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Elevate Youth California: Supporting Capacity Building for Community Organizations Round 4 Funded Partner Overview Webinar We will begin soon!

- If you have audio issues using computer speakers, join the audio by phone:
 1. Dial: 1-669-900-6833
 2. Meeting ID: 874 9761 4125
 3. Passcode: 323310
- All participants are muted.
- If you have questions during the webinar, submit them through the chat feature (click “Chat” at the top of the screen). Select “All Panelists” as the recipient.



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**Welcome to the
Elevate Youth California: Supporting
Capacity Building for Community
Organizations Round 4 Funded
Partner Overview Webinar**

May 23, 2023



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Elevate Youth California Team



Palvinder Kaur
Senior Program
Officer



Matt Cervantes
Managing Director of Healthy
Youth Development Programs



Antonia Gonzalez
Program Associate



Latojanae Hull
Program Associate



Shyra Murrey
Senior Program Associate



Travis Wells
Senior Program Associate



Gerald White
Program Assistant



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Evaluation Team



Maurice Samuels
Managing Director of
Evaluation and Learning



Noemi Avalos
Evaluation Officer



Breanna Mattis
Evaluation Associate



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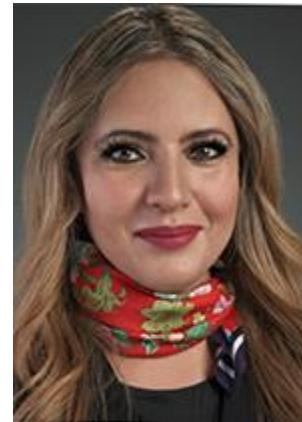
Communications Team



Aketa Marie Williams
Managing Director of
Communications
Communications Lead



Samantha Garcia
Communications
Officer
Storytelling



Cynthia Moreno
Communications
Officer
Media



Madyson Taylor
Communications
Associate
Social Media and Co-Lead



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Contracts and Compliance and Finance Team Members



Emily Chaphalkar
Managing Director of
Contracts and
Compliance



Yadanny Figueroa
Sr. Contracts
Administrator



Lucas Cole
Associate Controller

Keith Wilson
Grant Accountant



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Department of Health Care Services



Jessica Fielding
Section Chief
Community Services
Division/Program and
Policy Section



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Agenda

- Welcome
- Program Background
- Cohort Partners
- Contract Agreement Process
- Insurance Requirements
- Overview of Grant Requirements
- Communications Strategy
- Important Reminders
- Q&A



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Prop. 64 Background

- Prop. 64 legalized adult use of cannabis
- Created new taxes on the cultivation and sale of marijuana
- Revenues go into the **California Marijuana Tax Fund**
- 60% to Youth Education Prevention, Early Intervention and Treatment



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Funding

Elevate Youth California (EYC) is a program of the California Department of Health Care Services (DHCS) funded through Proposition 64 California Cannabis Tax Fund, Allocation 3, Youth Education Prevention, Early Intervention, and Treatment Account. Sierra Health Foundation: Center for Health Program Management (The Center) is contracted to support the implementation of EYC.





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Elevate Youth California Program Goal

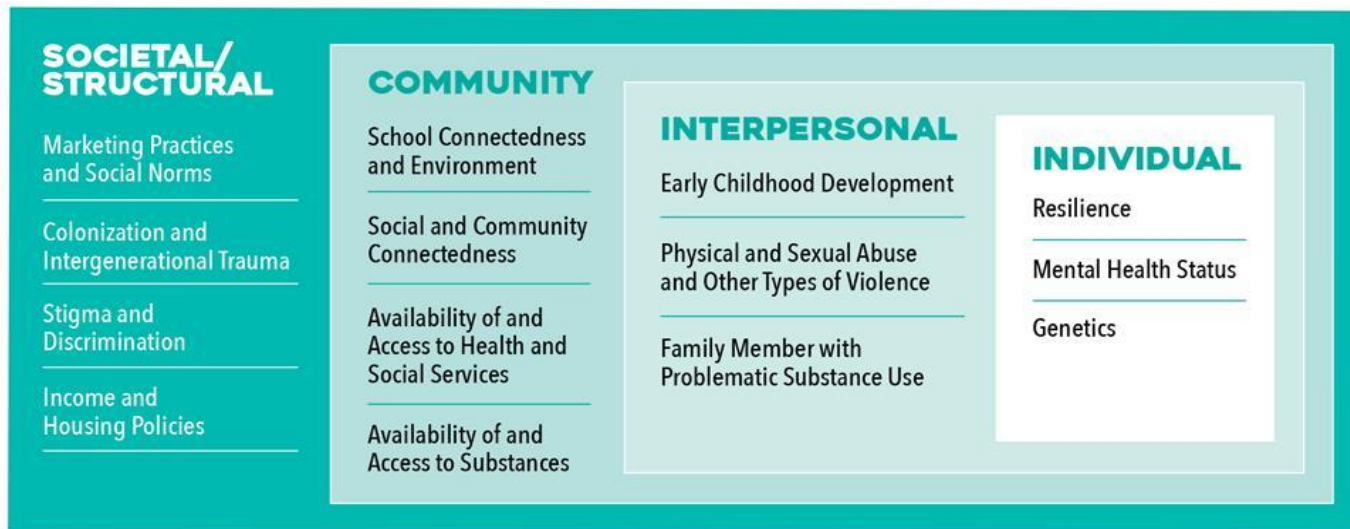
Grounded in social justice youth development, Elevate Youth California supports a statewide network of organizations working on youth substance use disorder (SUD) prevention, education and early intervention start-up activities and/or enhancement efforts in low-income urban and rural areas throughout California, with a focus on impacting policy, systems and environmental change.



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Guiding Values

1. Invest in youth empowerment, leadership and development
2. Implement programs through the cultural lens of the impacted community





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Supporting Capacity Building for Tribal and Community Organizations

Strengthen the capacity of emerging grassroots community-based organizations and Tribal organizations throughout California to build effective and sustainable programs/practices for substance use disorder prevention among youth 12-26 years old in low-income, rural and/or urban racial, ethnic and cultural communities disproportionately impacted by the War on Drugs.



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Social Justice Youth Development in Action

- Elevate Youth California is a Youth Social Justice Mentoring and Peer Support Program focusing on communities disproportionately impacted by the War on Drugs.
- Examples of Programming:
 - Youth-led organizing, student activism
 - Campaign to address a school or community concern
 - Efforts to change a social condition through public policy



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Substance Use Disorder Prevention

- Prevention encompasses activities that promote healthy behaviors, reduce risks and build protective factors.
- Harm reduction aims to reduce at-risk, moderate and high-risk behaviors often associated with substance misuse.



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Implementation Strategies

Projects must contain a component of **youth activism** and at least one other mentorship and/or peer-led support and leadership program:

- Mentorship/relationship building
- Peer-led support and leadership programs



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Funded Partners

Visit

www.elevateyouthca.org
to learn more

Standard Track

Focusing on policy, system and environmental change through youth activism, mentorship and peer-led support.

- 36 months
- Up to \$1 million
- Cohort 1: 26 projects = \$21.5 million
- Cohort 2: 32 projects = \$29.7 million
- Cohort 3: 61 projects = \$52.7 million
- Cohort 4: 61 projects = \$58.52 million

Capacity Building Track

Focusing on strengthening the operational, programmatic, financial or organizational structure of community-based organizations.

- 30 months
- \$75,000 to \$400,000
- Cohort 1: 18 projects = \$5 million
- Cohort 2: 36 projects = \$13.481 million
- Cohort 3: 44 projects = \$16.69 million

Innovation Track

Focusing on non-traditional methods for policy, systems and environmental change through evaluation.

- 33 months
- \$500,000 to \$750,000
- Cohort 1: 12 projects = \$8.147 million



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Current Funded Partners

Visit www.elevateyouthca.org
to learn more



[Home](#) [About](#) [Program Impact](#) [News](#) [Resources](#) [Contact](#)

Learn how our 44 Capacity Building Cohort 3 partners are implementing innovative projects for substance use disorder prevention for youth.

Action Network

Mendocino County, Sonoma County
\$247,030.00

To build organizational capacity to empower Native American and Latinx youth in Mendocino and Sonoma counties to become advocates through hands-on, youth-led projects focusing on social justice to strengthen communities and reduce substance use.

American Indian Child Resource Center

Alameda County
\$397,237.00

To build organizational capacity to empower Native American youth in Alameda County through peer mentorship, culturally rooted healing practices and youth activism to reduce substance use.

Anav Tribal Health Clinic

Siskiyou County
\$399,321.00

To build organizational capacity to increase access to culturally appropriate mental health services for American Indian/Alaska Native youth in Siskiyou County through advocacy and leadership training and campaigns to de-stigmatize mental health and reduce substance use.

Akoma Unity Center

San Bernardino County
\$399,650.00

To build organizational capacity to empower Black and Latinx youth in San Bernardino County to become leaders through a peer-to-peer youth ambassador program to reduce substance use.

Anamatangi Polynesian Voices

San Mateo County, Santa Clara County
\$400,000.00

To build organizational capacity to support Native Hawaiian and Pacific Islander youth in San Mateo and Santa Clara counties through culturally responsive programming and restorative justice advocacy to reduce suspensions and substance use.

Big Valley Rancheria Band of Pomo Indians

Lake County
\$388,591.00

To build organizational capacity to empower Tribal youth in Lake County through peer-to-peer support to illuminate alternative pathways from the criminal justice system and reduce substance abuse.



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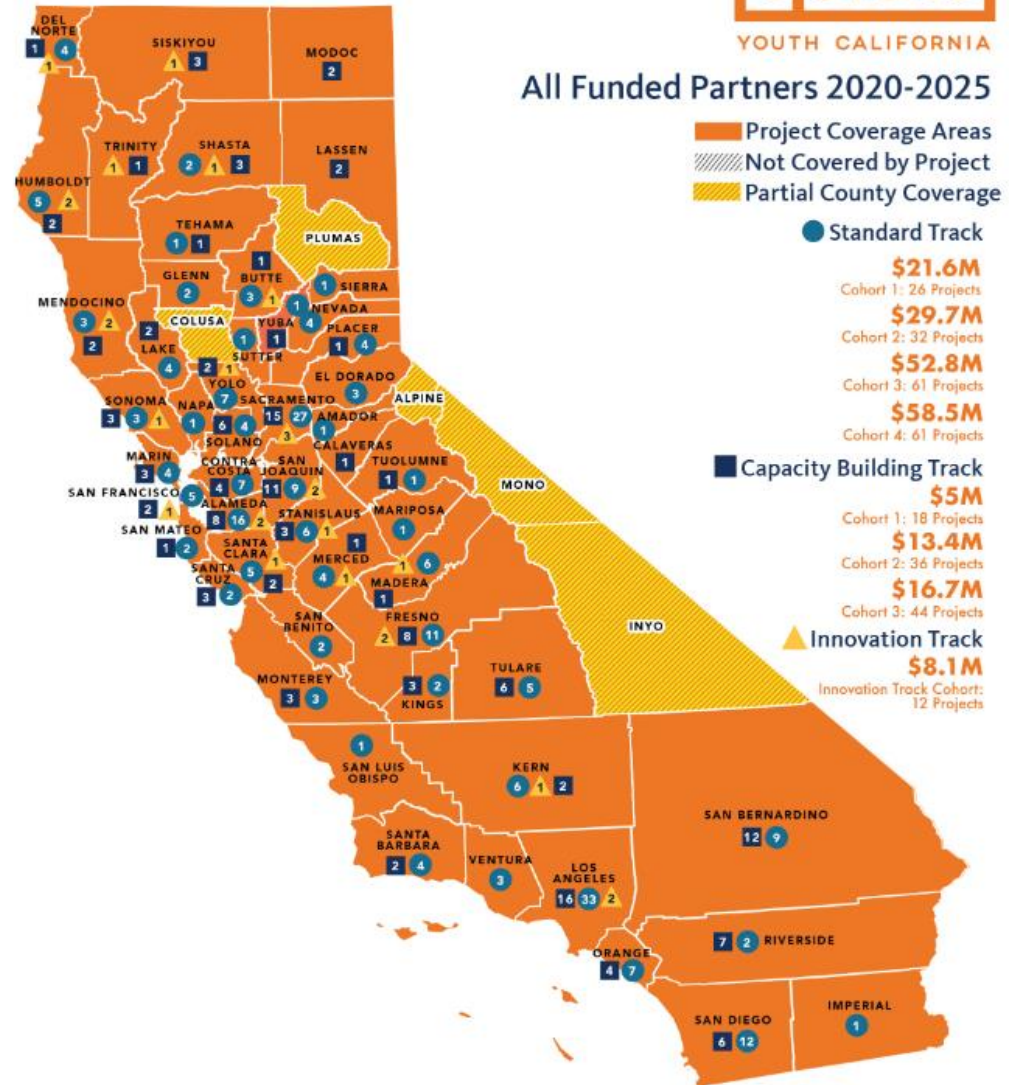
Elevate Youth California Rounds 1-4

- 290 Grant Awards
- 53 California Counties
- \$205.992 Million Dollars



YOUTH CALIFORNIA

All Funded Partners 2020-2025





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Questions?



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Contract Agreement Process and Insurance Requirements



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Contract Agreement Process

- E-mail from CongaSign with a link to your organization's subrecipient agreement
- Review contract agreement
- Sign contract agreement via CongaSign
- E-mail from The Center at Sierra Health Foundation via TrustLayer with insurance requirements



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Insurance Requirements

- Insurance compliance documents must be submitted to The Center within 30 days of executing your agreement.
- Insurance must be maintained through the duration of the project and renewed if necessary.
- Contact insurancecompliance@sierrahealth.org ASAP for assistance if your organization is unable to obtain the required insurance or if you have insurance questions.
- **Important: Additional insureds must be written exactly as stated in your contract agreement AND payments will not be released until accurate and complete insurance requirements are received.**
- Resource: [CalNonprofits Insurance Services – CalNonprofits](#)



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Insurance Evidence Requirements

Commercial General Liability

- Each Occurrence must be greater or equal to \$1,000,000
 - Coverage Trigger: Occurrence must be present
 - Insurance is written on an occurrence basis using ISO form CG 0001 or equivalent
- General Aggregate must be greater or equal to \$2,000,000
- Products/Completed Operations Aggregate must be greater or equal to \$2,000,000
- Primary and Non-Contributory Endorsement must be present
- Additional Insured Endorsement must be present, naming **The Center, Sierra Health Foundation, CDSS, The State of California, their respective officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, and employees**
 - With Completed Operations language
 - Using a combination of ISO forms CG2010 10/04 and CG 2037 10/04 or equivalent



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Insurance Evidence Requirements

Automobile Liability

- Combined Single Limit (each accident) must be greater or equal to \$1,000,000
- Coverage applies to Owned, Hired and Non-owned Autos
- Additional Insured Endorsement must be present naming The Center, Sierra Health Foundation and The State of California

Worker's Compensation and Employer's Liability

- Statutory Limits must be present
- Employer's Liability Each Accident must be greater or equal to \$1,000,000
- Employer's Liability Disease – each employee must be greater or equal to \$1,000,000
- Employer's Liability Disease – policy limit must be greater or equal to \$1,000,000
- Waiver of Subrogation Endorsement must be present

Professional Liability

- Each Claim must be greater or equal to \$1,000,000
- Aggregate must be greater or equal to \$2,000,000



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Insurance Evidence Requirements

Additional Requirements

- Certificate Holder must read: Sierra Health Foundation, 1321 Garden Highway Sacramento, CA 95833
- A.M Best rating of A-:VII
- Description of Operations must read: The Center, Sierra Health Foundation, The State of California, their respective officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, and employees shall be added as Insureds (“additional Insureds”) under each commercial general liability and automobile insurance policy. **Agreement #22-20080** must be present.



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Certificate of Liability Insurance/COI

ACORD® **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: 	CONTACT: NAME: _____ PHONE (B/C No. Ext): _____ FAX (A/C No.): _____ E-MAIL ADDRESS: _____ ADDRESS: _____ 														
INSURED: 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A:</td><td></td></tr> <tr><td>INSURER B:</td><td></td></tr> <tr><td>INSURER C:</td><td></td></tr> <tr><td>INSURER D:</td><td></td></tr> <tr><td>INSURER E:</td><td></td></tr> <tr><td>INSURER F:</td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER E:															
INSURER F:															

REVISION NUMBER: _____

ED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$: _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

SAMPLE



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Overview of Grant Requirements



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Deliverable-Based Payment Schedule

- First payment upon execution of the subcontract and the completion of all compliance components
- Second payment upon receipt and approval of report deliverables (Progress Reports 1-4, End of Year Report, Year 1 Financial Report and Detailed Expenditure Listing)
- Third payment upon receipt and approval report deliverables (Progress Reports 5-8, End of Year Report, Year 2 Financial Report and Detailed Expenditure Listing)



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Overview of Requirements

- Technical Assistance and Work Plan
- Quarterly Progress Reports
- End of Year Report
- Annual Financial Report
- Detailed Expenditure Listing
- Cumulative Final Report – Quantitative, Qualitative, Financial



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Technical Assistance and Work Plan

- Organizational strengths and challenges
- Training and technical assistance needs
- Program objectives and activities



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Quarterly Progress Report

- Quantitative: partnerships, demographics
- Program Events/Activities
- Narrative: participant outcomes and progress towards capacity building goals



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End of Year Report

- Due to The Center by December 1st of each year, starting in 2023
- Narrative Questions
- Quantitative Questions



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Annual Financial Report

- Financial reporting template
 - Connected with the approved budget
 - Show line-item spending within the reporting period
- Keep supporting documentation for expenditures for the Detailed Expenditure Listing requirement



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Annual Financial Report



Organization Name:

Grant Number:

Annual Financial Report

	Budget Year 1 3/15/2020-	Actual Year 1 3/15/2020-	Budget Year 2 3/15/2021-	Actual Year 2 3/15/2021-	Budget Year 3 3/15/2022-	Actual Year 3 3/15/2022-	Total Budget	Total Expenses	Remain- ing Balanc
I. Personnel									
Salaries							\$0	\$0	\$0
1							\$0	\$0	\$0
2							\$0	\$0	\$0
3							\$0	\$0	\$0
4							\$0	\$0	\$0
5							\$0	\$0	\$0
6							\$0	\$0	\$0
7							\$0	\$0	\$0
8							\$0	\$0	\$0
Payroll Taxes and Benefits							\$0	\$0	\$0
Consultant Fees							\$0	\$0	\$0
1							\$0	\$0	\$0
2							\$0	\$0	\$0
3							\$0	\$0	\$0
4							\$0	\$0	\$0
Total Personnel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
II. Other Expenses									
Office Supplies							\$0	\$0	\$0
Postage							\$0	\$0	\$0
Printing/Duplicating							\$0	\$0	\$0
Information/Materials							\$0	\$0	\$0
Equipment							\$0	\$0	\$0
Rent / Utilities							\$0	\$0	\$0
Travel							\$0	\$0	\$0
Miscellaneous (List)							\$0	\$0	\$0
1							\$0	\$0	\$0
2							\$0	\$0	\$0
3							\$0	\$0	\$0
4							\$0	\$0	\$0
5							\$0	\$0	\$0
6							\$0	\$0	\$0
7							\$0	\$0	\$0
8							\$0	\$0	\$0
Total Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Indirect (up to 20% of direct costs)							\$0	\$0	\$0
Total Grant Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0





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Detailed Expenditure Listing/General Ledger (GL)

- List of all financial transactions allocated to the grant
- Includes expense incurred, vendor, category, subcategory if applicable, and the exact amount



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Cumulative Final Report

- Quantitative
- Narrative
- Financial



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Report Submission Dates

Report	Period	Due Date to The Center
Progress Report 1	5/16/2023-8/15/2023	9/15/2023
End of Year Report 1	5/16/2023-11/15/2023	12/1/2023
Progress Report 2	8/16/2023-11/15/2023	12/15/2023
Progress Report 3	11/16/2023-2/15/2024	3/15/2024
Progress Report 4	2/16/2024-5/15/2024	6/15/2024
Annual Financial Report 1 & Detailed Expenditure Listing	5/16/2023-5/15/2024	6/15/2024
Progress Report 5	5/16/2024-8/15/2024	9/15/2024
End of Year Report 2	11/16/2023-11/15/2024	12/1/2024
Progress Report 6	8/16/2024-11/15/2024	12/15/2024
Progress Report 7	11/16/2024-2/15/2025	3/15/2025
Progress Report 8	2/16/2025-5/15/2025	6/15/2025
Annual Financial Report 2 & Detailed Expenditure Listing	5/16/2024-5/15/2025	6/15/2025
Progress Report 9	5/16/2025-8/15/2025	9/15/2025
Progress Report 10	8/15/2025-11/15/2025	12/1/2025
End of Year Report 3 & Cumulative Final Report	11/16/2024-11/15/2025	12/8/2025
Cumulative Financial Report & Detailed Expenditure Listing	5/16/2023-11/15/2025	12/8/2025

**All dates are subject to change. The due date for the Work Plan and Technical Assistance Plan will be provided via email.*



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Report Submission Process

- We will share the reporting template and submission process in a separate webinar



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Budget Modification Process

We recognize that costs may have changed since applications were submitted. Partners may submit budget modification requests to more closely align with actual costs and expenditures.

- Only able to shift funds to allowable items under the funding opportunity
- If you are adding new line items or if a line-item increase by more than 10% you will be required to submit a budget modification
- There is a required template and process for the budget modification



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Questions?



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In-person/Virtual Convenings

- 2023
- 2024
- 2025



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Youth Listening Sessions

- Host a minimum of one youth listening session with impacted youth each year of project implementation
- Feedback on strategy and project implementation





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Questions?



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Communications Overview

- We need your partnership to share important messages about Youth SUD prevention
 - Serve as a spokesperson for your work
 - Share stories, photos, videos, media coverage
- Branding and messaging guidelines
- Public announcements



Photo from Auburn Hip Hop Congress



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Communications Guidelines and Toolkit

- Brand Guidelines
 - Logo use
 - Color palette
 - Fonts
 - Graphic elements
- Social media tips
- Media tools
- Messaging





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Public Announcements

For public announcements and materials about your work, please include this funding statement:

Elevate Youth California supports this project through Proposition 64 funds. The State of California's Department of Health Care Services contracts The Center at Sierra Health Foundation to support the implementation of this program.


When space is limited, such as videos or social media, you may use this abbreviated funding statement:

This project is supported by Elevate Youth California and funded through Proposition 64.

If your work is supported by other funders, include them as well.

Media Toolkit

SAMPLE PRESS RELEASE



[Insert Your Logo to the right of the Elevate Youth California logo]

FOR IMMEDIATE RELEASE
DATE

Contact: Name
E-mail and Phone Number

Headline
Subheadline

Location (e.g., Sacramento, Calif.) – Opening paragraph: One to two sentences with the most newsworthy information – briefly, what is happening and to/with whom?

One paragraph: Why is this story important? Is there new or concerning or exciting data? What will be the impact on the community? Who will it impact?

Paragraph: Quote – Feature your organization's leadership, a partner, young person/community member.

One to two paragraphs: Background information – How will this happen? How does the program work? What is the timeline?

One or two more quotes or paragraphs to fill out the story. **Use up voices essential to the storyline.**


Final paragraph: Call to action – How can people get involved or learn more? Is there something you need the audience to do?

###

About Organization: One to two sentences about your organization. *Learn more at [link to website](#).*

Required Language
Always use this funding statement when referencing the funding for Elevate Youth California:

Elevate Youth California (EYC) is a program of the California Department of Health Care Services (DHCS) funded through Proposition 64 (Prop 64). This statewide program provides funding and technical assistance for organizations that are developing or increasing community substance use disorder prevention, outreach and education focused on youth. Sierra Health Foundation: Center for Health Program Management (The Center) is contracted to support the implementation of EYC.





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If you have communications questions, or if you have materials for us to review, reach out to Communications@shfcenter.org and copy elevateyouthca@shfcenter.org.



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Technical Assistance, Webinars and Resources

- Access the website: elevateyouthca.org
 - Resources
 - Trainings



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Partner Learning and Engagement

- Networking sessions
- Webinars
- One-on-one sessions



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Important Reminders

- Timeline of initial payment
- Communications
- Items to stay on top of:
 - Executed contract agreement
 - Reporting
 - Listening sessions
 - Virtual/In-person convenings
 - Resources



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Contacts and Resources

Contact:

If you have questions e-mail: pkaur@sierrahealth.org and copy elevateyouthca@shfcenter.org

Resources:

Elevate Youth California website: www.elevateyouthca.org

The Center website: www.shfcenter.org