

**FIRST 5 YUBA COUNTY  
CHILDREN AND FAMILIES COMMISSION**

**Regular Meeting Agenda (HYBRID)**

**Thursday, October 24, 2024, 3:30 p.m.-5:00 p.m.**

This meeting will be held in compliance with the requirements of AB 2449(Government Code 54953(e)) - and will include in person public attendance at **1128 Yuba Steet, Youth For Change Building**. Members of the public may observe the meeting and provide comments to the Board via email, Zoom (internet-based option) or telephone as described below.

The meeting will also be live-cast via [Zoom](#) where members of the public shall have the right to observe and offer public comment. This altered format is in observance of the recommendation by state officials that certain precautions be taken, including social distancing, to address the threat of COVID-19.

**Join Zoom Meeting**

<https://us02web.zoom.us/j/85317131624?pwd=d2c0QTM4UXJqTmFHbjkzVmhNVXpNUT09>

Meeting ID: 853 1713 1624 | Passcode: 843118

One tap mobile: +16699009128,,85317131624#,,,,\*843118# US (San Jose)

ITEM	SUBJECT
	Call to order, roll call and the Pledge of Allegiance
	<b>Opportunity for Public Comments</b> Items not on the Agenda – Limit five minutes per speaker.
<b>Consent Agenda</b>	All matters listed under Consent Agenda are considered to be routine and can be enacted in one motion
<b>Consent Agenda 1</b>	<b>Approval of Regular Commission Meeting Minutes of August 25, 2024,</b>
<i>Commissioner Recusal Reminder</i>	<i>All Commissioners are reminded to recuse themselves from voting on any agenda item that has a real or perceived conflict of interest.</i>
<b>2 Discussion/Action</b>	<b>External Grant Awarded:</b> the commission will hear an overview of the new Grant award from Partnership Healthcare and make recommendations on implementation.
<b>3 Public Hearing/Action</b>	<b>Pursuant to Health and Safety Code § 130140 Annual Audit Review</b> The Commission must conduct a public hearing on its annual independent audit report for the Fiscal Year ending June 2024 and discuss any findings. Additionally, the Commission is asked to approve the audit.
<b>4 Public Hearing/Action</b>	<b>Pursuant to Health and Safety Code § 130140 Annual Report to F5CA</b> The Commission must conduct a public hearing on the FY 2023-2024 annual report and review data submission to First 5 California. Additionally, the Commission is asked to approve the report.
<b>5 Discussion</b>	<b>Executive Director Monthly Activity Report</b> The Commission will receive information on committees, operational and program activities.
<b>Adjourn</b>	

If you are planning to attend and need special accommodations, please contact us at (530) 749-4877 at least three days in advance of the meeting. The schedule of future meetings is posted on the Commission's website, [www.first5yuba.org](http://www.first5yuba.org).

**The next regular Commission meeting will be on December 12, 2024**

**DRAFT MEETING MINUTES**

**PUBLIC SESSION**

**Call to Order** at 3:30 p.m.

**Roll Call-**

*-Commissioners and Staff Present: Chair- Sally Sokoloski, Vice-Chair- Melissa Shaw, Jamie Bartolome, Commissioner Matt Ricardy, Jon Messick, Rob Gregor, Melinda Staples. Executive Director (ED)- Ericka Summers, Robin Timoszyk, Sarah Kotko, and Carmen Rodriguez*

**\*\*\*Public Comment: None**

**1 Consent Agenda:** Approval of June 27, 2024, Commission Meeting Minutes.

\*Commissioner Shaw observed and requested an edit to the minutes to indicate her attendance.

- Motion by Commissioner Shaw to approve the June 27, 2024, Commission Meeting Minutes with edits.
- Second by Commissioner Bartolome.
  - Roll Call Vote
    - Ayes: Commissioner Sokoloski, Shaw, Bartolome, Messick, Ricardy, and Gregor.
    - Nay/Abstain: None
- Motion carried.

**2 Supplemental Funding Opportunity:** The Commission received updates on new possible funding opportunities for services and programs aimed at children aged 0-5 in Yuba County through Families First Prevention Services.

**3 Contract Consideration:** The Commission received updates on the contract with Julie Kurtz as part of the HHS Partnership for Trauma-Informed Communities. It was noted that frontline staff, who work directly with families, are receiving training in trauma-informed care. An idea was proposed to extend this training to directors and supervisors, enabling them to better support their staff. Commissioner Staples requested more information about the speaker.

- Motion by Commissioner Gregor to approve the external contract with Julie Kurtz for speaker fees and follow up training and technical assistance in alignment with the current MOU with Yuba County Health and Human Services.
- Second by Commissioner Ricardy.
  - Roll Call Vote
    - Ayes: Commissioner Sokoloski, Shaw, Bartolome, Staples, Messick, Ricardy, and Gregor.
    - Nay/Abstain: None
- Motion carried.

**4 YES Charter Presentation:** The Commission heard a short presentation and updates from Strategic Partner – YES Charter A, B, C Sprout School Readiness Program - Presented By, Briget Diemer

**5 Executive Director Monthly Activity Report:** ED gave the commission a brief update on administration, program, special committee, and outreach activities.

The meeting was adjourned at 4:40 p.m.

**Next Regular Commission Meeting:** Thursday, October 24, 2024, 3:30 p.m. - 5:30 p.m.

**AGENDA ITEM 2**  
**October 24, 2024**

<b>Subject</b>	<b>External Grant Award Consideration</b>
<b>Supporting Document(s)</b>	<ul style="list-style-type: none"> <li>a. Approval Letter</li> <li>b. Staff Narrative</li> <li>c. Submitted grant application &amp; budget</li> </ul>
<b>Overview</b>	The Commission will review and consider additional grant revenue to support the mission of First 5 Yuba, increase access to services and support sustainability in alignment with the 2021-2026 Strategic Plan.
<b>Discussion</b>	Refer to staff narrative
<b>Recommendation</b>	Consider approval for Executive Director to move forward in accepting and executing all contracts related to the outlined applications in order to timely meet the requirements of external grant contract requirements.
<b>Fiscal Impact</b>	Potential additional secured non- Prop 10 revenue for FY 24/25 – 25/26 <b>\$241,207</b>
<b>Action Requested</b>	Motion to approve additional revenues sources (listed in Staff Narrative) and authorize the Executive Director to negotiate terms of the agreement including but not limited to, scope of work, budget, etc., and carry out all administrative duties necessary to execute the agreement(s) and implement services.

October 3, 2024

First 5 Yuba  
1114 Yuba St. Suite 141  
Marysville, CA 95901

Dear Ericka Summers,

Congratulations!

On behalf of Partnership HealthPlan of California (PHC), we are pleased to announce that you have been selected as a grantee for the 2024-2025 First 5 Grant Program.

The funding amount of this grant is \$150,000.

Within the next couple of weeks you will receive your grant agreement outlining the parameters of the grant, including milestones and deliverables. Should you have any questions regarding the award or grant logistics, please reach out to [Grants@partnershiphp.org](mailto:Grants@partnershiphp.org) and we can set-up an appointment to discuss your questions.

To ensure prompt payment, please return the fully executed documents to [Grants@partnershiphp.org](mailto:Grants@partnershiphp.org).

Your success with this program is important to us and we want to provide you with support as you embark on this exciting opportunity. We look forward to working with you!

In partnership,

Partnership Grants Team



# 2024-2025 First 5 Grant Program

Section 1: Applicant Information	
1.1: Program Application and Contact Information	
<b>Date:</b>	August 29 <sup>th</sup> 2024
<b>Organization Name:</b>	First 5 Yuba County
<b>Provider Type:</b>	Community Based Organization
<b>Counties Served:</b>	<input type="checkbox"/> Butte <input type="checkbox"/> Colusa <input type="checkbox"/> Del Norte <input type="checkbox"/> Glenn <input type="checkbox"/> Humboldt <input type="checkbox"/> Lake <input type="checkbox"/> Lassen <input type="checkbox"/> Marin <input type="checkbox"/> Mendocino <input type="checkbox"/> Modoc <input type="checkbox"/> Napa <input type="checkbox"/> Nevada <input type="checkbox"/> Placer <input type="checkbox"/> Plumas <input type="checkbox"/> Shasta <input type="checkbox"/> Sierra <input type="checkbox"/> Siskiyou <input type="checkbox"/> Solano <input type="checkbox"/> Sonoma <input type="checkbox"/> Sutter <input type="checkbox"/> Tehama <input type="checkbox"/> Trinity <input type="checkbox"/> Yolo <input checked="" type="checkbox"/> Yuba
<b>Contact Person Name and Title:</b>	Ericka Summers , Executive Director
<b>Contact Number:</b>	530-749-4877
<b>Email Address:</b>	<a href="mailto:esummers@co.yuba.ca.us">esummers@co.yuba.ca.us</a>
<b>Organization Mailing Address:</b>	1114 Yuba St. Suite 141, Marysville CA, 95901
<b>Is your organization intending to contract for Enhanced Care Management (ECM) or as a Supervising Community Health Worker (CHW) Provider?</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more information Information on ECM rates at <a href="https://www.partnershiphp.org/Community/Pages/CalAIM.aspx">https://www.partnershiphp.org/Community/Pages/CalAIM.aspx</a>	
2.2: General Instructions	

Requests must be submitted to Partnership via email to [grants@partnershiphp.org](mailto:grants@partnershiphp.org) no later than 5 p.m. on August 23, 2024. Incomplete and/or late applications will not be considered. To be considered complete upon submission, all components of this application must be completed, including a budget template.

### Application Submission Requirements

- Narratives for each question should not exceed 1,000 words
- If additional or supporting documentation is needed, it must be no more than three pages
- **The application, budget and any supporting documentation must be submitted as a single PDF document**

### Budget Template

Applicants must complete one budget template for an application.

- The budget template(s) must be submitted as a PDF
- All sections should include items that may be covered in full and/or partially paid for using Partnership’s First 5 Grant Program funds:
  - **Section A: Projected Staff Salary and Benefits** – this section should include a breakdown of utilization of funding that will be allocated to staff salary and benefits
  - **Section B: Other Direct Costs** – this section should include a breakdown of any other non-salary costs in which funding will be utilized
  - **Section C: Subcontractors** –this section should include any subcontractors that will be utilized. Examples include, but not limited to training organizations, staffing agencies, consultants, etc.

The application review process and timing is as follows:

Deliverable/Activity	Date
Partnership's First 5 Grant Program Release	August 1, 2024
Application Submission Period	August 1 - 23, 2024
Grantee Approval Announcement	September 6, 2024

### Grant Awards

Grant amounts may be awarded up to \$150,000, dependent upon scope of project and number of Partnership members served.

### Reporting on Milestones and Outcomes

After approval and awarding of the grant, applicants will submit milestone progress reports, which will include:

- A budget report describing how grant funding has been spent.
- A narrative summary demonstrating growth in area you have received funding to support.

Measurement period must start within three months after the grant agreement is executed. ***Milestone progress reporting will be submitted quarterly.***

### Payment Schedule

Payments will be made in the following installments:

- **50%** – Initial installment paid upon application approval and executed agreement to support program/project start-up costs.
- **25%** – Dependent upon milestone progress, the second installment will be paid 90 days after approval. Milestone progress reporting must also be submitted within 90 days after an executed agreement.
- **25%** – Final installment will be paid at the end of program year or upon completion of milestones, which include the successful submission of claims, if applicable. Milestone progress reporting must be submitted by December 31, 2025.

## Section 3: Grant Request

***A budget template must be submitted with the application.***

**A. Describe how your organization will utilize potential funding to build infrastructure and/or capacity to provide services to more Partnership members? *Word limit: 1,000 words***

First 5 Yuba provides services, services, and resources to all children in Yuba County from prenatal through age 5 and their families, with a specific emphasis on rural, low income and families with complex medical needs. First 5 Yuba strives to increase use of pediatric, prenatal care and dental care homes as well as increased well child visits, immunizations, developmental screenings, and use of early intervention services. As a trusted partner in the community, First 5 Yuba provides both direct services and oversees multiple community programs and services, school readiness programs, developmental playgroups, injury prevention such as reliable car seats and transportation as well as essential needs such as diapers, food, housing. Families and communities rely on First 5 Yuba as a centralized hub and resource for vital support.

The proposed project will help to build infrastructure to more effectively serve young children and their families specifically targeting Partnership Health Care (PHC) members. First 5 Yuba will build and expand existing systems such as our Help Me Grow Program, and Perinatal Behavioral Health Navigation Program to formalize and streamline services Community Health Worker (CHW) Benefits and ultimately provide Enhance Case Management (ECM) to support Partnership members to strengthen care and improve outcomes for those with complex needs.

The First 5 Yuba Help Me Grow Program, modeled nationally, supports pregnant women, caregivers, and families with young children with developmental delays and disabilities. This program increases family access to evidence-based developmental screenings using tools such as the Ages and Stages Questionnaire (ASQ-3) and Ages and Stages Questionnaire – Social Emotional (ASQ-SE2). Through a centralized access point families are provided navigation support and linkages to early intervention services. The program offers case management for parents navigating special needs diagnoses to help them understand their child's diagnosis and steps involved in establishing Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) in addition to connection with a variety of community supports and services.

The First 5 Yuba's local Perinatal Behavioral Health Navigation Support Program will serve as an entry point for pregnant and parenting individuals who are experiencing symptoms of mood and anxiety disorders such as postpartum depression. Through referrals from local medical providers (e.g., obstetrics, pediatrics, hospitals etc.), education institutions, and other social service agencies, First 5 Yuba supports families by connecting them to applicable services based on levels of need including peer support groups, professional treatment providers and substance use interventions. In addition, First 5 Yuba is a backbone agency for the Bi-County Home Visiting Collaborative, streamlining navigation and linkages to evidence based home visiting services, such as Parents as Teachers, Growing Great Kids, and Frog Street Love and Learn.

With this grant First 5 Yuba plans to hire two additional part time Community Health Workers (CHW) to enhance behavioral health support services and early screening, detection, and interventions in alignment with our Help Me Grow and Perinatal Behavioral Health Navigation Programs. First 5 Yuba will also hire a 0.5 FTE Managed Care Plan Coordinator who will oversee the expansion of services, act as a key liaison to formalize contracted services with Partnership Health Care, establish billing process, procedures, and workflow as well as oversee the expansion

of data tracking, collection, and alignment with Department of Health Care Services (DHCS) requirements.

First 5 Yuba will strategically embed these trained, competent, and culturally responsive CHW's in Help Me Grow and Perinatal Behavioral Health Navigation Programs to expand capacity to serve additional members. Community Health Workers (CHWs) will be uniquely positioned to enhance services families receive by acting as a vital link between healthcare systems and the community. By facilitating access to essential preventive care such as prenatal visits, immunizations, breastfeeding support, and health and development screenings, CHW's ensure that families engage in necessary health services timely and efficiently. This role is crucial in preventing the escalation of potential health issues that can become more complex and costly over time.

Community Health Workers (CHWs) will allow First 5 Yuba to reach additional unserved families in rural, isolated and low-income areas of Yuba County providing enhanced care coordination up to an additional 100 families annually. These members may be recruited through a variety of methods including referrals from local Federally Qualified Health Centers (FQHC's), Help Me Grow Program, Behavioral Health and community base organizations (e.g., United Way etc.). CHW's will also provide additional screening for social determinants (e.g., perinatal mood and anxiety disorders (PMADs), Adverse Child Experiences (ACEs), tobacco and other substance use to ensure families are served holistically. When appropriate, CHW's may work to transition members with complex medical cases to ECM. First 5 Yuba anticipates this project will help build capacity to serve a minimum of 20 families annually through ECM.

First 5 Yuba is well positioned to increase access and provide more services to Partnership members. This initiative will empower and help to build capacity to meet the increasing needs of our community members more effectively, especially the most vulnerable young children and their families. The proposed program is designed to bridge the gap between healthcare providers, social services, and community needs, ensuring that all children and families have access to timely and appropriate care and follow up.

**B. What will be your organization's approach for implementing this project? Describe how your organization will track, measure, and achieve the results. *Word limit: 1,000 words***

First 5 Yuba will focus on three areas to implement this project and achieve desired results including: 1) hiring additional staff to enhance services and coordinate implementation, 2) work with external partners to formalize Partnership Health Care contracts and establish billing systems for Community Health Workers (CHW), and Enhanced Care Management (ECM) benefits, and 3) work to enhance data systems, tracking, reporting and closed-loop referrals resulting in a no-wrong-door ecosystem for Partnership Health Care members.

- 1) First 5 Yuba will hire, train and embed appropriate staff in programs to build infrastructure, enhance services and track outcomes.
  - a. Recruit one 0.5 FTE Managed Care Coordinator with background and experience in both integrated services delivery systems such as those delivered by First 5 Yuba and expertise in health care models.
  - b. Recruit two part-time 0.5 FTE CHWs with lived experience and cultural backgrounds that align with the local populations being served (e.g., have experienced pregnancy and birth, disability or special needs child, rural isolated families, tribal relationships, foster system placement, homelessness, mental health conditions or substance use disorders, etc.



- c. All staff will be trained in an evidence-based models or approaches to implement strategies and be committed to using a service delivery approach that reduced disparities and is inclusive of all families including those underserved and underrepresented in the rural areas of Yuba County.
  - d. Maintain qualified staff to carry out implementation and ability to carry out responsibilities for each assigned member.
  - e. Organize member care activities and case management and maintains regular contact with providers to ensure coordination.
- 2) The Managed Care Plan Coordinator will work with Technical Assistance (TA) Marketplace specifically targeted to community-based organizations to obtain technical assistance resources to ensure all infrastructure needs and requirements are in place to implement foundational Community Health Worker (CHW) benefits, and strategically position ourselves to provide ongoing Enhanced Care Management (ECM) when appropriate.
  - a. Finalize application process with TA marketplace to contract directly with Chapman Consulting to support First 5 Yuba Managed Care Plan Coordinator in
  - b. Assess and address any gaps or concerns in the contracting process with Partnership Health Care and Department of Health Care Services (DHCS).
  - c. Finalize process and documentation needed to formalize First 5 Yuba as CalAIM provider.
  - d. Ensure supervising CHW status and the credentialing process is complete.
  - e. Establish effective internal policies, procedures and workflows that streamline service delivery.
- 3) The Managed Care Plan Coordinator will work with contracted partners at Bonterra Tech to enhance existing data systems to ensure all administrative tracking of patient services, navigation, referrals and ECM result in an aligned and integrated service delivery including member and provider communications resulting in a no-wrong-door ecosystem for Partnership Health members.
  - a. Establish additional Advance Service Consultant (ASC) and technical assistance needs to enhance First 5 Yuba's online data systems to support this project.
  - b. Attend regular meetings with Bonterra Tech staff to assess, personalize and configure web based software to support new data collection requirements, standardize workflows and establish systems to easily analyze data and track progress.
  - c. Provide training and ongoing technical support to CHW's to utilize the cloud-based case management system called Apricot and tailor system to meet needs of CHW and ECM care management.
  - d. Establish closed-loop referral policies, procedures, and workflow. Establish trainings for external partners to access the web-based portal and track referral outcomes.
  - e. Enhance patient experience, coordination, and communication through the Apricot online portal. Ensure patients can quickly access and mobilize to complete forms and communication with ECM provider or CHW when necessary to better coordinate care.

**C. How much total funding will your organization require to successfully complete this project? *Word limit: 50 words***

First 5 Yuba is requesting a total of \$150,000 to build infrastructure to formalize and streamline services such as Community Health Worker (CHW) Benefits and ultimately provide Enhanced Case Management (ECM) to strengthen care, reach unserved families and improve outcomes for Partnership members.

**D. How will the funds allow your organization to build capacity each year until 2026? *Word limit: 1,000 words***

By 2026, these investments will enable First 5 Yuba to significantly increase our capacity to serve more children and families in Yuba County. We anticipate that the combination of recruiting

additional Community Health Workers (CHW), expanding our services, enhancing infrastructure, and establishing more robust data and tracking systems and billing mechanisms will position our organization to successfully continue to serve additional Partnership members annually.

During the first 4 months of the project, the Executive Director will work to recruit and onboard a Managed Care Coordinator who will act as a liaison between Partnership Health Care and First 5 Yuba and to finalize project details (e.g., contracts, etc.). The new Managed Care Coordinator will also work with the Executive Director and Human Resources Department to recruit two and onboard two additional part-time (0.5 FTE) Community Health Workers (CHW) by January 2025.

Beginning in October 2025, and continuing through June of 2025 First 5 Yuba will work with contractors from TA Market Place such as Champman Consulting who have experience and expertise in managed care and will support building internal infrastructure. Coordination with Chapman Consulting will ensure First 5 Yuba continues strategic momentum to establish necessary and effective internal policies and procedures that streamline service delivery of CHW's and ultimately Enhanced Care Management (ECM). Lastly, the Managed Care Plan Coordinator and TA Marketplace will also explore and establish billing processes.

A portion of the funding will be allocated towards enhancing our technological infrastructure, specifically improving our data management system called Apricot. Beginning in December 2024, our Managed Care Plan Coordinator and TA Marketplace partners will establish regular meetings with Bonterra Tech to assess our current system capacity, identify areas for improvement and implement changes. This system will enable us to efficiently track and manage service delivery, ensuring effective scalability of our operations. We will work to ensure alignment with ECM data and reporting requirements are captured in this comprehensive system to ensure timely and effective reporting in alignment with DHSC requirements.

From February to June of 2025, CHW's will be onboarded and provided access to training on evidenced-based curriculum, Help Me Grow systems and screening fidelity utilizing Ages and Stages Questionnaires, Adverse Childhood Experience (ACE's) Screenings, Edinburgh Screenings, and other social determinants of health screenings. CHW's will shadow current staff to learn structure, programs, and procedures. In addition, this will help CHW's to build trust and rapport with both community partners and families.

Beginning in April 2025 and continuing throughout the grant cycle, CHWs will work to build capacity to enhance care coordination by continuing First 5 Yuba's work of actively partnering with Federally Qualified Health Centers (FQHCs), other healthcare providers (behavioral health, specialty care etc.) and community-based organizations to streamline service delivery. CHW's will help manage care transitions, follow-ups, and the integration of services across the healthcare spectrum, which is particularly beneficial outside clinical settings. Additionally, CHWs will assist in gathering and organizing health information, which is crucial for ensuring continuity of care, especially for families navigating multiple services or managing chronic conditions. For families, this means less confusion and more clarity in navigating healthcare pathways, leading to improved health outcomes and satisfaction with healthcare services.

Community Health Workers (CHWs) will allow First 5 Yuba to expand services and reach additional unserved families in rural, isolated and low income areas of Yuba County providing enhanced care coordination up to an additional one hundred (100) families annually. Beginning in July 2025 CHW's will also begin to enroll families who qualify and need additional support such

as: pregnant and postpartum individuals, children with serious mental health needs, children with intellectual or developmental disabilities and pregnant and at risk postpartum youth individuals in ECM as well as continued referrals from Help Me Grow and Perinatal Behavioral Health Navigation Program.

**E. Share your organization's sustainability plan for maintaining capacity as an ECM or Supervising CHW provider over the next two years. *Word limit: 1,000 words***

Over the next two years through this transformative project, First 5 Yuba will not only meet the immediate needs of our community but will also set a sustainable pathway for continued growth and service enhancement in the years to come. As the complexity and needs of families continue to grow, we are prompted to find more innovative solutions and strengthen our sustainability strategies to ensure continuous, impactful support for our most vulnerable populations.

After the grant period we aim to maintain the service levels achieved with this grant funding and grow them by securing additional funding. Through the established billing system for reimbursement of CHWs and ECM supports we have a foundational and sustainable financial model leveraging reimbursements for services provided and opens the door for opportunity for expanded programs and services.

Our sustainability strategy includes enhancing collaborations with key local entities such as healthcare providers, Federally Qualified Health Centers (FQHCs), educational institutions, and community organizations. These partnerships are vital for enhancing our service delivery through shared resources and expertise and opening opportunities for joint funding ventures and resource pooling. Such collaborations are essential for broadening our operational capacity and reach.

First 5 Yuba will continue to build staff capacity to expand services essential for sustainability. We train staff in new service models, develop program materials, and extend our reach into new communities. Training will also emphasize cultural sensitivity, humility, competence, trauma-informed care, and inclusive practices. Such expansions enhance our service offerings and position First 5 Yuba to attract new funding and partnerships, which are critical for our growth and sustainability.

Operational efficiency will also support sustainability. By leveraging technology to streamline administrative tasks and regularly reviewing our operational processes, we aim to reduce overhead costs and allocate resources more effectively. Building out our technology infrastructure to collect and analyze disaggregated data allows us to tailor interventions, measure impact, and publicly report progress toward reducing inequalities, thus improving service delivery and accountability.

The initial funding will be instrumental in establishing, stabilizing and formalizing current practices and procedures to expand and streamline services to provide critical CHW and ECM benefits for Partnership Health Care members creating sustainable systems.

**F. Please provide a high-level description of the milestone activities/schedule of events, timelines, and staffing resources required to complete this project successfully. *Word limit: 1,000 words***

Milestone Activity	Projected Completion Date	Resources Needed
Consult with Bonterra Tech to modify current contracts to increase Technical Assistance to enhance data systems	October 2024	Executive Director (In-Kind), Program Analyst (In-Kind) – Bonterra Tech
Finalize Marketplace TA Application – Capman Consulting	October 2024	Executive Director (In-Kind),
Finalized contracts with Partnership for Supervising CHW and ECM services	October 2024	Executive Director (In-Kind), Program Analyst (In-Kind) Capman Consulting (In Kind),
Recruit Staff (Manage Care Plan Coordinator .5 FTE)	December 2024	HR personnel for recruitment (in-kind); Executive Director (In-Kind)
Consult with Bonterra Tech to modify contracts to increase Technical Assistance to enhance data systems	December 2024	Executive Director (In-Kind), Program Analyst (In-Kind) – Bonterra Tech
Recruit Staff (CHW .5 FTE X 2)	January 2025	HR personnel for recruitment (in-kind); Executive Director (In-Kind),
Onboard staff and set up equipment	February 2025	Yuba County Information Technology Support (In-kind), purchase of budgeted equipment
CHW Training & Credentialing	February – June 2025	Oversight Managed Care Program Coordinator; Facilities for training sessions (in-kind)
Case management systems upgrades	March 2025	Oversight Managed Care Program Coordinator; Program Analyst for integration strategies (in-kind); Bonterra Tech., CHWs for operational deployment
Finalize systems and workflow to effectivity provide CHW services including Supervising CHW status	March 2025	Capman Consulting (In Kind), Managed Care Program Coordinator;
Explore building billing options for CHW and ECM	March – June 2025	Capman Consulting (In-Kind), Managed Care Program Coordinator;
CHWs begin enrolling families through coordination by partnering with Federally Qualified Health Centers (FQHCs) and other community partners.	April – December 2025	Oversight Managed Care Program Coordinator; Executive Director (in-kind); CHWs for operational deployment
Finalized systems, workflows to effectivity implement and enroll families in ECM services	July – December 2025	Oversight Managed Care Program Coordinator; Executive Director (in-kind); Bonterra Tech support; CHWs for operational deployment.
Ongoing training and quality improvement of staff effectiveness and reach	July – December 2025	Oversight Managed Care Program Coordinator; Executive Director (in-kind); review data

Ongoing quality improvement data management systems	July – December 2025	Oversight Managed Care Program Coordinator; Executive Director (in-kind); Bonterra
Create a Sustainability Plan for Supervising CHW and ECM	December 2025	Oversight Managed Care Program Coordinator; Executive Director (in-kind)

## Section 6: Application Agreement

### 6.1: Attestation/Certification

I certify that as the representative of the Partnership's First 5 Grant Program applicant, I agree to the following conditions:

- The purpose of the First 5 Grant Program funding is to provide fiscal support to providers that will be offering Enhanced Care Management (ECM) and/or providing CHW services to members.
- All applicants will use the Partnership's First 5 Grant Program funding to better integrate and support ECM initiatives for all target population members within the applicant's practice panel.
- The First 5 Grant Program funding will not duplicate or supplant other previously identified funding that is specifically dedicated to the deliverables listed in this application.
- The First 5 Grant Program funding may be combined with other funding sources to accomplish the milestones listed in this application, to the extent permissible under federal and state law.
- The First 5 Grant Program funding will not be used to reimburse for services currently reimbursable under Medi-Cal, but must be used to improve the delivery system for Medi-Cal managed care enrollees.
- Organizations intending to contract for ECM and Supervising CHW, must submit completed contracting and credentialing documentation to Partnership before September 30, 2024 to be eligible to receive funds. Please see ECM rates and requirements at <https://www.partnershiphp.org/Community/Pages/CalAIM.aspx>.
- The First 5 Grant program awardees must continue with contracted services for two years post grant funding.
- Funds awarded must be spent by December 31, 2025.
- The First 5 Grant Program applicant will report and submit timely and complete data to Partnership in the specified format.
- The First 5 Grant Program applicant shall submit reports in a manner specified by Partnership.
- Payments for the First 5 Grant Program will be contingent upon completion of the application milestone deliverables.
- If not already contracted with Partnership for ECM or as a Supervising CHW Provider, the entity will work in good faith to sign a contract to be a Partnership ECM and/or Supervising CHW Provider and must submit completed contracting and credentialing documentation to Partnership before September 30, 2024 to receive funds.

I hereby certify that all information provided in this application is true and accurate to the best of my knowledge, and that this application has been completed based on a good faith understanding of Partnership's First 5 Grant Program participation requirements.

**Signature of Applicant Representative:** *Ericka Summers*

**Printed Name:** Ericka Summers

**Title of Applicant Representative:** Executive Director

**Organization Name:** First 5 Yuba County

**Date:** 8/29/2024



# PHC CaAIM Grant Program Budget Template <sup>\*\*</sup>

## APPLICANT INFORMATION

<b>Organization Name:</b>	<b>First 5 Yuba County Children and Families Commission</b>						
<b>County/Countries Served:</b>	<b>Check all that apply</b>						
	<input type="checkbox"/> Butte	<input type="checkbox"/> Colusa	<input type="checkbox"/> Del Norte	<input type="checkbox"/> Glenn	<input type="checkbox"/> Humboldt	<input type="checkbox"/> Lake	<input type="checkbox"/> Lassen
	<input type="checkbox"/> Marin	<input type="checkbox"/> Mendocino	<input type="checkbox"/> Modoc	<input type="checkbox"/> Napa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Placer	<input type="checkbox"/> Plumas
	<input type="checkbox"/> Shasta	<input type="checkbox"/> Sierra	<input type="checkbox"/> Siskiyou	<input type="checkbox"/> Solano	<input type="checkbox"/> Sonoma	<input type="checkbox"/> Sutter	<input type="checkbox"/> Tehama
	<input type="checkbox"/> Trinity	<input type="checkbox"/> Yolo	<input checked="" type="checkbox"/> Yuba				
<b>Contact Name:</b>	<b>Ericka Summers</b>	<b>Contact Title:</b>	<b>Executive Director</b>				
<b>Contact Phone:</b>	<b>530-701-7080</b>	<b>Contact Email:</b>	<a href="mailto:esummers@co.yuba.ca.us">esummers@co.yuba.ca.us</a>				

## GRANT FUNDING PRIORITY AREA

*\*\*Note: Applicants must complete Budget Template to be submitted with their application.*

<b>Which Category is this Budget Template for? Select ONE from below.</b>			

## FUNDING INFORMATION/BREAKDOWN

A. Staff Salary and Benefits					
Name	Title	Salary	Benefits	FTE%	Total
Vacant	Managed Care Coordinator	\$64,749	\$35,999	50%	\$ 50,374
Vacant	Community Health Worker	\$56,882	\$14,192	50%	\$ 35,537
Vacant	Community Health Worker	\$56,882	\$14,192	50%	\$ 35,537
					\$ -
<b>Total Salary and Benefits</b>					<b>\$ 121,448</b>

B. Other Direct Costs		
Item	Description/Justification	Total
Technology Expansion	Build additional infrastructure in existing data management system (dms) to fully meet the needs of this project, includes customized and individualized technical support, additional functionalities such as closed loop referrals, enhance case management tracking, analyze data, and effective client communications. Current dms is HIPAA compliant.	\$ 10,452
		\$ -
		\$ -

**Complete the below if including Equipment:**

Equipment Type	Purpose	Total
Laptop x 2	Provide project staff with the necessary equipment to successfully execute this project including but not limited to field work - Lap top computer & software 2 X \$2,000 each.	\$ 4,000
Mobile Phone & Hotspot	CHW phone to connect with patients. Includes internet connectivity and Hot Spot abilities to connect to Laptop for rural areas with limited or no internet access. Phone \$300 X2 = \$600. Monthly Connectivity Fee \$50/month X 15 Months X 2 CHW = \$1,500	\$ 2,100
<b>Total Other Direct Costs</b>		<b>\$ 16,552</b>



# PHC CaAIM Grant Program Budget Template <sup>\*\*</sup>

## APPLICANT INFORMATION

<b>Organization Name:</b>	<b>First 5 Yuba County Children and Families Commission</b>		
<b>County/COUNTIES Served:</b>	<b>Check all that apply</b>		
	<input type="checkbox"/> Butte	<input type="checkbox"/> Colusa	<input type="checkbox"/> Del Norte
	<input type="checkbox"/> Glenn	<input type="checkbox"/> Humboldt	<input type="checkbox"/> Lake
	<input type="checkbox"/> Lassen	<input type="checkbox"/> Plumas	<input type="checkbox"/> Tehama
	<input type="checkbox"/> Marin	<input type="checkbox"/> Mendocino	<input type="checkbox"/> Modoc
	<input type="checkbox"/> Napa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Placer
	<input type="checkbox"/> Shasta	<input type="checkbox"/> Sierra	<input type="checkbox"/> Siskiyou
	<input type="checkbox"/> Solano	<input type="checkbox"/> Sonoma	<input type="checkbox"/> Sutter
	<input type="checkbox"/> Trinity	<input type="checkbox"/> Yolo	<input checked="" type="checkbox"/> Yuba
<b>Contact Name:</b>	<b>Ericka Summers</b>	<b>Contact Title:</b>	<b>Executive Director</b>
<b>Contact Phone:</b>	<b>530-701-7080</b>	<b>Contact Email:</b>	<a href="mailto:esummers@co.yuba.ca.us">esummers@co.yuba.ca.us</a>

## GRANT FUNDING PRIORITY AREA

*\*\*Note: Applicants must complete Budget Template to be submitted with their application.*

<b>Which Category is this Budget Template for? Select ONE from below.</b>			
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C. Subcontract(s)			
Organization	Contact Person	Activity	Total
			\$ -
			\$ -
			\$ -
			\$ -
D. Indirect			
8% of total grant	Indirect expense to cover items including but not limited to office space, insurance, utilities, and administrative support to monitor and oversee grant fiscal operations.		\$ 12,000
<b>Total Subcontract(s)</b>			<b>\$ 12,000</b>

	<b>Total Budget Request</b>	<b>\$ 150,000</b>
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# ECM Provider Readiness Questionnaire

Organization Name: First 5 Yuba County

Please respond to all of the questions listed below. Incomplete forms will be returned and cause a delay.

1. The executive leadership at my organization has reviewed the DHCS ECM contract provisions and is in agreement to participate. [ECM and CS \(ILOS\) Contract Template Provisions](#) Yes
  
2. My organization has an administrative lead or manager identified to lead the implementation of this benefit. If yes, answer below: No
  - a. Name: \_\_\_\_\_
  - b. Contact Information: \_\_\_\_\_
  
3. My organization has staff in place to provide the ECM benefit:     Fully staffed         Need to hire
 

*If your organization is **fully staffed**, please answer the following:*

  - a. Total number of ECM staff, including full-time and part-time positions in the organization
 

Number of full-time staff: \_\_\_\_\_

Number of part-time staff:     3 - .5 FTE

*If your organization **needs to hire staff**, please answer the following:*

  - b. Target hire date for new staff:    December - January 2024
  - c. Date staff will be ready to accept referrals for ECM services:    July 2025
  
4. My organization has the ability to respond to referrals for ECM services within five business days Yes
  
5. My organization has a closed-loop referral system No
  
6. My organization uses or has the ability to outreach to members primarily in person where they live, seek care, or where members are accessible Yes
  
7. My organization has committed to using the Collective Medical platform/system for ECM benefit activities and communication Yes
  
8. My organization uses or has the ability to use a claims (payment) process. If yes, please mark box below: No

Paper Claims (CMS-1500 Form)     Paper Claims (UB 04 Form)     Electronic Claims (EDI 837)
  
9. My organization is currently contracted with Partnership HealthPlan of California for Medi-Cal services No
  
10. My organization is a non-profit entity No

# ECM Provider Readiness Questionnaire

11. My organization has an NPI number. No  
*If yes, list the NPI:* \_\_\_\_\_
12. My organization has a federal EIN number. Yes  
*If yes, list the EIN::* 94-6000549 \_\_\_\_\_
13. My organization is contracted with other commercial payors and/or other Medi-Cal payors No
14. My organization is currently delegated for certain activities with commercial payors and/or Medi-Cal payors No
15. My organization has experience in developing and/or plans to develop a comprehensive, individualized, and person-centered care plan for the following groups Yes

# ECM Provider Readiness Questionnaire

For each population of focus listed in the table below, answer **yes/no** in each column provided.

**\*Note: Indicate the number of members you are able to serve in the last column labeled "Capacity".**

Adult Population of Focus		Experience in Providing Service	Plan to Provide Service	Capacity *See Note Above
15-1	Homelessness or those at risk of homelessness	No	No	
15-2	Avoidable utilizers with frequent hospital admissions, short-term skilled nursing stays and/or emergency department visits	No	No	
15-3	Individuals at risk for institutionalization who are eligible for long-term care services	No	No	
15-4	Nursing facility residents who want to transition to the community	No	No	
15-5	Individuals who are at risk for institutionalization who have co-occurring chronic health conditions and Severe Mental Illness (SMI) / Substance Use Disorder (SUD)	No	No	
15-6	Individuals transitioning from incarceration who have significant complex physical or behavioral health needs, needing immediate transition of services to the community	No	No	
15-7	Adult pregnant and postpartum individuals at risk for adverse perinatal outcomes	Yes	Yes	5
Children and Youth Population of Focus		Experience in Providing Service	Plan to Provide Service	Capacity *See Note Above
15-8	Children and youth experiencing homelessness	Yes	Yes	
15-9	Children and youth individuals at risk for avoidable hospital or emergency department utilization (formerly called "High Utilizers")	No	No	
15-10	Children and youth with serious mental health and/or SUD needs	Yes	Yes	5
15-11	Children and youth transitioning from incarceration	No	No	
15-12	Children and youth enrolled in California children's services (CCS) or CCS whole child model (WCM) with additional needs beyond the CCS condition	Yes	Yes	
15-13	Children and youth involved in child welfare	Yes	Yes	
15-14	Children and youth with intellectual or developmental disabilities (I/DD)	Yes	Yes	5
15-15	Youth pregnant and postpartum individuals at risk for adverse perinatal outcomes	Yes	Yes	5

# ECM Provider Readiness Questionnaire

Do you delegate or subcontract services to any of the populations of focus listed in the table above?  
If yes, please list corresponding numbers of populations of focus serviced that are being delegated or subcontracted:

16. My organization has experience in providing the services below to help members across care settings, i.e. hospital to home, residential treatment, incarceration, etc. Please mark all that apply below:
- Developing strategies to reduce avoidable member admissions and readmissions.
  - Developing and regularly updating a transition plan for the member.
  - Evaluating a member's medical care needs and coordinating any support services to facilitate safe and appropriate transitions from and among treatment facilities, including admissions and discharges.
  - Tracking each member's admission and/or discharge to or from an emergency department, hospital inpatient facility, skilled nursing facility, residential or treatment facility, incarceration facility, or other treatment centers and communicating with the appropriate care team members.
  - Coordinating medication review/reconciliation.
  - Providing adherence support and referral to appropriate services.

# ECM Provider Readiness Questionnaire

17. My organization has experience in providing case management and/or care coordination services with the following agencies. Please mark all that apply below:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Medi-Cal eligibility office  | <input type="checkbox"/> Durable medical equipment (DME)   |
| <input checked="" type="checkbox"/> Primary care provider (PCP) / specialist                             | <input type="checkbox"/> Pharmacy/ prescriptions   |
| <input type="checkbox"/> Hospitals/ emergency rooms  | <input checked="" type="checkbox"/> Denti-Cal  |
| <input type="checkbox"/> Hospice/ palliative care  | <input type="checkbox"/> Department of Developmental Services/ Regional enter  |
| <input type="checkbox"/> Skilled nursing facilities (SNFs)/ assisted living facilities                   | <input checked="" type="checkbox"/> Housing services (HUD, community-based organizations, county-based services, etc.)   |
| <input checked="" type="checkbox"/> County behavioral health services (moderate to severe mental health) | <input checked="" type="checkbox"/> Cash aid or related services (CalFRESH, WIC, Social Security Disability Income (SSDI), Supplemental Security Income (SSI), etc.) |
| <input type="checkbox"/> Carelon (formerly known as Beacon) services (mild to moderate mental health)    | <input checked="" type="checkbox"/> County Probation Department, District Attorney's Office, and/or Public Defender's Office   |
| <input checked="" type="checkbox"/> County substance use services/ treatment                             | <input checked="" type="checkbox"/> Vocational programs/ training  |
| <input type="checkbox"/> Medi-Cal ODS Waiver (Wellness and Recovery Benefit)                             | <input type="checkbox"/> U.S. Department of Veterans Affairs   |
| <input checked="" type="checkbox"/> County full service partnerships (FSP) Services                      | <input checked="" type="checkbox"/> Tribal health partners and/or affiliated agencies  |
| <input type="checkbox"/> Community Based Adult Services (CBAS)   | <input type="checkbox"/> Medicare benefits/ services   |
| <input type="checkbox"/> Multi-Services Senior Program (MSSP)  | <input checked="" type="checkbox"/> Kaiser   |
| <input type="checkbox"/> In-Home Support Services (IHSS)   | <input checked="" type="checkbox"/> Partnership HealthPlan of California - Care Coordination Department  |
| <input checked="" type="checkbox"/> Targeted case management (TCM)                                       |  |
| <input checked="" type="checkbox"/> California Children's Services (CCS) or Whole Child Model (WCM)      |  |
| <input type="checkbox"/> Genetically Handicapped Persons Program (GHPP)                                  |  |
| <input checked="" type="checkbox"/> County child welfare services / foster care                          |  |

# ECM Provider Readiness Questionnaire

18. My organization plans to serve the following counties (please mark all that apply below):

- |                                    |                                    |                                 |                                   |                                  |
|------------------------------------|------------------------------------|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Del Norte | <input type="checkbox"/> Lassen    | <input type="checkbox"/> Modoc  | <input type="checkbox"/> Solano   | <input type="checkbox"/> Trinity |
| <input type="checkbox"/> Humboldt  | <input type="checkbox"/> Marin     | <input type="checkbox"/> Napa   | <input type="checkbox"/> Sonoma   | <input type="checkbox"/> Yolo    |
| <input type="checkbox"/> Lake      | <input type="checkbox"/> Mendocino | <input type="checkbox"/> Shasta | <input type="checkbox"/> Siskiyou |                                  |

*Additional counties starting January 1, 2024:*

- |                                 |                                 |                                 |                                 |  |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> Butte  | <input type="checkbox"/> Glenn  | <input type="checkbox"/> Placer | <input type="checkbox"/> Sierra | <input type="checkbox"/> Tehama          |
| <input type="checkbox"/> Colusa | <input type="checkbox"/> Nevada | <input type="checkbox"/> Plumas | <input type="checkbox"/> Sutter | <input checked="" type="checkbox"/> Yuba |

19. Does your location use certified EHR technology or a care management document system? Yes

*If yes, can you create and manage a care plan using your system?* Yes

*If you can create and manage a care plan, what is the name of your system?*     Bonterra – Apricot    

If your organization is interested in providing Community Supports services, please complete the **Community Supports Provider Readiness Questionnaire** that can be requested in the additional comments section below.

**Additional Comments or Information:**

**Current Care management systems will need to be built out to more effectively manage clients.**

# ECM Provider Readiness Questionnaire



# Supervising Provider of Community Health Worker/P/Rs Provider Readiness Questionnaire

Organization Name: First 5 Yuba County

Please respond to all of the questions listed below. Incomplete forms will be returned and cause a delay.

1. The executive leadership at my organization has reviewed the DHCS APL 24-006 Yes  
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-006.pdf>

2. My organization has an administrative lead or manager identified to lead the implementation of this benefit. If yes, answer below: No  
a. Name: \_\_\_\_\_  
b. Contact Information: \_\_\_\_\_

3. My organization has staff in place to provide the CHW/P/R services:  Fully staffed  Need to hire

*If your organization is **fully staffed**, please answer the following:*

a. Total number of CHW/P/Rs, including full-time and part-time positions in the organization  
Number of full-time staff: \_\_\_\_\_  
Number of part-time staff: 2- .5 FTE

*If your organization **needs to hire staff**, please answer the following:*

b. Target hire date for new staff: January 2025  
c. Number of hired staff: \_\_\_\_\_

4. My organization has a closed-loop referral system No

5. My organization uses or has the ability to use electronic authorization (requests) processes. Yes

6. My organization uses or has the ability to use a claims (payment) process, if yes, please mark box below: No  
 Paper Claims (CMS-1500 Form)  Paper Claims (UB 04 Form)  Electronic Claims (EDI 837)

7. My organization is currently enrolled as a Medi-Cal provider? If no, please visit No  
<https://www.dhcs.ca.gov/provgovpart/Documents/Enrollment-for-CBOs-LHJs-using-PAVE.pdf>

8. My organization is currently contracted with PHC for services, if yes, list all services below: No  
\_\_\_\_\_

9. My organization is a non-profit entity. No

10. My organization has an NPI number. No  
*If yes, list the NPI:* \_\_\_\_\_

11. My organization has a federal EIN number. Yes  
*If yes, list the EIN::* 94-6000549

12. My organization is contracted with other commercial payers and/or other Medi-Cal payers No





# Supervising Provider of Community Health Worker/P/Rs Provider Readiness Questionnaire

## Additional Information:

13. Areas of Focus – select all that apply:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Unhoused or those experiencing Homelessness | <input checked="" type="checkbox"/> Control and prevention of chronic conditions  |
| <input checked="" type="checkbox"/> Birth Equity                                | <input checked="" type="checkbox"/> Asthma Prevention   |
| <input checked="" type="checkbox"/> Youth and Children                          | <input type="checkbox"/> Aging  |
| <input type="checkbox"/> Sexual and Reproductive Health                         | <input checked="" type="checkbox"/> Health Education to Promote Health  |
| <input checked="" type="checkbox"/> Violence Prevention                         | <input checked="" type="checkbox"/> Perinatal Health Conditions   |
| <input type="checkbox"/> Respite Services                                       | <input checked="" type="checkbox"/> Health Navigation   |
| <input checked="" type="checkbox"/> Mental Health Conditions                    | <input checked="" type="checkbox"/> Other: <u>Parent education on child</u><br><u>development, and families with children with</u><br><u>disabilities</u> |
| <input checked="" type="checkbox"/> Substance Use Conditions                    |   |
| <input checked="" type="checkbox"/> Oral Health                                 |   |

**Do you delegate or subcontract to provide any of the services listed in the table above?  
If yes, please list all service that are being delegated or subcontracted:**



# Supervising Provider of Community Health Worker/P/Rs Provider Readiness Questionnaire

14. Counties interested in serving, mark all that apply:

- |                                 |                                   |                                    |  |                                   |
|---------------------------------|-----------------------------------|------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Butte  | <input type="checkbox"/> Colusa   | <input type="checkbox"/> Del Norte | <input type="checkbox"/> Glenn           | <input type="checkbox"/> Humboldt |
| <input type="checkbox"/> Lake   | <input type="checkbox"/> Lassen   | <input type="checkbox"/> Marin     | <input type="checkbox"/> Mendocino       | <input type="checkbox"/> Modoc    |
| <input type="checkbox"/> Napa   | <input type="checkbox"/> Nevada   | <input type="checkbox"/> Placer    | <input type="checkbox"/> Plumas          | <input type="checkbox"/> Shasta   |
| <input type="checkbox"/> Sierra | <input type="checkbox"/> Siskiyou | <input type="checkbox"/> Solano    | <input type="checkbox"/> Sonoma          | <input type="checkbox"/> Sutter   |
| <input type="checkbox"/> Tehama | <input type="checkbox"/> Trinity  | <input type="checkbox"/> Yolo      | <input checked="" type="checkbox"/> Yuba |                                   |

15. My organization has experience in working with the following community partners, mark all that apply:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Primary Care Providers (PCPs)/Specialists | <input type="checkbox"/> Medicare Benefits/Services                            |
| <input type="checkbox"/> Hospitals or Emergency Rooms                         | <input checked="" type="checkbox"/> Kaiser                                     |
| <input type="checkbox"/> Hospice/Palliative Care Agencies                     | <input checked="" type="checkbox"/> Partnership HealthPlan of California       |
| <input checked="" type="checkbox"/> County Based Programs and/or Services     | <input checked="" type="checkbox"/> Tribal Partners and/or Affiliated Agencies |
| <input type="checkbox"/> U.S. Department of Veterans Affairs                  |  |

### Additional Comments or Information:

First 5 is well-established leader and convener of community organizations. First 5 is both a grantor of community resources and a grantee to provide services to families with young children. Staff live and work in the community and are culturally representative of the families we serve.



**AGENDA ITEM 3**  
**October 24, 2024**

<b>Subject</b>	Public Hearing for Annual Audit Review
<b>Supporting Document(s)</b>	<ul style="list-style-type: none"><li>• External Draft Annual Audit Findings- First 5 Yuba Fiscal Year 2023-2024</li></ul>
<b>Overview</b>	<p>Pursuant to Health and Safety Code § 130140 Annual Audit Review The Commission must conduct a public hearing on its annual independent audit report and discuss audit findings.</p> <p>Additionally, the Commission is asked to approve the report.</p> <p>There were no findings in the 23/24 audit report.</p>
<b>Staff Recommendation</b>	Staff recommends approval for the Annual audit with ability to amend
<b>Fiscal Impact</b>	
<b>Action Requested</b>	Following the close of the Public Hearing- a motion to approve the First 5 Yuba annual audit for fiscal year ending June 30, 2024.

**AGENDA ITEM 4**  
**October 24, 2024**

<b>Subject</b>	State Annual Report Review
<b>Supporting Document(s)</b>	DRAFT Annual Report to First 5 California
<b>Overview</b>	<p>Pursuant to Health and Safety Code § 130140 Review of Annual Report - The Commission must conduct a public hearing on its annual report to First 5 California Children and Families Commission.</p> <p>Additionally, the Commission is asked to approve the draft report for submission to the First 5 California in compliance with annual reporting and funding requirements.</p>
<b>Staff Recommendation</b>	Staff recommends approval.
<b>Fiscal Impact</b>	None
<b>Action Requested</b>	Following the close of public hearing, a motion to approve the 2024-2025 Annual First 5 California Report with the provision to make amendments based on any additional audit findings.

**AGENDA ITEM 5**  
**October 24, 2024**

<b>Subject</b>	<b>Executive Director Activity Report: July – August</b>
<b>Supporting Document(s)</b>	ED Report Provided at meeting
<b>Overview</b>	The Commission will receive information on committees, First 5 CA and Association updates, operational/program activities, and the Executive Director special report.
<b>Discussion</b>	Further discussion upon inquiry
<b>Recommendation</b>	None
<b>Fiscal Impact</b>	None
<b>Action Requested</b>	None