



Elevate Youth California: Youth Substance Use Disorder Prevention Program: Round 5 Standard Track Cohort 5 Funded Partner Overview Webinar

We will begin soon!



THE CENTER
at Sierra Health Foundation

- If you have audio issues using computer speakers, join the audio by phone:
 1. Dial: 1-669-900-6833
 2. Meeting ID: 812 0662 6985
 3. Passcode: 227620
- 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.

April 8, 2024



Elevate Youth California Team



Matt Cervantes
Managing Director of Healthy
Youth Development Programs



Palvinder Kaur
Senior Program
Officer



Shyra Murrey
Program Officer



Travis Wells
Senior Program Associate



Antonia Gonzalez
Program Associate



Gerald White
Program Associate



Evaluation Team



Maurice Samuels
Managing Director of
Evaluation and Learning



Noemi Avalos
Senior Evaluation
Officer



Breanna Mattis
Evaluation Associate



Communications Team



Samantha Garcia
Interim Associate
Director



Lisa Weir
Senior
Communications
Officer



Madyson Taylor
Communications
Associate





Contracts and Compliance and Finance Team Members



Joan Kassis
Interim Managing
Director of
Compliance &
Contracts



Karissa Rogers
Contract
Administrator II



Lucas Cole
Associate Controller



Keith Wilson
Senior Grant Accountant





Department of Health Care Services



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





Agenda

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





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





Funding

Elevate Youth California, a project of The Center at Sierra Health Foundation under contract with the State of California's Department of Health Care Services (DHCS), is funded through the DHCS Proposition 64 California Cannabis Tax Fund, Allocation 3, Youth Education Prevention Early Intervention and Treatment Account.



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.



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 civic engagement
 - Campaign to address a school or community concern
 - Efforts to change a social condition through public policy



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.





Implementation Strategies

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

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





Funded Partners

Visit

www.elevateyouthca.org
to learn more

Standard Track

Focusing on policy, systems and environmental change through youth activism, mentor ship, 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

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.



Elevate Youth California Rounds 1-5

- **365 Grant Awards**
- **55 California Counties**
- **\$257.782 Million Dollars**



YOUTH CALIFORNIA

A decorative graphic consisting of several horizontal and vertical blue bars of varying lengths, arranged symmetrically around the central text.

Questions?



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, etc.
- Public announcements and social media



Photo from Auburn Hip Hop Congress

- Toolkit contains social media graphic templates and captions
- Share your press releases with The Center communications team for review and support

Public Announcements



The graphic is a rectangular template with a white background. At the top left, there is a large orange circle partially cut off by the edge. At the top right, there are three logos: the 'elevate' logo, the text 'Add your logo here', and the 'HCS' logo for the California Department of Health Care Services. Below the logos is the text '\$XX Granted for [Your Cause]' in orange. In the center, there is a white box with a blue border containing the text: 'We extend our deepest appreciation to the Department of Health Care Services and Elevate Youth California for this funding.' At the bottom left, there are three orange chevrons pointing right, followed by the text 'For more information, please visit elevateyouthca.org'. At the bottom right, there is a blue wave-like shape.

 | Add your logo here | 

\$XX Granted for [Your Cause]

We extend our deepest appreciation to the
Department of Health Care Services
and **Elevate Youth California**
for this funding.

 For more information, please visit elevateyouthca.org



Funding Statement

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

Elevate Youth California, a project of The Center at Sierra Health Foundation under contract with the State of California’s Department of Health Care Services (DHCS), is funded through the DHCS Proposition 64 California Cannabis Tax Fund, Allocation 3, Youth Education Prevention Early Intervention and Treatment Account.


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, **if applicable** 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 materials for us to review, please reach out to communications@shfcenter.org and copy elevateyouthca@shfcenter.org.



Questions?



Contract Agreement Process and Insurance Requirements





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



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](#)



Insurance Evidence Requirements

Commercial General Liability

- Each occurrence must be greater or equal to \$1,000,000
 - Coverage Trigger: Occurrence must be present
- 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, Department of Health Care Services, The State of California, their respective officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, and employees**



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





Insurance Evidence Requirements

Additional Requirements

- Certificate Holder must read: Sierra Health Foundation, 1321 Garden Highway Sacramento, CA 95833
- 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 #23-30138** must be present.



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 (A/C No. Extn): _____ 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:	
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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 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 UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					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) \$ EACH OCCURRENCE \$ AGGREGATE \$ WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

SAMPLE





Questions?



Overview of Grant Requirements



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 1-2, Financial Reports 1-2 and Detailed Expenditure Listings)
- Third payment upon receipt and approval of report deliverables (Progress Reports 3-4, Financial Report 3-4 and Detailed Expenditure Listing)



Overview of Requirements

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



Bi-Annual Progress Report

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



Bi- 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





THE CENTER
at Sierra Health Foundation

Annual Financial Report



Organization Name:

Grant Number:

Bi- 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



Detailed Expenditure Listing/General Ledger (GL)

- List of all financial transactions allocated to the grant
- For each EYC expense, include budget category, expense date, amount, vendor, and expense description
- Separate accounting is required
- Receipts/invoices/timecards to be made available upon request



Unallowable Expenses

- Debt retirement
- Operational deficits
- Partisan activities
- Religious organizations for explicit religious activities
- Activities that exclusively benefit the members of sectarian or religious organizations
- Purchase of vehicles
- Purchase, construction, or permanent improvement (other than minor remodeling of any building, other facility, or land
- Purchase of properties
- Directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana



Cumulative Final Report

- Quantitative
- Narrative
- Financial





Reporting and Data Requirements

Partners will be required to submit **bi-annual progress reports** responding to the performance measures identified in their grants and work plan, including **bi-annual financial reports**.

Report	Period	Due Date to The Center
Progress Report 1	11/16/2023-5/15/2024	6/17/2024
Financial Report 1 and Detailed Expenditure Listing	11/16/2023- 5/15/2024	6/17/2024
Progress Report 2	5/16/2024- 12/31/2024	1/31/2025
Financial Report 2 and Detailed Expenditure Listing	5/16/2024- 12/31/2024	1/31/2025
Progress Report 3	1/1/2025- 6/30-2024	7/31/2025
Financial Report 3 and Detailed Expenditure Listing	1/1/2025- 6/30-2024	7/31/2025
Progress Report 4	7/1/2025- 12/31/2025	1/31/3026
Financial Report 4 and Detailed Expenditure Listing	7/1/2025- 12/31/2025	1/31/3026
Progress Report 5	1/1/2026- 6/30/2026	7/31/2026
Financial Report 5 and Detailed Expenditure Listing	1/1/2026- 6/30/2026	7/31/2026
Progress Report 6 and Cumulative Final Report	11/16/2023- 12/31/2026	1/21/2027
Financial Report 6 and Detailed Expenditure Listing	7/1/2026- 12/31/2023	1/21/2027



Report Submission Process

- We will share the progress report template, financial report template and submission process in separate webinars.



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 section total changes by more than 10% you will be required to submit a budget modification
- There is a required template and process for the budget modification
- Please send all requests to pkaur@sierrahealth.org and copy elevateyouthca@shfcenter.org.





Questions?





In-person/Virtual Convenings

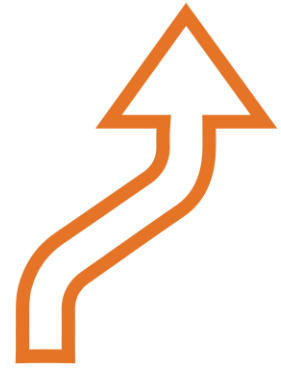
- Technical Assistance Webinars and Office Hours
- Virtual Networking Sessions
- Virtual Quarterly Learning Communities
- In-person Convenings TBD



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





Technical Assistance, Webinars, and Resources

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



Partner Learning and Engagement

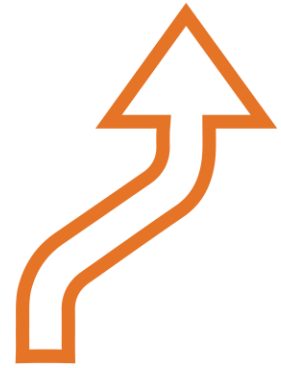
- Networking sessions
- Webinars
- One-on-one sessions



Important Reminders

- Timeline of initial payment
- Communications
- Items to stay on top of:
 - Updated budget, budget justification and work plan
 - Executed contract agreement
 - Securing insurance
 - Reporting
 - Listening sessions
 - Virtual/In-person convenings
 - Resources





Upcoming Trainings



Monday, April 15, from 2 p.m. to 3:30 p.m.

Please register at: <https://bit.ly/R5FinanceTraining>



Tuesday, April 30, from 10:30 a.m. to 12 p.m.

Please register at: <https://bit.ly/R5ProgressReportTraining>





Contacts and Resources

Contact:

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

Include your Contract ID on all EYC-related correspondence.

Resources:

Elevate Youth California website: www.elevateyouthca.org

The Center website: www.shfcenter.org





Thank You!



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