

First 5 Placer
Children and Families Commission

STRATEGIC PLAN
2016 - 2022



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First 5 Placer Children and Families Commission

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Attachments to the Strategic Plan:

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- Attachment 1: Data Profile Report and Key Findings (June 2015)
 - Attachment 2: Key Informant Conversations (July 2015)
 - Attachment 3: Potential Initiatives for Funding and Updated Indicator Report (August 2015)
 - Attachment 4: Funded Partner Survey Databook (August 2015)

Why First 5?

Ninety-percent of brain development occurs in the first 5 years of life.

The first five years of a child's life are critical for brain development. The experiences children have in these years help shape the adults they will become. Early childhood, beginning in infancy, is a period of profound advances in reasoning, language acquisition, and problem solving, and importantly, a child's environment can dramatically influence the degree and pace of these advances. By supporting development when children are very young, early childhood development and education programs can complement parental investments and produce large benefits to children, parents, and society.

The significance of early brain development research led to the establishment of First 5, through Proposition 10 - The California Children and Families Act. This "tobacco tax" initiative has resulted in a stream of funding for community-based programs designed to address a broad range of approaches that have the ultimate effect of improving the development of children in their most formative years.

"There is hereby created a program in the state for the purposes of promoting, supporting and improving the early development of children from the prenatal stage to five years of age.

It is the intent of this act to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development and to ensure that children are ready to enter school. This system should function as a network that promotes accessibility to all information and services from any entry point into the system. It is further the intent of this act to emphasize local decision making, to provide for greater local flexibility in designing delivery systems, and to eliminate duplicative administrative systems.

From: The California Children & Families Act

First 5 agencies exist in every California county, led by county commissions who oversee the investment of tobacco-tax revenues to insure that the goals and objectives of the State initiative are satisfied based on local needs. These commissions are tasked with the responsibility to insure the effective and efficient distribution of these funds. Emphasis is placed upon the integration of services within the communities served by the local commission to create a network of programs and support efficiency and effectiveness.

An analysis by the President's Council of Economic Advisers (December 2014) describes the economic returns to investments in childhood development and early education:

Some ... benefits, such as increases in parental earnings and employment, are realized immediately, while other benefits, such as greater educational attainment and earnings, are realized later when children reach adulthood. In total, the existing research suggests expanding early learning initiatives would provide benefits to society of roughly \$8.60 for every \$1 spent, about half of which comes from increased earnings for children when they grow up. Children who enter school at higher levels of readiness have higher earnings throughout their lives. They are also healthier and less likely to become involved with the criminal justice system. These positive spillovers suggest that investments in early childhood can benefit society as a whole.

The ultimate benefit of First 5's investment is that children served by funded programs are supported in their early development and flourish and grow into healthy, productive and responsible adults.

Child development is a foundation for community development and economic development, as capable children become the foundation of a prosperous and sustainable society.

From "The Science of Early Childhood Development," National Scientific Council Center of the Developing Child at Harvard University.

First 5 Placer

Established in 1999, the First 5 Placer Children and Families Commission has funded programs serving tens of thousands of children prenatal through five years of age. Since inception, First 5 Placer has invested more than \$35 million dollars in a wide range of programs, community activities and collaborative efforts that have addressed critical issues of child development and care ranging from school readiness and child care workforce development to health care and proper nutrition. The Commission has utilized a system of identifying strengths and needs through data review, community conversations and public outreach.

Our Vision

The First 5 Placer Children and Families Commission believes all children are our children, therefore we shall create an environment that supports our children and their families in reaching their full potential.

Our Mission

In order to achieve our Vision we will focus on early childhood development and will support and build on existing collaborative efforts by bringing together diverse perspectives, communities, and resources to assure comprehensive integrated strategies and holistic family-centered sustainable approaches.

Strategic Planning Process

Pursuant to statutory requirements, First 5 funds are allocated to county commissions to be expended in accordance with an annually reviewed and approved Strategic Plan. It has been the practice of First 5 Placer to seek community input and expertise with regard to current needs and existing assets in order to conduct a major plan revision every three to five years, in advance of a competitive funding cycle.

The Commission began this 2016-2022 strategic planning process with its retreat in November 2013, with a review of the 2011-2016 Strategic Plan. The Commissioners expressed a desire to maintain the Protective Factor Framework, but - recognizing reductions in tobacco tax revenues and decreases in its ten year sustainability plan - sought to develop and include in the overall Strategic Plan an "Implementation Plan," to narrow the focus of its funding.

The Commissioners began with a thorough review of all currently funded programs and outcomes from February through September 2014. The Commission contracted with Harder+Company Community Research in time for its November 2014 retreat. At that retreat, the following roles of the Commission were discussed:

- **Funder/Grant Maker:** Investing financial assets in programs and initiatives that create positive change in the lives of children and their families in Placer County
- **Community Partner:** Committed to co-creating and participating in partnerships that bridge and bond the various assets in our county
- **Builder of Sustainability:** Supporting capacity development for partners, communities, and systems through organizational development and leveraging of public and private dollars.
- **Catalyst, Convener, and Facilitator:** Encouraging systems change by supporting innovative thinking, promising practices, and policy development by bringing people and organizations together
- **Advocate, Policy Maker Public Educator:** Providing community members with timely and relevant information and supporting advocacy and policy change for children and families

There was consensus that the roles as Community Partner, Catalyst/Convener and Advocate would be expanded in the next Strategic Planning process, as revenues decline. The Commission's role as Funder/Grant Maker - which had been the traditional role of the Commission - was likely to be less prominent.

In January 2015, the Commission approved a working Implementation Plan timeline developed by Harder+Co. In May, a working list of indicators was developed followed by a comprehensive Data Profile Report. (see attachment 1 for *The Data Profile Report*, preceded by the "Key Highlights" summary presentation). In August, the Commissioners received summaries of Key Informant Interviews (see attachment 2) as well as "Potential Initiatives for Commission Funding" (see attachment 3). In September, the Commission reviewed feedback from currently funded partners (see attachment 4: *Funded Partner Survey Databook*). In October, the Commission approved a working "Implementation Plan." That Implementation Plan is described beginning on page 10.

Strategic Principles

First 5 Placer is guided by the following principles:

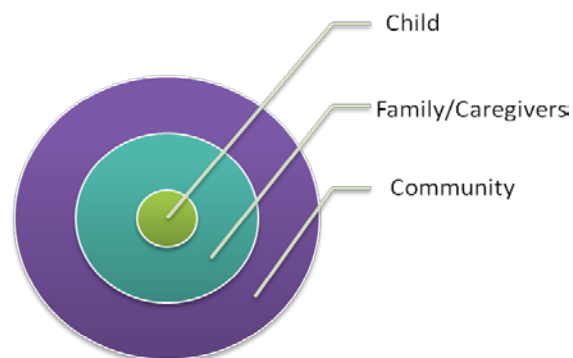
- First 5 Placer's investments are for the benefit of all of the county's youngest children, regardless of income or geographic location.
- First 5 Placer supports holistic, inclusive and culturally competent approaches for young children, and the families and communities that support them.
- First 5 Placer is committed to supporting comprehensive goals, approaches and processes requiring cross-agency planning, assessments, trainings, integrated service delivery, and outcome agreement among multiple providers, supporters and agencies.
- Planning and service delivery partners are encouraged to embrace the big picture, encompassing all perspectives, rather than focusing only on their area of specialization. Enrichment activity providers, parent networks, faith-based organizations and other partners who support the healthy development of children and families are recognized as vital partners.
- First 5 Placer strategies will seek to partner with, build upon, strengthen, expand and help leverage existing and new.
- First 5 Placer will support the general well-being of children through education and advocacy strategies through media and engagement in the local, state and federal legislative processes, when appropriate.
- First 5 Placer's dollars cannot be used to supplant state or local General Fund money for any purpose.
- Evaluation will be regarded as a continuous learning opportunity that improves services, discovers new approaches and supports sustainability of positive child, family and community outcomes.

Protective Factor Framework

The Commission incorporated the Protective Factor Framework into its Strategic Plan beginning in 2011. Protective factors are the conditions in families and communities that, when present, increase the health and well-being of children and families and communities. Focusing on protective factors helps develop circumstances that promote healthy behaviors and decrease the chance children will engage in risky behaviors as they grow up.

Protective factors are based on the premise that:

- Children, families and community form a dynamic collective support system.
- External factors, coming from neighborhood, community, school, family, caregivers and/or peers are primary causes for most of children's learning, behavioral and emotional challenges. Protective factors act as buffers to these risks by helping to build families that are strong and connected and communities that are caring and responsive.



The child is at the center of the model. The healthy development of children is not only accomplished by direct services to children but also through strengthening families and building communities. The Commission looks at its funding through a Protective Factor lens. The Commission wishes to foster the holistic, asset-based approach of the Protective Factor Framework, strengthening families and communities. The Protective Factors provide a framework or approach for delivering specific program-related strategies. The outcomes for achieving First 5 Placer's goals are divided into two approaches based on the protective factors model: strengthening families and building communities.

Strengthening Families

- **Enhanced Development of Children:** To be successful in school and life, children need support for healthy development across physical, social-emotional, and intellectual domains. A child's relationship with consistent, caring adults in the early years is later associated with better academic grades, healthier behaviors, additional positive peer interactions, and an increased ability to cope with stress.
- **Increased Knowledge of Parenting and Child Development:** Parents with knowledge about parenting and their own child's development have more appropriate expectations and use more developmentally-appropriate and positive guidance with their children. Information can be shared with parents through an informal conversation, peer-to-peer discussions, in a class, through home visits or intensive counseling, or by sharing written tips with parents.
- **Increased Individual and Family Social Connections:** Whenever a parent/caregiver is isolated from peers, family or community, children are more at risk. Many parents naturally develop friendships with other parents they meet during the course of their daily lives, but others need help establishing those social connections. Building trusting relationships between families, and

helping isolated families to connect with a network of support, strengthens parent skills and resilience and supports children and community.

- **Enhanced Parental Resilience:** Resilience is the ability to bounce back from difficulties. Parents need to be able to recognize and acknowledge difficulties and the feelings that go along with challenging events and situations. They need the skills to maintain a positive attitude, to hope, to problem-solve, and to take action in the midst of difficult events and feelings.
- **Concrete Support in Times of Need:** When families are in crisis, children are more protected from trauma and stress if families feel supported and have access to the resources they need quickly. Appropriate information, provision of or referral to needed services, and follow-up with families is critical to providing this concrete support when needed.

Examples of Family-Based Approaches:

- Facilitating friendships and mutual support.
- Strengthening parenting capacity and literacy skills.
- Valuing and providing support for parents.
- Responding to families in crisis.
- Linking families to service and opportunities.
- Facilitating children's physical, cognitive, language, social and emotional development.
- Observing and responding to early warning signs or precursors of developmental delays, child abuse or neglect.

Building Communities

- **Healthy Community Beliefs and Clear Standards:** Supportive and caring communities communicate healthy beliefs and clear standards for behavior at home, at school, and in the community, as well provide access to information and services. Communities that actively/visibly appreciate children and youth, rather than viewing them as problems, tend to have lower rates of child abuse or neglect. For example, communities that teach appropriate behaviors related to drugs, alcohol and smoking tend to have fewer problems with the abuse of these substances.
- **Caring and Supportive Community Connections and Networks:** Social networks within a community can promote and sustain children and families, and are a source of protection, support and advocacy. Examples include organized playgroups, moms/dads groups, neighborhood associations, and parent/teacher organizations. This also includes building linkages between families, childcare/schools, and communities to reduce fragmentation and encourage integrated services and supports. Examples include breastfeeding coalitions, Early Childhood Educator (ECE) training and workforce development, or collaborative networks.
- **Community-based Opportunities for Participation:** Individuals and families need opportunities to take part in activities in the community that will benefit children or help to solve community problems. This sets and communicates high expectations for children and youth, and creates opportunities for people to be contributing members of their community and school. Examples might include Volunteers in Service to America (VISTA), AmeriCorps programs, or volunteer placement.

Examples of Community-Building Approaches:

- Creating strong, community bonds within and between families, schools and communities.
- Communicating healthy beliefs and clear standards of behavior at home, at school, or in the community.
- Developing community competence in systems and networks.
- Creating collaborative, productive connections between service segments or community.

- Providing developmentally-appropriate and meaningful opportunities to be involved in families, schools and communities.
- Providing recognition and rewards for participation and contributions.

2016-2022 Implementation Plan

The Commission wishes to continue to utilize the Protective Factor framework and encourage strength's based approaches to service delivery. However, over the next six years, the Commission will narrow the focus of funding, attempting to direct resources in partnership with non-profits, schools, governmental entities, faith based communities and others to address areas of particular concern in Placer County: Child Abuse and Neglect, Improved Reading Levels, Maternal and Child Health and Oral Health. Placer County's culture of collaboration can make this possible.

Four Areas of Focused Investment and Why These Areas Are Important

Child Abuse Prevention

The impact of child maltreatment can be profound. Research shows that child maltreatment is associated with adverse health and mental health outcomes in children and families, and those negative effects can last a lifetime. In addition to the impact on the child, child abuse and neglect affect various systems, including physical and mental health, law enforcement, judicial and public social services, and nonprofit agencies as they respond to the incident and support the victims. One analysis of the immediate and long-term economic impact of child abuse and neglect suggests that child maltreatment costs the nation as much as \$258 million each day, or approximately \$94 billion each year. Substantiated cases of child abuse have increased slightly from 2010 to 2013 and now approach the state average.

Improved Reading Levels

Early interactions and exposure to literacy materials are critical in child brain development and child reading and writing development. In 2012/13, 60% of children in Placer County were reading at or above proficiency in 3rd grade. Reading proficiency was highest among Asian children (71%) and lowest among Pacific Islander children (32%) and Hispanic/Latino children (41%). In 2011/12, 71% of children 0-5 were read to every day in Placer County. Last year, only 54% of third graders in the County were ELA proficient; that number was only 32% for children in poverty.

Maternal and Child Health

Pregnancy and early childhood provides an opportunity for early intervention to address a number of maternal and infant/child outcomes including prenatal care, postpartum depression, smoking/substance abuse, domestic violence, nutrition, immunizations, and child safety. In 2012, 83% of mothers received prenatal care in their first trimester of pregnancy compared to 84% statewide. According to the Community Assessment, 50% to 70% of women in Placer County experience depression a short time after pregnancy. In 2011, 10% of women smoked during their 1st or 3rd trimester of pregnancy in Placer County, compared to 8% statewide. E-cigarette use among young adults in the U.S, increased from 2.3% in 2012 to 7.6% in 2013. In Placer County, the personal belief immunization exemption is 8%, compared to 2.5% statewide; in 2015, 86% of entering kindergartners received all required immunizations, compared to 90% statewide.

Oral Health

The American Academy of Pediatrics recommends that every child should visit a dentist by age 1 or as soon as the first tooth appears. Well baby and dental visits teach parents/caregivers how to care for their children's teeth and help them establish good oral. In 2007, 67% of children 0-5 in Placer County had dental insurance. In 2013/14, 27% of children ages 1-5 in Placer County had never been to the dentist, compared to 28% of children in California.

Below is a working Implementation Matrix, listing the four areas of focused activity for the Commission. General goals are listed, however the Commission looks to engage with others in setting specific goals and indicators. Sample activities point to Commission's actions as well as investments.

Implementation Matrix – 4 Focus Areas
Goals to be achieved by 2022

Child Abuse and Neglect		
Goal	Some Sample Indicators	Some Sample Activities
Maltreatment allegations will decrease from 39 to 37 per 1,000 children. <i>(2015 baseline)</i>	<ul style="list-style-type: none"> • Substantiated cases of child abuse • Entry Rates 	<ul style="list-style-type: none"> • Investment in Prevention • Differential Response, Home Visiting, Family Resource Centers
Improved Reading Levels		
Goal	Some Sample Indicators	Some Sample Activities
The percent of children reading at or above proficiency in 3 rd grade will increase from 54 percent to 57 percent . <i>(2014/15 baseline)</i>	<ul style="list-style-type: none"> • Third grade reading • School attendance 	<ul style="list-style-type: none"> • Convene / collaborate with partners to establish ambitious county-wide goals and activities • Early learning/literacy activities
Maternal and Child Health		
Goal	Some Sample Indicators	Some Sample Activities
<p>The percent of kindergartners with all required immunizations will increase from 89 percent to 95 percent. <i>(2016 baseline)</i></p> <p>The percent of infants whose mothers received prenatal care in the first trimester will increase from 83 percent to 89 percent. <i>(2013 baseline)</i></p>	<ul style="list-style-type: none"> • Mothers receiving care in first trimester • Immunization rate • Use of tobacco products • Perinatal care (including Maternal Mental Health, child health/behavioral health) 	<ul style="list-style-type: none"> • Coordinated Outreach/Educational campaign with PH and others regarding IZ law and tobacco use • Diagnosis, treatment, screenings, trainings • Home visiting, Promotoras • Convening Health Plans and others on Access
Oral Health		
Goal	Some Sample Indicators	Some Sample Activities
The percent of children who have visited a dentist in the last 12 months will increase from 88 percent to 93 percent . <i>(2014 baseline)</i>	<ul style="list-style-type: none"> • Time since last dental visit • Never been to a dentist 	<ul style="list-style-type: none"> • Home visiting, Promotoras, FRCs • Convene providers on solutions • Dental van

Key Definitions

Goal. Statement that describes what First 5 Placer wants to accomplish.

Indicator: Evidence of First 5 Placer's progress toward reaching their goals.

In times of decreasing tobacco tax revenues, the Commission will have fewer funds to invest and will seek greater collaboration and collective impact in these areas. The Commission will fund activities of all sorts, including investment in systems, planning and sustainability around these areas, together with stakeholders as well as direct services. It's the anticipation of the Commission, however, that in future years, a greater portion of the Commission's time, energy and funding will be to work with others to support the wellbeing of children 0-5 in the context of the well-being of Placer County.

Evaluation

Purpose

The strategic plan identifies a set of goals to be achieved and strategies by which the Commission seeks to produce positive changes. Through ongoing evaluation, the Commission monitors the impact and effectiveness of its efforts, maintains a focus on continual program improvement, and holds itself accountable as a steward of First 5 funds.

First 5 Placer's evaluation is designed to:

- Inform learning, guide program development, implementation and continuous improvement.
- Document funded partner and Commission impact and effectiveness.
- Support transparency to the community regarding the use of First 5 funds.

Evaluation Process

The evaluation framework for funding from 2016-2022 will be developed in cooperation with the Evaluation Committee, Harder+Company, funded partners and collaborative partners working on initiatives. This will involve incorporation of the 4 Focus areas within the Protective Factor framework

Logic models and evaluation plans will be developed. Data will be entered into the Persimmony Database for analysis.

An alignment between the First 5 Placer protective factors approach and the First 5 California Strategic Results Areas (Improved Child Development, Family Functioning, Child Health and Safety, and Systems of Care) will be performed to meet state reporting requirements based on specific programs funded and outcomes achieved in support of this Strategic Plan.

Investment

Investment Principles

The Commission has been entrusted with public resources to carry out the intended outcomes of the California Children and Families Act. The principles that will guide this investment process are:

- Sustainable approaches that build social and financial capital.
- Identification of specific community needs, resources and integration of service opportunities.
- The First 5 Placer funds will be maintained in such a way as to allow future commissions to meet the needs of prenatal through five children.
- When appropriate, local Proposition 10 funds will be used to leverage other funds.

Investment Implementation

For the period July 1, 2016 through June 30, 2022, the Commission has allocated \$12,900,000 toward activities related to the 4 areas above. At its October 1, 2015 meeting, the Commission decided to allocate funds by phasing to a Collective Impact model. This involves two phases

Phase 1

- Part 1a: RFP Component: (FY 16/17-17/18)
 - Release a competitive RFP
 - Applicants must address one or more of the goal areas.
 - It would be an open, competitive process.
 - Amount available for contracts: \$1,950,000 a year for 2 years.
- Part 1b: Collective Impact Component: (FY 16/17-17/18)
 - Act as facilitator/convener over the next 2 years with others on areas related to Child Abuse Prevention, Oral Health, Maternal and Child Health and Improved Reading level
 - Establishing working county-wide goals
 - Work on projects (such as immunization education) as possible
 - Hire consultants as needed
 - Amount available: \$150,000 per year for 2 years.

Phase 2

- Aligning goals, activities and funding (FY 18/19-21/22)
- Establish initiatives for funding, based results of work from Parts 1a and 1b
- Release funding through whatever process best suits work requirements (competitive RFP, collaborative funding, sole source, etc.)
- Amount available: \$2,175,000 per year for four years.

First 5 Placer will also support this Implementation Plan through \$150,000 in annual funding for Community Education and Involvement, Social Marketing/Media, Trainings/Building Sustainability and the Network of Care.

The Commission will annually determine and allocate funds to support administrative, program, and evaluation functions.

Sustainability

Proposition 10 was based on the concept that supporting children's development, building strong families, and fostering a caring and responsive community creates sustainable results that will continue long after First 5 funding ceases.

The First 5 Placer Commission is interested not only in providing funding for programs, but also helping to support the building of capacity within agencies and sustaining results for children and families. Utilizing a protective factors model creates an environment of sustainability. The family-based protective factors approach works to create strong, resilient children, parents and families. The community-based protective factors approach emphasizes the development of longer term community assets or strategies focused on building strengths within the community (such as fostering healthy beliefs and community standards or promoting multi-disciplinary collaborative approaches).

Sustainability Strategies

Sustainability requires different strategies. Social capital, financial capital and an integrated approach are three ways of achieving sustainability, which the Commission will pursue together with its funded partners.

Social Capital Emphasis: What else does it take to achieve long-term benefits besides money? Social capital means the strengthening of community networks (i.e., relationships between and among families, communities, agencies, and organizations) to support efforts and sustain results that benefit children and their families. Social capital activities include working collaboratively by sharing resources, facilities, equipment, information and political contacts; involving community members as resources in developing service delivery practices and/or analyzing data; providing early childhood development education; and establishing and supporting informal community networks to assist families.

Financial Capital Emphasis: How will outcomes continue to be achieved when First 5 funds diminish or disappear? Financial strategies include encouraging partners to obtain other funding sources and to work together to leverage funds. This type of collaborative relationship building allows for the continued support of children and families without relying on the declining revenue stream of Proposition 10 funding.

Integrated Approach: How can social capital and financial capital sustainability strategies be combined? An integrated or systemic approach to sustainability focuses on creating partnerships among organizations (both public and private), communities and families in order to share the responsibility for mobilizing both social and financial capital. Integrated approach strategies might include development of multi-agency plans that interconnect several organizational boundaries while sharing funding and community networks.

Whether at the organizational or consumer level, money alone cannot achieve the outcomes that are envisioned by First 5. In order for sustainable results to be achieved, there is an equal need to put resources into creating and sustaining relationships. The Commission will encourage and practice values that are inclusive and respectful of the importance of relationships, collaborations and networks.

Ongoing First 5 Placer Activities

- Engaging the community to make the best use of time and funds to benefit our county's youngest children and their families, investing financial assets in programs and initiatives that create positive change in the lives of children and their families in Placer County
- Educating the community on the importance of brain development in the first years of life and underwrite community education and resource awareness events relating to early childhood development
- Working to build the organizational capacity within the Commission, the Partner Network and the community
- Developing strong working relationships with the California First 5 Children and Families Commission and statewide associations
- Encouraging systems change by supporting innovative thinking, promising practices, and policy development by bringing people and organizations together

- Providing community members with timely and relevant information and supporting advocacy and policy change for children and families
- Supporting capacity development for partners, communities, and systems through organizational development and leveraging of public and private dollars.
- Co-creating and participating in partnerships that bridge and bond the various assets in our county