaces for families to build social connections and provide educational experiences for their children.

Strategies:

- Promote and create supportive social opportunities for parents/caregivers with young children
- Support story times and playgroups, with a focus on early literacy and social-emotional development
- Provide a platform and support to promote partner agencies' activities and events for families with young children

Objective 3. Support education for parents and caregivers that increases awareness and understanding of knowledge, skills, and resources that can help support their child's optimal development.

Strategies:

- Educate families on developmental milestones for young children, the importance of developmental screening, and how to access the Help Me Grow Shasta system
- Continue partnering with Quality Counts North State[18] to provide education for early care providers to increase their knowledge, skills, and resources to support the optimal development of children, including education and support regarding family engagement techniques
- Support home-visiting programs for new parents and caregivers, especially for families with children at greater risk for ACEs

 **Family Strengthening**

 **Systems Change**

Objective 4. Advocate for improved access to and coordination of services and referrals for needed screenings and services.

Strategies:

- Educate key interest holders about the Help Me Grow System and how they could incorporate developmental screenings into their services
- Incorporate developmental screenings and referrals into Quality Counts activities
- Join with community partners and collaboratives for advocacy
- Utilize information from the Child Welfare System and Child Death Review Team to inform advocacy work

Indicators of Success:

1. Increased social media reach among families with children from birth through age five (e.g., Facebook, Instagram, LinkedIn)
2. Increased utilization of the data from Child Welfare System, Child Death Review Team and other community groups to inform systems improvement and advocacy
3. Increased number of three-year-olds receiving developmental screenings and appropriate developmental resources through HMG
4. Reduced rates of neonatal abstinence syndrome

Goal 3: All children in Shasta County will be prepared for and enter school ready to learn.

Objectives and Strategies

Objective 1. Support education for parents and caregivers of children from birth through age five that increases awareness and understanding of the knowledge, skills, and resources they need to support their child's academic, social, and physical development in preparation for learning in school and other high-quality learning environments.

Strategies:

- Increase parent, caregiver, and community awareness and understanding of the continuum of early childhood care, from infant care through Kindergarten.
- Increase parent and caregiver knowledge of ways to support their child's readiness for school (such as the importance of regular attendance and completing necessary forms and paperwork, etc.)
- Identify target areas/school districts with a history of low enrollment and/or chronic absenteeism and work with partners to identify promising practices and collaborate to help families address challenges
- Continue to partner with collaboratives and organizations (e.g., Reach Higher Shasta and Strengthening Families) to strengthen their efforts to engage the community about the importance of kindergarten, school attendance, and strong school/teacher relationships
- Make Parent Cafe-type support groups available and geographically accessible

Objective 2. Advocate for the accessibility, affordability, and quality of early care and education in Shasta County.

Strategies:

- Continue partnering with Quality Counts to increase quality across all early care and education settings
- Support programs that encourage family engagement and promote a smooth transition, school readiness, enrollment, and regular attendance
- Encourage parent/caregiver participation in school events and parent/caregiver engagement with teachers to build strong relationships

Indicators of Success:

1. Expanded social media reach to families
2. Increased kindergarten readiness in targeted school districts using existing district measures
3. Increased regular attendance of transitional kindergarten and kindergarten in targeted school districts
4. Increased availability of child care for working families[19]

Family Strengthening **Systems Change**

Transition Approach

The adoption of the updated strategic plan will likely result in changes to First 5 Shasta's funding investments, with some programs receiving continued funding and others needing to identify alternate funding strategies. First 5 Shasta will conduct a six-month transition period at the beginning of this strategic plan period (January – June 2019) to support this transition. During this period, First 5 Shasta will work with grantees to explore strategies for the sustainability of their programs. These strategies could include identifying new funding sources or finding opportunities for collaboration with partners to leverage resources and continue work. First 5 Shasta may also decide to continue funding programs where no viable alternative strategy is available.

Evaluation

First 5 Shasta is committed to evaluating the effectiveness of their investments across Shasta County. First 5 Shasta will work with the First 5 Shasta Evaluation Committee to develop an evaluation plan to inform ongoing program practices and systems change efforts, and evaluate program and systems change outcomes. First 5 Shasta's evaluation is driven equally by program improvement and accountability.

First 5 Shasta evaluation seeks to:

- Guide program implementation and ongoing improvement
- Communicate key findings and best practices for supporting children ages 0-to-5 while acknowledging the value of early childhood investment
- Inform decision-making
- Provide accountability and visibility regarding use of First 5 Shasta funds

Analysis

First 5 Shasta's evaluation is designed to answer research questions at three levels of analysis:

- Program: Support grantees' evaluation capacity, document the substance and value of their work, and identify lessons learned about what works and what could be improved
- Initiative: Assess cumulative impacts of multiple programs focused on similar results and measure the effectiveness of the Commission's investment in areas of concentrated funding
- Community: Monitor specific indicators of the health and well-being of the broader community that can be reasonably expected to improve over time as a result of the aggregate impact of First 5 Shasta as well as complementary efforts by other funders and community initiatives

Endnotes

1. Center on the Developing Child, Harvard University. (n.d.). Brain architecture. https://developingchild.harvard.edu/science/key-concepts/brain-architecture/
2. California Children and Families Commission. (n.d.). Proposition 10: About legislation. https://www.ccfc.ca.gov/pdf/about/organization/policy/about_legislation_prop_10.pdf
3. U.S. Census Bureau. (2023). Table S1701: Disability characteristics (American Community Survey, 1-Year Estimates). https://data.census.gov/table/ACSST1Y2023.S1701?g=050XX00US06089
4. County Health Rankings & Roadmaps. (2024). Shasta County, CA – Health data overview. https://www.countyhealthrankings.org/health-data/california/shasta?year=2024
5. California Dept. of Public Health, California Vital Data (Cal-ViDa) Query Tool and Birth Statistical Master Files (Jun. 2022).
6. California Department of Public Health. (n.d.). Prenatal substance use. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Prenatal-Substance-Use.aspx
7. California Department of Public Health. (n.d.). Low birthweight. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Low-Birthweight.aspx
8. California Department of Public Health. (n.d.). Neonatal abstinence syndrome. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Neonatal-Abstinence-Syndrome.aspx
9. First 5 Shasta ACEs Aware Grant, 2021, Office of the California Surgeon General, Adverse Childhood Experiences (ACEs) and the health impacts of toxic stress. https://osg.ca.gov/aces-toxic stress/#:~:text=The%20term%20Adverse%20Childhood%20 Experiences,events%20assessed%20in%20the%20study.
10. California Child Welfare Indicators Project. (n.d.). Substantiation rates. University of California, Berkeley. https://ccwip.berkeley.edu/childwelfare/reports/SubstantiationRates/MTSG/r/rts/l
11. California Department of Education. (n.d.). Local planning council reports. https://reports.elneedsassessment.org/LPCReports.aspx
12. Evidence-based programs include those with positive evaluation results that may or may not reach the standard for more formal evidence-based results.
13. The protective factors include: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.
14. The ACE Interface Train the Master Trainer Program is designed to support rapid dissemination of ACE and resilience science, and promote understanding and application of the science to improve health and well-being across the lifespan. A sponsoring organization will hold a three-year license for use of ACE Interface materials, select the cohort of up to 25 people to become Master Trainer/Coaches, and host the two-day Master Trainer course.
15. Help Me Grow connects families with children ages 0-8 to a local system that supports them in learning about their children's developmental needs, connects them to appropriate resources and services, and provides access to developmental screening.
16. Quality Counts North State is a grant-funded consortium with the goal of increasing the quality of early care and education across California's North State (Glenn, Lassen, Modoc, Shasta, Tehama, and Trinity counties) by convening partnerships, leveraging and providing quality improvement resources, and advocating for and implementing systems change.
17. As of 2021, 35.5% of the need is being met. KidsData. (n.d.). Shasta County summary: Education and child care. https://www.kidsdata.org/region/326/shasta-county/summary#18/education-child-care

Acknowledgments

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- Kevin O'Rorke, Shasta–Tehama–Trinity Joint Community College District
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Others

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