

First 5 Placer
Children and Families Commission

STRATEGIC PLAN
2016 - 2024



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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 2016-2024 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. In August, the Commissioners received summaries of Key Informant Interviews as well as "Potential Initiatives for Commission Funding". In September, the Commission reviewed feedback from currently funded partners. In October 2015, the Commission approved a working "Implementation Plan." That Implementation Plan is described beginning on page 10.

In the summer of 2016, the Commission contracted with the Strategies Center at Youth for Change to assist with the collective impact process. Extensive data were collected and analyzed, culminating in reports and data maps to inform the process for funding beginning January 1, 2021. These data narrowed the scope of First 5 funding to specific geographic areas of Placer County and family circumstances. These are described in the Collaborative Action Plan beginning on page 12

Strategic Principles

First 5 Placer is guided by the following principles:

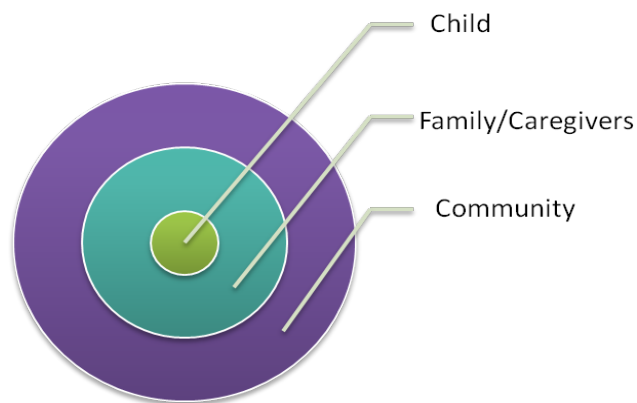
- First 5 Placer's investments are for the benefit of all of the county's youngest children, regardless of income or geographic location.
- First 5 Placer supports holistic, inclusive and culturally competent approaches for young children, and the families and communities that support them.
- First 5 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.

Implementing the Strategic 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 seven 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.

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.

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, 2024, the Commission has allocated \$14,025,000 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 model involves two phases as outlined below. At its February 21, 2019 meeting, the timeline was extended to accommodate a three-year funding cycle in Phase 2.

In response to the COVID 19 pandemic, in May 2020, the Commission extended grants funded during Phase 1b through December 31, 2020 and began contracts funded under Phase 2 on January 1, 2021 through December 31, 2023. At its meeting on June 1, 2022, the Commission voted to extend this plan through June 30, 2024 to align with fiscal year..

Phase 1

- Part 1a: RFP Component: (FY 16/17- 19/20)
 - 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 4 years.
- Part 1b: Collective Impact Component: (FY 16/17- 19/20)
 - Act as facilitator/convener over the next 3 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: \$300,000

Phase 2

- Aligning goals, activities and funding (FY 20/21 – 23/24)
- 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.)
- Establish a mini-grant program for one-time or innovative projects
- Amount available: \$1,975,000 per year for three years.

First 5 Placer will also support this Implementation Plan through \$145,000 in annual funding for Community Education and Involvement, Social Marketing/Media, Trainings/Building Sustainability and the Network of Care/2-1-1.

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

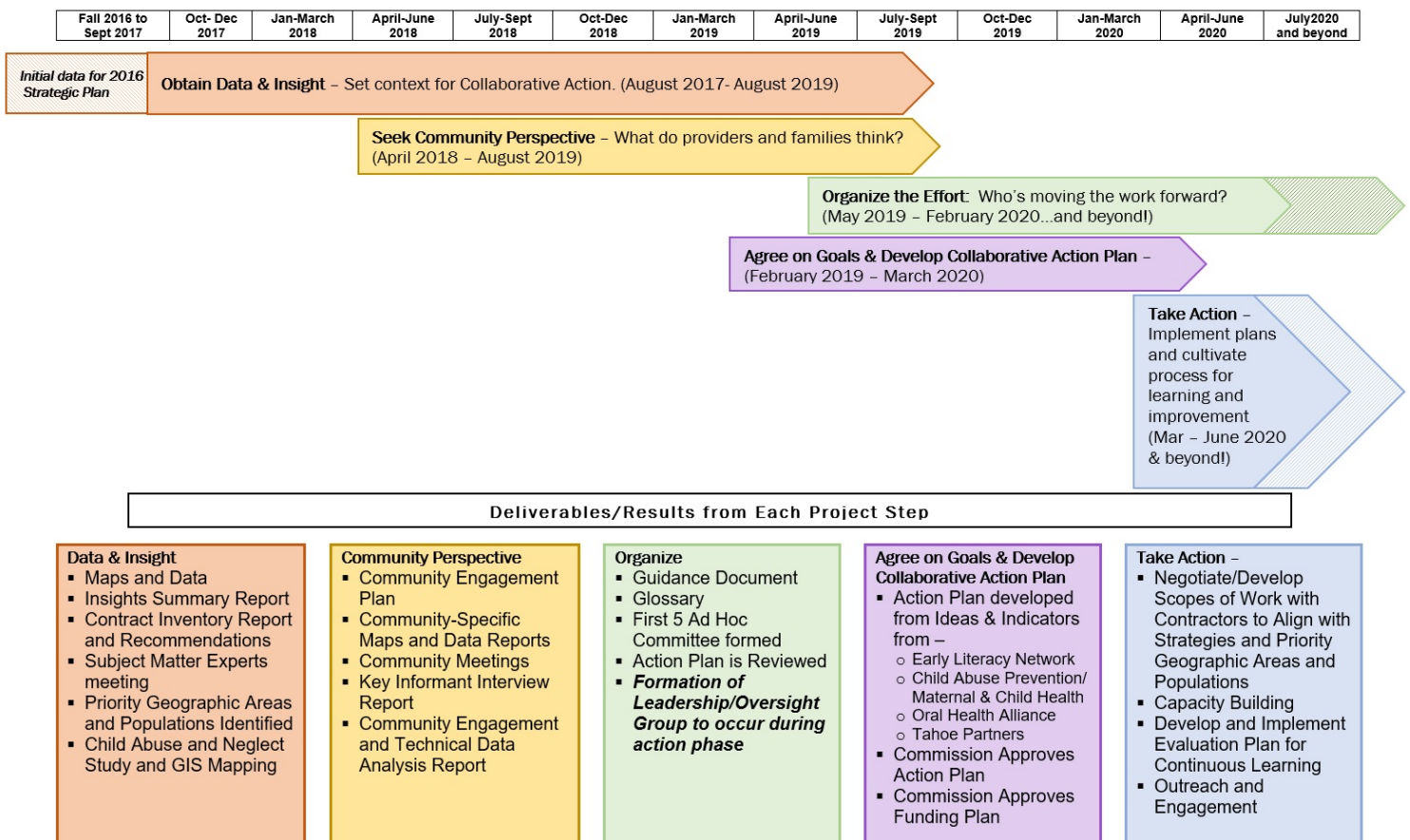
Collaborative Action Plan

Background and Overview

. At its October 1, 2015 meeting, the Commission decided to allocate funds by phasing to a Collective Impact model. This model involves two phases as outlined below. At its February 21, 2019 meeting, the timeline was extended to accommodate a three-year funding cycle in Phase 2. This Action Plan represents the First 5 Placer Commission's first attempt to direct investments in strategies grounded in analyses of the current needs, system of services and supports for children and families and with the intent to advance a more integrated, collaborative, and comprehensive system, as outlined in the Act.

The timeline below documents the steps and deliverables of the planning process.

First 5 Collaborative Action Timeline 2019 - 2020– Project Steps and Deliverables/Results



As the timeline indicates, this Action Plan has been long in process. It began in 2016 when the Commission selected four areas of focused investment and chose to launch a two-year funding cycle while concurrently embarking on work toward a collective investment model. That two-year funding cycle turned into three years, as the collective impact process required much more time than anticipated.

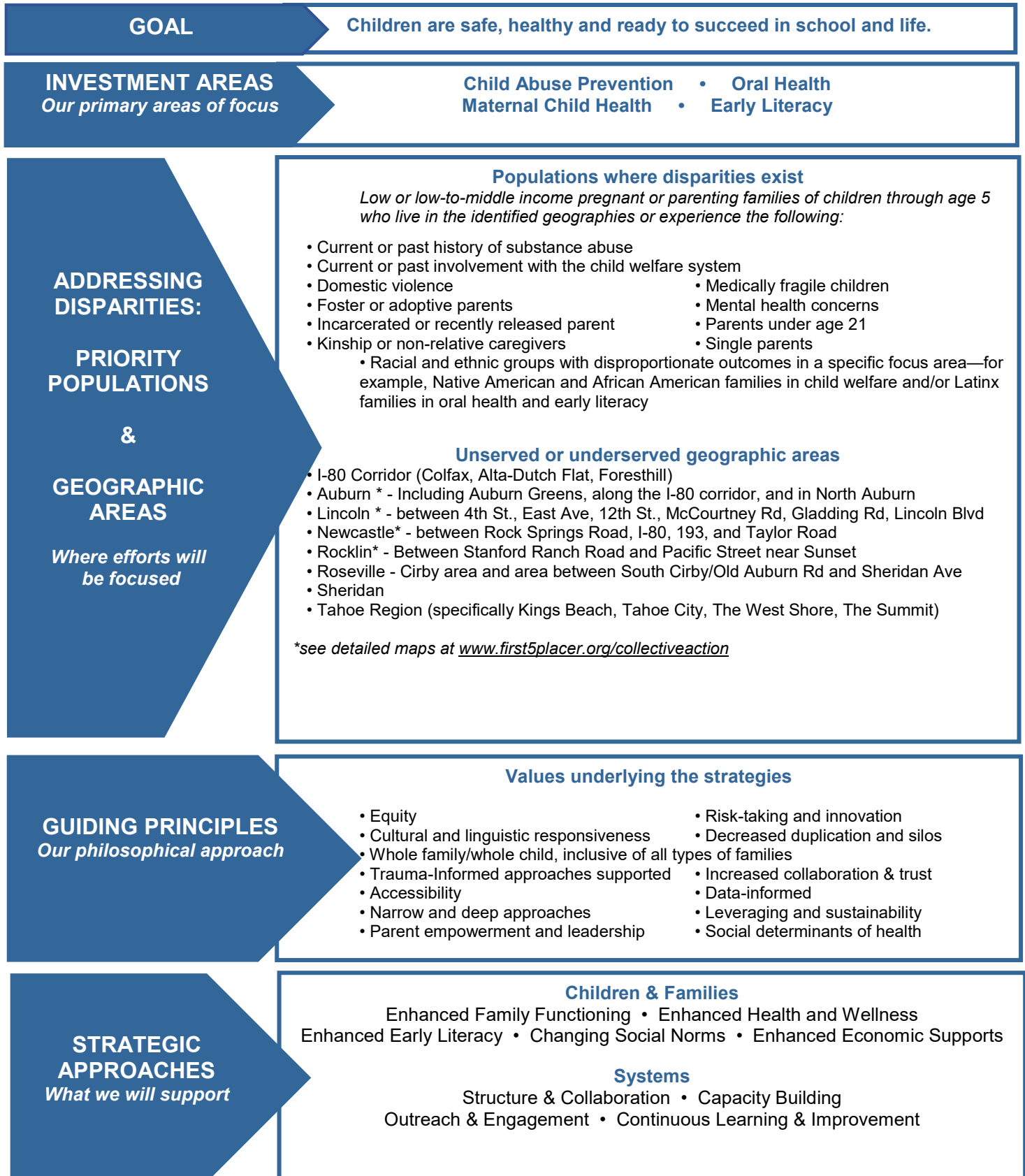
The First 5 Placer Commission launched the collective impact effort because it recognized that meaningful impact in the four areas of focused investment could not occur with just First 5 funded efforts. Moving the needle to improved outcomes in those four areas requires working with County and school partners, agencies and families. Collective impact takes a lot of effort and time and includes five necessary conditions:

The Five Conditions of Collective Impact¹	
Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed-upon actions
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually-Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually-reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

The planning over the past few years has shown that, in some ways, Placer County is ready or primed to move forward together to advance positive outcomes for our youngest residents. A common agenda has been established in each focus area through the work of community members. This Action Plan sets the stage for shared measurement, mutually reinforcing activities and continuous communication, and backbone support. This Action Plan, however, was developed initially from a First 5 perspective, with First 5 goals to guide First 5 investments. Therefore, it's referred to, herein, as a **Collaborative** Action Plan ("collective impact light," as it were) recognizing that much work has been done to date to develop a shared agenda, but work still needs to be done to move toward greater, more aligned fully-collective impact.

The efforts described herein are designed to move the system to a true collective impact model, and the plan presented herein distills some of the best thoughts and ideas put forward by providers, informed professionals, advocates, parents and other family members as to what works and what's needed to assure that all of our youngest children in Placer County are safe, healthy, and ready to succeed in school and life. However, it will evolve as partners engage and own this work. It is a waypoint on a learning journey.

¹ Stanford Social Innovation Review. John Kania & Mark Kramer, Jan. 21, 2013
https://ssir.org/articles/entry/social_progress_through_collective_impact



Collaborative Action Plan Components Defined

Goal of the Initiative

The goal of the initiative – Children and Safe, Healthy and Ready to Succeed in School and Life – aligns with the charge of First 5 as stated in the Act. What “safe, healthy, and ready to succeed” means at any one time and for specific communities can change. For this initiative for the period July 1, 2020 through June 30, 2024, the Goal is focused on four areas of investment and will be measured by indicators related to each area.

Four Areas of Focused Investment

With the development of its 2016 Strategic Plan, the Commission sought to determine the best use of and maximize the benefit of First 5's declining revenue stream. It did so by narrowing its programming focus to four areas and by beginning to leverage the efforts of others through collaborative planning and funding: Child Abuse and Neglect Prevention (CANP); Maternal Child Health (MCH); Oral Health (OH); and Early Literacy (EL). Data determined that four areas of health and wellness had the greatest urgency for some families with children ages 0-5. These are the four areas by which progress toward the goal of Children are Safe, Healthy, and Ready to Success in School and Life are measured. The chief indicators selected by the Commission for gauging progress in each area are listed below.

- Child Abuse and Neglect Prevention (CANP): prevention of abuse and neglect, decreased reentry into the child welfare system
- Maternal-Child Health (MCH): access to perinatal care and mental health services (maternal and child); increased immunizations; decreased use of tobacco products
- Oral Health (OH): children see a dentist 1st tooth/1st year and every year thereafter
- Early Literacy (EL): early literacy interventions to improve third grade reading levels over time

These are the initial indicators approved by the Commission in the development of its collaborative plan. It is understood that evolution of these indicators will occur as the initiative grows and becomes more of a collective impact effort. The Commission's Evaluation Committee will be working with Harder+Company, the Leadership Team and collaborative partners to develop an evaluation plan.

While many of Placer County's children prenatal to age 5 and their families are thriving, the landscape is not equitable for all children. In some geographies and populations, our County's youngest children and their families are not achieving optimal health, child safety, and early literacy outcomes. Data analysis revealed that disparities exist for children and families within these four areas, depending on geography, ethnicity, family circumstance, and economic hardship.

Addressing Disparities: Priority Populations and Geographies

Throughout the county, many families struggle economically, not earning the median income required to live in Placer County. (Approximately 30% of Placer County families qualify for Medi-Cal and nearly 50% do not earn the median income). Native, non-English speakers and African-American families, as well as those experiencing alcohol and substance abuse, domestic violence, parental incarceration, or medical fragility of children are at higher risk for adverse outcomes. The approach in each of the four focus areas varies based on data; some strategies related to each focus area are driven by geography, others by family circumstance or both.

Priority Populations (Where Disparities Exist)
<p>Low or low-to-middle income pregnant or parenting families of children through age 5 who live in the identified geographies or experience the following:</p> <ul style="list-style-type: none"> • Current or past history of substance abuse • Current or past involvement with the child welfare system • Domestic violence • Foster or adoptive parents • Incarcerated or recently released parent • Kinship or non-relative caregivers • Medically fragile children • Mental health concerns • Parents under age 21 • Single parents • Specific races/ethnicities disproportionately impacted within a specific focus area—for example, Native American and African American families in child welfare and/or Latinx families in oral health and early literacy

Families in specific cities and census block groups (neighborhood level) in the county are adversely impacted in **all four domains**. These multiply-impacted communities include Sheridan, Colfax, Kings Beach, Tahoma, and Foresthill as well specific tracts of Auburn, Lincoln, Roseville, Rocklin and the I-80 Corridor from Newcastle through Colfax and Alta/Dutch Flat.

Priority Geographic Areas (Unserved or Underserved Areas) ²
I-80 Corridor including: Colfax, Alta-Dutch Flat and Foresthill
Auburn (parts of*) – Including Auburn Greens, along the I-80 corridor, and in North Auburn
Lincoln (parts of*) – Census Tract 214.01, Block Group 1, bordered by 4th Street, East Avenue, 12th Street, McCourtney Road, Gladding Road, and Lincoln Boulevard
Newcastle (parts of*) – Census Tract 205.01, Block Group 2, bordered by Rock Springs Road, I-80, 193 (Lincoln-Newcastle Highway), and Taylor Road
Rocklin (parts of*) – Between Stanford Ranch Road and Pacific Street near Sunset
Roseville (parts of*) – Cirby area and area between South Cirby/Old Auburn Road and Sheridan Avenue
Sheridan
Tahoe Region, specifically: Kings Beach, Tahoe City, The West Shore and The Summit

Each of the four areas of focused investment require different approaches to addressing need. **Maternal-Child Health** affects families countywide and across family circumstance and is not geographically targeted. Data indicated that of particular concern are families experiencing domestic violence and substance abuse. Of concern were the following:

- Access to perinatal care (first trimester through postpartum) especially for the Medi-Cal eligible population
- Maternal mental health
- Child health, including mental/behavioral health and vaccinations
- Tobacco use

Activities addressing these concerns (home visiting, therapeutic interventions, health navigation, education) are supported.

Oral Health is another area affecting children countywide, although families beyond the centers of Roseville, Rocklin and Auburn experience greater challenges to access, requiring more mobile interventions. Data indicated that children in lower income families were less likely to receive dental care, even if children had dental coverage. Children 0-5 should receive dental care by first tooth/first

² *Please refer to maps and information at <https://www.first5placer.org/collectiveaction>

birthday, have a dental home, and visit a dental provider every six months. Activities that support access to and utilization of oral health education and services are supported.

Early Literacy is largely an area of targeted geographic investment. To determine greatest potential impact, the Commission looked to third grade reading levels in specific schools. For all students in the elementary schools at Cirby, Rock Creek, Auburn, Colfax, Foresthill, First Street, Coppin, Sheridan, Kings Beach and Alta Vista literacy is a concern. Additionally, for students who are English learners or economically disadvantaged, reading levels at Spanger, Woodbridge, and the Rocklin area elementary schools are a concern. Activities to promote early literacy include providing books, encouraging reading and use of libraries and offering playgroups

Child Abuse and Neglect Prevention activities should be targeted to the most at risk; these include all of the priority geographies and populations indicated above. The Commission's concerns are children entering and re-entering the system, looking at reports compared to substantiations, and assuring that families are provided with the supports they need to maintain reunification. Activities that support resiliency by increasing parenting skills, achieving recovery, reducing stress and establishing respectful family interactions are supported through home visiting, place-based and case-management. Additionally, the Commission is interested in preventive strategies to strengthen family supports and looks to the efforts spearheaded by the Children's System of Care to develop a coordinated county-wide prevention strategy, including coordinated home visiting efforts to families at greatest risk for child abuse and neglect.

Guiding Principles of the Initiative

Several guiding principles underlie this plan. These are fundamental to and woven throughout all strategic approaches and activities.

- **Equity:** elemental to the initiative is a sense of fairness. Approaches and framework design should take into account the needs and experiences of priority populations (geography or family circumstance) who are unserved or underserved and experience disparities in health, education and safety.
- **Cultural and linguistic responsiveness:** the initiative design and approaches should be culturally-sensitive, and programs and staff should be responsive to and reflective of communities served.
- **Whole family/whole child** (2-generation or multi-generational approach with families defined as described by client and inclusive of all constellations.) All aspects of a child's development and a family's ecological model and composition are considered in program development and implementation.
- **Trauma-Informed:** approaches and services should be trauma-informed. Capacity building efforts should also include skill building around trauma-informed practices.
- **Accessibility:** services should be delivered where families are--in the dosage and manner that befit them. These include home-based services, hyper-local or neighborhood services (libraries, recreation centers, schools), and community-based one stops (FRCs).
- **Narrow and deep:** it is expected that fewer children and families will be reached through this initiative due to more intensive case management and coordination.
- **Parent empowerment and leadership:** parent voice and family strengths will help drive the work; peer-led strategies will be encouraged.
- **Risk-taking and innovation:** this is a pilot project; innovation is encouraged. Adjustments to approaches are expected over the next three years.
- **Decreased duplication and siloes**
- **Increased collaboration, trust, and connections**
- **Data-informed:** learnings will impact programs and policies.
- **Leveraging and sustainability:** the initiative seeks to coordinate current funding streams, understand the system of services, and better position agencies for funding opportunities.
- **Social determinants of health:** the initiative recognizes factors such as economic stability and security, educational and employment opportunities, housing, segregations impact all domains.

Strategic Approaches: Support Children & Families – Support Systems

Strategies and Activities detailed below are rooted in research, Commission priorities, stakeholder and community input and the Children and Families Act. There are only two recommended Strategic Approaches: Support Systems. Support Children & Families.

Support Children & Families -Strategies F1 through F5

These five strategies are informed by a prevention framework of the Centers for Disease Control and Prevention³. Protective and promotive factors are woven throughout this framework. These strategies contribute to the common agenda for the initiative. Families are defined broadly, as described by client and inclusive of all constellations.

The Children & Family Support Strategies create a common agenda for action and include the chief recommendations by the community. Not all recommendations could be included or can be funded through First 5 dollars (or even investments by County and other funders). These are a recommended first step toward collaborative work with focused impact. Some of these strategies are in a greater degree of readiness for implementation than others; the three-year period of this plan should be considered one of development, experimentation, and adjustment. Input from all collaborative and community groups have been retained and will provide a bank of ideas from which to pull as the work moves forward.

Support Children & Families: Invest in strategies that embrace whole child, culturally responsive multi-generational approaches in priority geographies and populations across investment areas.	
F1	ENHANCE FAMILY FUNCTIONING TO PROMOTE HEALTHY CHILD DEVELOPMENT
	<p>A. Offer neighborhood-based and mobile programs and services to reach priority geographic areas and populations that provide parenting education, child development, and building of protective and promotive factors. (e.g. parent cafés, peer-led parent groups)</p> <p>B. Support development of a home visiting system that:</p> <ul style="list-style-type: none"> • Increases the number of providers and reduces waitlists • Provides training and professional development to staff to increase the quality of home visiting services • Is standardized so families receive similar quality and quantity of services. • Links children to quality early learning environments <p>C. Incorporate an individualized, comprehensive case management component across services, to build relationships with families and engage them to</p> <ul style="list-style-type: none"> • build parenting skills and become more confident in parenting • achieve recovery • navigate systems • reduce stress • work toward respectful family interactions.
F2	ENHANCE HEALTH AND WELLNESS
	<p>A. Enhance and extend the promotora model to other populations (health care education and navigation).</p> <p>B. Provide maternal mental health services.</p> <p>C. Provide preventive oral health services, screenings, fluoride treatment, referrals and utilization support of dental homes/services to improve oral health.</p> <p>D. Provide developmental screenings & response, and behavioral supports for children in early care settings.</p> <p>E. Connect families with medical and dental homes.</p> <p>F. Promote immunizations, reduced tobacco and cannabis use.</p>

Table continued on next page...

³ <https://www.cdc.gov/violenceprevention/childabuseandneglect/prevention.html>.

Support Children & Families: Invest in strategies that embrace whole child, culturally responsive multi-generational approaches in priority geographies and populations across investment areas (continued)

F3	ENHANCE EARLY LITERACY
	<ul style="list-style-type: none"> A. Provide books and encourage talking, reading and singing in the home and early learning settings to promote early literacy B. Engage parents and families in child's learning. C. Encourage use of local libraries and the book mobile. D. Offer playgroups at neighborhood and other place-based locations.
F4	CHANGE SOCIAL NORMS TO SUPPORT PARENTS AND POSITIVE PARENTING.
	<ul style="list-style-type: none"> A. Internal and External Public Education <ul style="list-style-type: none"> • Provide and embed key cross-system messaging across collaborative networks. • Link to existing messaging campaigns (e.g., public health campaign on tobacco, e-cigarette, and cannabis use; First 5 California; MHSA; general parenting education and child development). • Amplify or leverage messaging opportunities using social media or other communications channels. B. Advocacy <ul style="list-style-type: none"> • Convene hospital systems, managed care plans, insurance providers, and public health to increase obstetric (OB) access and delivery in Placer County. • Align with advocacy efforts led by others, e.g., First 5 Association, Placer Community Foundation, 2020 Mom on topics such as paid parental leave, affordable housing, developmental screens for children, family friendly workplace policies, etc. C. Legislation <ul style="list-style-type: none"> • Sign on to changes in laws/regulations such as, increased Medi-Cal reimbursements, affordable housing, childcare/preschool access.
F5	ENHANCE ECONOMIC STABILITY OF FAMILIES
	<ul style="list-style-type: none"> A. Support 211 resource and referral system to connect families to appropriate employment, training and public assistance programs B. Include concrete supports in case management services, such as helping families with budgeting and financial literacy, legal and immigration services, enrollment in EITC, linking to free tax preparation services and subsidized child care.

Support Systems: Strategies S1 through S4

Added to the five Family-focused strategies is a primary strategy supporting systems development because this is foundational to the whole initiative, addressing the remaining four conditions for collective impact. These system strategies underlie and support the entire collaborative effort. Understanding that First 5's investments alone cannot have great impact and that First 5 revenues are declining, the Commission has committed to investing its resources and efforts toward collaborative and collective impact efforts that help create a sustainable, high quality system of services.

This is the crux of the Commission's charge, as outlined in the Act. Toward that end, the Commission is looking at

- Cross-systems investments and approaches
- How learning and education can be embedded across domains.
- How system capacity can be increased and standardized
- Whether targeted populations are engaged, and
- How learning and education can be embedded across domains

Support Systems: Build structure and leadership to align work to “move the needle”, to drive collaboration, innovation, and improved service delivery in Placer County for young children and their families across investment areas.	
S1	STRUCTURE AND COLLABORATION
	<ul style="list-style-type: none"> A. Develop Leadership Committee to advise initiative, seek collaboratively blended funding opportunities from multiple sources, serve as triage team for monitoring trends and identifying funding opportunities, coordinate cross-agency contracts and scopes of work, identify issues that emerge from collaborative networks, and discuss impact of upcoming state and federal legislation. B. Conduct/support quarterly meetings of collaborative groups (Community Collaborative of Tahoe Truckee, Early Literacy Network, Oral Health Alliance, Home Visiting/Road to Resilience Workgroup and CSOC’s Prevention Collaborative) to share data and lessons learned, review strategy implementation and achievement of outcomes, and revise/modify activities. C. Conduct semiannual meetings of members of all collaborative workgroups together to share learnings across sectors. D. Within each collaborative group, promote a learning and growth mindset, including research on evidence-based, trauma-informed and best practices. E. Provide backbone support to initiative.
S2	CAPACITY
	<ul style="list-style-type: none"> A. Provide training, professional development, technical assistance and support to increase agency and organizational capacity and sustainability. B. Provide professional development to increase staff capacity to provide high quality, standardized services.
S3	OUTREACH & ENGAGEMENT
	<ul style="list-style-type: none"> A. Collaborative networks develop culturally responsive and relevant outreach and engagement plans to reach priority geographic areas and populations. B. Organizations and programs create intentional outreach and engagement plans and practices in order to serve priority geographic areas and populations (to reach hard-to-reach populations, those under-represented in data or over-represented in need.)
S4	CONTINUOUS LEARNING & IMPROVEMENT
	<ul style="list-style-type: none"> A. On a quarterly basis, partners within each collaborative network transparently share data and lessons learned, review strategy implementation and achievement of outcomes, and revise/modify activities. B. Using data for decision making and program refinement at the agency level. C. Embed shared indicators across programs as appropriate. D. Identify and ensure use of common screens and assessments.

The plan involves several assumptions that will be tested in the systems strategy. They include:

- Outreach and engagement will reach intended populations and geographies
- Parents will engage with services
- Participants (agency and staff) are committed to learning
- Agencies will be transparent and share data
- Assessments/instruments will be administered as agreed, and data will be used to inform programs and policies
- Quality will improve if capacity is built
- Agencies (leadership and staff) are committed to learning and willing to change practice to best meet the needs of the communities they serve
- Collaboration will occur at a leadership level and among the collaborative groups themselves

These strategies are not divided into the four focus areas (MCH, CANP, OH, EL) for several reasons. Although it was useful to explore areas of strength and deficit in each focus area, it was also difficult to separate them because much overlap between them exists in the lives and experiences of children and families. Service siloes often present great obstacles to access. The Commission’s intent to look across systems, to embrace a whole child/whole family experience resulted in a plan that, although focused on the four areas, is multidisciplinary in approach.

All of the activities proposed to be funded accommodate the four focus areas of the Commission, as illustrated in the table below:

		CANP	MCH	OH	EL
Family Support Strategy	Activity				
F1. ENHANCE FAMILY FUNCTIONING TO PROMOTE HEALTHY CHILD DEVELOPMENT	A.	√	√		√
	B.	√	√		√
	C.	√	√		√
F2. ENHANCE HEALTH AND WELLNESS	A.	√	√		
	B.	√	√		
	C.		√	√	
	D.	√			
	E.	√	√	√	
	F.		√		
F3. ENHANCE EARLY LITERACY	A.	√			√
	B.	√			√
	C.	√			√
	D.	√			√
F4. CHANGE SOCIAL NORMS TO SUPPORT PARENTS AND POSITIVE PARENTING.	A.	√	√	√	√
	B.	√	√	√	√
	C.	√	√	√	√
F5. ENHANCE ECONOMIC STABILITY OF FAMILIES	A.	√	√	√	√
	B.	√	√	√	√
System Support Strategy	Activity				
All Systems Support Strategies – S1 through S4	ALL	√	√	√	√

CANP = Child abuse and neglect prevention
OH = Oral Health

MCH = Maternal Child Health
EL = Early Literacy

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

Coincident with the development of contracts and detailed scopes of work will be the development of a formative evaluation plan for the initiative and for each of the collaborative groups under the initiative (Oral Health, Early Literacy, Tahoe, Home visiting/MCH and Prevention). Each of the collaborative groups will consider achievement of outcomes within the focus area. The Leadership Group will consider achievement of the entire initiative.

By asking and answering key questions, First 5 Placer will better understand the extent to which its investments are helping to meet the needs of families and reduce disparities in Placer County. In partnership with Harder+Company Community Research and the Commission's Evaluation Committee,⁴ the First 5 Placer staff will develop an Evaluation Plan, which will provide a framework to document the progress, challenges, and lessons learned for each of strategies identified in the Collaborative Action Plan. The Evaluation Plan – to be developed in the 2021 – will build on the Action Plan.

⁴ On February 5, 2020, the Commission re-established the Evaluation Committee, which will include three Commissioners, and a representative from the County.

Funding Plan

Background and Overview

As mentioned above in Implementing the Strategic Plan (page 9), in the face of declining tobacco tax revenues and in alignment with the California Children & Families Act, First 5 Placer adopted a 2016-2024 Strategic Plan establishing a two-phased funding cycle:\

1. July 1, 2016- December 31, 2020: Funding of contracts through a competitive process, focused on four areas representing the areas of most critical need faced by Placer County families with children 0-5: Early Literacy (EL), Maternal-Child Health (MCH), Oral Health (OH) and Child Abuse and Neglect Prevention (CANP)
2. January 1, 2021- June 30, 2024: Funding of collective impact initiatives in each focus area, plus Tahoe. Aligning goals, activities and funding based on a community process and releasing funds through whatever process best suits work requirements (competitive RFP, collaborative funding model, sole source, etc.)

With an interest in the formation of initiatives centered around the four investment areas, the Commission requested an organized effort to develop and implement an organizational structure to lead and promote collaborative action with cross-systems partners to provide a platform for communication and learning, a revised funding model, data-driven knowledge of the current status of Placer County families, development and alignment of indicators and outcomes, and a shared agenda moving forward. The Commission also expressed an interest in discussions and interactions intended to bring together multiple funders in Placer County with the potential for aligning contract language, scopes of work, and creation of a prevention platform for families with young children.

To support and inform First 5 Placer's Collaborative Action Initiative, the Commission contracted with the Strategies Center at Youth for Change™ (SCYFC) to complete the following activities, from August 2017 through November 2019:

- Collect, GIS map, and analyze Placer county demographic and community data relevant to families with young children;
- Review and analyze First 5 and Placer County contracts to understand current services and map the potential for collaboration;
- Convene subject matter experts to review and give meaning to the data;
- Conduct key informant interviews to establish the conditions needed for collaboration;
- Conduct community consumer focus groups to gain reactions to neighborhood-specific data, confirm needs, and suggest solutions from their point of view; and,
- Convene and work with First 5 funded partners, local coalitions, and established groups to identify strategies for engaging and supporting families with young children based on identified demographic and geographic service gaps.

This Funding Plan is a companion document to Commission's Collaborative Action Plan, which was approved at its meeting on February 19, 2020. Both of these documents emerged from the learning and input provided by community members over the last several years. This Funding Plan outlines the resource allocation for community-based investments of the Commission's Proposition 10 tobacco tax dollars to implement the Collaborative Action Plan.

Funding Framework

At its meeting on August 7, 2019, the Commission approved the allocation for major contracts in the focus areas thusly:

Oral Health	\$510,000
Early Literacy	\$726,000
Maternal Child Health	\$624,000
Child Abuse and Neglect Prevention	\$2,850,000
Tahoe Partners (all 4 focus areas)	\$885,000
Total for 3 Year Period	\$5,595,000

As contracts were extended through June 30, 2024, total allocations shifted proportionally. At its meeting on May 3, 2023, the Commission updated contract awarded amounts to the following agencies as follows

Agency Funded	3.5 years	OH	EL	MCH	CANP	Tahoe
County of Placer, Department of Health and Human Services-Public Health	\$577,500	\$577,500				
Placer County Office of Education	\$840,000		\$764,000	\$76,000		
Latino Leadership Council, Inc.	\$192,500			\$192,500		
Insights Counseling Group	\$262,500			\$262,500		
Lighthouse Counseling and Family Resource Center	\$1,391,250			\$98,000	\$1,293,250	
* Granite Wellness Centers	\$402,500			\$100,625	\$301,875	
* KidsFirst Child Abuse Prevention Council of Placer County ("KidsFirst")	\$953,750				\$953,750	
Stand Up Placer	\$245,000				\$245,000	
Child Advocates of Placer County	\$245,000				\$245,000	
* Sierra Native Alliance	\$297,500				\$297,500	
Sierra Community House	\$805,000					\$805,000
Tahoe Truckee Unified School District	\$315,000					\$315,000
	\$5,595,000	\$495,000	\$660,000	\$615,000	\$2,865,000	\$960,000

* Indicates contractors that are expected to receive OCAP Road to Resilience Grant dollars.

The Commission also funded continued work by the Community Collaborative of Tahoe Truckee (\$15,000 per year for 3 years) and the Coordinator of the Child Abuse Prevention Council (\$53,000 per year for 3 years). This increases overall expenditures to Tahoe to \$1,005,000 and for CANP to \$3,024,000. This brings to total Commission investment for the Collaborative funding plan to \$5,799,000

This table shows only allocations of First 5 Placer's Proposition 10 tobacco tax dollars. It does not include dollars that come through the State of California's Office of Child Abuse Prevention (OCAP) for the Road to Resilience Grant nor Placer County's CalWORKs Home Visiting Initiative. CalWORKs Home Visiting Initiative dollars for the next 2 years are yet to be determined.

Additionally, the Commission funded mini-grants for the period March 1, 2021 through June 30, 2022 in the amount of \$139,800 for projects focused on target populations. Another \$120,000 will be awarded for the period July 1, 2022 through June 20, 2024.

The following pages provide tables for each of the twelve recommended contracts per their initial award amounts. These reference components of Collaborative Action Plan adopted by the Commission at its meeting on February 19, 2020 and relevant selection process exception criteria:

- Name of Contractor – This is the primary contractor. Contractor may subcontract some of services, with First 5’s consent.
- Proposed Funding Amount – maximum amount over three years provided. Annual amounts could vary based on contractor need.
- Focus Area: alignment with the Collaborative Action Plan Investment Area
- Priority Populations/Geographies: as indicated in the Collaborative Action Plan Prioritizations to address disparities
-

F4	CHANGE SOCIAL NORMS TO SUPPORT PARENTS AND POSITIVE PARENTING
	<p>D. Internal and External Public Education</p> <ul style="list-style-type: none"> • Provide and embed key cross-system messaging across collaborative networks. • Link to existing messaging campaigns (e.g., public health campaign on tobacco, e-cigarette, and cannabis use; First 5 California; MHSa; general parenting education and child development). • Amplify or leverage messaging opportunities using social media or other communications channels.
S1	STRUCTURE AND COLLABORATION
	<p>A. Conduct/support quarterly meetings of collaborative groups (Community Collaborative of Tahoe Truckee, Early Literacy Network, Oral Health Alliance, Home Visiting/Road to Resilience Workgroup and CSOC’s Prevention Collaborative) to share data and lessons learned, review strategy implementation and achievement of outcomes, and revise/modify activities.</p> <p>B. Conduct semiannual meetings of members of all collaborative works together to share learnings across sectors.</p> <p>C. Within each collaborative group, promote a learning and growth mindset, including research and best practices.</p>
S2	CAPACITY
	<p>C. Provide training, professional development, technical assistance and support to increase agency and organizational capacity and sustainability.</p> <p>D. Provide professional development to increase staff capacity to provide high quality, standardized services.</p>
S3	OUTREACH & ENGAGEMENT
	<p>C. Collaborative networks develop culturally responsive and relevant outreach and engagement plans to reach priority geographic areas and populations.</p> <p>D. Organizations and programs create intentional outreach and engagement plans and practices in order to serve priority geographic areas and populations (to reach hard-to-reach populations, those under-represented in data or over-represented in need.)</p>
S4	CONTINUOUS LEARNING & IMPROVEMENT
	<p>E. On a quarterly basis, partners within each collaborative network transparently share data and lessons learned, review strategy implementation and achievement of outcomes, and revise/modify activities.</p> <p>F. Using data for decision making and program refinement at the agency level.</p> <p>G. Embed shared indicators across programs as appropriate.</p> <p>H. Identify and ensure use of common screens and assessments.</p>

COUNTY OF PLACER, DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH	
Amount	\$165,000 per year; \$495,000 over three years
Focus Area	Oral Health
Priority Population/ Geography	Low-to-Middle Income; Services in Western & Eastern County; targeting Latinx at WIC sites and schools in Auburn, Lincoln, Foresthill, Roseville, Colfax, Rocklin, Kings Beach and Sheridan
Strategy/ Activity	<p>F2: Enhance Health and Wellness</p> <p>C. Provide preventive oral health services, screenings, fluoride treatment, referrals and utilization support of dental homes/services to improve oral health.</p> <p>E. Connect families with medical and dental homes.</p> <p>F. Promote immunizations, reduced tobacco and cannabis use.</p>

PLACER COUNTY OFFICE OF EDUCATION – EARLY CHILDHOOD EDUCATION	
Amount	\$240,000 per year; \$720,000 over three years
Focus Area	Early Learning; Maternal Child Health
Priority Population/ Geography	Low-to-Middle Income; targeted Schools in Auburn, Foresthill, Roseville, Lincoln, Colfax, Rocklin, Kings Beach, Sheridan
Strategy/ Activity	<p>F3: Enhance Early Literacy</p> <p>E. Provide books and encourage talking, reading and singing in the home and early learning settings to promote early literacy</p> <p>F. Engage parents and families in child’s learning.</p> <p>G. Encourage use of local libraries and the book mobile.</p> <p>H. Offer playgroups at neighborhood and other place-based locations.</p>

LATINO LEADERSHIP COUNCIL, INC.	
Amount	\$55,000 per year; \$165,000 over three years
Focus Area	Maternal Child Health
Priority Population/ Geography	Low-to-Middle Income; Latinx; Targeted areas of Western County (tracts in Lincoln, Sheridan, Auburn, Roseville and Rocklin)
Strategy/ Activity	<p>F1: Enhance Family Functioning</p> <p>D. Offer neighborhood-based and mobile programs and services to reach priority geographic areas and populations that provide parenting education, child development, and building of protective and promotive factors. (e.g. parent cafés, peer-led parent groups)</p> <p>E. Support development of a home visiting system that:</p> <ul style="list-style-type: none"> • Increases the number of providers and reduces waitlists • Provides training and professional development to staff to increase the quality of home visiting services • Is standardized so families receive similar quality and quantity of services. • Links children to quality early learning environments <p>F2: Enhance Health and Wellness</p> <p>G. Enhance and extend the promotora model to other populations (health care education and navigation).</p> <p>C. Connect families with medical and dental homes</p>

INSIGHTS COUNSELING GROUP	
Amount	\$75,000 per year; \$225,000 over three years
Focus Area	Maternal Child Health
Priority Population/ Geography	Low-to-Middle Income; Maternal Mental Health Concerns; Co-occurring substance Abuse; Domestic Violence; targeted areas of Auburn, Roseville and Rocklin
Strategy/ Activity	<p>F1: Enhance Family Functioning</p> <p>F. Incorporate an individualized, comprehensive case management component across services, to build relationships with families and engage them to:</p> <ul style="list-style-type: none"> • build parenting skills and become more confident in parenting • achieve recovery • navigate systems • reduce stress • work toward respectful family interactions. <p>F2: Enhance Health and Wellness</p> <p>B. Provide maternal mental health services.</p>

LIGHTHOUSE COUNSELING AND FAMILY RESOURCE CENTER	
Amount	\$397,500 per year; \$1,192,500 over three years (includes \$22,500 /year subcontract to Parenting Time - \$67,500 over 3 years)
Focus Area	Maternal Child Health; Child Abuse and Neglect Prevention
Priority Population/ Geography	Low-to-Middle Income; Child welfare system involvement; Domestic Violence; Kinship; mental health concerns; Single and young parents; Latinx; Targeted areas of Western County
Strategy/ Activity	<p>F1: Enhance Family Functioning</p> <p>A. Offer neighborhood-based and mobile programs and services to reach priority geographic areas and populations that provide parenting education, child development, and building of protective and promotive factors. (e.g. parent cafés, peer-led parent groups)</p> <p>B. Support development of a home visiting system that:</p> <ul style="list-style-type: none"> • Increases the number of providers and reduces waitlists • Provides training and professional development to staff to increase the quality of home visiting services • Is standardized so families receive similar quality and quantity of services. • Links children to quality early learning environments <p>C. Incorporate an individualized, comprehensive case management component across services, to build relationships with families and engage them to</p> <ul style="list-style-type: none"> • build parenting skills and become more confident in parenting • achieve recovery • navigate systems • reduce stress • work toward respectful family interactions. <p>F2: Enhance Health and Wellness</p> <p>C. Provide maternal mental health services.</p> <p>F5: Enhance Economic Stability of Families</p> <p>B. Include concrete supports in case management services, such as helping families with budgeting and financial literacy, legal and immigration services, enrollment in EITC, linking to free tax preparation services and subsidized child care</p>

GRANITE WELLNESS CENTERS	
Amount	\$115,000 per year; \$345,000 over three years
Focus Area	Maternal Child Health; Child Abuse and Neglect Prevention
Priority Population/ Geography	Low-to-Middle Income; Mental Health concerns; Substance Abuse; Recently Released/Incarcerated; Single and Young parents; services in Eastern and Western County
Strategy/ Activity	<p>F1: Enhance Family Functioning</p> <p>A. Offer neighborhood-based and mobile programs and services to reach priority geographic areas and populations that provide parenting education, child development, and building of protective and promotive factors. (e.g. parent cafés, peer-led parent groups)</p> <p>B. Support development of a home visiting system that:</p> <ul style="list-style-type: none"> • Increases the number of providers and reduces waitlists • Provides training and professional development to staff to increase the quality of home visiting services • Is standardized so families receive similar quality and quantity of services. • Links children to quality early learning environments <p>C. Incorporate an individualized, comprehensive case management component across services, to build relationships with families and engage them to</p> <ul style="list-style-type: none"> • build parenting skills and become more confident in parenting • achieve recovery • navigate systems • reduce stress • work toward respectful family interactions.

KIDSFIRST CHILD ABUSE PREVENTION COUNCIL OF PLACER COUNTY (“KidsFirst”)	
Amount	\$272,500 per year; \$817,500 over three years. (includes \$22,500 /year subcontract to Parenting Time - \$67,500 over 3 years)
Focus Area	Child Abuse and Neglect Prevention
Priority Population/ Geography	Low-to-Middle Income; Child welfare system involvement; Domestic Violence; Kinship; Mental health concerns; Single and young parents; Latinx; Targeted areas of Western County
Strategy/ Activity	<p>F1: Enhance Family Functioning</p> <p>A. Offer neighborhood-based and mobile programs and services to reach priority geographic areas and populations that provide parenting education, child development, and building of protective and promotive factors. (e.g. parent cafés, peer-led parent groups)</p> <p>B. Support development of a home visiting system that:</p> <ul style="list-style-type: none"> • Increases the number of providers and reduces waitlists • Provides training and professional development to staff to increase the quality of home visiting services • Is standardized so families receive similar quality and quantity of services. • Links children to quality early learning environments <p>C. Incorporate an individualized, comprehensive case management component across services, to build relationships with families and engage them to</p> <ul style="list-style-type: none"> • build parenting skills and become more confident in parenting • achieve recovery • navigate systems • reduce stress • work toward respectful family interactions. <p>F5: Enhance Economic Stability of Families</p> <p>H. Include concrete supports in case management services, such as helping families with budgeting and financial literacy, legal and immigration services, enrollment in EITC, linking to free tax preparation services and subsidized child care</p>

STAND UP PLACER	
Amount	\$70,000 per year; \$210,000 over three years
Focus Area	Child Abuse and Neglect Prevention
Priority Population/ Geography	Domestic Violence, Mental Health Concerns, Western County
Strategy/ Activity	<p>S2: Capacity</p> <p>A. Provide training, professional development, technical assistance and support to increase agency and organizational capacity and sustainability. Provide professional development to increase staff capacity to provide high quality, standardized services.</p> <p><i>(This work is proposed to further the work of others around strategy F1C: Enhance Family Functioning - Incorporate an individualized, comprehensive case management component across services, to build relationships with families and engage them to build parenting skills and become more confident in parenting; reduce stress; work toward respectful family interactions.)</i></p>

CHILD ADVOCATES OF PLACER COUNTY	
Amount	\$70,000 per year; \$210,000 over three years
Focus Area	Child Abuse and Neglect Prevention
Priority Population/ Geography	CWS system involvement, Domestic Violence, Kinship, Single and young parents, Countywide
Strategy/ Activity	<p>F1: Enhance Family Functioning</p> <p>B. Support development of a home visiting system that:</p> <ul style="list-style-type: none"> • Increases the number of providers and reduces waitlists • Provides training and professional development to staff to increase the quality of home visiting services • Is standardized so families receive similar quality and quantity of services. • Links children to quality early learning environments <p>C. Incorporate an individualized, comprehensive case management component across services, to build relationships with families and engage them to</p> <ul style="list-style-type: none"> • build parenting skills and become more confident in parenting • achieve recovery • navigate systems • reduce stress • work toward respectful family interactions.

SIERRA NATIVE ALLIANCE	
Amount	\$85,000 per year; \$255,000 over three years
Focus Area	Maternal Child Health; Child Abuse and Neglect Prevention
Priority Population/ Geography	Low-to-Middle Income; Mental Health Concerns; Domestic Violence; Child welfare system involvement; Substance Abuse; Native American
Strategy/ Activity	<p>F1: Enhance Family Functioning</p> <p>A. Offer neighborhood-based and mobile programs and services to reach priority geographic areas and populations that provide parenting education, child development, and building of protective and promotive factors. (e.g. parent cafés, peer-led parent groups)</p> <p>B. Support development of a home visiting system that:</p> <ul style="list-style-type: none"> • Increases the number of providers and reduces waitlists • Provides training and professional development to staff to increase the quality of home visiting services • Is standardized so families receive similar quality and quantity of services. • Links children to quality early learning environments <p>C. Incorporate an individualized, comprehensive case management component across services, to build relationships with families and engage them to</p> <ul style="list-style-type: none"> • build parenting skills and become more confident in parenting • achieve recovery • navigate systems • reduce stress • work toward respectful family interactions. <p>F5: Enhance Economic Stability of Families</p> <p>B. Include concrete supports in case management services, such as helping families with budgeting and financial literacy, legal and immigration services, enrollment in EITC, linking to free tax preparation services and subsidized child care</p>

SIERRA COMMUNITY HOUSE	
Amount	\$230,000 per year; \$690,000 over three years
Focus Area	Child Abuse and Neglect Prevention
Priority Population/ Geography	Low-to-Middle Income; Child welfare system involvement; Domestic Violence; Kinship; Mental health concerns; Single and young parents; Latinx; Tahoe Region especially Kings Beach
Strategy/ Activity	<p>F1: Enhance Family Functioning</p> <p>A. Offer neighborhood-based and mobile programs and services to reach priority geographic areas and populations that provide parenting education, child development, and building of protective and promotive factors. (e.g. parent cafés, peer-led parent groups)</p> <p>C. Incorporate an individualized, comprehensive case management component across services, to build relationships with families and engage them to</p> <ul style="list-style-type: none"> • build parenting skills and become more confident in parenting • achieve recovery • navigate systems • reduce stress • work toward respectful family interactions. <p>F2: Enhance Health and Wellness</p> <p>A. Enhance and extend the promotora model to other populations (health care education and navigation).</p> <p>F5: Enhance Economic Stability of Families</p> <p>B. Include concrete supports in case management services, such as helping families with budgeting and financial literacy, legal and immigration services, enrollment in EITC, linking to free tax preparation services and subsidized child care</p>

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT	
Amount	\$90,000 per year; \$270,000 over three years
Focus Area	Early Learning
Priority Population/ Geography	Low-to-Middle Income; Latinx, targeted areas, schools and populations in the Tahoe Region (Kings Beach elementary)
Strategy/ Activity	<p>F1: Enhance Family Functioning</p> <p>A. Offer neighborhood-based and mobile programs and services to reach priority geographic areas and populations that provide parenting education, child development, and building of protective and promotive factors. (e.g. parent cafés, peer-led parent groups)</p> <p>F3: Enhance Early Literacy</p> <p>B. Engage parents and families in child's learning.</p> <p>C. Encourage use of local libraries and the book mobile.</p> <p>D. Offer playgroups at neighborhood and other place-based locations.</p>

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