

# 2026/2027 Community Needs Assessment and Community Action Plan

## Shasta County Housing and Community Action Agency



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## Introduction

The Department of Community Services and Development (CSD) has developed the 2026/2027 Community Needs Assessment (CNA) and Community Action Plan (CAP) template for the Community Services Block Grant (CSBG) Service Providers network. CSD requests agencies submit a completed CAP, including a CNA, to CSD on or before **June 30, 2025**. Changes from the previous template are detailed below in the “What’s New for 2026/2027?” section. Provide all narrative responses in 12-point Arial font with 1.15 spacing. A completed CAP template should not exceed 65 pages, excluding the appendices.

## Purpose

Public Law 105-285 (the CSBG Act) and the California Government Code require that CSD secure a CAP, including a CNA from each agency. Section 676(b)(11) of the CSBG Act directs that receipt of a CAP is a condition to receive funding. Section 12747(a) of the California Government Code requires the CAP to assess poverty-related needs, available resources, feasible goals, and strategies that yield program priorities consistent with standards of effectiveness established for the program. Although CSD may prescribe statewide priorities or strategies that shall be considered and addressed at the local level, each agency is authorized to set its own program priorities in conformance to its determination of local needs. The CAP supported by the CNA is a two-year plan that shows how agencies will deliver CSBG services. CSBG funds are by their nature designed to be flexible. They shall be used to support activities that increase the capacity of low-income families and individuals to become self-sufficient.

## Federal CSBG Programmatic Assurances and Certification

The Federal CSBG Programmatic Assurances are found in Section 676(b) of the CSBG Act. These assurances are an integral part of the information included in the CSBG State Plan. A list of the assurances that are applicable to CSBG agencies has been provided in the Federal Programmatic Assurances section of this template. CSBG agencies should review these assurances and confirm that they are in compliance. Signature of the board chair and executive director on the Cover Page certify compliance with the Federal CSBG Programmatic Assurances.

## State Assurances and Certification

As required by the CSBG Act, states are required to submit a State Plan as a condition to receive funding. Information provided in agencies’ CAPs will be included in the CSBG State Plan. Alongside Organizational Standards, the state will be reporting on [State Accountability Measures](#) in order to ensure accountability and program performance improvement. A list of the applicable State Assurances is provided in this template. CSBG agencies should review these assurances and confirm that they are in compliance. Signature of the board chair and executive director on the Cover Page certify compliance with the State Assurances.

## Compliance with CSBG Organizational Standards

As described in the Office of Community Services (OCS) [Information Memorandum \(IM\) #138](#) dated January 26, 2015, CSBG agencies will comply with the Organizational Standards. A list of Organizational Standards that are met by an accepted CAP, including a CNA, are found in the Organizational Standards section of this template. Agencies are encouraged to utilize this list as a resource when reporting on the Organizational Standards annually.

## What's New for 2026/2027?

**Due Date.** The due date for your agency's 2026/2027 CAP is June 30, 2025. However, earlier submission of the CSBG Network's CAPs will allow CSD more time to review and incorporate agency information in the CSBG State Plan and Application. CSD, therefore, requests that agencies submit their CAPs on or before May 31, 2025.

**ROMA Certification Requirement.** CSD requires that agencies have the capacity to provide their own ROMA, or comparable system, certification for your agency's 2026/2027 CAP. Certification can be provided by agency staff who have the required training or in partnership with a consultant or another agency.

**Federal CSBG Programmatic and State Assurances Certification.** In previous templates, the federal and state assurances were certified by signature on the Cover Page and by checking the box(es) in both federal and state assurances sections. In the 2026/2027 template, CSD has clarified the language above the signature block on the Cover Page and done away with the check boxes. Board chairs and executive directors will certify compliance with the assurances by signature only. However, the Federal CSBG Programmatic Assurances and the State Assurances language remain part of the 2026/2027 template.

**Other Modifications.** The title page of the template has been modified to include your agency's name and logo. Please use this space to brand your agency's CAP accordingly. CSD has also added references to the phases of the ROMA Cycle i.e. assessment, planning, implementation, achievement of results, and evaluation throughout the 2026/2027 template. Additionally, there are a few new questions, minor changes to old questions, and a reordering of some questions.



## Checklist

- ☐ **Cover Page**
- ☐ **Public Hearing Report**

### **Part I: Community Needs Assessment Summary**

- ☐ **Narrative**
- ☐ **Results**

### **Part II: Community Action Plan**

- ☐ **Vision and Mission Statements**
- ☐ **Causes and Conditions of Poverty**
- ☐ **Tripartite Board of Directors**
- ☐ **Service Delivery System**
- ☐ **Linkages and Funding Coordination**
- ☐ **Monitoring**
- ☐ **ROMA Application**
- ☐ **Federal CSBG Programmatic Assurances**
- ☐ **State Assurances**
- ☐ **Organizational Standards**

### **Part III: Appendices**

- ☐ **Notice of Public Hearing**
- ☐ **Low-Income Testimony and Agency's Response**
- ☐ **Community Needs Assessment**

Cover Page

Agency Name:	Shasta County Housing and Community Action Agency
Name of CAP Contact:	Melissa Nave
Title:	Program Manager
Phone:	530-245-6198
Email:	mnave@shastacounty.gov

Date Most Recent CNA was Completed: (Organizational Standard 3.1)	12/19/24
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Board and Agency Certification

The undersigned hereby certifies that this agency will comply with the [Federal CSBG Programmatic Assurances \(CSBG Act Section 676\(b\)\)](#) and [California State Assurances \(Government Code Sections 12747\(a\), 12760, and 12768\)](#) for services and programs provided under the 2026/2027 Community Needs Assessment and Community Action Plan. The undersigned governing body accepts the completed Community Needs Assessment. (Organizational Standard 3.5)

Signed by:  
  
9C6EB7A504F94B9...

Name:	Christy Coleman	Name:	Kevin W. Crye
Title:	Executive Director	Title:	Board Chair, Shasta County Board of Supervisors
Date:	05/07/2025   5:06 PM PDT	Date:	

**ROMA Certification**

The undersigned hereby certifies that this agency’s Community Action Plan and strategic plan document the continuous use of the Results Oriented Management and Accountability (ROMA) system or comparable system (assessment, planning, implementation, achievement of results, and evaluation). (CSBG Act 676(b)(12), Organizational Standard 4.3)

*Melissa Nave*  
0640050F0CC84D1...

<b>Name:</b>	Melissa Nave
<b>ROMA Title:</b>	California ROMA Representative
<b>Date:</b>	05/07/2025   4:49 PM PDT

**CSD Use Only**

Dates CAP		Accepted By
Received	Accepted	

## **Public Hearing(s)**

California Government Code Section 12747(b)-(d)

### **State Statute Requirements**

As required by California Government Code Section 12747(b)-(d), agencies are required to conduct a public hearing for the purpose of reviewing the draft CAP. Testimony presented by low-income individuals and families during the public hearing shall be identified in the final CAP.

### **Guidelines**

#### **Notice of Public Hearing**

1. Notice of the public hearing should be published at least 10 calendar days prior to the public hearing.
2. The notice may be published on the agency's website, social media channels, and/or in newspaper(s) of local distribution.
3. The notice should include information about the draft CAP; where members of the community may review, or how they may receive a copy of, the draft CAP; the dates of the comment period; where written comments may be sent; date, time, and location of the public hearing; and the agency contact information.
4. The comment period should be open for at least 10 calendar days prior to the public hearing. Agencies may opt to extend the comment period for a selected number of days after the hearing.
5. The draft CAP should be made available for public review and inspection approximately 30 days prior to the public hearing. The draft CAP may be posted on the agency's website, social media channels, and distributed electronically or in paper format.
6. Attach a copy of the Notice(s) of Public Hearing in Part III: Appendices as Appendix A.

#### **Public Hearing**

1. Agencies must conduct at least one public hearing on the draft CAP.
2. Public hearing(s) must be held in the designated CSBG service area(s).
3. Low-income testimony presented at the hearing or received during the comment period should be memorialized verbatim in the Low-Income Testimony and Agency's Response document and appended to the final CAP as Appendix B in Part III: Appendices.
4. The Low-Income Testimony and Agency's Response document should include the name of low-income individual, his/her testimony, an indication of whether or not the need was addressed in the draft CAP, and the agency's response to the testimony if the concern was not addressed in the draft CAP.

**Additional Guidance**

For the purposes of fulfilling the public hearing requirement on the draft CAP, agencies may conduct the public hearing in-person, remotely, or using a hybrid model based on community need at the time of the hearing.

**Public Hearing Report**

Date(s) the Notice(s) of Public Hearing(s) was/were published	April 11, 2025
Date Public Comment Period opened	April 10, 2025
Date Public Comment Period closed	May 13, 2025
Date(s) of Public Hearing(s)	May 13, 2025
Location(s) of Public Hearing(s)	4488 Red Bluff Street, Shasta Lake City, CA
Where was the Notice of Public Hearing published? (agency website, newspaper, social media channels)	Record Searchlight
Number of attendees at the Public Hearing(s)	confirmation needed

## Part I: Community Needs Assessment Summary

CSBG Act Section 676(b)(11)

California Government Code Section 12747(a)

### Helpful Resources

A community needs assessment provides a comprehensive “picture” of the needs in your service area(s). Resources are available to guide agencies through this process.

- CSD-lead training – “Community Needs Assessment: Common Pitfalls and Best Practices” on Tuesday, September 10, 2024, at 1:00 pm. [Registration is required](#). The training will be recorded and posted on the Local Agencies Portal after the event.
- Examples of CNAs, timelines, and other resources are on the [Local Agencies Portal](#).
- [Community Action Guide to Comprehensive Community Needs Assessments](#) published by the National Association for State Community Service Programs (NASCSPP).
- [Community Needs Assessment Tool](#) designed by the National Community Action Partnership (NCAP).
- National and state quantitative data sets. See links below.

Sample Data Sets		
U.S. Census Bureau <a href="#">Poverty Data</a>	U.S. Bureau of Labor Statistics <a href="#">Economic Data</a>	U.S. Department of Housing and Urban Development <a href="#">Housing Data &amp; Report</a>
HUD Exchange <a href="#">PIT and HIC Data Since 2007</a>	National Low-Income Housing Coalition <a href="#">Housing Needs by State</a>	National Center for Education Statistics <a href="#">IPEDS</a>
California Department of Education <a href="#">School Data via DataQuest</a>	California Employment Development Department <a href="#">UI Data by County</a>	California Department of Public Health <a href="#">Various Data Sets</a>
California Department of Finance <a href="#">Demographics</a>	California Attorney General <a href="#">Open Justice</a>	California Health and Human Services <a href="#">Data Portal</a>
CSD Census Tableau <a href="#">Data by County</a>		Population Reference Bureau <a href="#">KidsData</a>
Data USA <a href="#">National Public Data</a>	National Equity Atlas <a href="#">Racial and Economic Data</a>	Census Reporter <a href="#">Census Data</a>

Sample Data Sets		
<b>Urban Institute</b> <a href="#">SNAP Benefit Gap</a>	<b>Race Counts</b> <a href="#">California Racial Disparity Data</a>	<b>Rent Data</b> <a href="#">Fair Market Rent by ZIP</a>
<b>UC Davis</b> <b>Center for Poverty &amp; Inequality</b> <a href="#">Poverty Statistics</a>	<b>University of Washington</b> <b>Center for Women's Welfare</b> <a href="#">California Self-Sufficiency Standard</a>	<b>University of Wisconsin</b> <b>Robert Wood Johnson</b> <b>Foundation</b> <a href="#">County Health Rankings</a>
<b>Massachusetts</b> <b>Institute of Technology</b> <a href="#">Living Wage Calculator</a>	<b>Nonprofit Leadership Center</b> <a href="#">Volunteer Time Calculator</a>	<b>Economic Policy Institute</b> <a href="#">Family Budget Calculator</a>

## Narrative

CSBG Act Section 676(b)(9)

Organizational Standards 2.2, 3.3

ROMA – Assessment

Based on your agency's most recent CNA, please respond to the questions below.

1. Describe the geographic location(s) that your agency is funded to serve with CSBG. If applicable, include a description of the various pockets, high-need areas, or neighborhoods of poverty that are being served by your agency.

Shasta County, California spans more than 3,775 square miles, making it the 13th largest county in the state by area. The vast size of Shasta County combined with its limited number of incorporated cities creates significant barriers for low-income residents, affecting their ability to access services, employment, and social support, and leading to greater economic and social disparities.

Shasta County is home to 3 incorporated cities: Redding, Anderson, and Shasta Lake, with Redding being the largest and serving as the cultural and economic center of the region. The population of Shasta County as of July 1, 2023, was 180,366. This represents a 1.0% decrease from the population in 2020, which was 182,155.

Many communities in the county are located far off the main highways and the Interstate corridor, requiring residents to travel to access services and programs. Although new public transportation programs have been proposed, and transportation services have been expanded to access medical services, most of the rural areas of the county are not served by any form of public transportation. High need areas exist throughout the county. In the Healthy Places Index (HPI) areas surrounding Anderson, central Redding and Shasta Lake have low HPI scores.

The U.S. poverty threshold for a family of four is set at \$31,200. According to kidsdata.org, 18.8% of children in Shasta County live in poverty, with 7% of those children experiencing deep poverty (below 50% of the poverty threshold) and 40.7% of Shasta County children living below 200% of the poverty line. This marks an improvement in childhood poverty rates from 2015, when ABC News affiliate, reported the figure at 26%. Additionally, Shasta County has a food insecurity rate of 21.9%, and nearly 70% of children are likely eligible for nutrition assistance programs, such as WIC, free school meals, or SNAP/CalFresh.

2. Indicate from which sources your agency collected and analyzed quantitative data for its most recent CNA. (Check all that apply.) (Organizational Standard 3.3)



**Federal Government/National Data Sets**

- ☒ Census Bureau
- ☐ Bureau of Labor Statistics
- ☐ Department of Housing & Urban Development
- ☐ Department of Health & Human Services
- ☐ National Low-Income Housing Coalition
- ☐ National Equity Atlas
- ☐ National Center for Education Statistics
- ☐ Academic data resources
- ☒ Other online data resources
- ☐ Other

**Local Data Sets**

- ☒ Local crime statistics
- ☐ High school graduation rate
- ☐ School district school readiness
- ☐ Local employers
- ☐ Local labor market
- ☐ Childcare providers
- ☒ Public benefits usage
- ☒ County Public Health Department
- ☒ Other

### California State Data Sets

- ☒ Employment Development Department
- ☐ Department of Education
- ☐ Department of Public Health
- ☐ Attorney General
- ☐ Department of Finance
- ☐ Other

### Surveys

- ☒ Clients
- ☒ Partners and other service providers
- ☒ General public
- ☒ Staff
- ☒ Board members
- ☒ Private sector
- ☒ Public sector
- ☒ Educational Institutions
- ☐ Other

### Agency Data Sets

- ☒ Client demographics
- ☒ Service data
- ☒ CSBG Annual Report
- ☒ Client satisfaction data
- ☒ Other

3. Indicate the approaches your agency took to gather qualitative data for its most recent CNA.  
(Check all that apply.) (Organizational Standard 3.3)

### Surveys

- ☐ Clients
- ☐ Partners and other service providers
- ☐ General public
- ☐ Staff
- ☐ Board members
- ☐ Private sector
- ☐ Public sector
- ☐ Educational institutions

### Interviews

- ☐ Local leaders
- ☐ Elected officials
- ☐ Partner organizations' leadership
- ☐ Board members
- ☐ New and potential partners
- ☐ Clients

### Focus Groups

- ☒ Local leaders
- ☐ Elected officials
- ☒ Partner organizations' leadership
- ☐ Board members
- ☒ New and potential partners
- ☒ Clients
- ☐ Staff

### ☐ Community Forums

### ☐ Asset Mapping

### ☐ Other

4. Confirm that your agency collected and analyzed information from each of the five community sectors below as part of the assessment of needs and resources in your service area(s). Your agency must demonstrate that all sectors were included in the needs assessment by checking each box below; a response for each sector is required. (CSBG Act Section 676(b)(9), Organizational Standard 2.2)

**Community Sectors**

- ☒ Community-based organizations
- ☒ Faith-based organizations
- ☒ Private sector (local utility companies, charitable organizations, local food banks)
- ☒ Public sector (social services departments, state agencies)
- ☒ Educational institutions (local school districts, colleges)

## Results

CSBG Act Section 676(b)(11)

California Government Code Section 12747(a)

Organizational Standards 4.2

State Plan Summary and Section 14.1a

ROMA – Planning

Based on your agency's most recent CNA, please complete Table 1: Needs Table and Table 2: Priority Ranking Table.

Table 1: Needs Table					
Needs Identified	Level (C/F)	Agency Mission (Y/N)	Currently Addressing (Y/N)	If not currently addressing, why?	Agency Priority (Y/N)
Families and Individuals Need Affordable Housing	F	Y	Y	Choose an item.	Y
The Community lacks sufficient affordable housing	C	Y	Y	Choose an item.	Y
The Community Needs More Medical Care Providers	C	N	N	Need departs from our agency's mission.	N
Families and Individuals Need Food Assistance	F	Y	Y	Choose an item.	Y
Families and Individuals Need Utility Assistance	F	Y	Y	Choose an item.	Y
The Community Needs Better Access to Mental Health Treatment	C	Y	N	Need met by local partner.	N

**Needs Identified:** Enter each need identified in your agency's most recent CNA. Ideally, agencies should use ROMA needs statement language in Table 1. ROMA needs statements are complete sentences that identify the need. For example, "Individuals lack living wage jobs" or "Families lack access to affordable housing" are needs statements. Whereas "Employment" or "Housing" are not. Add row(s) if additional space is needed.

**Level (C/F):** Identify whether the need is a community level (C) or a family level (F) need. If the need is a community level need, the need impacts the geographical region directly. If the need is a family level need, it will impact individuals/families directly.

**Agency Mission (Y/N):** Indicate if the identified need aligns with your agency's mission.

**Currently Addressing (Y/N):** Indicate if your agency is addressing the identified need.

**If not currently addressing, why?:** If your agency is not addressing the identified need, please select a response from the dropdown menu.

**Agency Priority:** Indicate if the identified need is an agency priority.

**Table 2: Priority Ranking Table**

	Agency Priorities	Description of programs, services, activities	Indicator(s) or Service(s) Category
1.	<b>Affordable Housing</b>	<p>Through a one-stop, wraparound service model, SCHCAA under Shasta County Health and Human Services has merged housing programs to support income-qualified households and individuals who are homeless or at-risk of homelessness. Housing voucher programs through special HUD vouchers and traditional Housing choice vouchers (HCV, formerly called Section 8) are also administered through SCHCAA. The following programs are operating to serve the community:</p> <p style="text-align: center;"><b>Housing Choice Voucher</b> (HCV, application based)</p> <ul style="list-style-type: none"> <li>• <b>Tenant-based vouchers</b> for very low-income individuals. This program attaches the voucher to the individual who can use it for eligible housing or port to other jurisdictions.</li> <li>• <b>Manufactured homes</b> HCV program providing site rent assistance for manufactured homeowners</li> <li>• <b>Homeownership program</b> for mortgage assistance for low-income homeowners</li> <li>• HUD-funded <b>project-based vouchers</b> attaching the voucher to an identified rental unit within housing developments</li> </ul> <p style="text-align: center;"><b>Tenant Assistance Solutions</b> (Referral from outside agency required)</p> <ul style="list-style-type: none"> <li>• <b>HCV-HUD VASH</b> for homeless veterans referred through VA Medical Center(s)</li> <li>• <b>HCV- Family Reunification Program (FUP)</b> for households with an open child welfare case</li> <li>• <b>Tenant Based Rental Assistance (TBRA)</b> providing housing stability through deposit and 12 months of rental assistance for income qualified tenants. Serving existing clients only through the remainder of available funding.</li> <li>• <b>Partners II</b> chronically homeless and disabled housing program</li> <li>• <b>HCV Mainstream</b> vouchers for households with family who are non-elderly, disabled and homeless or at risk of becoming homeless</li> <li>• <b>Emergency Housing Vouchers</b> locally available vouchers through the Continuum of</li> </ul>	<p>FNPI 4a, 4b, 4c, 4d, 4g FNPI 5a, 5f, 5g &amp; 7a CNPI 4z SRV 1b, 1f, 1g, 1j, 1k, 1l; 4c, 4d, 4i, 4q, 7a, 7b, 7c &amp; 7j</p>

		<p>Care assisting homeless, at -risk, fleeing domestic violence or recently-homeless families.</p> <p><b>Homeowner Assistance Programs</b> (Income eligibility required)</p> <ul style="list-style-type: none"> <li>• <b>Downpayment assistance</b>- deferred loans for homebuyers in unincorporated areas of the county for downpayment and closing costs</li> <li>• <b>Home Rehab Loans</b>- deferred payment housing rehabilitation loans in Shasta County, outside of City of Redding</li> <li>• <b>CalHome</b>- owner-occupied housing rehabilitation or replacement of homes affected by the Carr fire in unincorporated areas of the County.</li> <li>• <b>CDBG DR MHP</b>- development of multi-family housing project to add units to the affordable housing stock to create units for low- and moderate-income households.</li> <li>• <b>Housing Navigation</b> services to assist homeless residents in finding affordable housing, access housing programs and/or prepare to apply for housing through resources and support.</li> <li>• <b>Social Worker</b> to assist residents in overcoming any barriers to access affordable housing or to maintain their housing.</li> <li>• <b>Homeless Housing Assistance and Prevention (HHAP)</b> funding for an eviction prevention program.</li> </ul> <p><b>Housing Department</b> (Expanded programs/one stop housing dept)</p> <ul style="list-style-type: none"> <li>• <b>PATH</b>-(Annually funded)-Projects for assistance in transition from Homelessness</li> <li>• <b>ESG RR</b>-Emergency Solutions Grant- Rapid Rehousing</li> <li>• <b>ESG HP</b>-Emergency Solutions Grant-Housing Prevention</li> <li>• <b>CESH-CA</b> Emergency Solutions Housing Program</li> <li>• <b>HDAP</b>-Housing Disability Advocacy program</li> <li>• <b>HDAP-TSI</b>-Housing Disability Advocacy Program-Targeted Strategic Investments</li> <li>• <b>EFSP</b>-Emergency Food &amp; Shelter Program</li> <li>• <b>CMSP</b>-Indigent (Mental Health)</li> <li>• <b>HSP</b>-Housing Support Program (CalWORKs)</li> </ul>	
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2.	<b>The Community lacks sufficient affordable housing</b>	<p><b>Housing Choice Voucher</b> (HCV, application based)</p> <ul style="list-style-type: none"> <li>• <b>Manufactured</b> homes HCV program providing site rent assistance for manufactured homeowners</li> <li>• <b>Homeownership</b> program for mortgage assistance for low-income homeowners</li> <li>• <b>HUD-funded</b> project-based vouchers attaching the voucher to an identified rental unit within housing developments</li> </ul> <p><b>Homeowner Assistance Programs</b> (Income eligibility required)</p> <ul style="list-style-type: none"> <li>• <b>Downpayment</b> assistance- deferred loans for homebuyers in unincorporated areas of the county for downpayment and closing costs</li> <li>• <b>CDBG DR MHP</b>- development of multi-family housing project to add units to the affordable housing stock to create units for low- and moderate-income households.</li> </ul>	CNPI 4z
3.	<b>Insufficient emergency food assistance</b>	<p>The SCHCAA administers the <b>Emergency Food and Shelter Program (EFSP)</b> for the entire County of Shasta. Emergency food distribution is provided through the Connected Living Program, which includes both on-site and home deliveries of food. Salvation Army, Good News Rescue Mission, Anderson Cottonwood Christian Assistance and the Living Hope Compassion Ministries all partner to feed the needy. SCHCAA continues to assess community needs to respond effectively.</p> <p>Referrals are also made to Shasta Co. Nor-Cal 2-1-1 to receive access to additional local programs, services, and resources.</p>	<p>SRV 7c</p> <p>FNPI 5.z</p>
4.	<b>Families need help paying utility bills, connection and shut-off fees</b>	<p>SCHCAA operates the <b>HOME, Cal/HOME</b> and <b>CDBG</b> housing rehabilitation program. These programs assist with utility costs.</p> <p><b>Our URP program</b> assists clients facing utility shut off.</p> <p>Our HHSA agency has additional utility services for program-qualified clients such as those receiving TANF/CalWORKs.</p> <p><b>Referrals</b> are also made to <b>Salvation Army</b> one-month utility bill assistance program.</p>	<p>SRV 7c</p> <p>FNPI 4.g, 4.h, 4.z</p>

		<p>In our <b>voucher programs</b>, housing is inspected frequently for safety concerns. Many of the repairs made to client housing have resulted in significant energy efficiency resulting in lower utility bills. We also partner with Self-Help Home Improvement Program (SHIP) to refer local homeowners in weatherization, <b>LIHEAP</b>, or <b>DOE WAP</b> funded programs serving Shasta County. In 2025-2026, SCHCAA is committed to enhancing the referral process to SHIP services by including fliers for clients and a website link to the SHIP application.</p> <p>In addition to the programs listed above, various Shasta County utility providers have their own utility assistance programs for eligible individuals, particularly for low-income and/or senior populations.</p>	
5.	<b>Services and Programs not identified in Community Action Plan Priorities</b>	<p>Multiple services and programs will continue at SCHCAA including referrals to hundreds of community services including mental health and wellness services.</p> <p>Our agency will continue to provide Family Self Sufficiency programs designed to help Shasta County HUD participants to become self-sufficient through education, job training, job search, financial awareness, and employment. This program helps participants make deposits to interest-bearing savings accounts for the family which can be accessed for approved purchases after the family successfully completes the program. In this first year following our agency's incorporation into HHSA, we have increased collaboration with Employment Services and CalWORKs programs/supportive services to enhance services to CAA clients.</p>	<p>FNPI 1b, 1h.2, 1h.3 FNPI 2e, 2g, 2h FNPI 3d,3e,3e.1</p> <p>SRV 1b, 1f, 1g,1j, 1k, 1l, 3a, 3b, 3c, 3d, 7a, 7b, 7c &amp; 7j</p>
<p><b>Agency Priorities:</b> Rank the needs identified as a priority in Table 1: Needs Table according to your agency's planned priorities. Ideally, agencies should use ROMA needs statement language. Insert row(s) if additional space is needed.</p> <p><b>Description of programs, services, activities:</b> Briefly describe the program, services, or activities that your agency will provide to address the need. Including the number of clients who are expected to achieve the indicator in a specified timeframe.</p> <p><b>Indicator/Service Category:</b> List the indicator(s) (CNPI, FNPI) or service(s) (SRV) that will be reported on in Modules 3 and 4 of the CSBG Annual Report.</p>			



**Part II: Community Action Plan**

CSBG Act Section 676(b)(11)  
California Government Code Sections 12745(e), 12747(a)  
California Code of Regulations Sections 100651 and 100655

**Vision and Mission Statements**

ROMA – Planning

1. Provide your agency’s Vision Statement.
Providing community leadership through partnerships to improve quality of life and economic vitality.
2. Provide your agency’s Mission Statement.
Shasta County Community Action provides leadership, advocacy, and services to mitigate poverty by empowering economically disadvantaged persons to achieve self-sufficiency.

## Causes and Conditions of Poverty

Organizational Standards 1.1, 1.2, 3.2, 3.4

ROMA – Planning

### 1. Describe the key findings of your analysis of information collected directly from low-income individuals to better understand their needs. (Organizational Standards 1.1, 1.2)

The Shasta County Housing and Community Action Agency (SCHCAA) conducted a survey aimed at updating and deepening our understanding of the needs of the low-income community. This updated survey gathered new insights while omitting certain data points such as income and gender-specific details. We also added questions focused on service levels and customer satisfaction for individuals who have previously used our services.

From the survey analysis, the primary **family** needs identified are:

- Affordable Housing
- Medical Care
- Food Assistance
- Utility Assistance

The main **community** needs identified are:

- Affordable Housing
- Medical Care
- Mental Health Services
- Utility Assistance

These priorities largely align with those highlighted in our previous survey, though the order of importance has shifted. Mental Health Services emerged as a significant concern in the community responses, but services related to this need will not be provided directly by SCHCAA, because our larger Department of Shasta County Health and Human Services offers many public resources for people seeking behavioral health services.

The median age of Shasta County residents is 41.7 years. However, the survey results showed higher participation from older individuals compared to the county's overall demographic. The age group with the least representation was 18-24, although the response rate was twice that of the previous survey indicating a better outreach process for younger respondents. Survey responses from across Shasta County closely mirrored the population size and city rankings, with one notable exception: Lakehead, which had 24 responses, exceeding the larger communities of Shasta Lake and Cottonwood. Redding provided the largest share of responses, accounting for 37% of the total.

This shift in response patterns, particularly from younger and rural residents, will better equip our agency to understand and address the diverse needs of the community, helping to guide more effective strategies to combat poverty.

### 2. Describe your agency's assessment findings specific to poverty and its prevalence related to gender, age, and race/ethnicity for your service area(s). (Organizational Standard 3.2)

In Shasta County, females have a higher individual poverty rate (15.23%) compared to males (11.28%). For unemployed women, the poverty rate is 18.5%. Pacific Islanders face the highest poverty rate at 28.85%, despite making up only 0.15% of the county's total population.

The majority of Shasta County's population (87%) identifies as White, non-Hispanic, and among White residents, the poverty rate is 12.08%. In general, women and individuals who are not identified as White experience significantly higher poverty rates than their White counterparts.

Shasta County's median age is 41.7 years, which marks an increase over the past year, indicating an aging population. Notably, the county has a population aged 60 years and older that is 1.3 times higher than the state average in California. Shasta County's People's Health, a newsletter published by the County's Health and Human Services Agency, documents 7.9% of those aged 65 years and older to be living below the poverty level. According the online article published by ABC News affiliate, KRCR, the Good News Rescue Mission of Redding described increase of homelessness within the older community in the 2025 Point-in-time (PIT) count as compared to the prior PIT count.

Our findings also describe data from Kidsdata.org, documenting 40.7% of children in Shasta County live below 200% of the poverty level. Several sources cited indicate the 2024 child poverty rate at 13.5%. A sharp decline in the number of children in CalWORKs (TANF) recipient- homes between 2016 and 2022, indicated a positive trend for children, with a low point of 6.27% of children in CalWORKs homes, likely due to improved economic conditions, and lower unemployment rates. In 2023-2024, however, this rate increased to 7.27% and 7.8% respectively. We will address the impact of inflation as a cause of poverty in the next section of this plan.

Our findings include an additional contributing factor to poverty, lack of childcare. Although this was not a significant need, as documented in the community needs survey, Shasta HeadStart reported 64 large family childcare homes (14 children per center) with a capacity of 896 children, ages 0-12; 54 child care centers with a capacity of 1,960 children ages 2- 5; and 7 centers with a capacity of 149 infants and/or toddlers. At the time of their report, their agency was funded for 333 children, and 34 American Indian and Alaska Native (AIAN) Head Start children in Shasta County. In Shasta County there is a capacity of 645 children in the state preschool program for 3–4-year-olds. Childcare for two children (e.g. an infant and a 4-year-old) costs \$28,420 annually. Despite these capacities, childcare remains a significant financial burden, 41.3% higher than the average rent in California. For many Shasta County families, this means spending 41.8% of their income on childcare alone, making it unaffordable even when openings are available.

Without access to affordable childcare, many parents face difficulty maintaining steady employment. Some reduce their work hours or take lower-paying jobs that offer more flexible schedules, leading to a loss of income. Others may have to rely on family members or neighbors for childcare, which, while helpful, can be unreliable or insufficient for meeting their needs. In some cases, parents may leave the workforce altogether, leading to long-term financial instability. This lack of childcare not only limits their earning potential but also perpetuates the cycle of poverty, as they struggle to balance work and family responsibilities without adequate support.

3. "Causes of poverty" are the negative factors that create or foster barriers to self-sufficiency and/or

reduce access to resources in communities in which low-income individuals live. After review and analysis of your needs assessment data, describe the causes of poverty in your agency's service area(s). (Organizational Standard 3.4)

Poverty in Shasta County has largely corresponded with shifts in the local economy. Between 1930-1960, the area became home to the Shasta Dam, Whiskeytown Lake and other major development projects bringing living wage jobs to the area. Gold and mineral mining, timber and logging produced even more growth. Logging and wood product production between 1955 and 2023 fell by 67%. (pg.104, *The Lumber Story*; and the Bureau of Business and Economic Research) In 2001, one of the area's largest employers closed its doors. The former Anderson, CA City Manager, described this closure as throwing off the area's economic equilibrium leaving a community that has struggled to achieve balance ever since. This was exacerbated by the fact that there were not a lot of other paper mills in the area where people could use their skills in new jobs. (Record Searchlight, 2021) The economic downturn created by the changes in these industries has made a significant impact on the economy of Shasta County.

While logging remains an industry in the County, the largest employment sectors are education, healthcare, and social services, reflecting the county's demand for services in these areas. Unemployment rates in 2024 ranged from 7.0% in February to 5.5% in December.

Job losses also contributed to increased crime, resulting in higher incarceration rates. Shifts in California's laws, specifically AB-109, changed the landscape of the state's correctional system by altering how jails operate. The legislation shifted the responsibility of managing low-level offenders from state prisons to county jails, resulting in a dramatic change in local jail populations and operations. Prior to this legal change, offenders were incarcerated at State facilities, but this law relocated criminals to the location where their offense occurred crowding county jails, and often forcing release into the community much earlier than in the past.

At the same time, individuals who are incarcerated, regardless of guilt, often lose their jobs and sense of stability. Employers cannot always hold jobs for employees waiting for bail or release. Those who are convicted and later released face significant challenges reintegrating into society. Without a steady income or job to return to, many struggle to regain financial independence, often falling into poverty. This lack of financial security can lead to a reliance on community services and financial support, setting off a cycle of hardship that's difficult to escape. Over time, these compounded struggles can hinder their chances of successfully rebuilding their lives.

A significant barrier for low-income individuals in Shasta County is the area's low rates of bachelor's, master's, and doctoral degree attainment. Many local jobs only require a high school diploma, trade school, or associate degree; this often means that high school graduates can find work quickly. However, these jobs often come with low pay ceilings and limited opportunities for advancement, restricting long-term earning potential. According to the Government Accountability Office and as described in our needs assessment, we know that rising inflation on goods and services can leave families increasingly economically vulnerable, and potentially unable to keep up with the cost of living

and struggling to make ends meet. And, as a result, we also see an increase in applications for public services and entitlement programs.

A study completed in 2020 focused on the Shasta County Adverse Childhood Experiences (ACEs) scores, which are significantly higher than the average ACEs score for California. ACEs scores reflect emotional neglect and abuse, physical neglect and abuse, sexual abuse, and household dysfunction (divorce, domestic violence, mental illness, substance use and incarceration). For example, the rate of family substance abuse in Shasta County is 57.7%, compared to 26.2% in the state. Research shows that there is a connection between ACEs and several long-term health and quality of life issues. Shasta residents' data show generational trauma and high ACEs scores, and these early childhood factors may also contribute to the causes of poverty in the region.

The continuing impact of COVID-19 has shown lasting effects on the County's students. Education gaps, stemming from a lack of high-quality resources and the rapid shift to remote learning, created barriers, especially for students without reliable internet access or supportive home learning environments. As a result, many students are now entering adulthood without the qualifications or life-skills needed to secure stable employment. This impact is a contributor to poverty.

The Shasta County Community Needs Assessment Report 2025 has been included in the Plan (Appendix C) for local/regional statistical data identifying local causes of poverty. Please refer to this section for more information.

4. "Conditions of poverty" are the negative environmental, safety, health and/or economic conditions that may reduce investment or growth in communities where low-income individuals live. After review and analysis of your needs assessment data, describe the conditions of poverty in your agency's service area(s). (Organizational Standard 3.4)

In addition to the more common causes of poverty outlined in this plan, Shasta County has been impacted by multiple natural disasters including wildfires which have impacted the availability to access safe and affordable housing, education, and local medical and mental health services. In areas that need to be rebuilt following fires, such as Burney, many community resources have disappeared. Many local grade schools have been consolidated due to lower enrollment as residents move from areas impacted by disasters to other areas to find housing or work. This shift has markedly changed the daily living experience for many rural residents and stressed the already limited resources in cities like Redding.

Increased levels of stress, anxiety, depression, and other mental health conditions associated with financial strain and the challenges of living in poverty, contribute to the daily condition of life for many low-income households.

Incarceration and crime continue to be a concern, with a daily average of 381 inmates in the County jail, at full capacity. Re-entering prisoners face housing and income instability, reflecting the top priorities identified in the Community Needs Assessment.

Accessible housing shortages continue to impact low-income and vulnerable residents negatively. Although SCHCAA has expanded the number of affordable housing units, and community organizations continue exploration of alternative solutions and interventions to help people out of homelessness, there are still not enough permanent solutions.

The lingering impacts of COVID-19 continue to affect Shasta County, especially in sectors like construction, nursing, and retail, which couldn't transition to virtual work. The region's recovery in terms of rebuilding and rehiring has not yet returned to pre-COVID levels, adding further strain to already stressed households. Dignity Health, a healthcare provider with a strong presence in the community, conducts a regular county health assessment and reports findings to the community. One of their focus areas is to serve "communities of concern" (poor and economically disadvantaged neighborhoods, historically underserved presenting with lower health scores) with healthcare resources. In the most recent report, five zip codes, representing 70.2% of the county's population, are in "communities of concern." The Community Needs Assessment survey results identify one of Shasta's greatest assets as being parks and recreational opportunities. Many people experiencing poverty work long hours, leaving little time for exercise or enjoyment of the health benefits of being active outdoors. Finally, healthy foods are more expensive and less accessible for people on a tight budget, or for those living in rural or remote areas.

The Shasta County Community Needs Assessment Report has been included in the Plan (Appendix C) for local and regional statistics identifying local conditions of poverty.

#### 5. Describe your agency's data and findings obtained through the collecting, analyzing, and reporting of customer satisfaction data.

SCHCAA has an established customer satisfaction survey for residents accessing community action programs. The survey is collected and reviewed by the management team to identify areas for improvement and implement strategies to enhance customer service. It is available in the agency's lobby and on the website.

To further assess service levels, a customer service question was included in the 2025 needs assessment survey, directed at individuals who received services. Respondents gave a 77.4% positive rating for service satisfaction and responsiveness.



## Tripartite Board of Directors

CSBG Act Sections 676B(a) and (b), 676(b)(10)

Organizational Standards 1.1. 3.5

ROMA – Evaluation

1. Describe your agency's procedures under which a low-income individual, community organization, religious organization, or representative of low-income individuals that considers its organization or low-income individuals to be inadequately represented on your agency's board to petition for adequate representation. (CSBG Act Section 676(b)(10), Organizational Standard 1.1)

SCHCAA adheres to the Community Services Block Grant (CSBG) requirement of having a tripartite board to ensure the effective administration of resources for low-income and vulnerable residents of Shasta County.

If concerns arise regarding board vacancies or inadequate representation of low-income individuals, SCHCAA follows its by-laws for identifying eligible candidates to serve on the board. To recruit new low-income representatives, SCHCAA conducts community outreach efforts, including flyers, mailers, social media posts, and announcements in agency lobbies. Interested individuals can apply either electronically or on paper, and the Community Action Board (CAB) reviews the applications. New board members are required to attend a "New Member Orientation Training" within six months of their appointment, in accordance with organizational performance standards.

If concerns are raised about low-income representation within leadership roles (e.g., Chair or Vice-Chair), the by-laws outline a nomination and election process that ensures all board members have the opportunity to serve in leadership positions, regardless of their sector of representation. The election process is transparent, with votes tracked and recorded in the meeting minutes.

In 2024, SCHCAA formed an ad hoc committee to review and improve the democratic selection process for low-income representatives. Starting in 2025, SCHCAA may expand its Resident Advisory Board process and use ballot methods during low-income service events for nominations, selections, and reappointments. The Community Action Agency regularly reviews its by-laws and feedback received to ensure it is acting in alignment with Organizational Standards and CSBG regulations.

Should members of the low-income community, community organizations, religious groups, or other stakeholders petition for inadequate representation, the Community Action Board, in consultation with appropriate counsel, review the petition and respond according to County Health and Human Services Agency policy. After their review, the Board would direct the petition through a formal complaint procedure by contacting the Civil Rights Coordinator, currently Renata Pop-Schnitzler. Petitioners will also be given guidance on how to file a complaint with the State of California's Community Services and Development (CSD) office or the U.S. Department of Health and Human Services (HHS).

2. Describe your process for communicating with and receiving formal approval from your agency board of the Community Needs Assessment (Organizational Standard 3.5).

Two weeks prior to the scheduled meeting for approval, the SCHCAA Advisory Board received a draft of the Community Needs Assessment (CNA) Report. An unapproved final version of the CNA was included in the Board's meeting packet and agenda, meeting the required posting deadline.

The CNA was listed as an action item on the meeting agenda. After a staff presentation of the findings and report, the Advisory Board members voted unanimously to approve the CNA on December 18, 2024.

The approved CNA will be sent to Shasta County Counsel for review as part of the Community Action Plan. It will then be presented to the Shasta County Board of Supervisors as part of the 2026-2027 Community Action Plan, where it will be added to the agenda for approval and signature.



## Service Delivery System

CSBG Act Section 676(b)(3)(A)

State Plan 14.3a

ROMA - Implementation

1. Describe your agency's service delivery system. Include a description of your client intake process or system and specify whether services are delivered via direct services or subcontractors, or a combination of both. (CSBG Act Section 676(b)(3)(A), State Plan 14.3a)

The client intake process across all programs administered by the Shasta County Housing and Community Action Agency (SCHCAA) involves several key steps to ensure eligibility and facilitate the delivery of services. Initially, clients complete a brief questionnaire or application, either online or in person, to determine if they meet the basic eligibility requirements.

The eligibility criteria for the programs administered by the Shasta County Housing and Community Action Agency (SCHCAA) are designed to ensure that services are targeted to those who need them most, particularly low-income families and individuals. While each program has its specific requirements, there are some common eligibility factors that apply across all programs:

1. **Income Level:** All programs prioritize low-income clients. For most housing assistance programs (e.g., Housing Choice Voucher, Family Self-Sufficiency), eligibility is determined based on household income, with limits set according to local, federal or CSBG income guidelines.
2. **Residency Status:** Many programs require applicants to be residents of Shasta County or to meet specific residency requirements (such as being homeless or at risk of homelessness). Some programs, like the Housing Choice Voucher program, require the applicant to be a U.S. citizen or have legal immigration status.
3. **Housing Need:** Applicants must demonstrate a need for housing assistance, whether it's related to rental affordability, homeownership support, or rehabilitation of existing housing. The Housing Choice Voucher program, for example, requires that applicants need assistance to afford a rental unit.
4. **Documentation and Verification:** To confirm eligibility, clients must provide supporting documentation such as proof of income, household size, and other factors relevant to the specific program. Third-party verifications are often required for programs such as the Owner-Occupied Rehabilitation and Down-payment Assistance programs.
5. **Program-Specific Requirements:** Each program may have additional, program-specific criteria. For example, the Family Self-Sufficiency program requires participants to be enrolled in rental assistance programs and engage in activities that improve their financial stability. The Partners II program has a referral process and requires eligibility determination based on case management and supportive services needs.

Once eligibility is confirmed, staff review the client's information, including third-party verifications, if necessary, to determine final eligibility for the program. In cases where a waiting list is applicable, clients are entered into the lottery or placed on the list until they reach the top, at which point further eligibility paperwork or an interview may be required.

For most programs, once eligibility is confirmed, clients may be assigned a case manager or specific program staff who guide them through the next steps, whether that's signing contracts, selecting housing, or beginning other program-related activities. Additionally, SCHCAA ensures that the process is accessible to all clients, including those with limited English proficiency, by offering translation services, bilingual staff, and assistance with paperwork.

To enhance coordination and ensure a seamless process, SCHCAA integrates staff across departments, allowing for cross-referrals and efficient service delivery. This streamlined approach minimizes the duration of the intake process, making it easier for clients to access the necessary support and services. SCHCAA provides translation services for clients with limited English proficiency (LEP) when bilingual staff are not available. The agency uses third-party services such as Language Link for Interactive Voice Response (IVR) and Cyracom for document translation. To ensure accessibility, the community input process and surveys are available in both English and Spanish.

Staff are also available to assist clients with completing forms, paperwork, and applications if language or literacy is a barrier to accessing services. Special support is provided to seniors and LEP residents. Additionally, SCHCAA plans to develop materials in other languages to meet the needs of the county's growing and diverse populations, including Asian-Pacific Islander (AAPI) communities. The agency's community needs assessment highlights demographic shifts, and this will inform the development of services that are more culturally competent and accessible.

## 2. Describe how the poverty data related to gender, age, and race/ethnicity referenced in Part II: Causes and Conditions of Poverty, Question 2 will inform your service delivery and strategies in the coming two years?

Based on poverty data in our needs assessment related to gender, age, and race/ethnicity in Shasta County, and aligned with Advisory Board priorities, our program staff are committed to providing accessible services to our diverse population of clients. They work to make appropriate referrals within both formal and informal networks, while also addressing service gaps identified within their specific program areas. Because SCHCAA is housed within Shasta County HHSA, it is bound and follows county policies with regard to provision of accessible and culturally competent services. Furthermore, In the upcoming two years, our staff will be offered to attend meetings to promote resource awareness, customer service and advocacy, and trainings that may include topics such as mental health first aid, and trauma-informed care. Enhancing staff skills will lead to better outcomes for our family goals of affordable housing, utility and food assistance and our community need for more health providers in Shasta County.

## Linkages and Funding Coordination

CSBG Act Sections 676(b)(1)(B) and (C); 676(b)(3)(B), (C) and (D); 676(b)(4), (5), (6), and (9)

California Government Code Sections 12747(a), 12760

Organizational Standards 2.1

State Plan 9.3b, 9.4b, 9.5, 9.7, 14.1b, 14.1c, 14.3d, 14.4

1. Describe how your agency coordinates funding with other providers in your service area. If there is a formalized coalition of social service providers in your service area, list the coalition(s) by name and methods used to coordinate services/funding. (CSBG Act Sections 676(b)(1)(C), 676(b)(9); Organizational Standard 2.1; State Plan 14.1c)

SCHCAA has maximized the CSBG funds by leveraging staff, programs, and technology to best serve the local needs of residents. SCHCAA staff oversees and coordinates HOME, CDBG, Cal/HOME EFSP, FSS, and Economic Development funds and works closely with local agencies and non-profits. Recently, SCHCAA has transitioned the administration of the NorCal Continuum of Care but remains a strong partner and member, and, as such, collaborates with local non-profit organizations, for-profit businesses, faith-based groups, and local governments to implement our shared goals of improving housing accessibility and stability for vulnerable populations.

2. Provide information on any memorandums of understanding and/or service agreements your agency has with other entities regarding coordination of services/funding. (CSBG Act Section 676(b)(3)(C), Organizational Standard 2.1, State Plan 9.7)

SCHCAA has contractual agreements with multiple service providers, consulting agencies, cities, associations, and funders.

Entity/Agency	Type	Direct Services Provided by SCHCAA	Service
Burney Commons, LP	Affordable Housing	No	Building affordable housing units in Shasta County
CA Department of Housing and Community Development	Funding- Housing Programs	Yes	Funds for housing services programs
CalCAPA	Provider of Services to SCHCAA	No	Consulting, training and compliance services
City of Anderson	City Agreement	No	Housing rehabilitation program(s) (HRP)
City of Redding	City Agreement	No	HHAP Funds, homeless assistance/prevention
City of Shasta Lake	City Agreement	No	Housing rehabilitation program(s) (HRP)
Housing Tools	Housing Service Support	No	Consulting services, housing projects
Nan McKay	HUD-training	No	Section 8 authorized training provider
Rural Communities Housing Development Corporation	Housing Service Support	No	Expertise in property management, development, homeownership, and community building
Shasta Lake Downtown Housing LP	Affordable Housing	No	Affordable housing development
Shasta Women's Refuge/One Safe Place	Housing Services	No	Housing and case management services
US Dept of Housing and Urban Development	Funding- Housing Programs	Yes	Section 8, and other HUD Funded program

The SCHCAA also serves as staff and liaison to the Emergency Food and Shelter Program (EFSP), supporting five local agencies with funds for utility assistance, food programs and housing programs. Funding from this program is approved by the EFSP Board, within the agency, and funds are directly released to the approved recipients.

3. Describe how your agency ensures delivery of services to low-income individuals while avoiding duplication of services in the service area(s). (CSBG Act Section 676(b)(5), California Government Code 12760)

The SCHCAA programs have policies and procedures in place for its clients and subrecipient(s) of its funds are required to complete a Duplication of Benefits Affidavit as part of the application process. Subrecipient(s) are required to complete a duplication of benefits analysis for assisted activities to demonstrate that no financial assistance has been received or is available to pay costs charged to the same specific grant. To comply with this requirement, clients and subrecipient(s) will demonstrate that no other funds are available for an activity by maintaining records of compliance with mandatory duplication of benefits requirements.

A subrecipient(s) is required to develop and maintain adequate procedures to prevent a duplication of benefits that address (individually or collectively) each activity or program. A subrecipient(s)' policies and procedures are not adequate unless they include, at a minimum: (1) a requirement that any person or entity receiving SCHCAA grant funded assistance must agree to repay assistance that is determined to be duplicative; and (2) a method of assessing whether the use of SCHCAA grant funds will duplicate financial assistance that is already received or is likely to be received by reasonably evaluating the need and the resources available to meet that need. Housing services specific to Redding, CA, are administered by a different agency, further reducing duplication efforts.

4. Describe how your agency will leverage other funding sources and increase programmatic and/or organizational capacity. (CSBG Act Section 676(b)(3)(C))

The SCHCAA leverages the Shasta County Housing Authority program funding to increase resources, and its ability to serve additional residents. To manage the increasing number of grants received, maintaining internal operations has been a high priority. Approximately, 12.5 million dollars are leveraged locally by CSBG to continue providing services to low-income households.

The Shasta County housing and community action agency leverages housing funding from HUD, including section 8 and rental assistant programs, utility assistance programs and other housing services within the purview of the CAA. Additionally, the CAA is now housed within the Shasta County Health and Human Services Agency, making available all of the health, economic and protective services available through that larger agency.

5. Describe your agency's contingency plan for potential funding reductions. (California Government Code Section 12747(a))

Approximately, 12.5 million dollars are leveraged locally by CSBG. A reduction of funding would have a wide-scale impact on many subrecipient agencies not only in Shasta County, but also our four-county Housing Authority. A reduction of funding would obligate subrecipient agencies to be reliant on other available grants and community donations to provide their services. Internally, SCHCAA's will use the full extent of our authority to maintain existing SCHCAA activities, continue to review its resources,

authorities, and flexibilities under its programs to minimize the impact of such a funding reduction and continue to seek partnership opportunities with non-profits and local organizations to increase programmatic capacity and demonstrate funding sustainability. SCHCAA will continue to support communities impacted with the possibility of considering carryover balances from other SCHCAA funds, implementing fees, and researching other possible funding options to replace or maintain threatened services.

SCHCAA would also implement processes for resuming operations after the potential funding reduction has ended, including issuing notifications to employees, subrecipients and clients and providing other direction to staff necessary to support the resumption of normal operations as well as community input on adjustments in long-term planning. Shasta County has protocols describing emergency responses in the event of drastic funding cuts. Essential programs are defined, along with essential workers in the workforce. This plan would likely be revised to align with a specific funding crisis, but is a framework for a response to such a situation.

Because of the agency transition into the greater Shasta County Health and Human Services Agency, SCHCAA is better suited to weather potential funding reductions because of the vast array of funding streams within the larger department and aligned programs. Many programs now administered by SCHCAA have ties to other state and federally funded programs, which would allow us to provide limited services to the community.

**6. Describe how your agency will address the needs of youth in low-income communities through youth development programs and promote increased community coordination and collaboration in meeting the needs of youth. (CSBG Act Section 676(b)(1)(B), State Plan 14.1b)**

While SCHCAA will not provide direct services for youth, low-income families with children will experience positive outcomes due to other SCHCAA efforts such as increased utility assistance, rental assistance, the eviction prevention program (using HHAP funds), and improved access to healthcare services. Our interventions and services often help families financially, providing more flexibility within their budgets.

Moreover, SCHCAA is a Division of the Health and Human Services Agency. Our staff have a responsibility to connect our clients to emergency interventions, supportive services and drug education which can reduce the negative behaviors of teens suffering from depression, family issues, and peer pressure amongst friends and classmates. Mentoring support and education can help provide teens with the tools needed to successfully transition to adulthood while making healthy decisions. Our agency refers clients to Shasta County Office of Education, CalWORKs, Adolescent Family Life Planning and other local organizations supporting youth programs/services provided by the HHSA Department, or by faith-based, or community organizations and nonprofits.



7. Describe how your agency will promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs such as the establishment of violence-free zones, youth mediation, youth mentoring, life skills training, job creation, entrepreneurship programs, after after-school childcare. (CSBG Act Section 676(b)(1)(B), State Plan 14.1b)

Organizations that primarily serve low-income youth are represented among the Community Action Board members and with partner agencies such as: Shasta County Office of Education, Pathways to Hope for Children, Youth Violence Prevention Council, Northern Valley Catholic Social Services, Hill Country Clinic, NorCal COC, Ready for Life Foster Family Agency and CalWORKs. The current community needs assessment data shows an ongoing need for youth programs and services.

The Shasta County Housing Authority serves four counties in California: Modoc, Shasta (outside of Redding city limits), Siskiyou, and Trinity. SCHCAA has responsibility for operating this Housing Authority. It operates the Housing Choice Voucher (HCV) program for these counties. These vouchers help low-income individuals and families afford safe and decent housing in the private rental market as part of the Section 8 program, which is designed to ensure that people who might otherwise be unable to afford rent can find housing that meets their needs and reduce the likelihood that they are severely rent-burdened. As a result, families are stably-housed and, according to the Journal of Health and Social Behavior, Children in families receiving housing assistance experience fewer mental health symptoms and are less likely to face socioemotional problems.

The SCHCAA administers the Family Self Sufficiency program, which pairs rental assistance with case management services to transition those requiring rental subsidies into eventual self-sufficiency. As the tenant's employment and earning capacity improves, a portion of their rental subsidy is placed in an escrow account which may be used for a variety of needs, including those that assist their children.

Additionally, our agency collaborates with Shasta County Child Support to ensure that our clients receive benefits needed to raise their children. During the application process for some programs, a referral may be made to connect our client to Child Support services. SCHCAA and Shasta County Health and Human Services, actively seek opportunities including grants to fund internal programs or for local organizations that offer life-skills programs to children and young adults. Innovative programs such as Wraparound, INN and Hope Rising Shasta are just a few examples of youth development programs whose goals are to improve mental health, build skills, relationships and leadership.

8. Describe your agency's coordination of employment and training activities as defined in Section 3 of the Workforce and Innovation and Opportunity Act [29 U.S.C. 3102]. (CSBG Act Section 676(b)(5); State Plan 9.4b)

SCHCAA works closely to coordinate and support programs through CalWORKs employment services, California Employment Development Department and SMART resource center (WIOA). These agencies provide crucial services to individuals seeking employment with job seeker services, job fairs, retraining opportunities, On-the job-Training, and cash assistance as well as promoting

employer incentives like the Work Opportunity Tax Credit (WOTC) available to employers who hire individuals from certain target groups that have historically faced barriers to employment, such as veterans, individuals with disabilities, and long-term unemployed individuals. We refer clients to these agencies for employment services while working with local economic development organizations in support of increased funding for employment services.

9. Describe how your agency will provide emergency supplies and services, nutritious foods, and related services, as may be necessary, to counteract conditions of starvation and malnutrition among low-income individuals. (CSBG Act Section 676(b)(4), State Plan 14.4)

Although not co-located, SCHCAA is now housed within the Health and Human Services Agency. When clients are served by SCHCAA, they may request help with food, utilities, or other resources. Because SCHCAA is part of HHSA, the department that administers programs such as WIC, CalFresh and emergency food services, clients seeking food assistance are immediately referred to a social services worker. Shasta County adheres to the California DSS Manual, and “all persons, without regard to income, are eligible for Information and Referral Services, Emergency Response and Protective Services for Adults.” Should the client be ineligible for food assistance, referral to community providers will be made. Although eligibility for WIC and CalFresh can only be determined by an eligibility worker, per Welfare and Institutions Code, SCHCAA staff have resource and referral obligations for their clients.

SCHCAA is a partner to multiple faith-based, and community organizations that provide meals to elderly, disabled, or low-income individuals and families. Additionally, SCHCAA is the county’s coordinating agency for the Emergency Food and Shelter Program (EFSP). SCHCAA’s EFSP Board approves applications for funding to local nonprofit organizations, faith-based groups, and government entities to deliver essential services such as:

- Emergency food assistance
- Shelter services
- Rental assistance to prevent homelessness
- Utility assistance

In addition, CAA sponsors a cold weather coat drive where hundreds of local recipients can select warm coats and gear. This program supports community members in need, regardless of their formal eligibility for weatherization, utility assistance, food or nutrition programs.

10. Is your agency a dual (CSBG and LIHEAP) service provider?

- ☐ Yes
- ☒ No

11. For dual agencies:

Describe how your agency coordinates with other antipoverty programs in your area, including the emergency energy crisis intervention programs under Title XXVI, relating to low-income home energy assistance (LIHEAP) that are conducted in the community. (CSBG Act Section 676(b)(6), State Plan 9.5)

For all other agencies:

Describe how your agency coordinates services with your local LIHEAP service provider?

SCHCAA provides referrals for customers seeking energy assistance to its partner agency, Self Help Home Improvement Project (SHIPP). In 2025, SCHCAA will be increasing our partnership with SHIPP. We are exploring the feasibility of sharing a direct link to the SHIPP application for LIHEAP or other utility assistance on our website.

12. Describe how your agency will use funds to support innovative community and neighborhood-based initiatives, which may include fatherhood and other initiatives, with the goal of strengthening families and encouraging effective parenting. (CSBG Act Section 676(b)(3)(D), State Plan 14.3d)

The Shasta County Housing and Community Action Agency (SCHCAA) supports families in achieving self-sufficiency through programs like the Family Self-Sufficiency (FSS) Program and the Family Unification Program (FUP). The FSS program assists families with purchasing homes, vehicles, and covering costs for education and job training. Stable housing plays a crucial role in overall household stability, providing families with peace of mind about their living situation and helping them focus on long-term goals including effective parenting.

The Family Unification Program (FUP) works to reunite families by providing special Housing Choice Vouchers (HCVs) to those for whom inadequate housing is the primary barrier to reuniting with their children. We believe that a lack of housing should never prevent families from being reunited, particularly when it comes to children transitioning out of foster care and back into their homes. Our pursuit of FUP vouchers, at any time additional vouchers are available, is a priority for SCHCAA. We believe these vouchers are key to the goal of strengthening families.

13. Describe how your agency will develop linkages to fill identified gaps in the services, through the provision of information, referrals, case management, and follow-up consultations. (CSBG Act Section 676(b)(3)(B), State Plan 9.3b)

SCHCAA engages in case management with participants seeking housing services. When gaps in services are identified, our staff make referrals to linked agencies and organizations, or through the Coordinated Entry Processes defined through the Continuum of Care. Persons in need of shelter, or other services are assessed, and their needs prioritized using the approved Vulnerability Index and Service Prioritization tools. The CoC maintains an inventory list, updated at least annually, of all housing support programs and supportive services programs that can be accessed through referrals from the CEP.

Services not directly provided by SCHCAA, but identified as needs for our participants are identified in our case management process. If a participant is likely to be eligible for services provided by Shasta



County Health and Human Services, referrals to those programs are provided. The county Health and Human Services Agency provides supplemental and emergency food, jobs programs, educational assistance, public health services, workforce re-entry programs, adult and family services.

## Monitoring

### ROMA – Planning, Evaluation

1. If your agency utilizes subcontractors, please describe your process for monitoring the subcontractors. Include the frequency, type of monitoring, i.e., onsite, desk review, or both, follow-up on corrective action, issuance of formal monitoring reports, and emergency monitoring procedures.

SCHCAA services are delivered primarily by our own staff or the staff in the Health and Human Services Agency. We do have service contracts with some vendors. If vendors receive CDBG funds, we are responsible for performing a 5-step monitoring process. This process begins with notification, entrance conference, documentation of data and analysis, exit conference and ends with a follow-up monitoring letter. As a HUD-funded agency, we are also subject to monitoring. Other SCHCAA contractors are monitored in accordance with funding rules and County policies and procedures. Our Risk Management Department reviews contracts before execution to ensure the county does not take on unnecessary risks. Contracts are input into the county financial management system which is monitored by fiscal staff. Monitoring the contract includes confirming compliance with any performance measures included in the contract and any grant requirements. Progress reports may be required as part of the contract. And corresponding documentation is submitted to the fiscal representative assigned to support SCHCAA for review and approval, and subsequent payment of invoices.

If vendors receive funding that requires special monitoring, the agency will confirm compliance with the performance measures included in the contract, and within the requirements of the grant or funder. If providers do not fulfill contractual obligations according to the schedule and/or statement of work, informal corrective actions are first discussed with county counsel, then, once approved with the contractor including written follow up to discuss the provider's plan for remedying delinquent or deficient deliverables. If the deliverables are still not met within a reasonable timeframe, a formal written Corrective Action Notice will be issued through the County, providing a summary of the default, a timeline for responding to the notice, and a timeline for curing the default or demonstrating adequate progress towards curing the default. Should the contractor fail to respond, or if the contractor's response is not satisfactory to the County, depending on how the contract's clause is written, the right to terminate the contract can be exercised by the Department Head, the CEO, or the Board of Supervisors.

In addition to CSBG audits and reviews for our Community Action Agency, as a Housing Authority, we provide detailed reports to the Federal Government showing the number of housing participants, demographic information and compliance with funding requirements. Our Housing Authority is audited by HUD with both performance and annual financial audits. We post an annual plan and report which is reviewed by the Board of Supervisors, posted for public comment and submitted to evaluators. A 5-year detailed plan is also submitted.

## ROMA Application

CSBG Act Section 676(b)(12)

Organizational Standards 4.2, 4.3

ROMA – Planning, Evaluation



1. Describe how your agency will evaluate the effectiveness of its programs and services. Include information about the types of measurement tools, the data sources and collection procedures, and the frequency of data collection and reporting. (Organizational Standard 4.3)

The Agency staff uses an outcome-based evaluation process to assess effectiveness of programs and services. The agency uses HMIS, Tenmast, and Excel to collect and evaluate program effectiveness. Data is collected during annual and quarterly reporting cycles for each grant to assess services. Staff reviews data quality on a quarterly basis. Staff gather data based on NPI's to assess effectiveness and adapt new approaches to increase client outcomes. Staff have received training on collecting data and evaluating program performance. The agency works with a ROMA Certified Trainer to assist in their data and evaluation processes.

2. Select one need from Table 2: Priority Ranking Table and describe how your agency plans to implement, monitor progress, and evaluate the program designed to address the need. (Organizational Standard 4.2)

### Implementation Plan:

The agency will administer the Emergency Food and Shelter Program (EFSP). This program is a collaborative effort with community partner organizations. SCHCAA 's role includes creating an oversight board to review and approve the next round of agencies to be funded by FEMA/United Way. These agencies will be integral to provide emergency food, housing, and utility assistance. These areas were prioritized by the SCHCAA Community Action Board through their approval of the Community Needs Assessment.

The direct-to-provider funding model allows SCHCAA to administer the EFSP locally at a low cost, ensuring the program's efficiency. SCHCAA coordinates with each partner agency to ensure services are delivered in a timely and effective manner, maximizing impact for those in need. Resource Allocation: The program maximizes the use of existing resources and SCHCAA staff, keeping administrative costs minimal. Since SCHCAA does not need to enter into contracts or fund the approved agencies directly, the program benefits from a streamlined approach, resulting in low overhead costs. The primary objective is to effectively allocate resources to assist as many individuals

as possible while maintaining high service quality and operational efficiency.

**Training and Support:** Partner agencies will receive support to execute the program's goals. In the upcoming year, SCHCAA will be enhancing reporting standards and data collection processes. This ensures that each agency can deliver services consistently and share outcomes accurately, allowing for the ability to report progress effectively and incorporate the results into our SCHCAA Annual Reporting of Outcomes.

#### **Monitoring Progress:**

- **National Performance Indicators (NPIs):** We will track the number of individuals served by the cooperating agencies, including the type and volume of services provided (food, housing, and utility assistance). Additionally, the program's impact will be assessed through **National Performance Indicators**, which are expected to double in 2025 due to improved data collection.
- **Regular Reporting:** Agencies will provide updates and service data will be reviewed at the end of each funding phase. This data will be used to evaluate progress and adjust services as necessary.
- **Data Management Tools:** SCHCAA will communicate with each cooperating agency to track service units and outcomes. This system will also integrate the **Annual Report 2025**, allowing a comprehensive analysis of the program's impact across all partner agencies.
- **Stakeholder Communication:** Regular meetings and updates will be provided to key stakeholders as required by the EFSP Board, to ensure transparency and accountability in the program's progress.

#### **Evaluation Plan:**

- **Data Collection and Reporting:** At the end of each funding cycle, the program will gather data from partner agencies to assess the effectiveness and reach of the services. The improved data collection will ensure more accurate reporting to FEMA and United Way and allow for better decision-making in future cycles.
- **Outcome Measurements:** Evaluation will focus on **outcomes** such as the number of individuals who achieved housing stability, the success of utility assistance programs, and the adequacy of food support. The program's effectiveness will be compared against the predicted number of service units, which agencies estimate at the time of application.
- **Return on Investment (ROI):** The program will track the ROI of services provided, highlighting how leveraged dollars result in considerable value in terms of services delivered, given the low-cost nature of the program.

**Adjustments and Refinements:** Feedback from agencies, clients, and stakeholders will inform program adjustments. Based on the evaluation, recommendations for improving service delivery will be incorporated into the **SCHCAA Annual Report 2025**.

**Optional**

3 . Select one community level need from Table 2: Priority Ranking Table or your agency's most recent Community Needs Assessment and describe how your agency plans to implement, monitor progress, and evaluate the program designed to address the need. (CSBG Act Section 676(b)(12), Organizational Standard 4.2)

## Federal CSBG Programmatic Assurances

### CSBG Act Section 676(b)

#### Use of CSBG Funds Supporting Local Activities

**676(b)(1)(A):** The state will assure “that funds made available through grant or allotment will be used – (A) to support activities that are designed to assist low-income families and individuals, including families and individuals receiving assistance under title IV of the Social Security Act, homeless families and individuals, migrant or seasonal farmworkers, and elderly low-income individuals and families, and a description of how such activities will enable the families and individuals--

- a. to remove obstacles and solve problems that block the achievement of self- sufficiency (particularly for families and individuals who are attempting to transition off a State program carried out underpart A of title IV of the Social Security Act);
- b. to secure and retain meaningful employment;
- c. to attain an adequate education with particular attention toward improving literacy skills of the low-income families in the community, which may include family literacy initiatives;
- d. to make better use of available income;
- e. to obtain and maintain adequate housing and a suitable living environment;
- f. to obtain emergency assistance through loans, grants, or other means to meet immediate and urgent individual and family needs;
- g. to achieve greater participation in the affairs of the communities involved, including the development of public and private grassroots
- h. partnerships with local law enforcement agencies, local housing authorities, private foundations, and other public and private partners to
  - i. document best practices based on successful grassroots intervention in urban areas, to develop methodologies for wide-spread replication; and
  - ii. strengthen and improve relationships with local law enforcement agencies, which may include participation in activities such as neighborhood or community policing efforts;

#### Needs of Youth

**676(b)(1)(B)** The state will assure “that funds made available through grant or allotment will be used – (B) to address the needs of youth in low-income communities through youth development programs that support the primary role of the family, give priority to the prevention of youth problems and crime, and promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs that have demonstrated success in preventing or reducing youth crime, such as--

- I. programs for the establishment of violence-free zones that would involve youth development and intervention models (such as models involving youth mediation, youth mentoring, life skills training, job creation, and entrepreneurship programs); and
- II. after-school childcare programs.

## **Coordination of Other Programs**

**676(b)(1)(C)** The state will assure “that funds made available through grant or allotment will be used – (C) to make more effective use of, and to coordinate with, other programs related to the purposes of this subtitle (including state welfare reform efforts)

## **Eligible Entity Service Delivery System**

**676(b)(3)(A)** Eligible entities will describe “the service delivery system, for services provided or coordinated with funds made available through grants made under 675C(a), targeted to low-income individuals and families in communities within the state;

## **Eligible Entity Linkages – Approach to Filling Service Gaps**

**676(b)(3)(B)** Eligible entities will describe “how linkages will be developed to fill identified gaps in the services, through the provision of information, referrals, case management, and follow-up consultations.”

## **Coordination of Eligible Entity Allocation 90 Percent Funds with Public/Private Resources**

**676(b)(3)(C)** Eligible entities will describe how funds made available through grants made under 675C(a) will be coordinated with other public and private resources.”

## **Eligible Entity Innovative Community and Neighborhood Initiatives, Including Fatherhood/Parental Responsibility**

**676(b)(3)(D)** Eligible entities will describe “how the local entity will use the funds [made available under 675C(a)] to support innovative community and neighborhood-based initiatives related to the purposes of this subtitle, which may include fatherhood initiatives and other initiatives with the goal of strengthening families and encouraging parenting.”

## **Eligible Entity Emergency Food and Nutrition Services**

**676(b)(4)** An assurance “that eligible entities in the state will provide, on an emergency basis, for the provision of such supplies and services, nutritious foods, and related services, as may be necessary to counteract conditions of starvation and malnutrition among low-income individuals.”

## **State and Eligible Entity Coordination/linkages and Workforce Innovation and Opportunity Act Employment and Training Activities**

**676(b)(5)** An assurance “that the State and eligible entities in the State will coordinate, and establish linkages between, governmental and other social services programs to assure the effective delivery of such services, and [describe] how the State and the eligible entities will coordinate the provision of employment and training activities, as defined in section 3 of the Workforce Innovation and Opportunity Act, in the State and in communities with entities providing activities through statewide and local workforce development systems under such Act.”

## **State Coordination/Linkages and Low-income Home Energy Assistance**

**676(b)(6)** “[A]n assurance that the State will ensure coordination between antipoverty programs in each community in the State, and ensure, where appropriate, that emergency energy crisis intervention programs under title XXVI (relating to low-income home energy assistance) are conducted in such community.”

## **Community Organizations**

**676(b)(9)** An assurance “that the State and eligible entities in the state will, to the maximum extent possible, coordinate programs with and form partnerships with other organizations serving low- income residents of the communities and members of the groups served by the State, including religious organizations, charitable groups, and community organizations.”

### **Eligible Entity Tripartite Board Representation**

**676(b)(10)** “[T]he State will require each eligible entity in the State to establish procedures under which a low-income individual, community organization, or religious organization, or representative of low-income individuals that considers its organization, or low-income individuals, to be inadequately represented on the board (or other mechanism) of the eligible entity to petition for adequate representation.”

### **Eligible Entity Community Action Plans and Community Needs Assessments**

**676(b)(11)** “[A]n assurance that the State will secure from each eligible entity in the State, as a condition to receipt of funding by the entity through a community service block grant made under this subtitle for a program, a community action plan (which shall be submitted to the Secretary, at the request of the Secretary, with the State Plan) that includes a community needs assessment for the community serviced, which may be coordinated with the community needs assessment conducted for other programs.”

### **State and Eligible Entity Performance Measurement: ROMA or Alternate System**

**676(b)(12)** “[A]n assurance that the State and all eligible entities in the State will, not later than fiscal year 2001, participate in the Results Oriented Management and Accountability System, another performance measure system for which the Secretary facilitated development pursuant to section 678E(b), or an alternative system for measuring performance and results that meets the requirements of that section, and [describe] outcome measures to be used to measure eligible entity performance in promoting self-sufficiency, family stability, and community revitalization.”

### **Fiscal Controls, Audits, and Withholding**

**678D(a)(1)(B)** An assurance that cost and accounting standards of the Office of Management and Budget (OMB) are maintained.



## State Assurances

California Government Code Sections 12747(a), 12760, 12768

### **For CAA, MSFW, NAI, and LPA Agencies**

[California Government Code § 12747\(a\)](#): Community action plans shall provide for the contingency of reduced federal funding.

[California Government Code § 12760](#): CSBG agencies funded under this article shall coordinate their plans and activities with other agencies funded under Articles 7 (commencing with Section 12765) and 8 (commencing with Section 12770) that serve any part of their communities, so that funds are not used to duplicate particular services to the same beneficiaries and plans and policies affecting all grantees under this chapter are shaped, to the extent possible, so as to be equitable and beneficial to all community agencies and the populations they serve.

### **For MSFW Agencies Only**

[California Government Code § 12768](#): Migrant and Seasonal Farmworker (MSFW) entities funded by the department shall coordinate their plans and activities with other agencies funded by the department to avoid duplication of services and to maximize services for all eligible beneficiaries.

## Organizational Standards

### Category One: Consumer Input and Involvement

**Standard 1.1** The organization/department demonstrates low-income individuals' participation in its activities.

**Standard 1.2** The organization/department analyzes information collected directly from low-income individuals as part of the community assessment.

### Category Two: Community Engagement

**Standard 2.1** The organization/department has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other anti-poverty organizations in the area.

**Standard 2.2** The organization/department utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.

### Category Three: Community Assessment

**Standard 3.1 (Private)** Organization conducted a community assessment and issued a report within the past 3 years.

**Standard 3.1 (Public)** The department conducted or was engaged in a community assessment and issued a report within the past 3-year period, if no other report exists.

**Standard 3.2** As part of the community assessment, the organization/department collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).

**Standard 3.3** The organization/department collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.

**Standard 3.4** The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.

**Standard 3.5** The governing board or tripartite board/advisory body formally accepts the completed community assessment.

### **Category Four: Organizational Leadership**

**Standard 4.2** The organization's/department's Community Action Plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.

**Standard 4.3** The organization's/department's Community Action Plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.

Part III: Appendices

Please complete the table below by entering the title of the document and its assigned appendix letter. Agencies must provide a copy of the Notice(s) of Public Hearing, the Low-Income Testimony and the Agency’s Response document, and a copy of the most recent community needs assessment as appendices A, B, and C, respectively. Other appendices as necessary are encouraged. All appendices should be labeled as an appendix (e.g., Appendix A: Notice of Public Hearing) or separated by divider sheets and submitted with the CAP.

Document Title	Appendix Location
Notice of Public Hearing	A
Low-Income Testimony and Agency’s Response	B
Community Needs Assessment	C

## Appendix A

### NOTICE OF PUBLIC HEARING SHASTA COUNTY BOARD OF SUPERVISORS

NOTICE IS HEREBY GIVEN that a public hearing will be held in the Shasta Lake City Council Chambers, 4488 Red Bluff Street, Shasta Lake City, CA, on Tuesday, May 13, 2025, at 5:30 p.m., or as soon thereafter as may be heard, for the Board of Supervisors of the County of Shasta, State of California, to discuss and invite public comment on the Community Action Agency, 2024-2025 Community Action Plan and will consider adopting the 2026-2027 Community Action Plan.

SUMMARY OF THE PROPOSED PLAN: The proposed plan serves as a roadmap demonstrating how Shasta County Housing and Community Action Agency plans to deliver Community Services Block Grant (CSBG) services for two years. The proposed plan identifies and assesses poverty related needs and resources in the community and establishes a detailed plan, goals, and priorities for delivering those services to individuals and families most affected by poverty.

The 2026-2027 Community Action Plan will be available for review no later than April 10, 2025, until May 13, 2025, on the Housing and Community Action Agency webpage at <https://www.shastacounty.gov/housing-community-action-programs> and for inspection at the Shasta County Community Action Agency office at 2600 Park Marina Drive Redding, CA, or by contacting Melissa Nave, Program Manager at (530)245-6198 for an appointment.

All interested parties are encouraged and invited to submit written comments regarding the proposed action prior to the hearing or participate in the public hearing. Reasonable accommodations will be made to individuals with disabilities. To submit comments electronically, please forward them to [clerkoftheboard@shastacounty.gov](mailto:clerkoftheboard@shastacounty.gov). To submit comments via U.S. Mail, please forward them to the Clerk of the Board to arrive no later than 5:00 p.m. one day prior to the meeting at the following address: Shasta County Clerk of the Board, 1450 Court Street, Suite 308B, Redding, CA 96001.

PLEASE NOTE that any challenge of the proposed action in court may be limited to raising only those issues raised at the public hearing described in this notice or in written correspondence delivered to the appropriate authority at, or prior to, the public hearing.

STEFANY BLANKENSHIP  
CHIEF DEPUTY CLERK OF THE BOARD OF SUPERVISORS

## **Appendix B**

### **Low-Income Testimony and Agency's Response**

# SHASTA COUNTY COMMUNITY ACTION AGENCY



## 2025 COMMUNITY NEEDS ASSESSMENT

for the development of the  
Community Action Plan 2025-2026



Shasta County  
**Health & Human  
Services Agency**

Shasta County  
**CAA**  
Community Action Agency

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## INTRODUCTION

The Shasta County Community Action Agency (SCCAA) was established in 1978 by resolution of the Board of Supervisors as a county administered agency. It is a member of the National Community Action Partnership Network, which includes over 1,100 agencies across the country that support vulnerable populations. SCCAA operates as a Community Services Block Grant (CSBG) entity, receiving funding from the Federal Office of Community Services (OCS) and administered by the State Office of Community Services and Development (CSD). In March 2023, to better utilize CSBG funding and expand services for low-income and vulnerable residents, SCCAA transitioned from a standalone department to become part of the Shasta County Health and Human Services Agency administration.

The Shasta County Community Action Agency (SCCAA), as a Community Services Block Grant (CSBG) eligible entity, is required to complete a Community Action Plan (CAP) every two years. This plan involves community engagement efforts to identify the gaps and needs of low-income and vulnerable populations in the county. Currently, SCCAA is working on the 2024/2025 CAP, which includes a local needs assessment to determine the top priorities based on input and feedback from all residents. The



planning process for the 2024/2025 CAP began in October 2022. SCCAA is dedicated to developing effective and efficient programs that address local needs and gaps for vulnerable populations. To guide this work, the SCCAA 2021-2024 Strategic Plan has been created to demonstrate results, deliver impactful services, and achieve measurable success. The agency, board, and local partners will continue to assess community needs, measure service outcomes, and identify gaps through responsive administration within the Shasta County Health and Human Services Agency.

Shasta County, California spans 3,775.7 square miles, making it the 13th largest county in the state by area. The vast size of Shasta County combined with its limited number of incorporated cities creates significant barriers for low-income residents, affecting their ability to access services, employment, and social support, and leading to greater economic and social disparities.

Located in the northern part of the state, the county is known for its natural beauty, rich history, and vibrant communities. Its diverse landscape features rolling hills, fertile valleys, towering peaks, and lush forests. The Sacramento River runs through the county, originating in the northern mountains and flowing into the Sacramento Valley to the south. Shasta County is home to 3 incorporated cities: Redding, Anderson, and Shasta Lake, with Redding being the largest and serving as the cultural and economic center of the region. Popular activities in Shasta County include hiking, sailing, water skiing, boating, camping, windsurfing, gold panning, horseback riding, and fishing.

## VISION AND MISSION

### Vision

Providing community leadership through partnerships to improve quality of life and economic vitality.

### Mission

Shasta County Community Action provides leadership, advocacy, and services to mitigate poverty by empowering economically disadvantaged persons to achieve self-sufficiency.

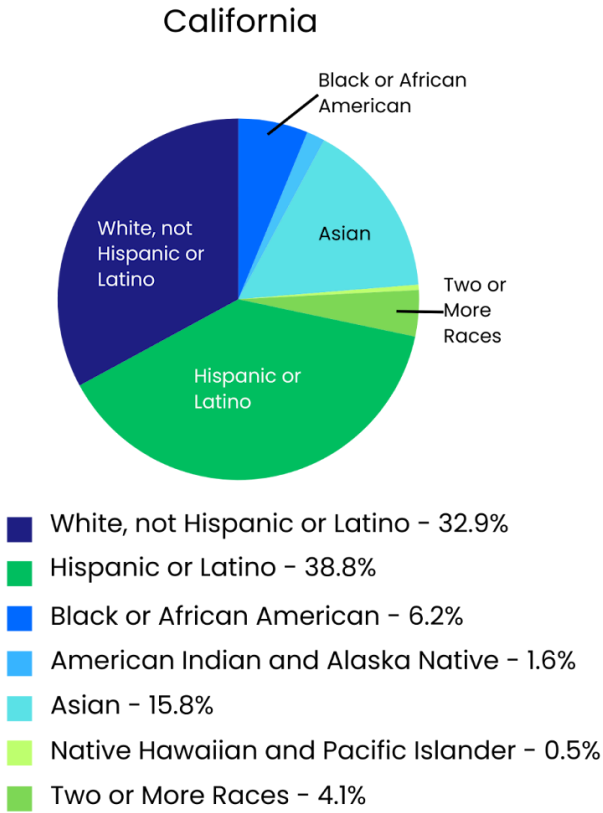
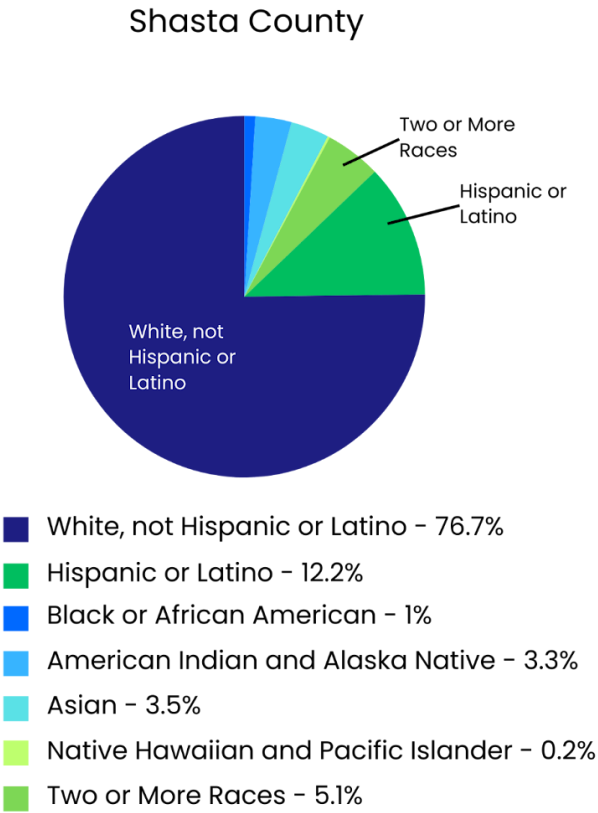
## DEMOGRAPHICS

The population of Shasta County as of July 1, 2023, was 180,366. This represents a 1.0% decrease from the population in 2020, which was 182,155. The largest racial group in Shasta County is White, non-Hispanic, which comprises 76.7% of the population. This is larger than the general white population in California. The Hispanic (Latinx) ethnic group is the largest minority group, comprising 12.2% of the population. This is followed by those identifying as 2 or more races making up 5.1% of the population. The Asian population in Shasta County is the third largest, comprising 3.5% of the population, contributing to the region's cultural diversity. American Indian and Alaska Natives account for 3.3%, while other racial and ethnic groups such as Black/African American make up 1% of the population, and Native Hawaiian and Other Pacific Islanders comprise less than .2% of the population.

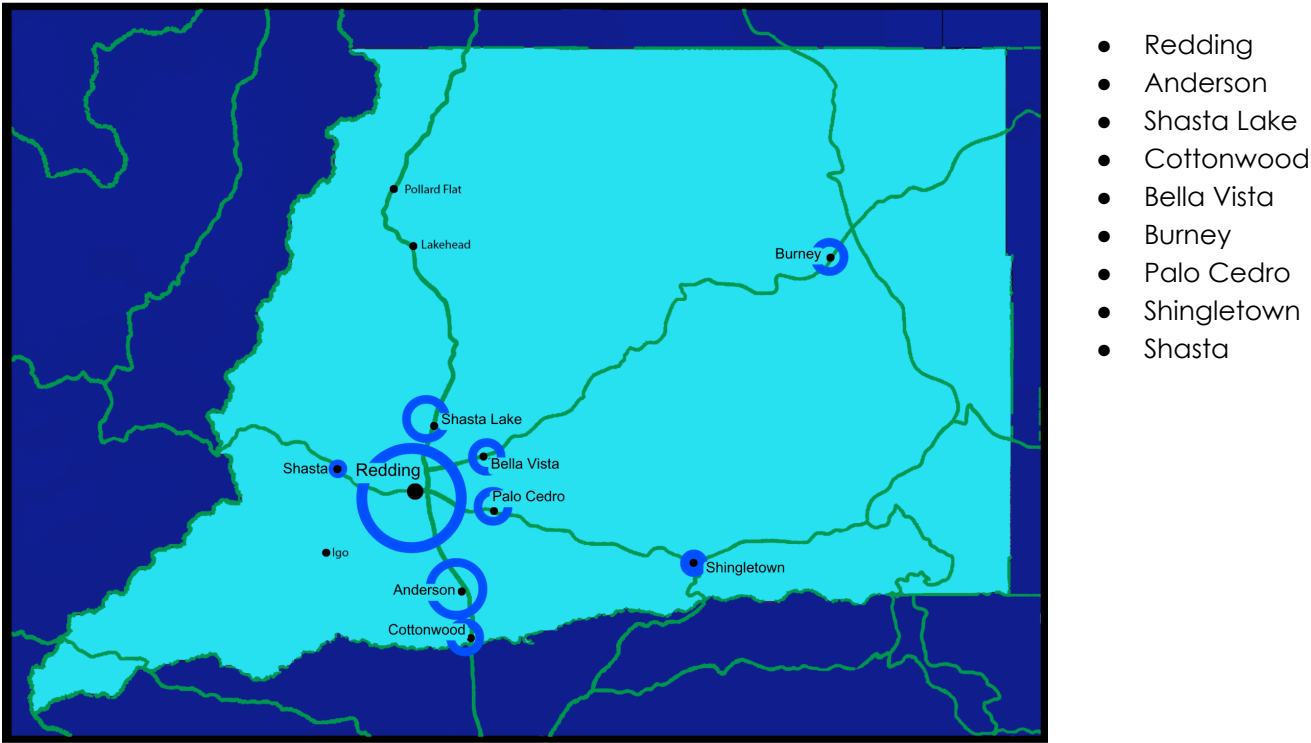
In the past decade, Shasta County experienced a slight increase in diversity compared to previous years. The white (non-Hispanic) population still makes up the majority of the county, representing 86.4% of the population. A notable change contributing to the changing demographics in the past two decades is the growth in the Hispanic (Latinx) population. In 2000, this group made up 5.5% of the population, but by 2021, it had doubled, reaching 12.2% of the population.<sup>1</sup>

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<sup>1</sup> <https://www.census.gov/quickfacts/shastacountycalifornia>

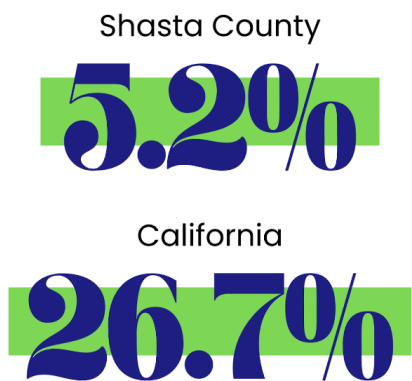


Population Areas, in Locality Size Order



## Population by Age

Shasta County's median age is 41.7 years, which marks an increase over the past year, indicating an aging population. Notably, the county has a population aged 60 years and older that is 1.3 times higher than the state average in California. The aging population in Shasta County presents both challenges and opportunities. While the experience and knowledge of older residents can enrich the community, the county will need to plan for increased demands on healthcare, social services, infrastructure, and economic resources.



As people age, they typically experience a greater need for healthcare services, particularly for chronic conditions, mobility assistance, and other age-related health issues. Additionally, there may be a need for more specialized care, such as geriatric care or long-term care facilities. Older adults often rely on social security, housing assistance, food programs, and other support services. With this higher-than-average elderly population, there may be a strain on these programs, requiring increased funding and resources. Likewise, a

higher proportion of elderly residents can mean a shrinking working-age population, which could result in labor shortages in key industries. Conversely, in lower income areas, elderly residents may continue to work longer, limiting job openings available to younger residents.

Older adults may require different housing options, such as assisted living, senior housing, or homes with accessibility features like ramps, elevators, and other modifications. A large elderly population may result in a higher proportion of residents who are retired and contributing less to local tax revenues than when they were employed. However, although older adults still contribute through property taxes and sales taxes, the overall economic contribution might be lower.

## Foreign Born Population

Shasta County has only 5.2% foreign-born residents compared to the state of California's rate of 26.7%.<sup>2</sup>

The relatively small foreign-born population in Shasta County helps streamline resource allocation, allowing the county to focus its services and resources on other populations or types of support. While the foreign-born population is smaller, the county still monitors and adapts to the needs of immigrant residents to comply with various regulations that mandate service provision for this group. Shasta County agencies have access to language assistance services and refer program participants to legal support and social services in accordance with legal requirements.

<sup>2</sup> <https://www.census.gov/quickfacts/shastacountycalifornia>

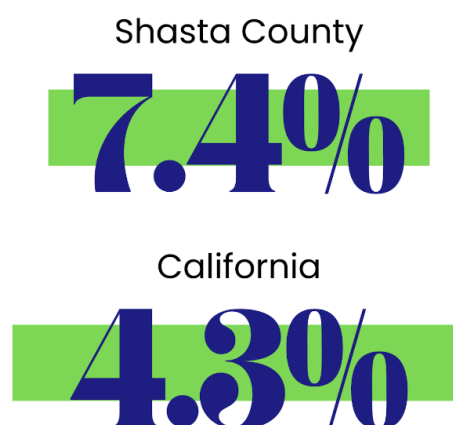
The fact that English is reported as the primary at-home language for 99% of Shasta County residents simplifies service delivery in several ways. It reduces the need for multilingual services, which can often be resource-intensive to implement, and ensures that most communications and outreach efforts can be conducted in English without the need for translation or interpretation services. This makes it easier for service providers to reach and assist residents without additional barriers.

Additionally, the high rate of U.S. citizenship (97.5%) surpasses the national average (93.5%), and suggests a more stable and integrated population. This reduces the complexity of providing services related to citizenship, immigration status, and language barriers, as most residents are eligible for and able to access a wide range of public services without concerns over immigration-related restrictions.

### Veteran Population

There are 13,400 veterans living in Shasta County, comprising roughly 7.4% of the population.<sup>3</sup> This is significantly higher than the number of veterans in California as a whole. Veterans play important roles in the community in terms of leadership: through formal positions in local government, volunteerism, or other civic activities. Shasta County veterans contribute to a sense of community pride and the establishment of values such as discipline, service, and patriotism. The Shasta County community may benefit from strong social bonds among veterans and their families but also face challenges in addressing the physical and mental health needs of veterans, supporting their reintegration into civilian life, and providing long-term care.

Shasta County features numerous services for veterans, from both government and non-government organizations. Multiple veterans' organizations including the Veterans Administration, Veterans Services Office and Employment Development Department work together annually to host a Veterans Stand-down event providing direct services, referrals to service and access to information. This event provides crucial services to low-income and homeless veterans in the region. More than 20 agencies, social groups and veteran-specific organizations provide services specifically to Shasta County veterans<sup>4</sup>. Perhaps the most valuable veterans services asset in the county is the 153-bed Veterans Administration home for veterans located in Redding,<sup>5</sup> and the Redding VA Outpatient Clinic which offers a full range of medical and ancillary services for Veterans.



<sup>3</sup> <https://www.census.gov/quickfacts/shastacountycalifornia>

<sup>4</sup> <https://www.yelp.com/search>

<sup>5</sup> <https://www.va.gov/northern-california-health-care/locations/redding-va-clinic/>

ECONOMIC LANDSCAPE

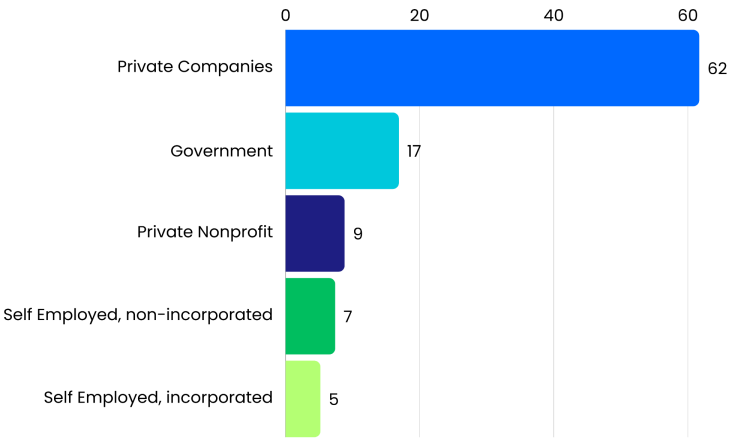
For many years, Shasta County's economy was primarily centered on mining, timber, and agriculture industries. Recent years have seen a transformation into a more service-based economy. Healthcare and government are now major industries in Shasta County.

Employment Industries

Shasta County's economy is primarily driven by a few key sectors. The largest employment sectors are education, healthcare, and social services, reflecting the county's demand for services in these areas. These sectors likely account for a significant portion of the county's workforce, addressing the needs of its population, including an ageing demographic that requires healthcare and social support. Following these, the retail sector is the second-largest employer in the county, which is typical of areas where local consumption and sales drive economic activity. This sector also likely supports the tourism and resident population with goods and services.

The arts, recreation, accommodation, and food service industries make up the third-largest sector in Shasta County, which is not surprising given the county's natural beauty and recreational opportunities. Outdoor activities, tourism, and local entertainment are central to this sector, supporting both residents and visitors. Other sectors, such as construction, professional/scientific/management/administration, finance/real estate, transportation/warehousing, manufacturing, public administration, and similar industries, each account for 8% or less of total employment.

Shasta County employer types by percentage



POVERTY STATISTICS

The poverty rate in Shasta County among individuals that worked full-time for the past 12 months was 2.23%. For part-time workers, it was 12.88%, and for those that did not work, the poverty rate was 21.7%. The Shasta County poverty rate in 2012-2016 for individuals was 17.5%, representing a higher level of poverty than the 15.8% California statewide rate.

Household/Family Size	2024 Federal Poverty Level for the 48 Contiguous States (Monthly Income)						
	100%	133%	138%	150%	200%	300%	400%
1	1,255	1,669	1,732	1,883	2,510	3,765	5,020
2	1,703	2,265	2,351	2,555	3,407	5,110	6,813
3	2,152	2,862	2,969	3,228	4,303	6,455	8,607
4	2,600	3,458	3,588	3,900	5,200	7,800	10,400
5	3,048	4,054	4,207	4,573	6,097	9,145	12,193
6	3,497	4,651	4,825	5,245	6,993	10,490	13,987
7	3,945	5,247	5,444	5,918	7,890	11,835	15,780
8	4,393	5,843	6,063	6,590	8,787	13,180	17,573
For each additional person over 8, add	448.33	596.28	618.70	672.50	896.67	1,345.00	1,793.33

Figure 1- <https://aspe.hhs.gov/>

The family poverty rate for Shasta County is 8.2%, ranking the county as thirty-third highest family poverty among the 58 counties, but .6% lower than the United States and .3% lower than California statewide. However, the overall individual poverty rate in Shasta County has declined significantly to 13.3% according to the most recent statistics.<sup>6</sup> This is a notable change.

Shasta County is seeing a shift in prosperity and standard of living. This type of systemic change can happen when there is strong alignment of influential factors:

- Strong or stable economic conditions
- Access to education and jobs
- Increased government support
- Improved social safety net

Program offerings, advisory and regulatory decisions and policies play a significant role in creating an environment where economic mobility is possible, helping people transition out of poverty.

Shasta County data confirms that the standard of living for its residents has improved in the past year. According to Data USA<sup>7</sup>, median household income (10.3% increase) and property values (16.3%

<sup>6</sup> [Shasta County, CA | Data USA](#)

<sup>7</sup> [Shasta County, CA | Data USA](#)

increase) have contributed to this improvement. The percentage of people who are employed has also increased by more than 1% in 1 year.<sup>8</sup>

### Additional Poverty Demographics

In Shasta County, females have a higher individual poverty rate (15.23%) than males (11.28%). The ethnic group most likely to experience poverty is Pacific Islander (28.85%) with only .15% of the total Shasta County population represented in that group. The rate of poverty among white residents (12.08%). The county's population is composed of 87% individuals identifying as White, non-Hispanic.<sup>9</sup>

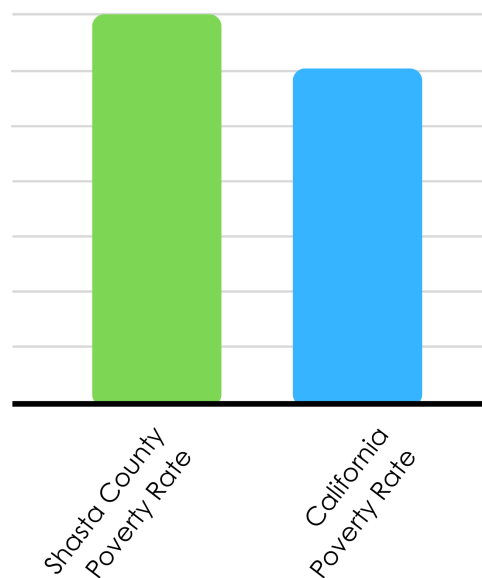
## EDUCATION

The US Census Bureau data indicates that Shasta County residents have the following levels of education:<sup>10</sup>

- High School diploma or equivalent 27.4%
- Some college but no degree 27.2%
- Associates degree 13%
- Bachelor's degree 15.7%
- Graduate degree 7.2%

Relative to California statewide educational achievement, Shasta County exceeds the statewide percentages among people aged 25 and older for associates degrees (11.5% vs 7.81%) and high school completion (25.5% vs 20.6%). Shasta County trails the statewide percentage in Bachelors, Masters, and Professional/Doctoral degrees.

The lower number of individuals with bachelors or advanced degrees suggests there may be barriers to accessing four-year colleges or graduate programs. These barriers could include financial constraints or cultural factors that prioritize immediate employment over continued education. However, the types of educational attainment in the county reflect the needs of a workforce that is generally skilled and capable of filling a variety of technical, vocational, and service-oriented roles. With healthcare and government ranking as the predominant industries, Shasta County's workforce is likely to qualify for the available vacancies with a high school diploma or associates degree. Positions such as medical assistants, nursing aides, and dental hygienists typically



<sup>8</sup> ibid

<sup>9</sup> [U.S. Census Bureau QuickFacts: Shasta County, California](#)

<sup>10</sup> ibid



require associate degrees or specialized certifications that can be earned at local community colleges or vocational schools. Many of these roles are in high demand and provide family-supporting wages, making them accessible to individuals with these levels of education. Many government positions offer stable benefits, pensions and opportunities for career advancement and require no advanced degrees.

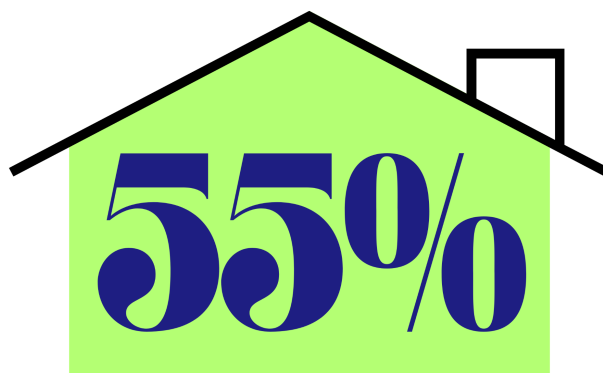
Shasta County's workers may be faced with lower earning potential than workers with higher educational attainment, which may contribute to a need for social services assistance. But an emphasis on associate degrees may indicate a cultural value placed on hands-on skills, trade schools, and technical education. This could lead to a community culture that prioritizes practical training and job readiness over traditional four-year college degrees. Individuals in the county may be equipped to launch businesses in sectors like construction, manufacturing, or healthcare, fostering local economic growth.

## HOUSING

SCCAA provides housing services to low-income and vulnerable individuals and families in Shasta County. The county has 79,380 housing units with 72,836 occupied housing units, among which 33,960 are owner-occupied units.<sup>11</sup> Most housing units (79%) are married-couple owner-occupied units. Single females occupy 5,129 units, and single males occupy 1,922 units.

Shasta's home ownership rate is 12% higher than the statewide rate. The median gross rent in Shasta is \$1,351 (\$1,140<sup>12</sup>) as compared to \$1,992 statewide.<sup>13</sup> Fair market rents (FMR) can be used to understand the average housing costs. Maximum rents allowed in HOME-financed rental projects and initial rents for Section 8 project-based assistance are: Studio \$895, 1-bedroom \$1,017, 2-bedroom \$1,339, 3-bedroom \$1,903, 4-bedroom \$2,281.

Households who pay more than thirty percent of their gross income are "rent overburdened." In Shasta County, a household making less than \$3,800 per month would be considered overburdened when renting an apartment at or above the median rent. 55% of households who rent are overburdened in Shasta County.<sup>14</sup>



of households are  
rent overburdened

<sup>11</sup> [https://data.census.gov/profile/Shasta\\_County,\\_California?g=050XX00US06089#housing](https://data.census.gov/profile/Shasta_County,_California?g=050XX00US06089#housing)

<sup>12</sup> [2023 NorCal CoC PIT Report.pdf](#)

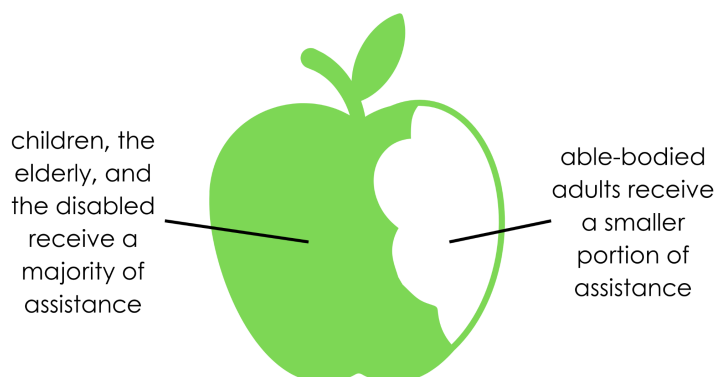
<sup>13</sup> [https://data.census.gov/profile/Shasta\\_County,\\_California?g=050XX00US06089#housing](https://data.census.gov/profile/Shasta_County,_California?g=050XX00US06089#housing)

<sup>14</sup> [2023 NorCal CoC PIT Report.pdf](#)

According to the Nor-Cal Regional Continuum of Care Point in Time (PIT) Count, Shasta County has 1,013 homeless individuals, of whom 480 are unsheltered.<sup>15</sup> The PIT represents a glimpse into homelessness with a count of unsheltered individuals on a single night but does not provide a full accounting of all unhoused individuals. Rather, it offers a methodology to extrapolate the true number of homeless people and provides survey responses for better decision-making regarding funding and services.

## FOOD INSECURITY

Food insecurity is more prevalent in rural areas than in metro areas. Food insecurity has far-reaching implications, from chronic health issues to an individual's ability to finish schooling. The food insecurity rate in Shasta County using 2021 data from Feeding America is 12.4%, approximately 2 points higher than California overall. Meals in Shasta County cost \$.30 more than the state average cost per meal, and the number of food insecure people in the county is 22,620.<sup>16</sup> According to the State of California,



Department of Social Services, there were 30,085 individuals receiving CalFresh (SNAP, formerly known as food stamps) benefits in 2023. More than half of California SNAP recipients were children, and another 7.2% were either people with disabilities or adults aged 60 or older.<sup>17</sup>

## HEALTHCARE INCLUDING MENTAL HEALTH

Shasta county has multiple hospitals, clinics and specialty healthcare providers. Due to low population density and very large geographical area of Shasta County, health services are concentrated in one location, Redding. Primary care resources include community clinics, pediatricians, family practice physicians, internists, nurse practitioners, pharmacists, telephone advice nurses, and other similar resources. Primary care services are typically the first point of contact when an individual seeks healthcare. These services are the front line in the prevention and treatment of common diseases and injuries in a community.<sup>18</sup>

<sup>15</sup> ibid

<sup>16</sup> <https://stacker.com/california/shasta-county-ca/food-insecurity-rates-shasta-county-ca>

<sup>17</sup> [CalFresh Reaches Millions of Californians and Reduces Poverty - California Budget and Policy Center](#)

<sup>18</sup>

<https://www.dignityhealth.org/content/dam/dignity-health/pdfs/implementation-strategies/2022/chna-mercyredding-2022.pdf>

In the 2022 Dignity Health Needs Assessment analysis, the report indicated the top three prioritized health needs as:

1. Access to mental/behavioral health and substance -use services
2. Access to basic needs such as housing, jobs and food
3. Access to quality primary care health services.

ZIP Code	Community	Population
96001	Central/Southern Redding	34,293
96002	Southeastern Redding/Enterprise	34,196
96003	Northern Redding/Bella Vista/Jones Valley	44,328
96007	Anderson	23,228
96019	Shasta Lake	10,178
Total Population in Communities of Concern		<b>146,223</b>
Total Population in Hospital Service Area		<b>208,158</b>
Percentage of Service Area Population in Communities of Concern		<b>70.2%</b>

This report cited issues including Adverse Childhood Experiences (ACES), untreated mental health conditions for youth and adults, a lack of mental health providers, substance use, homelessness, low wages, food insecurity, inequality of access to services, high out-of-pocket costs and a need for more providers who accept Medi-Cal, among others.<sup>19</sup>

Dignity Health/Mercy Medical Center-Redding's needs assessment further identifies the communities of concern in Shasta County. These communities have the greatest concentration of medically underserved, low-income and diverse populations with greater risk of poor health.<sup>20</sup>

The report also documents the Healthy Places Index for Shasta County with the green shaded areas representing the healthiest areas and the blue shaded areas being the least healthy based on the Healthy Places Index.<sup>21</sup>

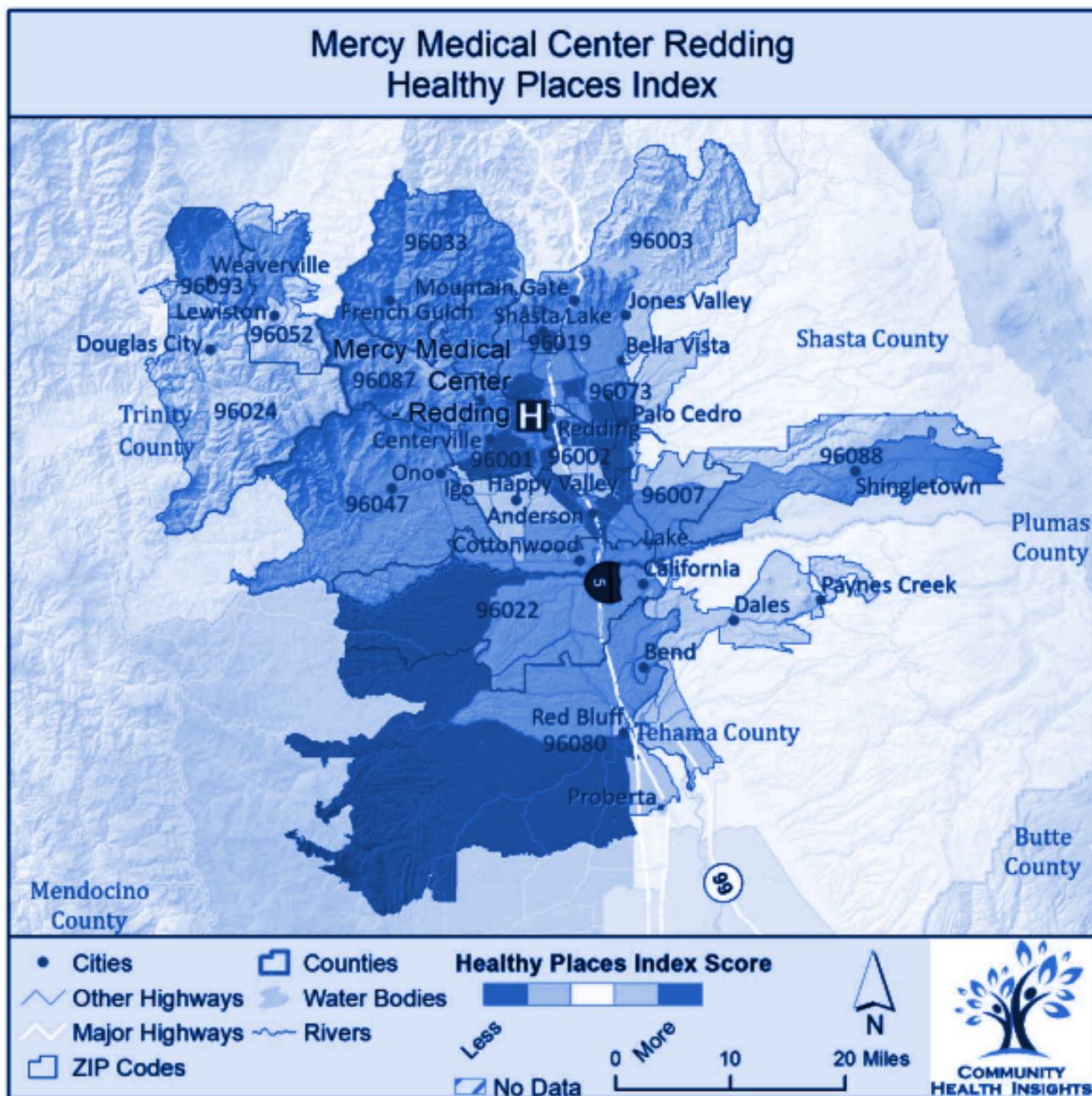
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<sup>19</sup>

<https://www.dignityhealth.org/content/dam/dignity-health/pdfs/implementation-strategies/2022/chna-mercyredding-2022.pdf>

<sup>20</sup> Ibid

<sup>21</sup> Ibid



Shasta County

COMMUNITY NEEDS ASSESSMENT

AT A GLANCE

Primary Data

Key Informant Interviews

Includes data from representatives of Nonprofit and Community-based Organizations, Community Action Board leaders, and Partner Organizations local to Shasta County.


Comprehensive Needs Survey


Includes data from more than 500 participants across Shasta County, in English and Spanish.


Survey questions focused on:


- Prioritized community needs
- Strengths and assets in the community
- Service levels provided by the Shasta County Community Action Agency
- Demographic information
- Access to services
- Open ended comments
- FRED federal database data

Top Family Needs


 Affordable Housing


 Medical Care


 Food Assistance


 Utility Assistance

Top Community Needs

 Affordable Housing

 Medical Care

 Mental Health

 Utility Assistance

Secondary Data



Healthcare Data



Veterans Data



Poverty Data



Rental Information



Population Statistics



Homelessness Data



Food and Nutrition Data



Employment Data



## DATA ANALYSIS

### Secondary Data Collection

This assessment utilized a comprehensive set of secondary data from publicly available sources, including:

Category	Source
Population statistics	<b>U.S. Census Bureau QuickFacts: Shasta County, California</b> <a href="https://www.census.gov/quickfacts/shastacountycalifornia">https://www.census.gov/quickfacts/shastacountycalifornia</a>
Veterans data	<b>U.S. Census Bureau QuickFacts: Shasta County, California</b> <a href="https://www.census.gov/quickfacts/shastacountycalifornia">https://www.census.gov/quickfacts/shastacountycalifornia</a> <b>Yelp</b> <a href="https://www.yelp.com/search">https://www.yelp.com/search</a> <b>CalVet website</b> <a href="https://www.calvet.ca.gov/VetHomes/Documents/VHC%20Redding%20Fact%20Sheet.pdf">https://www.calvet.ca.gov/VetHomes/Documents/VHC%20Redding%20Fact%20Sheet.pdf</a>
Poverty data	<b>Shasta County, CA   Data USA</b> <a href="https://datausa.io/profile/geo/shasta-ca">https://datausa.io/profile/geo/shasta-ca</a>
Employment	<b>Shasta County, CA   Data USA</b> <a href="https://datausa.io/profile/geo/shasta-ca">https://datausa.io/profile/geo/shasta-ca</a>
Rental information	<b>US Census Bureau</b> <a href="https://data.census.gov/profile/Shasta_County,_California?g=050XX00US06089#housing">https://data.census.gov/profile/Shasta_County,_California?g=050XX00US06089#housing</a> <b>NorCal COC PIT Report</b> <a href="https://www.cityofredding.gov/government/departments/housing/housing___community_development/norcal_continuum_of_care/index.php">https://www.cityofredding.gov/government/departments/housing/housing___community_development/norcal_continuum_of_care/index.php</a>
Homeless data	<b>NorCal COC PIT Report</b> <a href="https://www.cityofredding.gov/government/departments/housing/housing___community_development/norcal_continuum_of_care/index.php">https://www.cityofredding.gov/government/departments/housing/housing___community_development/norcal_continuum_of_care/index.php</a>
Food and Nutrition	<b>Stacker</b> <a href="https://stacker.com/california/shasta-county-ca/food-insecurity-rates-shasta-county-ca">https://stacker.com/california/shasta-county-ca/food-insecurity-rates-shasta-county-ca</a> <b>California Budget and Policy Center</b> <a href="https://calbudgetcenter.org/resources/calfresh-reaches-millions-californians-reduces-poverty/">https://calbudgetcenter.org/resources/calfresh-reaches-millions-californians-reduces-poverty/</a>
Healthcare	<b>Dignity Health Community Health Needs Assessment 2022</b> <a href="https://www.dignityhealth.org/content/dam/dignity-health/pdfs/implementation-strategies/2022/chna-mercyredding-2022.pdf">https://www.dignityhealth.org/content/dam/dignity-health/pdfs/implementation-strategies/2022/chna-mercyredding-2022.pdf</a>

These sources offer valuable insights into the themes of population, poverty, economic health, aging, veterans services, access to healthcare, transportation, and education. The data helps deepen our understanding of the social determinants of health and overall quality of life. Indicators were drawn from the most current datasets, though some span previous assessment periods. Many agencies, such as Dignity Health, conduct their own needs assessments, and their data was integrated into this analysis. By synthesizing this secondary data, we gain a clearer view of the community's prioritized needs.

## Primary Data Collection

In addition to secondary data, the following primary data was incorporated into the assessment.

### Key Informant Interviews

Key nonprofit and community-based organizations, Community Action Board leaders and partner organizations, contributed to key informant interviews. A synopsis of these results can be found later in this report.

### Comprehensive Needs Survey

Furthermore, the Shasta County Community Action Agency conducted a community-wide needs survey, which gathered both standardized and open-ended responses from more than 500 participants in English and Spanish.

Survey questions from the perspective of individual and community needs focused on:

- Prioritized community needs
- Strengths and assets in the Community
- Service levels provided by the Shasta County Community Action
- Demographic information
- Access to services
- Open ended comments
- FRED federal database

## Data Analysis- Methodology

Survey respondents were asked to supply their top needs in both family/individual needs and community categories. Respondents identified themselves as residents or service providers, and shared where they are from, and their ages. Respondents were asked to list their top needs, but not to rank or prioritize them. It is impossible to know from the data whether the responses provided were in order of priority, or simply their 3 priorities of equal weighting. As a result, data was analyzed assuming frequency of "need type" responses across all categories, and parsed by resident/provider, age and community locale.

Data is separated between family/individual needs and community needs. It is interesting to note that some responses did not match the question asked. For example, one survey respondent stated that one of their family/individual priorities was saving trees native to the area. While an honorable goal, this type of need is considered a community need rather than a family /individual need. Similarly, many service providers indicated that affordable housing was a priority need for their organization/agency. Typically, housing is not an "agency" need, rather a need for the agency's clients or employees.

## HOW DOES THE DATA COMPARE TO THE PREVIOUS NEEDS ASSESSMENT?

The current survey reveals two key differences compared to previous ones: a greater participation from Shasta County residents outside of Redding, providing a more balanced representation of rural areas, and increased involvement from younger residents, which helps better reflect their perspectives despite the county's older demographic.

Affordable housing remains the top priority for both families and communities, with medical care, mental health treatment and access, utility assistance, and employment also highlighted as key needs. While these priorities remain consistent, some localities show seemingly unanimous priorities data due to small sample sizes, which should be accounted for as the Community Action Board ranks priorities.

Shasta County's population has remained stable, with a slight increase in the average age, continuing the trend of an older population compared to California. Pre-Bachelor's degree education levels in Shasta County surpass state and national averages, and the trend toward employment concentration in the healthcare and service-related sectors continues.

Workforce participation and wages are slightly below the state average, with a higher unemployment rate than California. The poverty rate is stable, but food insecurity remains above the state average.

### Recommendations

In future surveys, the survey design should be altered to allow for priority responses with instructions that define the difference between family/individual and community needs. Data analysis was further complicated by survey responses that contained multiple priorities. This required parsing data to count all responses. Without this type of data analysis, the outcomes of the survey would have been limited to the first response provided by any of the survey participants.

Additionally, gathering "agency need" data for Community Action Agency Community Needs Assessments typically relates to **the Community Action Agency** conducting the survey.

For example, to improve housing outcomes, is there an **agency need** to receive training on a customer database program?

The "**agency needs**" component of needs assessments typically occurs during the strategic planning sessions for the CAA. This allows the Board and staff to identify possible solutions to the community's needs such that **the agency improves** through training, hiring, budget changes, office space or updated equipment.

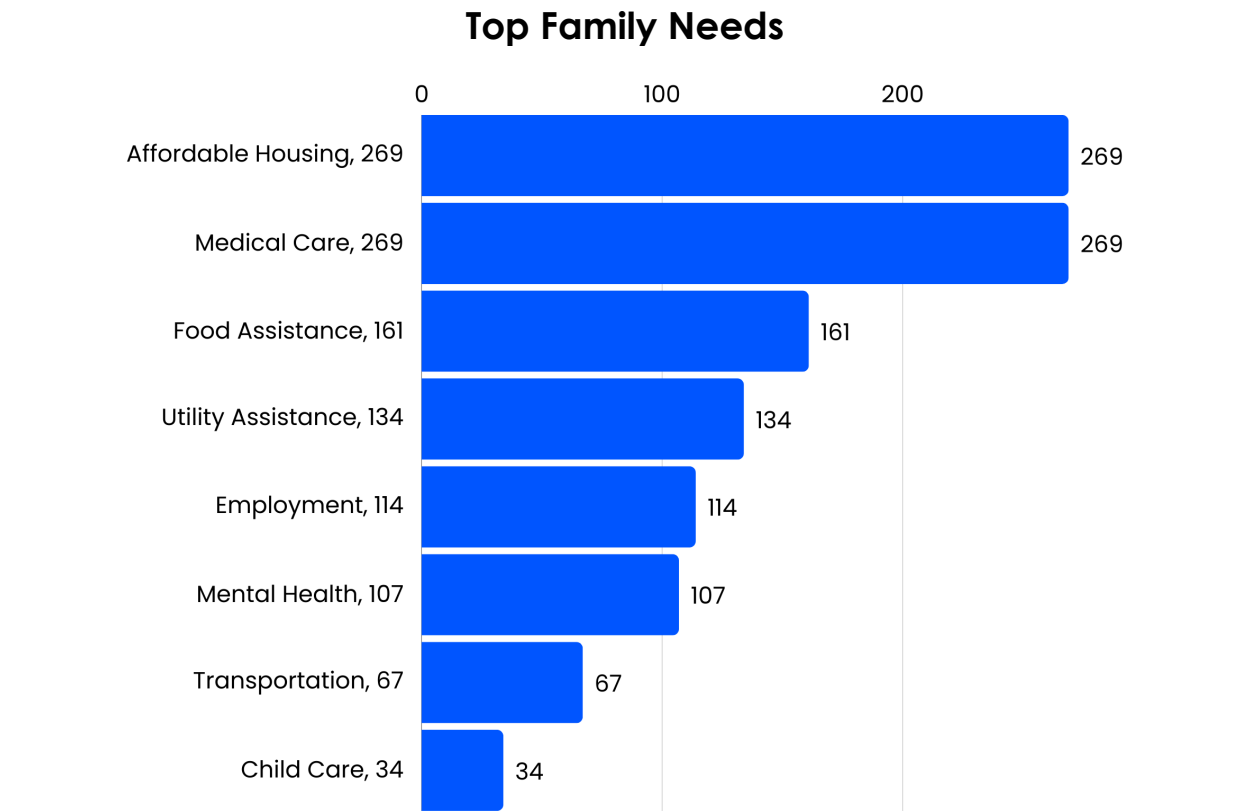
Survey responses from community service providers are valuable and informative but may not be germane to the needs assessment vis a vis the strategic plan and the Community Action Plan documents.



FAMILY NEEDS CHARTS

Top Family Needs by All Respondents

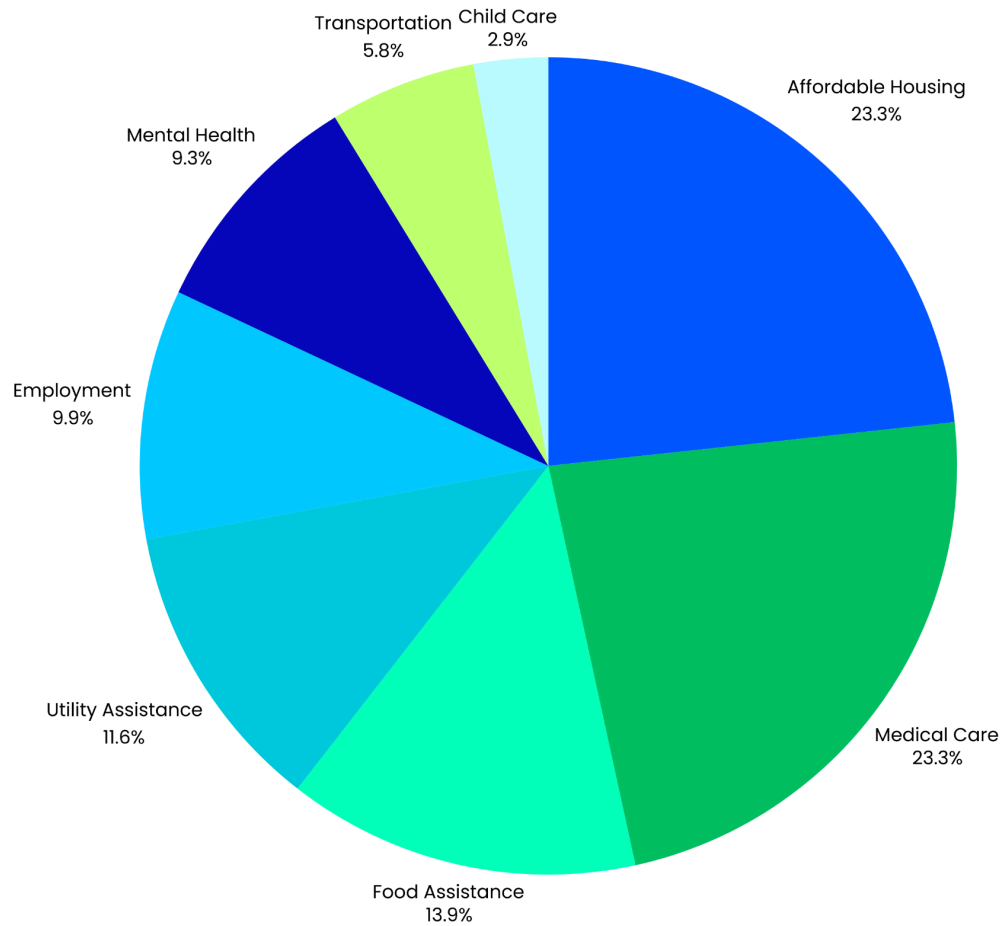
The analysis of survey data provided insight into the top needs for the Shasta County service area. The chart below shows the most frequently mentioned need across all respondents for “family or individual” needs. The top needs include **affordable housing, medical care, and food assistance**.



- 1. Tied
  - a. Affordable housing
  - b. Medical Care
- 2. Food Assistance
- 3. Utility Assistance

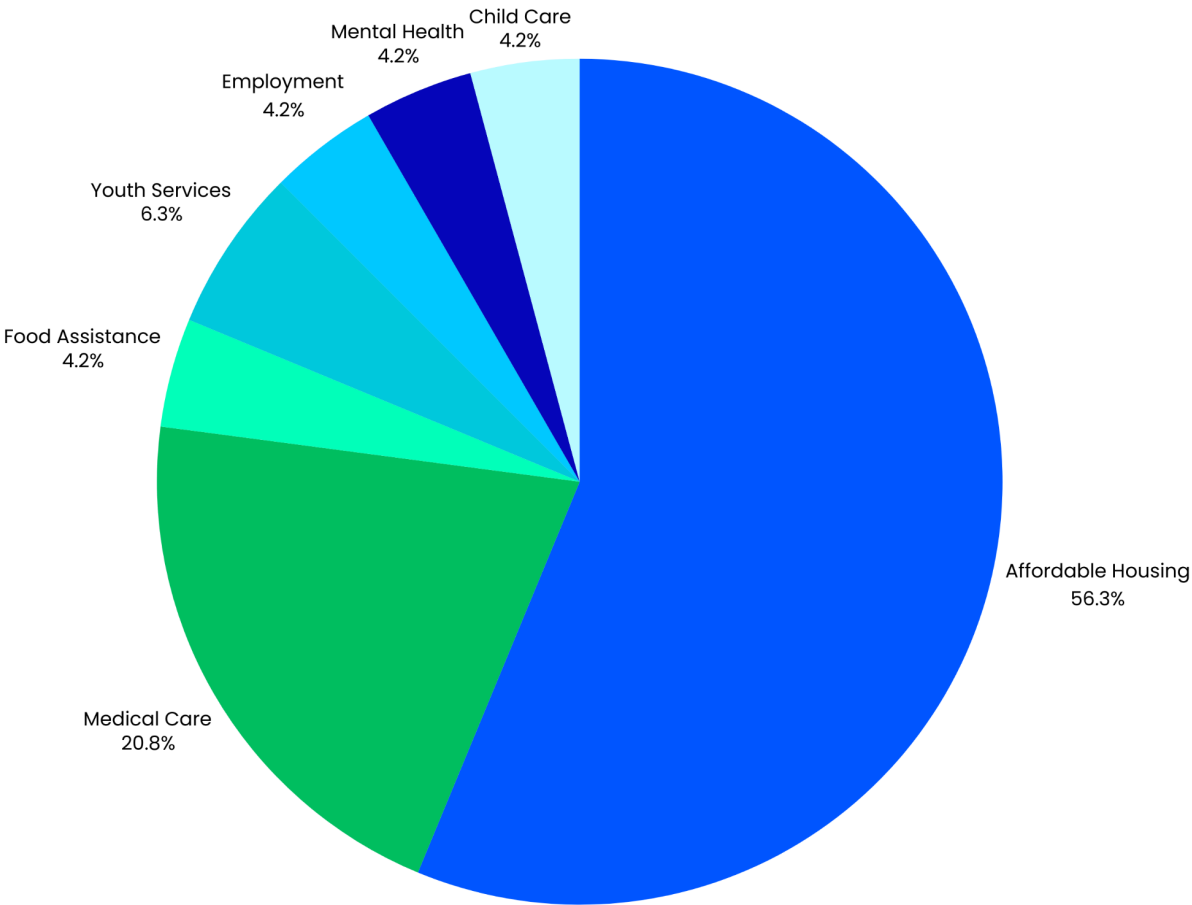
The following charts depict data disaggregated by provider, resident, age, locale, service provider needs and other categories.

### Percentage Ranking of Total Responses Related to Family Needs by Resident



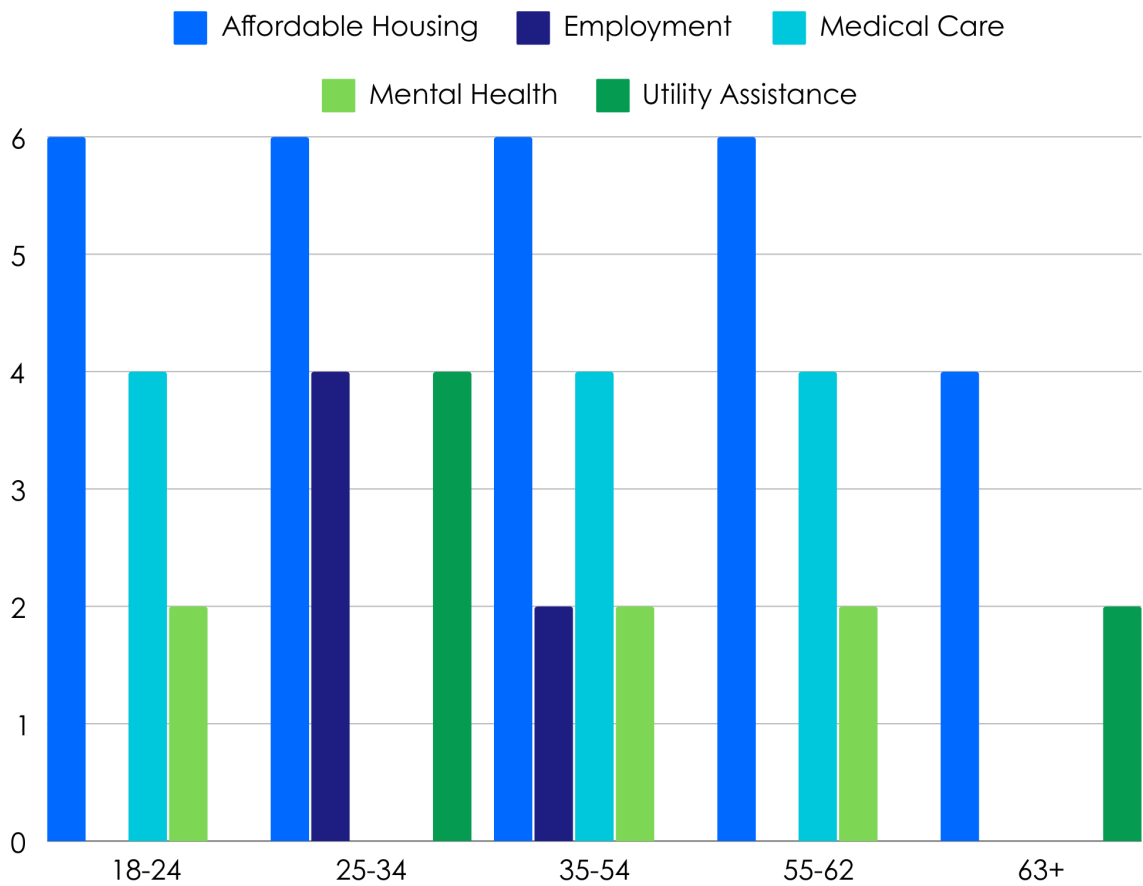
1. Medical Care
2. Affordable Housing
3. Food Assistance
4. Utility Assistance

Percentage Ranking of Total Responses Related to Family Needs by Provider



- 1. Affordable Housing
- 2. Medical Care

Ranking of Total Responses Related to Family Needs by Age



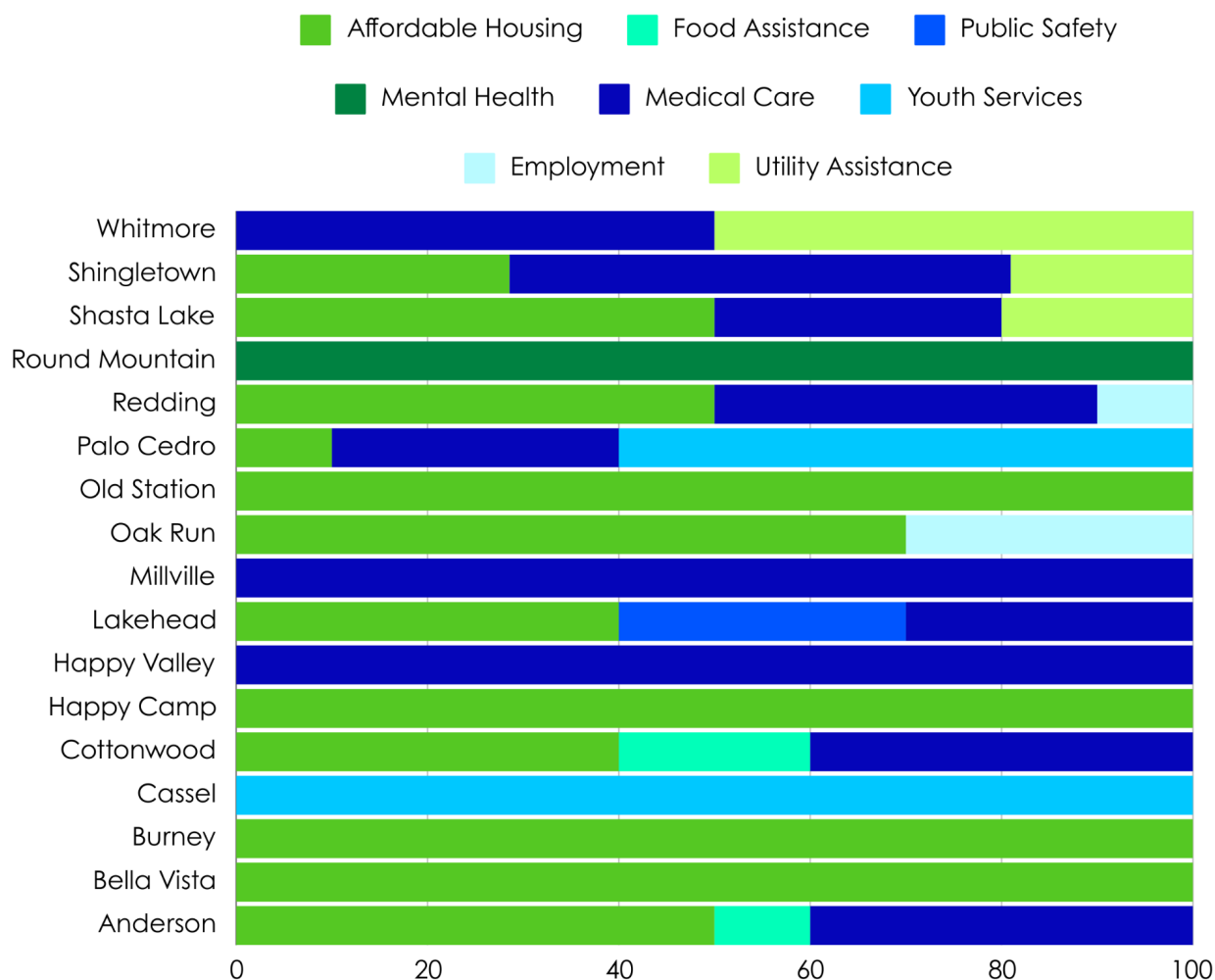
Across all except 63+ age groups

1. Affordable Housing

63+

1. Medical Care

## Ranking of Total Responses Related to Family Needs by Locality



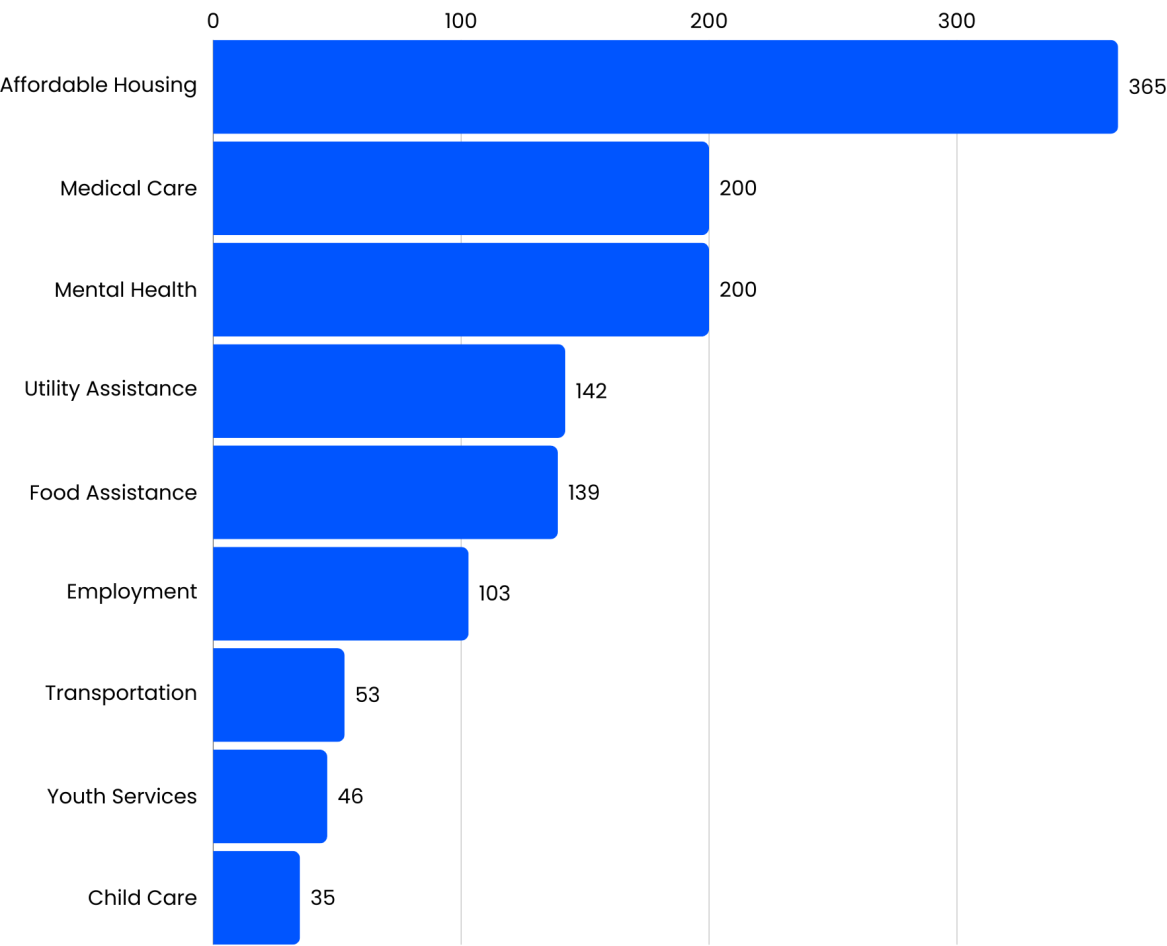
### Localities where one top priority is affordable housing

- Shingletown
- Redding
- Old Station (100%)
- Happy Camp (100%)
- Burney (100%)
- Anderson
- Shasta Lake
- Palo Cedro
- Oak Run
- Cottonwood
- Bella Vista (100%)

Whitmore, Round Mountain, Millville, Happy Valley and Cassel respondents did not include affordable housing as a priority.

The survey includes responses from participants throughout the county, with input from each location that reflects the population distribution in Shasta County.

COMMUNITY NEEDS CHARTS



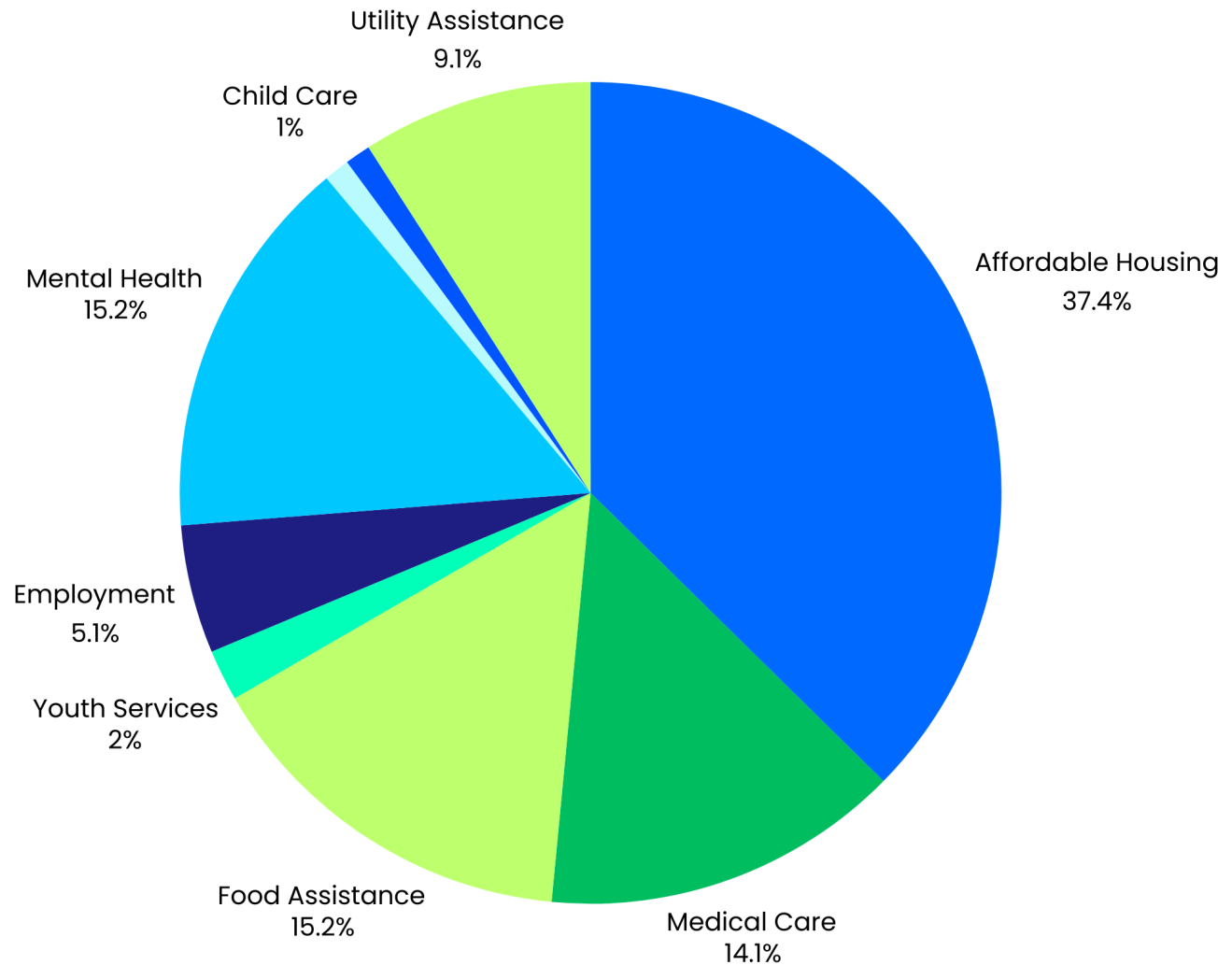
Most Frequent Response Community Needs by All Respondents

Respondents were also asked what the top community needs are for the service area. The top community needs are **affordable housing, medical care, mental health and utility assistance.**

- 1. Affordable housing
- 2. Mental health
- 3. Medical Care
- 4. Utility Assistance

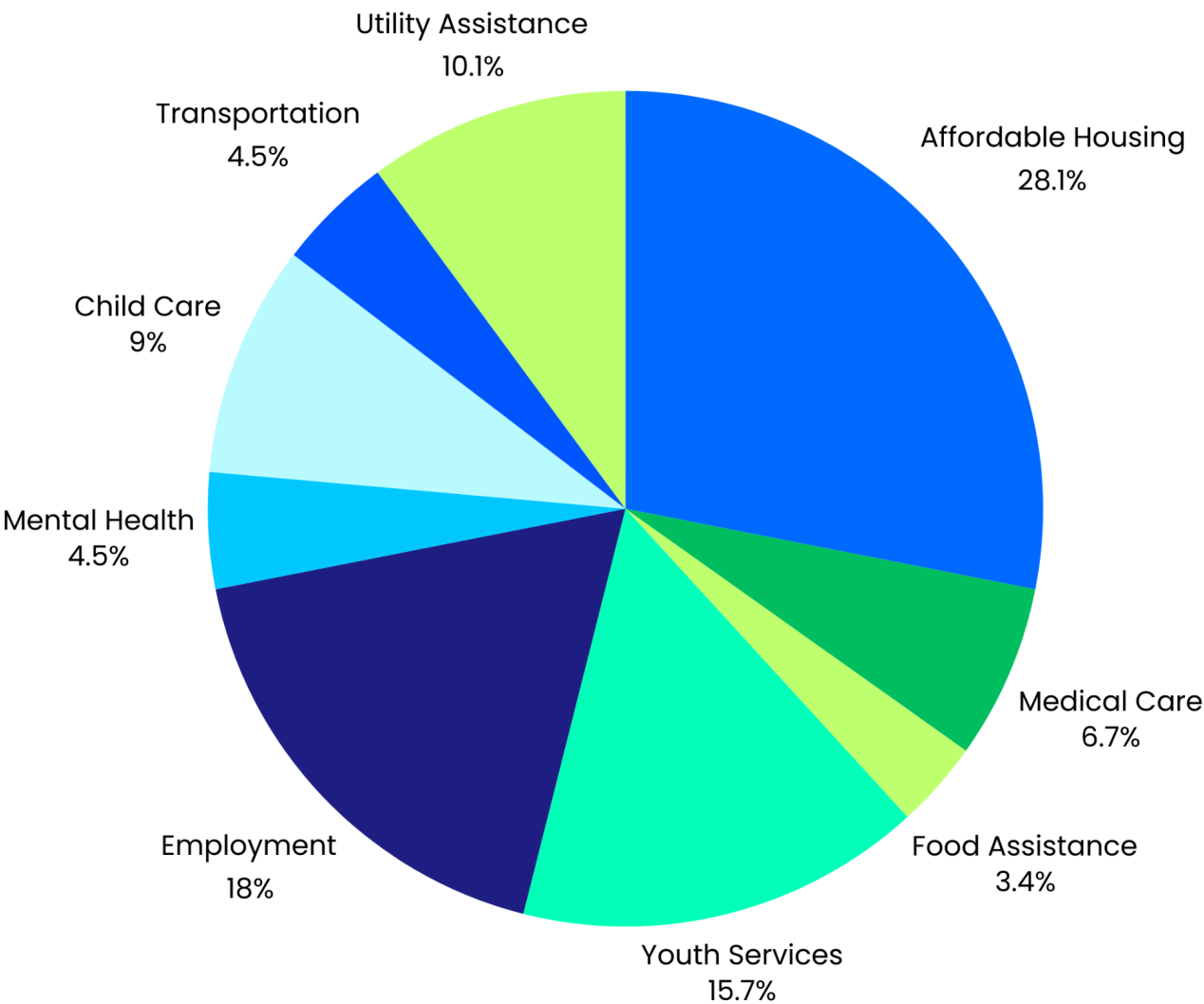
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### Percentage Ranking of Total Responses Related to Community Needs by Resident



1. Affordable Housing
2. Food Assistance
3. Mental Health
4. Medical Care

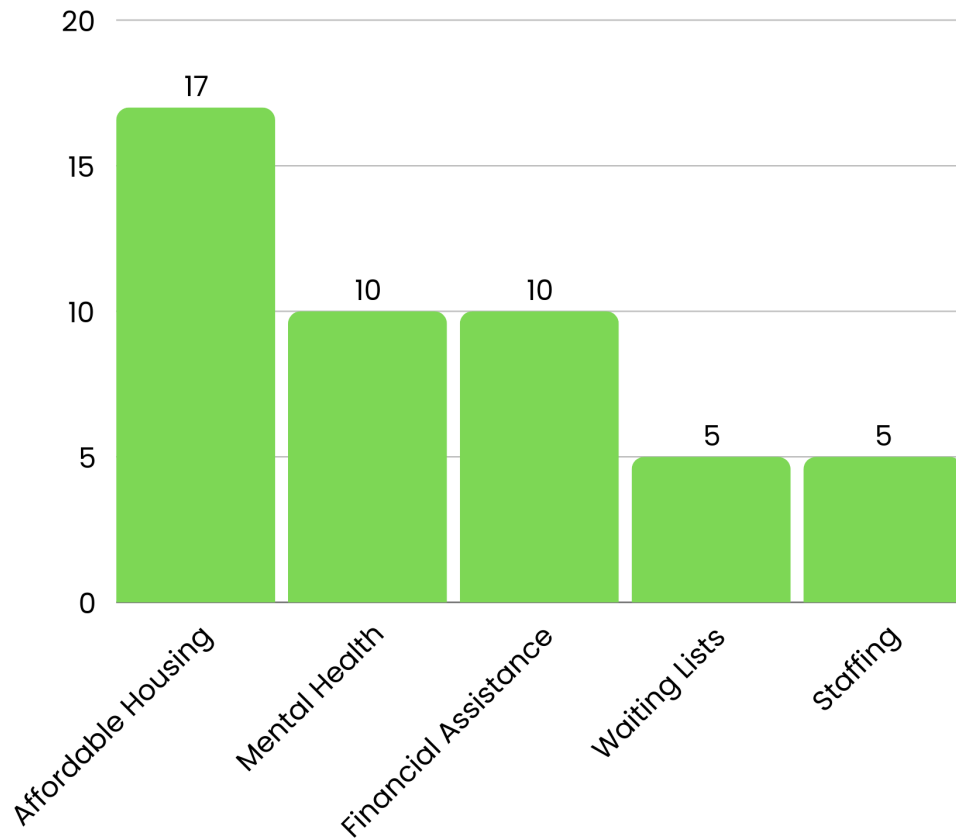
Percentage Ranking of Total Responses Related to Community Needs by Provider



- 1. Affordable Housing
- 2. Employment/Jobs
- 3. Youth Services and Development



## PROVIDER AGENCY/ORGANIZATION NEEDS CHART

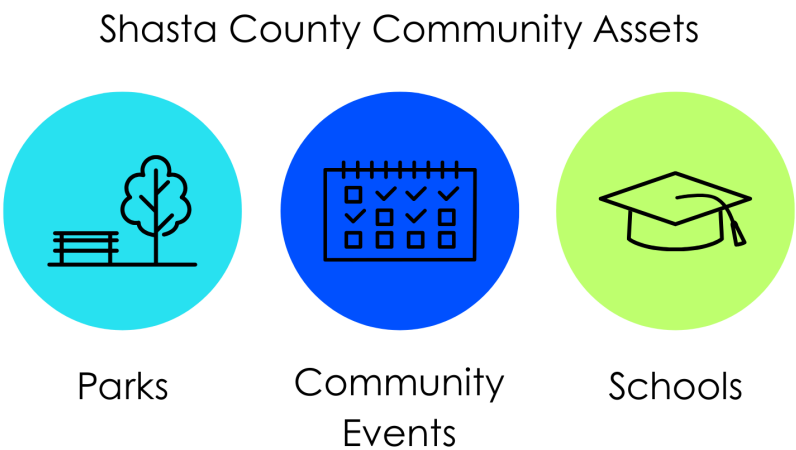


1. Affordable Housing
2. Need for Mental Health Providers
3. Clients Needing Financial Assistance/support
4. Waiting Lists
5. Staffing

Community Assets

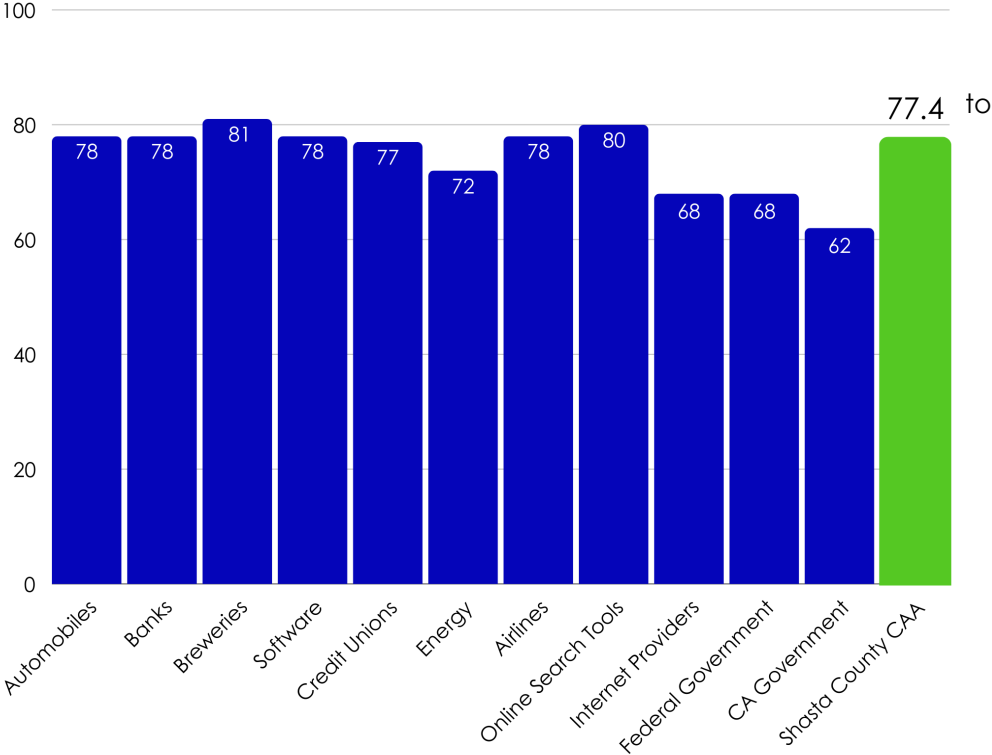
Survey respondents provided insights into the Shasta County Community and the assets associated with living in the area, working with others, and calling Shasta County their home. It will come as no surprise that most survey participants appreciate nature, parks and the outdoors and the bountiful outdoor activities available in Shasta County.

Outdoor assets and resources benefit a community by improving physical health, mental well-being, social benefits, family lifestyle enrichment (at no cost), environmental connection, increased property values, and a variety of activities allowing new and well-rounded experiences.



SCCAA Customer Satisfaction

SCCAA Customer Satisfaction Survey respondents were asked rate the service level and responsiveness they received from the agency. The agency's customer satisfaction rate, as rated by those who have received services from the agency, is 77.4%. The SCCAA Customer Satisfaction chart uses a comparison to the American Customer Service Index, CSAT Scores for various industries as a frame of reference.<sup>22</sup>



<sup>22</sup> American Customer Service Index, CSAT Scores, <https://theacsi.org/>

## QUALITATIVE DATA

Data collected for this assessment describes characteristics, qualities, or attributes. It was used to capture subjective aspects of research, such as experiences, opinions, or observations, gathered through Key Informant Interviews. This type of data was gathered through interviews, of individuals and small groups.

### Key Informant Interviews

Private, anonymous interviews of local providers as individuals and in small groups were conducted between October 29 and November 19, 2024. The following synopsis provides anecdotal and qualitative insights that may help inform the quantitative responses from the community needs survey. Interview topics from the perspective of service providers focused on:

- Prioritized community needs
- Strengths and assets in the Community
- Service levels provided by the Shasta County Community Action
- Demographic information
- Access to services
- Open ended comments

The following quotes from key informant interviews provide valuable insight for the needs assessment and prioritizing SCCAA's responses to family, agency and community needs.

### Family

The biggest issues facing families are:

1. Access to mental health and child care supports
2. Access to better paying jobs
3. A lack of medical professionals making it hard to access primary care
4. Access to affordable housing

Thinking of issues that impact families and individuals, the top issues facing our local area are:

1. Housing
2. Food insecurity
3. Access to services
4. Transportation services

Families we work with feel pretty safe here. I think there is an improvement in public safety.

## Community

"We are still bouncing back from the huge fires. Communities may look better, but people moved and this means schools are closing, and kids are being bused further from their homes." "Homeowners' Insurance is off the charts. Many people are uninsurable. What will that mean for our community?"

"We have generational ACES trauma." (Adverse Childhood Experiences- ACES)

"Services are Redding-centric. If you don't have good transportation, you can't get to the services. Families needing therapy, work, or childcare can't get to it."

"We have a lack of workforce in general. We lack healthcare, substance abuse and mental health workforce in particular. We see improvements when young people engage in programs with a focus on social skills, alternatives to drugs, and a health-focus."

"A big positive is the trend toward providing services and housing for the homeless. Providers are working together and finding a range of services for unsheltered people delivered by increasingly competent providers. This is a result of collaboration."

"Senior services, assisted living and health services for seniors is the next big thing. We do not have enough services for our aging population. With declining incomes, seniors and adults are losing their homes more often. They can't keep up with the cost of living."

## Agency

"Part of the CAA restructuring has caused some diminished efficiency. There are talented, smart people there, but they are in transition. They may need more time finding their feet. But HHSA is a large bureaucracy, and staff and leadership have a sharp learning curve."

"I'd like to see this agency showing more flexibility. They are a culture of policy bound by rules and regulations."

"The agency could leverage its resources by simply sending the housing list to more providers. They would help the community if they offered virtual appointments and services, and free resource guides on their website."

"I think SCCAA would benefit greatly if their staff attended more community meetings that involve agencies that work outside of their normal services."

"We could use SCCAA's help working with landlords and developers. As a government entity, working with other government entities; could they work on policies or funding to support landlords' comfort level renting to second-chance tenants, or working to build affordable housing communities by

requiring developers to build affordable units when they build new subdivisions. Be a resource between business, and the community."

CONCLUSION

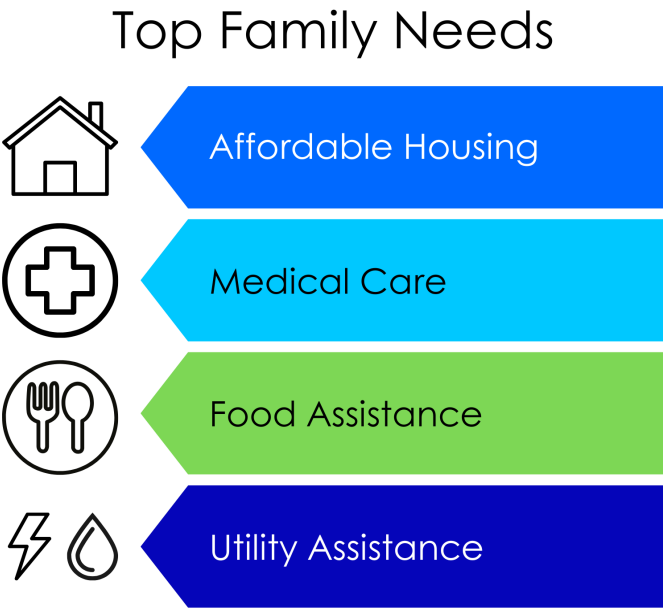
This community needs assessment is an update to the previous assessment for 2023-2024. In this survey, we did not collect income data. Data was not collected regarding the gender of the survey participants. The largest number of respondents continued to be older, 63+, with 37% of the responses coming from that group. With the median age in the county being 41.7 years, the survey responses reflect a higher participation rate from older individuals compared to the overall demographic composition of the county. The smallest number of responses came from people aged 18-24, with only 4% of the responses. However, this age group included 20 responses, doubling the number from the previous survey.

The locale most frequently identified for survey takers is Redding, with 327 of the 503 total surveys or 65%, coming from individuals from Redding. Although this is a majority of the responses, it is a lower percentage than in the previous survey. The number of responses from other cities closely mirrors the population size and order of cities in the county, with one exception: Lakehead, which contributed 24 surveys, surpassing Shasta Lake and Cottonwood in response rate.

Top Family Needs

Based on analysis of the data, the top priorities identified in this report are as follows:

- Affordable Housing
- Medical Care
- Food Assistance
- Utility Assistance



Top Community Needs

Based on analysis of the data, the top priorities identified in this report are as follows:

- Affordable Housing
- Medical Care
- Mental Health
- Utility Assistance



Table of Sources, by Footnote

1	<a href="https://www.census.gov/quickfacts/shastacountycalifornia">https://www.census.gov/quickfacts/shastacountycalifornia</a>	Population areas
2	<a href="https://www.census.gov/quickfacts/shastacountycalifornia">https://www.census.gov/quickfacts/shastacountycalifornia</a>	Population data foreign born
3	<a href="https://www.census.gov/quickfacts/shastacountycalifornia">https://www.census.gov/quickfacts/shastacountycalifornia</a>	Veterans data
4	<a href="https://www.yelp.com/search">https://www.yelp.com/search</a>	Veterans organizations
5	<a href="https://www.calvet.ca.gov/VetHomes/Documents/VHC%20Redding%20Fact%20Sheet.pdf">https://www.calvet.ca.gov/VetHomes/Documents/VHC%20Redding%20Fact%20Sheet.pdf</a>	Veterans home
6	Shasta County, CA   Data USA	Poverty data
7	Shasta County, CA   Data USA	Poverty data improvement
8	Shasta County, CA   Data USA	Improved employment
9	U.S. Census Bureau QuickFacts: Shasta County, California	Population demographic
10	U.S. Census Bureau QuickFacts: Shasta County, California	Education levels
11	<a href="https://data.census.gov/profile/Shasta_County,_California?g=050XX00US06089#housing">https://data.census.gov/profile/Shasta_County,_California?g=050XX00US06089#housing</a>	Low income housing data
12	2023 NorCal CoC PIT Report.pdf	Rental price data
13	<a href="https://data.census.gov/profile/Shasta_County,_California?g=050XX00US06089#housing">https://data.census.gov/profile/Shasta_County,_California?g=050XX00US06089#housing</a>	Rental price comparison
14	2023 NorCal CoC PIT Report.pdf	Rental burden data
15	2023 NorCal CoC PIT Report.pdf	Homeless data
16	<a href="https://stacker.com/california/shasta-county-ca/food-insecurity-rates-shasta-county-ca">https://stacker.com/california/shasta-county-ca/food-insecurity-rates-shasta-county-ca</a>	Food insecurity data
17	CalFresh Reaches Millions of Californians and Reduces Poverty - California Budget and Policy Center	SNAP demographics
18	<a href="https://www.dignityhealth.org/content/dam/dignity-health/pdfs/implementation-strategies/2022/chna-mercyredding-2022.pdf">https://www.dignityhealth.org/content/dam/dignity-health/pdfs/implementation-strategies/2022/chna-mercyredding-2022.pdf</a>	Hospitals and clinics
19	<a href="https://www.dignityhealth.org/content/dam/dignity-health/pdfs/implementation-strategies/2022/chna-mercyredding-2022.pdf">https://www.dignityhealth.org/content/dam/dignity-health/pdfs/implementation-strategies/2022/chna-mercyredding-2022.pdf</a>	Mental health data
20	<a href="https://www.dignityhealth.org/content/dam/dignity-health/pdfs/implementation-strategies/2022/chna-mercyredding-2022.pdf">https://www.dignityhealth.org/content/dam/dignity-health/pdfs/implementation-strategies/2022/chna-mercyredding-2022.pdf</a>	Healthcare data
21	<a href="https://www.dignityhealth.org/content/dam/dignity-health/pdfs/implementation-strategies/2022/chna-mercyredding-2022.pdf">https://www.dignityhealth.org/content/dam/dignity-health/pdfs/implementation-strategies/2022/chna-mercyredding-2022.pdf</a>	Healthcare data

## CONTACT INFORMATION

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