2017 – 2021 LOCAL LEAD AGENCY
COMPREHENSIVE TOBACCO CONTROL PLAN GUIDELINES

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA TOBACCO CONTROL PROGRAM

JULY 14, 2017 (amended version)

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Part I. Funding Opportunity Description

A. Funding Purpose

The purpose of these Local Lead Agency (LLA) Guidelines is to: 1) direct each of the 61 designated tobacco control LLAs in the development of a comprehensive tobacco control plan (Plan) as required by Health and Safety Code (HSC) 104375; 2) extend the 2017-2018 Local Lead Agency Comprehensive Tobacco Control Plan to June 30, 2021; and 3) provide for the incorporation of the LLA allocation pursuant to funding made available as a result of Proposition 99 (Prop 99), the Tobacco Tax and Health Protection Act of 1988 and Proposition 56 (Prop 56), the Tobacco Tax Increase Initiative of 2016. This plan shall be known as the 2017-2021 Local Lead Agency Comprehensive Tobacco Control Plan.

B. Public Health Significance

Tobacco use remains the number one cause of preventable death, disease, and disability in the United States;[1] 40 percent of all cancer diagnoses in the United States are attributed to tobacco use[2,3] while smoking accounts for 85 percent of lung cancers,[4] 80 percent of chronic obstructive pulmonary disease, 30 percent of cardiovascular disease, and 30 percent of cancer deaths.[1] Each year, tobacco-related diseases account for approximately 16 percent or 40,000 of deaths in California.[5,6]

Direct health care costs attributed to tobacco use in California are $13.29 billion annually and of this, California taxpayers spend $3.58 billion dollars each year to treat cancer and other smoking-related diseases through Medi-Cal.[5] To put this in perspective, the fiscal year (FY) 2016/2017 budget for the California Department of Public Health (CDPH) was $3.0 billion.[7]

California's smoking population totals approximately 3.2 million people, with the number of smokers in the state exceeding the total population in 21 states.[8,9] Eliminating tobacco use would profoundly improve the health of Californians and considerably reduce health care costs.

Since 1989, as a result of concentrated efforts to reduce initiation and use of tobacco and to protect non-smokers from secondhand smoke, CDPH and its partners have reduced the smoking prevalence among adult Californians from 23.7 percent in 1988 to 10.5 percent in 2015, a 55.7 percent decline. Despite this success, large differences in smoking prevalence persist for adults and youth by race/ethnicity and among population groups by socioeconomic status, educational attainment, occupation, mental health status, sexual orientation, and geography. These high-risk groups suffer disproportionately from tobacco-related illnesses and death despite the progress made in reducing adult tobacco use in California.[10] In order to achieve health equity,

additional focus must be placed on engaging with priority population communities to address tobacco-related disparities.

Tobacco's toll extends beyond the direct user: 1) secondhand smoke is a known health risk for non-smokers; 2) there is growing evidence of the toxicity of thirdhand smoke; and 3) research indicates that the production of tobacco products and discarded tobacco waste harm the environment. The *2006 Surgeon General's Report on the Health Consequences of Involuntary Exposure to Secondhand Smoke* concluded that there is no risk free level of exposure to secondhand smoke.[11] Exposure to secondhand smoke has been linked to adverse health effects that harm fetuses, infants, children, and adults.[1] According to the 2006 Surgeon General's Report, secondhand smoke is proven to cause lung cancer, heart disease, serious respiratory illnesses such as bronchitis and asthma, low birth weight, and sudden infant death syndrome.[11] In 2014, more than half of adult Californians reported recently being exposed to secondhand smoke, with more than 12 percent noting their most recent exposure was at home or at work.[10] As with smoking, stark differences in exposure to secondhand smoke by demographics exist.[10]

A growing body of research suggests that thirdhand smoke, the tobacco smoke residue that remains in indoor environments after active smoking ceases, is a public health hazard distinct from secondhand smoke. Toxic chemicals from secondhand smoke become embedded in wallboard, carpeting, drapes, furniture, pets, and clothing. They serve as a reservoir of toxic chemicals that change over time from environmental conditions, making new and additional pollutants that are re-emitted from surfaces and inhaled or directly absorbed into the body through skin and ingestion routes.[12]

The public health impact of tobacco products extends beyond its direct impact on humans, through its negative impact on the environment. The World Health Organization's 2017 report, *Tobacco and its Environmental Impact: An Overview*, notes that healthy soil, an adequate supply of clean and fresh water and clean air are among the basic necessities that enable humans to live, but these are adversely impacted by the tobacco industry through their cultivation, manufacturing, transport, use of the product, and as a result of discarded tobacco product waste.[13] The global impact of tobacco use includes agrochemical use, deforestation, carbon dioxide, and methane emissions, secondhand and thirdhand smoke, and pollution of the soil and waterways, harming the planet's biodiversity.[13]

In the past several years, there has been growing appreciation that the public health harm caused by the tobacco use epidemic is industrially produced. This recognition is facilitating a public health paradigm shift moving the focus from "tobacco control" strategies to "endgame" strategies.[14] Endgame strategies are those initiatives designed to change or permanently eliminate the structural, political, and social dynamics that sustain the tobacco epidemic, in order to end it within a specific time.[15]

In October 2016, the *New England Journal of Medicine* published an article by Dr. Michael Fiore that analyzed the rates of decline in adult smoking during the presidential administrations of Bill Clinton, George W. Bush, and Barack Obama.[16] Dr. Fiore noted that the fastest rate of decline in adult smoking was under the Obama presidency and attributed this to several policy changes, regulatory action, and public health initiatives including a $0.62 federal cigarette tax increase, the enactment of the 2009 Family Smoking Prevention and Tobacco Control Act, the launch of the Centers for Disease Control and Prevention's (CDC) Tips cessation mass media campaign, the Affordable Care Act (ACA) which required insurers to cover treatment of nicotine addiction with evidence-based interventions, and other measures which helped accelerate smoking cessation.[16]

Dr. Fiore, projected that if the adult smoking rate continues to decline at the pace set during the Obama presidency, then smoking rates in the United States will reach zero by 2035, noting that this is not an aspirational, but an achievable goal.[16] To this end, Dr. Fiore laid out public health policy and education initiatives that will accelerate progress to eliminate tobacco use. These include tobacco excise tax increases, secondhand smoke protections, mass media campaigns, interventions targeted towards vulnerable populations, full implementation of the Affordable Care Act's tobacco use cessation benefits, and raising the legal age of tobacco sales to 21.[16] With the infusion of Prop 56 funding for tobacco use prevention and cessation, California is well-positioned to end the tobacco epidemic by 2035, if not sooner.

C. Authorizing Legislation

The California Tobacco Control Program (CTCP) was established in 1989 as a result of Prop 99 the Tobacco Tax and Health Promotion Act of 1988 which added a 25-cent tax to each pack of cigarettes sold in the state and designated 20 percent of the funds be directed towards preventing and reducing tobacco use. In November 2016, California voters overwhelming approved Prop 56, the California Healthcare, Research, and Prevention Tobacco Act of 2016, by a 64 percent to 36 percent vote. Prop 56 added an additional $2.00 tax to each pack of cigarettes and an equivalent tax on other tobacco products, including electronic smoking devices (ESD), and designated that a portion of the tobacco tax revenue be directed toward reducing smoking and tobacco use among all Californians, particularly youth; supporting research into the causes and cures for all types of cancer, cardiovascular and lung disease, oral disease, and tobacco-related diseases; funding for existing health care programs; and for the implementation of programs to reduce cigarette smuggling, tobacco tax evasion, illegal tobacco sales to minors, medical training for new doctors, and the prevention and treatment of dental diseases, including those caused by tobacco.

Prop 99, Prop 56, implementation enabling legislation, and the annual Budget Act provide legislative authority for the comprehensive tobacco control program administered by CDPH/CTCP. Enabling legislation for California's tobacco control efforts,

HSC Chapter 1.2 commencing with Section 104350 designates the CDPH as responsible for administering a statewide comprehensive tobacco use prevention and reduction program. These statutes require CDPH to fund a variety of innovative approaches to reduce tobacco use which include awarding funds for: state and local governmental agencies, tribes, universities and colleges, community-based organizations, and other qualified agencies to implement, evaluate, and disseminate effective prevention programs and interventions; conducting a statewide media campaign; and evaluating the effectiveness of the overall tobacco control program.

The enabling legislation for California's comprehensive tobacco control program includes Assembly Bills (AB) 75 (Chapter 1331, Statutes of 1989), AB 99 (Chapter 278, Statutes of 1991), AB 816 (Chapter 195, Statutes of 1994), AB 3487 (Chapter 199, Statutes of 1996), Senate Bill (SB) 960 (Chapter 1328, Statutes of 1989), SB 99 (Chapter 1170, Statutes of 1991), SB 493 (Chapter 194, Statutes of 1995; the annual State Budget; HSC Sections 104350-104480, 104500-104545; the Revenue and Taxation Code Section 30121-30130, and Prop 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016.

Prop 56 designates that 13 percent of the funding generated from Prop 56 be used to fund comprehensive tobacco prevention and control programs[i] and prohibits use of the funds to supplant existing state or local funds for these same purposes. Of the funds designated for tobacco use prevention and control programs, 85 percent are to be appropriated to CDPH and are to be used for the tobacco control programs described in the HSC beginning with Section 104375.

Specifically, HSC Sections 104375, 104380, 104400, and 104405 through 104415 designate California local health departments as the LLA for the 61 health jurisdictions and describe the administration, provision of funds and services of the comprehensive tobacco control program administered by LLAs. These statutory provisions require LLAs to periodically develop and submit a comprehensive tobacco control plan, and to follow guidelines (Guidelines) issued by CTCP based on legislative enactment. Each LLA must obtain the involvement of local community organizations in the development of the Plan.

In the case of local health departments that are non-compliant with the enabling legislation and Guidelines issued by CDPH, HSC Section 104380 (h)(3) authorizes CDPH to terminate the LLA agreement with the noncompliant LLA, recoup any unexpended funds from the noncompliant LLA, and reallocate both the withheld and recouped funds to provide services available under this section to the jurisdiction of the noncompliant agency through an agreement with a different government or private nonprofit agency capable of delivering those services based on CDPH's Guidelines for local plans and a process determined by CDPH.

Statutory provisions require the Plan to provide jurisdiction-specific demographic information; local data on smoking and tobacco use; a description of program goals, objectives, activities, target populations and evaluation, and a set of fiscal requirements which include budget cost information and estimates for plan activities including staffing configurations, office workstations and on-line needs. Additionally, LLAs are required to use a uniform knowledge management system which permits comparisons of workload, unit costs, and outcome measurements on a statewide basis, [e.g., the Online Tobacco Information System (OTIS)]. These Guidelines provide instructions to LLAs for the development and submission of a Plan consistent with legislative requirements, utilizing both Prop 99 and Prop 56 funds.

D. California Tobacco Control Program Goals

In consideration of: 1) the resources provided by Prop 56; 2) the paradigm shift from "tobacco control" to "endgame" strategies; and 3) projections that it is possible to eliminate smoking by 2035, the goal of California's tobacco use prevention and reduction efforts is to end the tobacco epidemic for all population groups. The framework for achieving this overarching goal continues to focus on changing the social norms surrounding tobacco use by "indirectly influencing current and potential future tobacco users by creating a social milieu and legal climate in which tobacco becomes less desirable, less acceptable, and less accessible."[17] Sub-goals, referred to as priority areas, supporting the social norm change strategy are to:

1. **Limit Tobacco Promoting Influences**. Efforts supporting this goal seek to curb advertising and marketing tactics used to promote tobacco products and their use, counter the glamorization of tobacco use through entertainment and social media venues, expose tobacco industry practices, and hold tobacco companies accountable for the impact of their products on people and the environment.
2. **Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste, and Other Tobacco Products**. Efforts supporting this goal address the impact of tobacco use on people, other living organisms, and the physical environment resulting from exposure to: secondhand smoke, tobacco smoke residue, tobacco waste, and other non-combustible tobacco products.
3. **Reduce the Availability of Tobacco**. Efforts in this goal address the sale, distribution, sampling, or furnishing of tobacco products and other nicotine containing products that are not specifically approved by the Food and Drug Administration (FDA) as a treatment for nicotine or tobacco dependence.
4. **Promote Tobacco Cessation**. Efforts in this goal improve awareness, availability and access to cessation assistance via the California Smokers' Helpline, the health and behavioral care systems, and community.

E. The Role of Local Lead Agencies

LLAs provide infrastructure for all local tobacco control programs and are present in all 58 California counties as well as three cities. Enabling legislation for CTCP (HSC Section 104400) charges LLAs with the overall responsibility for the success of programs funded in their jurisdictions, to provide tobacco education services to target populations, and to administer their funds in accordance with Guidelines issued by CDPH/CTCP. Pursuant to legislative requirements, the CTCP Policy Manual, and these LLA Guidelines requirements, in the role of LLA, funded entities are expected to:

1. Coordinate local services and statewide initiatives between funded agencies, government agencies, voluntary health organizations, schools, community-based organizations, and others involved in tobacco control in order to maximize resources and avoid duplication.
2. Identify and plan for the diverse ethnic and cultural differences of each community.
3. Collaborate with diverse partners to bring more skills, ideas, and resources to tobacco control efforts.
4. Focus on community norm change strategies rather than individual behavior change.
5. Build the capacity of local communities and agencies to address tobacco control activities and tobacco-related disparities.
6. Mobilize the community to support educational, policy, and enforcement activities.
7. Strategically use media and public relations to support and increase the effectiveness of tobacco control interventions.
8. Institutionalize programs into existing social and health service delivery systems.
9. Actively promote the statewide toll-free telephone counseling number for the California Smokers' Helpline (1-800-NO-BUTTS), the website www.nobutts.org, text services, online chat services, and mobile cessation application.
10. Communicate and collaborate with statewide grantees and contractors to avoid duplication in the development of materials, to develop sound policies, to engage youth and young adults in meaningful participation on program activities, to implement effective community organizing strategies, and to initiate and sustain culturally appropriate outreach and engagement of priority populations in program direction and implementation.
11. Direct a minimum of 15 percent of Prop 56 funds towards preventing and reducing tobacco use among priority populations.

F. Eligibility Criteria

1. As provided for in HSC Section 104400, LLAs are required to accept these funds and to implement a comprehensive tobacco control program.
2. Only additional agencies identified as LLAs as a result of the process identified in HSC Section 104380 (i) are eligible for these funds.

3. The agency identified as the LLA for Merced County is pending review of a request made by Merced County Department of Public Health. If the agency identified as the LLA for Merced County changes, the change will be effective after FY 17/18 is completed.

G. Funding Availability

Pursuant to HSC Section 104380, fiscal year (FY) funds are allocated prospectively for each quarter in accordance with allocation percentages in HSC Section 104380 (d). Each LLA will receive a FY allocation to implement and evaluate a comprehensive Plan that serves its local health jurisdiction. The LLAs are grouped into 3 funding tiers to describe differences in work performance requirements based on the anticipated annual allocation. See Table 1*. 2017-2021 LLA Comprehensive Tobacco Control Plan Fund Tiers*.

The annual allocation for each LLA is calculated using the formula and methodology specified in HSC Section 104380 (a) – (d), estimating tobacco tax revenues, and factoring in declines or increases in tobacco consumption. The allocation may fluctuate based on tobacco tax revenue projections, the State budget appropriation, and legal and/or court decisions. Should there be a change in the annual projected allocation during the term of the 2017-2021 Comprehensive Tobacco Control Plan period, CDPH/CTCP will notify the LLA of the change and work with the LLA to adjust their Scope of Work (SOW) and budget.

The maximum allocation for each FY and LLA is provided in the LLA Allocation Table published by CDPH/CTCP (see Appendix 1, *Local Lead Agency Funding Allocation Table*). Unexpended funds may be carried forward in FYs 2018/2019, 2019/2020, and 2020/2021 pursuant to HSC Section 104466. Funds not fully expended by June 30, 2021 will revert back to the account from which they originated.

LLAs are required to deposit Prop 99 and Prop 56 prospective payments into separate interest-bearing and insured trust accounts. These accounts are to be used exclusively for the respective Prop 99 and Prop 56 prospective allocation payments and interest earned. The interest earned on prospective payments is not included in FY budget allocation projections. Interest earned is reported twice during the FY in the Cost Report. LLAs may use funds from interest earned to purchase items in the approved SOW in accordance with CTCP procedures in Appendix 2, *Local Lead Agency and Competitive Grantee Administrative & Policy Manual.*

Table 1: 2017 – 2021 LLA Comprehensive Tobacco Control Plan Funding Tiers

Tier 1	Tier 2	Tier 3
Local health jurisdictions projected to receive a budget allocation up to $3 million during the FY 17/18 to 20/21 plan period.	Local health jurisdictions projected to receive a budget allocation over $3 million and up to $10 million during the FY 17/18 to 20/21 plan period.	Local health jurisdictions projected to receive a budget allocation over $10 million during the FY 17/18 to 20/21 plan period.
Alpine, Amador, City of Berkeley, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, City of Pasadena, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, San Benito, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo, Yuba (48)	Alameda, Contra Costa, Fresno, City of Long Beach, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara (12)	Los Angeles (1)

H. Agreement Term

1. The term for the Plan is July 1, 2017 to June 30, 2021.
2. A FY Allocation Agreement will be sent to the LLA confirming the allocations for Prop 99 and Prop 56 for each FY as provided for by the State Budget.

I. Timeline

Key dates are presented in Table 2. *Tentative Schedule*. Any updates to this schedule will appear as an addendum to this funding opportunity.

Table 2. Tentative Schedule

~~Phase I~~ FY 2017-2018 Plan approved in OTIS by CTCP Supervisors	June 30, 2017
FY 2017-2018 LLA Comprehensive Tobacco Control Plan Start Date	July 1, 2017
Release LLA Guidelines for 2017-2021 LLA Comprehensive Tobacco Control Plan	July 6, 2017
LLA Guidelines Training	July 13, 2017
2017-2021 LLA Comprehensive Tobacco Control Plan Due	August 24, 2017
Review and Score 2017-2021 LLA Comprehensive Tobacco Control Plan	September 20-21, 2017
Plan Negotiations Begin	October 2, 2017
Plan must be approved in OTIS by CTCP Supervisors	December 15, 2017
Start Date	January 1, 2018
Plan End Date	June 30, 2021

Part II. California Tobacco Control Program Model Overview

A. Social Norm Change

The ultimate goal of tobacco control work is to reduce and eventually eliminate death and disease resulting from tobacco use and exposure to secondhand smoke. Comprehensive tobacco control programs are coordinated efforts to implement population-level interventions to reduce appeal and acceptability of tobacco use, increase tobacco use cessation, reduce secondhand smoke exposure, and prevent initiation of tobacco use among young people.[18] Research has documented the effectiveness of laws and policies in a comprehensive tobacco control effort to protect the public from secondhand smoke exposure, promote cessation, and prevent initiation, including: increasing the unit price of tobacco products; implementing comprehensive smoke-free laws that prohibit smoking in all indoor areas of worksites, restaurants, and bars, and encouraging smoke-free private settings such as multiunit housing; providing insurance coverage of evidence-based tobacco cessation treatments; and limiting minors' access to tobacco products.[18-20] Additionally, research has shown greater effectiveness with multicomponent interventional efforts that integrate the implementation of programmatic and policy initiatives to influence social norms, systems, and networks.[21]

California's approach to protecting the public's health and preventing tobacco-related diseases and illnesses such as cancer, cardiovascular disease, premature births, sudden infant death syndrome, emphysema, and asthma is achieved through a social norm change strategy.[17,22] While California's denormalization strategy does not preclude the education of individuals, it emphasizes changing norms in the larger physical and social environment, rather than changing the behavior of individuals. It seeks to impact the diverse and complex social, cultural, economic, and political factors which foster and support continued tobacco use.[23]

California's social norm change strategy is a cost-effective and efficient approach because the strategy involves creating population-level changes such as the adoption of policies that lead to reduced smoking rates and decreased exposure to secondhand smoke. The social norm change strategy works on the premise that as new people or businesses move into the community, they inherit and adopt the established norms about smoking and the promotion and sale of tobacco, (e.g., not being able to sell tobacco without a license; no smoking of tobacco, ESDs, or marijuana in public spaces such as parks, beaches, or downtown business districts).[23]

Overall, California's social norm change strategy seeks to create an environment where tobacco use becomes less desirable, less acceptable, and less accessible.[22] Through community interventions, the provision of statewide training and technical assistance, and a mass media campaign, CTCP works to achieve social norm changes which sum to create a significant decrease in tobacco use at the population level. Community

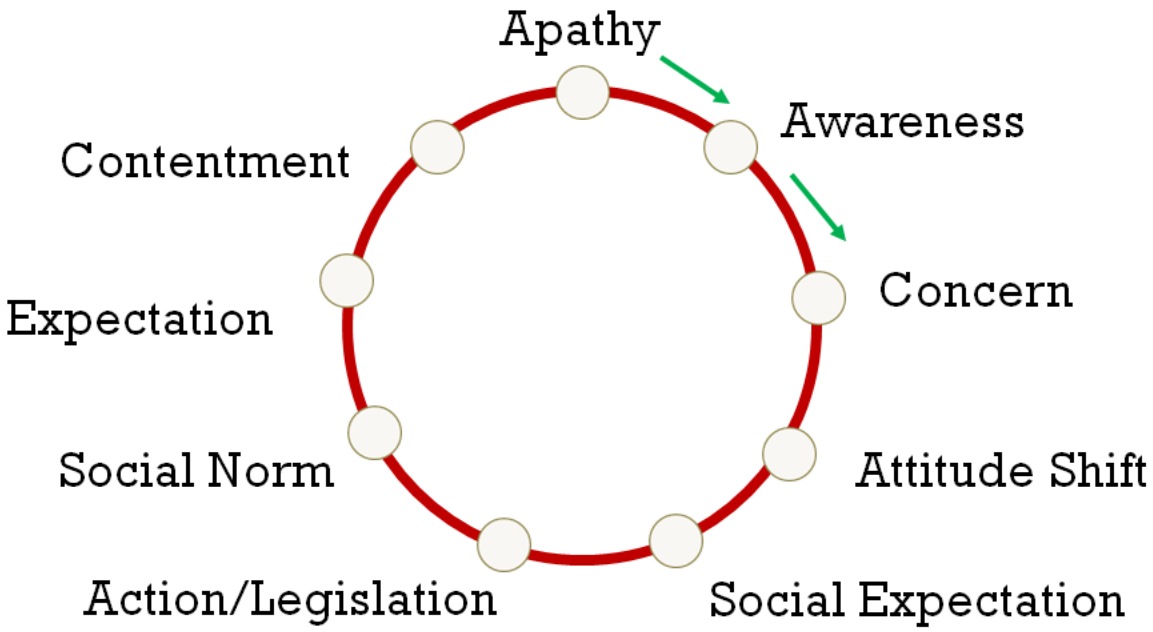
interventions that focus on policy, environmental, and system-level change are the building blocks of social norm change and play a vital role in changing and sustaining social norms.[23]

California's social norm change strategy relies on a comprehensive cross-cutting population approach. It seeks to create changes that impact every member of the community and social structure rather than focusing on individual population groups such as youth. The social norm change strategy recognizes that people do not live in silos and that community-wide changes impact all the groups in that community, provided that the policies and system changes adopted do not allow for exemptions which exclude certain community members from the protective health benefits provided by the policy or system change. California's social norm change strategy also recognizes that adults are an important audience for education and awareness-raising efforts as adults exert considerable influence and control over a community's tobacco use norms. It is adults who make decisions to:

- Raise taxes on tobacco products and designate a portion of that revenue for tobacco use prevention and cessation;
- Enact laws to protect the public and workers from exposure to secondhand smoke;
- Dedicate funding for smoking cessation services and other tobacco control efforts;
- Prioritize enforcement of tobacco control laws;
- Market, promote, and sell tobacco products in a way that is appealing to young people; and
- Glamorize and model smoking in the media, including movies, social media, and print advertising.[23]

The social norm change strategy, illustrated by the Social Issue Cycle (Figure 1) works by moving a community or organization along a cyclical continuum that may begin with apathy for an issue. Through education and outreach, awareness is raised which results in concern for an issue and a shift in attitudes. These attitudinal changes create a social expectation that action will be taken to resolve the issue. In turn, the social expectation for action provides that political will necessary to support policy, environment or system-level changes which result in a new social norm. As the new social norm is broadly adopted, there is an expectation that people, communities, and organizations will conform to the new social norm resulting in contentment.[23]

Figure 1: Social Issues Cycle



The Social Issue Cycle is not static. It is constantly evolving. One example of the Social Issue Cycle in action in California concerns secondhand smoke exposure. When CTCP was launched in 1989, smoking was permitted on airplanes, in hospitals, and in most workplaces. Through statewide media and community interventions, communities became aware and concerned about secondhand smoke exposure in enclosed spaces. This concern led to changes in attitudes about the acceptance of exposure to secondhand smoke, which created support for policies restricting smoking on airplanes, at worksites, and in bars. As local and statewide clean indoor air policies were adopted, the social norm changed and people began to expect smoke-free environments. While initially controversial, today there is widespread contentment with clean indoor air policies. In California, the expectation for protection from secondhand smoke exposure has moved to a similar expectation in outdoor settings, and has been expanded to include protection from electronic smoking device aerosol and marijuana secondhand smoke.

B. Community Engagement in Program Planning and Implementation

HSC Section 104405 mandates LLAs to obtain the involvement and participation of local community organizations with special experience and expertise in community health education against tobacco usage; including representatives of high-risk populations and that these local groups shall assist and advise the LLA in all aspects of the implementation of the LLA's comprehensive tobacco control plan. CTCP has operationalized this legislative mandate by requiring that each LLA establish and maintain a community-based coalition. Engagement of the coalition amplifies the

tobacco control message beyond the LLA staff, ties the program to the community, and diversifies the expertise, influence and connections that are needed to achieve program goals and the use of policy, system and environmental change strategies. LLAs are responsible for periodically assessing the membership and relationships within their coalition and determining what persons, skills, or relationships are missing, and then implementing recruitment strategies to identify members who can fill needed areas of community expertise.

Engagement of the community is central to changing social norms around tobacco use. It facilitates learning about the populations and issues we are trying to address and through shared power and resources, it builds community ownership and honors the knowledge and experience of community residents. When communities self-identify their problems, they are more likely to develop sustainable solutions which create long-term social norm change.

The role of LLAs is to provide the community with a space, expertise, and resources to come together and support the community's problem-solving effort to prevent and reduce tobacco use. Given that every community is different, it is essential that the solutions come from the individuals and organizations that live, work, and play in those communities.

Community coalitions are to be engaged in establishing tobacco control-related work plans, priorities, and goals. LLAs, through the Communities of Excellence (CX) needs assessment, are required to establish Plans based on the priorities and goals of the coalition and communities they serve.

With support from LLA staff, the community tobacco control coalition should assess their resources, which may include access to:

- Physical resources, such as meeting space, office supplies, printing material, and communication access (e.g., phone, email, website, social media, etc.);
- Existing relationships connected to tobacco control issues (e.g. the health department, other Prop 99/56 grantees, community organizations that counter tobacco control issues);
- Skills needed to perform coalition-related tasks and needs (e.g., serving as spokespersons, training others, providing education to the public, establishing press or media relations, etc.);
- Counter-oppositions arguments, including anyone with a personal story of how tobacco has impacted their life, and how the change the coalition wishes to pursue will positively impact the community; and
- Partnerships with vested interests in the welfare of their community (whether or not they naturally link to tobacco control).

C. Policy Work

Effective tobacco control policies are fundamental to the success of comprehensive tobacco control programs and to achieving health equity. Ensuring that tobacco control program initiatives can impact all groups in a community, with no exemptions, and that all members of the community are protected and benefit equally requires policies that apply to the whole community.

The Tobacco Control Legal Consortium summarizes the benefits of policy work:

- Policies lay the groundwork for future public health interventions.
- Policies affect large segments of the population.
- Policies leverage tobacco control resources and forces.
- Policies help educate policy makers.
- Policies increase the immediacy and awareness of tobacco control.
- Policies provide a vehicle for community members to help reduce tobacco use.[24]

D. Media

California's statewide media campaign is a key component of California's comprehensive tobacco control program, helping to support and further CTCP's goals. Media interventions reach large audiences through television, radio, newspaper, out-of-home placements (e.g., billboards, movie theaters, point-of-sale) and digital media to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use.[25] There is strong evidence that mass media campaigns are effective at reducing and preventing tobacco use and that they are cost-effective.[25]

California's statewide media campaign increases visibility of the Program and is the primary intervention used to create awareness about tobacco-related public health issues. Through compelling messages, imagery, and music, the media campaign grabs the public's attention, frames the issues, and initiates conversations resulting in public engagement. Another role of the paid media campaign is to counter the influence that the tobacco industry's advertising and promotions have on tobacco use. There is a direct and causal relationship between exposure to tobacco marketing and the uptake and continued use of tobacco by young people.[26] Research demonstrates that mass media campaigns are effective at countering tobacco industry marketing.[27] It is through these mechanisms -- providing visibility to the program, creating awareness, stimulating community discussion, and countering tobacco industry marketing, that the statewide media campaign supports local tobacco control interventions and drives calls to the California Smokers' Helpline.

LLAs are highly encouraged to incorporate paid and earned media strategies into their local program interventions and to use the media materials, resources, and expertise

and technical assistance available from the CTCP Media Unit. Many of the available materials are posted to the Media & Communications section of the Partners website under Resources. By coordinating with the statewide advertising campaigns and leveraging resources previously tested and produced, local tobacco control projects can amplify the media support to their policy, system, and environmental change strategies in a cost-effective manner. To be the most cost-effective, paid media planning needs to be done three to four months in advance of the placement. Advance planning enables the LLA to obtain better exposure at lower rates. The CTCP Media Unit will offer media planning trainings and technical assistance for LLAs, which may also include utilizing the expertise of CTCP's advertising agency. Additionally, LLAs may hire their own media consultants. For example, a media planner/buyer or advertising agency can assist with buying and placing paid advertising. Other types of consultants include a Public Relations agency or consultant, video/web/graphic designer, or social media consultant. When hiring a consultant or agency, the LLA is responsible for ensuring that the:

- Selected agency/consultant has no conflicts of interest (e.g., no connection to the tobacco industry, tobacco industry subsidiaries, and electronic/vaping companies or related industries).
- Agency/consultant works in partnership with the LLA to ensure efforts are aligned with CTCP's strategic goals and coordinate with the state media campaign.
- Selected agency/consultant is experienced in providing the types of services sought and that it has the capacity to administer a local media account. Additionally, the agency/consultant should have an understanding of tobacco control issues, and the ability to respond appropriately to tobacco industry and political criticism.

E. Evaluation and Surveillance

CTCP views evaluation as essential to program accountability, continuous quality improvement, and generating data to drive decision-making. [17] This view is deeply imbedded into the organizational practices of CTCP and reflected in local program funding requirements. CTCP conducts surveillance and evaluation studies using telephone, Internet, and observational data collection systems to monitor tobacco use and evaluate the impact of interventions at the state level. This includes evaluating the media campaign,[28,29] its community programs,[30-32] and the in-school Tobacco Use Prevention Education (TUPE) program.[33] California also monitors the tobacco industry's marketing practices.[34] Peer-reviewed publications and reports summarizing surveillance findings are available on the CDPH website at: *https://www.cdph.ca.gov/tobacco*.

Over the nearly three decades that CTCP has been in existence, the approach to evaluation evolved, from reliance on the use of external experts towards building internal and local capacity.[35] This change increased CTCP's agility to adapt evaluation and surveillance efforts in response to environmental changes and to take advantage of

emerging technology. California's local program evaluation approach uses an empowerment approach.[36] Locally funded projects are required to allocate a minimum of 10 percent of percent deliverables towards the evaluation plan and to engage a qualified local program evaluator with training and skills in the areas of evaluation design, instrument development, and sampling.[36] Completed local project final evaluation reports are rated for their quality by the University of California, Davis and then disseminated through the electronic library system, Rover. Additionally, summaries of final evaluation report findings are periodically published to further facilitate translation and dissemination of local program findings.[37-39]

Part III. Local Lead Agency Program Requirements

A. Implementing a Local Comprehensive Tobacco Control Program Requirement

1. CTCP's enabling legislation establishes city and county health departments (except in the case of non-compliance) as the LLA for tobacco control within the health jurisdiction (HSC 104400), and requires LLAs to prepare a local plan for a comprehensive community intervention program against tobacco use (HSC 104375) consistent with guidelines issued by CDPH/CTCP.

2. Comprehensive tobacco control programs are coordinated efforts to implement population-level interventions to reduce appeal and acceptability of tobacco use, increase tobacco use cessation, reduce secondhand smoke exposure, and prevent initiation of tobacco use among young people. They combine and integrate evidence-based educational, clinical, regulatory, economic, and social strategies at local, state, or national levels.[18]

3. The 2017-2021 Comprehensive Tobacco Control Plan is to reflect the Prop 99/Prop 56 funding allocated to the LLA for this purpose, the interest from the interest bearing and insured trust accounts used to deposit prospective payments, and may include LLA in-kind contributions that are explicitly identified in the budget and SOW. CTCP reserves the right to require the LLA to exclude activities from the SOW and budget that are implemented with in-kind funds (e.g., Master Settlement Agreement (MSA), federal) if the use of those funds obscures the quality, reach, and evaluation of the impact of the LLA's tobacco control program efforts.

B. CX Needs Assessment Requirement

Objectives included in the 2017-2021 Comprehensive Tobacco Control Plan are required to be based on the fall 2016 CX assessment of indicators and assets. If indicators/assets not previously assessed will be included in the SOW, then the CX needs assessment must be completed for the indicator/asset. See Appendix 3, *Core and Recommended Indicators and Assets*; Appendix 4, *Communities of Excellence Indicators and Assets*; and Appendix 5, *Communities of Excellence in Tobacco Control, A Communities of Excellence Needs Assessment Guide*.

C. Addressing Tobacco Related Disparities Requirement

Prop 56 requires that a minimum of 15 percent of funds be used to accelerate and monitor the rate of decline in tobacco-related disparities with a goal of eliminating tobacco-related disparities. Because the tobacco use problem is largely centered in vulnerable populations and due to the lack of progress in some of these populations, CDPH/CTCP requires that each LLA demonstrate that it will use not less than 15 percent of their combined Prop 56 and Prop 99 allocation to accelerate and monitor the rate of

decline in tobacco-related disparities with the goal of eliminating tobacco-related disparities.

For the purpose of these Guidelines, the priority populations groups impacted by this requirement are those identified in the 2015-2017 Tobacco Education and Research Oversight (TEROC) Committee's Master Plan, *Changing Landscape, Countering New Threats*. These groups are listed below. As the Master Plan is updated, this list may be modified.

- African Americans, other people of African descent, American Indian and Alaska Natives, Native Hawaiians and Pacific Islanders, some Asian American men and Latinos
- People of low socioeconomic status, including people experiencing homelessness
- People with limited education, including high school non-completers
- Lesbian, gay, bisexual, and transgender (LGBT) people
- Rural residents
- Current members of the military, veterans
- Individuals employed in jobs or occupations not covered by smoke-free workplace laws
- People with substance use disorders or behavioral health issues
- People with disabilities
- Formerly incarcerated individuals

The following are options for meeting the tobacco-related disparities requirement:

Option 1: Subcontracts to Community Agencies and SOW Priority Population Tailoring

- Subcontract funds to external agencies with expertise to implement, evaluate and monitor tobacco use rates in priority population groups, including paid media placement targeting priority populations groups,
- Include at least one objective in the SOW that addresses an indicator from Table 3. *Tobacco-related Disparity Indicators*, and
- Clearly designate activities and percent deliverables in the SOW that target one or more priority population groups.

Option 2: Qualified Staff Experienced in Working with Priority Population Groups and SOW Priority Population Tailoring

- A description of staffing (in the Budget Justification) that demonstrates the experience and qualifications of staff to effectively engage priority population groups including specific employee duties that are dedicated towards accelerating and monitoring the rate of decline in tobacco-related disparities with the goal of eliminating tobacco-related disparities,

- Include at least one objective in the SOW that addresses an indicator from Table 3. *Tobacco-related Disparity Indicators*, and
- Clearly designate activities and percent deliverables in the SOW that target priority population groups, including paid media placement targeting priority population groups.

Option 3: Combination of Subcontracts, Qualified Staff and SOW Priority Population Tailoring

- A combination of the above approaches:
  - Subcontract with priority population serving organizations,
  - Hire personnel with expertise in working with priority populations,
  - Include at least one objective in the SOW from T*able 3. Tobacco-related Disparity Indicators,* and
  - Clearly designate activities and percent deliverables in the SOW that target priority population groups, including paid media placement targeting priority population groups.

TEROC, the Truth Initiative, and the *2014 Advancing Health Equity in Tobacco Control Summit Proceedings* recommend the adoption and enforcement of tobacco control policies and regulations that promote health equity and social justice. These include the following policies:

Table 3. Tobacco-related Disparities Indicators

Health Equity Policy Focus	Communities of Excellence Indicator
1. Restrict Tobacco Retailer Density and Proximity of Tobacco Retailers to Each Other and Near Schools or Other Youth Sensitive Areas	3.2.2 Tobacco Retailer Density/Zoning: The number of jurisdictions with a policy restricting the number, location, and/or density of tobacco (including ESD) retail outlets through use of any of the following means: conditional use permits, zoning, tobacco retail permits or licenses, or direct regulation.
2. Prohibit the Sale of Menthol Cigarettes and Other Flavored Tobacco Product Sales	3.2.9 Menthol and Other Flavored Tobacco Products: The number of jurisdictions with a policy restricting or prohibiting the sale and/or distribution of any mentholated cigarettes and other flavored tobacco (including ESD) products, and paraphernalia (e.g., smokeless tobacco products, dissolvable tobacco products, flavored premium cigars, little cigars, cigarillos, hookah tobacco, e-cigarettes, e-hookah, wrappers).
3. Establish a Minimum Floor Price on Tobacco Products	1.2.6 Minimum Retail Price: The number of jurisdictions with a policy setting a minimum retail sale price for tobacco products or banning, or constraining tobacco industry promotional practices such as buydowns,

Health Equity Policy Focus	Communities of Excellence Indicator
	multi-pack offers, and discounts, consistent with the First Amendment and federal law
4. Establish Smoke-free Health Care and Behavioral Health Campuses	2.2.10 Smoke-free Health Care Campuses: The number of jurisdictions with a policy prohibiting smoking indoors and outdoors, at all times, on the premises of licensed health care and/or assisted living facilities at all times, (e.g., hospitals, other acute health care facilities, drug and rehab facilities, mental health facilities, adult day care or residential facilities, social rehabilitation facilities, adult group homes, assisted living facilities, skilled nursing facilities, doctors' offices). 4.2.4 Behavioral Health Cessation Treatment Programs: The number of alcohol and drug treatment programs, mental health treatment programs, migrant clinics, and other health or social service agencies that have systematically implemented evidence-based tobacco cessation treatment, consistent with the U.S. Public Health Service Clinical Practice Guidelines, *Treating Tobacco Use and Dependence* (2008 Update).
5. Establish Smoke-free Community Colleges, Technical Schools, and Trade School Campuses	2.2.9 Smoke-free Outdoor Non-recreational Public Areas: The number of jurisdictions with a policy prohibiting smoking on the premise of outdoor non-recreational public areas (e.g., walkways, streets, plazas, college/trade school campuses, shopping centers, transit stops, farmers' markets, swap meets).
6. Establish Smoke-free Home Policies within Public Housing and Multi-Unit Housing	2.2.31 Smoke-free Public Housing: The number of public housing authorities (PHAs) with a smoke-free housing policy meeting or exceeding the requirements of the U.S. Department of Housing and Urban Development (HUD) smoke-free rules. 2.2.13 Smoke-free Multi-Unit Housing: The number of jurisdictions covered by a public policy that prohibits smoking in the individual units of multi-unit housing, including balconies and patios.
7. Identify and Treat Tobacco Users, particularly Medi-Cal Beneficiaries and the Uninsured	4.1.4 Cessation Assessment and Referral Systems: The extent to which health care, social service, housing and education agencies systematically refer patients and clients to accessible, evidence-based tobacco cessation programs such as the California Smokers' Helpline.

D. Community Engagement in Program Planning and Implementation Requirement

- The LLA is required to recruit and maintain a coalition that at the minimum has the following features:
  - Is geographically-balanced and includes priority population representation comparable to the make-up of the LLA jurisdiction;
  - Includes diverse alliances and partnerships with local health organizations, enforcement agencies, hospitals, schools, the media; and
  - Individuals who can act as policy champions.

The LLA is required to include an objective and activities in its 2017-2021 Comprehensive Tobacco Control Plan that maintains a coalition and broadens community engagement. At a minimum, the LLA is to:

- Identify efforts to diversify and engage the coalition:
  - Maintain an active membership recruitment committee,
  - Develop annual membership recruitment goals and strategies, and
  - Develop an orientation process for new members.
- Develop and train the coalition in population-based tobacco control strategies:
  - Educate members on the various tobacco control issues the LLA is actively working on, and
  - Provide trainings to build necessary skills to achieve coalition and project objectives.
- Demonstrate the inclusion of coalition members in planning and implementation of activities throughout the SOW:
  - Complete Midwest Academy Strategy Charts (MASC) for each voluntary or legislated policy objective jurisdiction,
  - Actively participate in the 2020 Communities of Excellence Needs Assessment, and
  - Include coalition members as a non-budgeted "responsible parties" in the SOW where their participation is necessary to carry out the activity listed, such as attendance at educational meetings with policy makers or staffing a table or booth at a community outreach event to promote the coalition.
- Annually conduct a coalition diversity, engagement, and satisfaction survey (every 12 months) of the current membership:
  - Include one evaluation activity to be reported on annually with results of the annual Coalition Survey. Survey can be obtained, customized, and distributed by the Tobacco Control Evaluation Center (TCEC).

E. Media Requirements and Recommendations

1. **Requirements:** The following activities and tracking measures must be incorporated into the SOW:

- Communication Plan: Building a Communication Plan is a required intervention activity for all objectives that include any paid media, social media or earned media activities. Using a template provided by CTCP, the Communication Plan is required to be submitted within the first six months of the project through the OTIS progress report system and must be updated annually. Communication Plans will be reviewed by the CTCP Media Unit and technical assistance may be provided as requested.
- Media Tracking Form: Projects budgeting for paid media are required submit the Media Tracking Form developed by CTCP. This form documents placement of paid media and social media and is to be submitted in the progress reports as a Media Record (evaluation activity) tracking measure.
- Ad Testing Requirements: If an objective includes an intervention activity to develop new advertising, the LLA is required to include an evaluation activity to test the ads with consumers through focus groups, online surveys or other means to ensure that the message is understood, appropriate for the intended audience, and impactful with the target audience.

2. **Recommendations:** The following are recommendations for paid media expenditure to supplement the statewide media campaign. The CDC 2014 Best Practices for Comprehensive Tobacco Control Programs recommends that the State of California expend approximately $2.00 per capita on Mass Reach Health Communications Campaigns.[40] The annual appropriation for CDPH/CTCP's statewide media campaign is anticipated to be approximately a $1.60 per capita ($63 million annually/40 million population). As such, CTCP recommends that LLAs should budget sufficiently for paid media, approximately $0.40 per capita of the jurisdiction to address local policy work. Table 4. *Annual Recommended Expenditure Range for Paid Media* describes the recommended annual expenditure that a LLA should consider budgeting for paid media. This should include media placement of advertising utilizing existing CTCP advertising resources, development of new advertising (if any), and/or contracting with an advertising or public relations agency.

Table 4. Annual Recommended Expenditure Range for Paid Media

LOCAL HEALTH JURISDICTION	RECOMMENDATION
TIER 1 – Levels A, B, C	
Level A- LLAs with populations under 50,000: Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, Sierra, Siskiyou, and Trinity	3% - 5% of annual allocation
Level B- LLAs with populations between 50,000-150,000: City of Berkeley, City of Pasadena, Humboldt, Kings, Lake, Mendocino, Napa, Nevada,	5% - 15% of annual allocation

LOCAL HEALTH JURISDICTION	RECOMMENDATION
San Benito, Sutter, Tehama, Tuolumne, and Yuba	
Level C- LLAs with populations over 150,000: Butte, El Dorado, Imperial, Kern, Madera, Marin, Merced, Monterey, Placer, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Tulare, Ventura, and Yolo	15% - 30% of annual allocation
TIER 2 - Alameda, Contra Costa, Fresno, City of Long Beach, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, and Santa Clara	15% - 30% of the annual allocation
TIER 3- Los Angeles	15% - 30% of the annual allocation

F. Evaluation Requirements and Recommendations

1. General Requirements: For each objective the LLA is required to design and implement an evaluation strategy that describes the evaluation design, outcome and process evaluation activities to be conducted; a description of how process evaluation activities will be used to improve or tailor the intervention; and a dissemination plan. Table 6. *Summary of Minimum Plan Requirements by Tier* provides specific minimum requirements related to evaluation activities, reporting requirements, and the percent of the budget to be directed towards evaluation activities.
2. HSHC Evaluation Requirements: Each LLA is required to collect observation data in tobacco retail stores using an instrument provided by CTCP. See Appendix 6, *Required Healthy Stores for a Healthy Community Intervention and Evaluation Activities* for required intervention and evaluation activities to be integrated into your HSHC objective.
3. The California Student Tobacco Survey (CSTS) Customization Option: CSTS is an in-school survey that utilizes a randomization sampling scheme designed to provide tobacco prevalence estimates that are representative of the state. This survey is conducted every two years by the University of California San Diego (UCSD) and collects data from 8th, 10th, 12th grade students in public middle and high school. A number of LLAs have expressed interest in obtaining countywide prevalence estimates, which are comparable to the statewide data. In order to meet this request, UCSD is offering the ability for LLAs to opt into the 2017-2018 and 2019-2020 CSTS by entering into an agreement directly with UCSD. LLAs can choose to participate in either 2017-2018 or 2019-2020 CSTS or both surveys. LLAs that choose this option will be able to include up to six county-specific questions on the

survey, will obtain county-specific results and a tailored report for survey topics, and will have additional schools surveyed as needed to ensure stable estimates.

If a LLA is interested in exercising this option, the cost of the services provided is determined by the expected number of schools in the sample and will range from a minimum of $20,000 to a maximum of $70,000 for each survey.
Please see Appendix 7, *California Student Tobacco Survey Customization Option* for the number of additional schools that counties need to survey and cost for county specific report.

County-specific estimates will be relatively stable if at least six schools are sampled. For counties with fewer schools, UCSD will do a census and collect data from all public middle and high schools. Counties will be asked to collaborate with UCSD to obtain high participation rates by providing a co-branded survey invitation that explains the importance of the survey to both the county and the state.
Counties will be provided with a county specific report similar in content to what is provided in the state report, which will include:

- Prevalence rates for cigarettes, little cigars or cigarillos, hookah, e-cigarettes, smokeless tobacco and marijuana
- Demographic differences in prevalence (to the extent that the analysis can provide statistically stable estimates)
- Home bans on smoking and e-cigarettes
- Offers of cigarettes and other products made to students
- Exposure to secondhand smoke and to ESD aerosol
- Susceptibility to use each product, if offered by a best friend
- Whether their school offers classes or activities on the harms of tobacco products
- County-specific questions (up to six)
- Unlike the state report, county reports will not include a comparison to national trends since this would not be relevant to county-level data
- County-specific reports will be available once the state report is approved.
- If your county is interested in more analyses, contact UCSD directly to discuss your needs and determine the associated costs
- For more information, contact: Sharon Cummins, Ph.D. scummins@ucsd.edu 858-300-1046

G. Staffing Requirements and Recommendations

1. Staffing: Prop 99, Prop 56, and the enabling legislation for CDHP/CTCP mandate the funds appropriated by CDPH for these activities be used to prevent and reduce tobacco use. The proposed staffing pattern, quantity, and reach of activities in the 2017-2021 LLA Comprehensive Tobacco Control Plan must be commensurate with the funding allocated to the LLA and used for the intended purposes of the funding

sources. Table 5. *Required and Recommended Staffing* describes staffing requirements for the 2017-2021 LLA Comprehensive Tobacco Control Plan.

2. Organizational Chart: LLAs are required to submit an organizational chart depicting the proposed LLA personnel, reporting relationships among LLA personnel, proposed subcontracts and consultants, and the reporting relationship between LLA personnel and the proposed subcontractors and consultants. CDPH/CTCP reserves the right to require modifications in the proposed staffing pattern and reporting relationships to ensure that the staff described and budget are allocated to fully support tobacco use prevention and reduction efforts described in the Plan and that these funds are not used to supplant other program funding within the LLA.

Table 5: Required and Recommended Staffing

Staffing[1]	Position	Responsibilities
Required: 100% FTE	Project Director/Project Coordinator	This position must be listed as the Primary Tobacco Contact in OTIS, acts as the primary day-to-day point of contact for CTCP communication to the LLA, and regularly access OTIS and Partners. This position is responsible for overall and day-to-day management related to implementing and evaluating the 2017-2021 LLA Comprehensive Tobacco Control Plan; onboarding new staff; directing and supervising staff; preparing or overseeing the preparation of the Plan, Budget, progress reports, cost reports; and maintenance of required documents for auditing purposes;
Required: 50% to 100% FTE	Coalition and Community Engagement Coordinator	This position works with the coalition and seeks to broaden community engagement in tobacco control efforts. This position is responsible for recruitment of a diverse membership, developing an orientation process for new members, and training of adult (and youth if applicable) coalition members. In addition, the position is responsible for scheduling coalition meetings,

[1] The obligation of public health agencies to prepare for emergencies necessitates the involvement of the entire public health workforce in emergency response and preparedness, in the same way that all staff are expected to participate in safety and security drills. In general, approximately 5% of an individual's time is a reasonable amount for staff supported with CTCP funds to spend on non-categorical activities, including emergency response, preparedness training, and participation in drills and exercises. Records should be kept by the agency to document time spent on these activities.

Staffing[1]	Position	Responsibilities
		arranging meeting logistics, working with coalition chair(s) on agenda development, taking meeting minutes, seeking regular consultation of statewide partners to increase training and coordination of coalition efforts, conducting an annual Coalition Survey (to include diversity, engagement, and satisfaction measures), and tracking the quantity and types of activities in which coalitions members were engaged.
Required: Minimum 10% FTE	Internal Evaluation Project Manager	This position is responsible for overseeing and ensuring that Plan objectives are measurable, that the Evaluation Plan Type, indicators/assets selected, and the Evaluation Plan are aligned. Duties include project management of evaluation activities to ensure that they are conducted on time and as described, implementing appropriate quality assurance steps, and working with the Project Director/Coordinator to ensure that process and outcome evaluation activities are used to refine and improve intervention activities. This position oversees and approves development of data collection instruments, data collector training, sampling plans, data collection methodology, data analysis, report writing, and preparation of other data dissemination such as fact sheets and PowerPoint presentations. These responsibilities may be included in the Project Director/Project Coordinator position duties if the Project~~or~~ Director/Project Coordinator ~~Director~~ demonstrates that they meet the minimum education and experience qualifications required for a Local Program Evaluator.
Required: Minimum 10% FTE	External Evaluator	This position is responsible for implementing activities such as development of data collection instruments, data collection training and protocols, sampling methodology, data analysis, and report writing. Duties may also

Staffing[1]	Position	Responsibilities
		include assisting with data translation and dissemination.
Recommended: Minimum 50% FTE	Media Specialist	This position is responsible for planning, testing, and implementing paid and earned media activities including maintenance of social media strategies; developing and updating the Communication Plan; and completing the Media Tracking Placement Tool every six months.
Recommended	Positions to develop the Public Health Pipeline: College Interns, Cal EIS Fellows, Student Workers	Offering opportunities for paid internships to college students in the health fields, policy, communication, public health and other disciplines expands your workforce on a temporary basis and facilitates the development of the public health workforce. CDPH has a CalEIS Fellowship Program which affords the opportunity to place and mentor a Master of Public Health-level epidemiologist. Student workers at the high school and college levels provide employment opportunities and expose young people to public health professions.
Recommended	Fiscal and Administrative Staff	Provide support such as phone contact with the public, preparation of materials and documents, fiscal documentation and accounting, and cost reports.

H. Training and Professional Development Requirements

1. **Required Attendance:**
   - Project Directors' Meeting (a minimum of two staff, approximately every 18 months).
   - Capitol Information and Education (I&E) Days (a minimum of one staff person, coalition representation encouraged, every other year).
   - Three to five in-person trainings annually conducted by CTCP or its statewide grantees.
   - Webinars offered by CTCP and statewide grantees that pertain to the objectives and activities in the Plan. Attendance will be monitored through the

Collaboration Tracking form in the Progress Report.

2. **Recommended Attendance:**
   - 1-2 staff who are funded at a minimum 100 percent time on the LLA budget are encouraged to participate annually in a national public health meeting to disseminate findings from the LLA's tobacco control efforts. See Table 9. *Potential Out-of-State Travel Opportunities for LLAs*.
   - Facilitate youth coalition members to attend the California Youth Advocacy Network's (CYAN) Youth Quest, annually.

I. Establish and Maintain Cross-Collaborative Efforts Requirements

LLAs are required to engage in the collaborative efforts that contribute to and sustain California's broader tobacco control movement. At minimum, LLAs are required to do the following:

- At least one LLA staff member is required to log in weekly into the Partners website, the statewide password protected electronic communication system, developed by to link CTCP with its contractors;
- At least annually, the LLA is to submit a Partners *Spotlight On* article highlighting a major success preferably related to a policy, system or environmental change outcome;
- Post or respond to questions or comments on the Partners *InfoHub* forum at least one time per month;
- On a regular basis submit educational materials developed by the LLA along with testing results (e.g., reading level, consumer focus group results)to the Tobacco Education Clearinghouse of California (TECC) through the TECC website at: https://www.tecc.org/material-submission/;
- If direct cessation services are offered by the LLA, on a regular basis, provide information to the California Smokers' Helpline on the schedule and enrollment information;
- Coordinate and collaborate with statewide training and technical assistance providers, participate in statewide educational campaigns, coordinate with competitive grantees and regionally funded projects in the area, including engaging them as coalition members;
- Partner with other public health programs to facilitate an integrated approach to public health which may include joint trainings, participation in evaluation and surveillance (e.g., store surveys, Key Informant Interviews, Public Intercept Surveys), and cross-participation in coalitions; and
- Use OTIS as the primary source for communicating about Plan, Budget, Progress Report and Cost Report issues to ensure transparency and coordination of communications.

J. Fiduciary Responsibilities of the LLA

1. Acceptance of Prop 99 and Prop 56 Funds: The designated LLA for the local health jurisdiction is required to accept the total full combined allocation from Prop 99 and Prop 56 to fulfill the functions and activities of a LLA pursuant to the requirements set-forth in HSC Sections 104375 (o-p), 104380, 104400, 104405, 104410, and 104415. If the allocation is not accepted in full, the LLA will be considered to be non-compliant and subject to the remedial action described in HSC Section 104380 (h) and (3).
2. The LLA is required to expend the Prop 99 and Prop 56 allocation consistent with the findings, purpose, and intent of these initiatives, California's comprehensive tobacco control program implementation enabling legislation, the Budget Act, court decisions, implementing regulations, and Guidelines and policies of CDPH/CTCP. If the allocation is expended in a manner other than as specified by these directives, the LLA will be considered to be non-compliant and subject to the remedial action described in HSC Section 104380 (h) and (3).
3. Prop 56, subsection 30130.56 (a) states that the California State Auditor shall at least biennially conduct an independent financial audit of the state and local agencies who are recipients of Prop 56 funds. As such,

    i. LLAs are required to maintain a separate interest bearing account for their Prop 99 and a separate account for their Prop 56 funds. These accounts will be used exclusively for the LLA's Prop 99 and Prop 56 allocation and interest earned. The interest earned may only be used for purposes identified in the Plan.
    ii. LLAs are required to develop, implement, and maintain an internal accounting tracking system to support an audit pursuant to subsection 30130.56 (a) of Prop 56. It is recommended that this system track the receipt and expenditure of Prop 99 and Prop 56 funds separately. LLAs will receive from CTCP quarterly prospective payment invoices identifying the amounts of the Prop 99 and the Prop 56 quarterly payments released. Each LLA will return a signed copy of the invoice which will be processed for payment by CTCP. Twice a year, the LLA will submit its Cost Report to CTCP identifying its total and combined expenditures for the Cost Report Period.
    iii. At this time, there is no requirement for the LLA to separately track the expenditure of Prop 99 vs Prop 56 funds at the budget line item level. However, LLAs need to retain appropriate records documenting expenditure of allocated funds according to the approved Plan budget for each fiscal year. If positions or other operating expenses identified in the Plan are split funded with a source other than the Prop 99/Prop 56 funds (e.g., other federal, state or local fund source), then the LLA is required to implement fiscal tracking

systems to ensure that the Prop 99/Prop 56 funds are used for their intended purpose. Such systems may include requiring positions or subcontractors/consultants to time study.

Table 6. Summary of Minimum Plan Requirements by Tier

Requirement	Tier 1	Tier 2	Tier 3
Minimum Number of Objectives for the 2017-2021 Comprehensive Tobacco Control Plan:	**3**	**4**	**5**
Focus of Objectives: The Plan must include at least one objective addressing each of the following four areas: 1. Reduce exposure to secondhand smoke, tobacco smoke residue, tobacco waste, and other tobacco products 2. Reduce the availability of tobacco *3.* Indicator from Table 3. *Tobacco-related Disparities Indicators* (May also be used to meet #1 or #2 above) 4. Asset (2.4 or 2.5) Of the above areas at least one objective must address: • HSHC – see list of indicators in Appendix 8, *2017-2021 Healthy Stores for a Healthy Community Campaign Indicators* and details below • Coalition Development/Maintenance/Community Engagement • Objectives in your approved FY 17/18 SOW may be used to address these requirements **Note:** Objectives in the SOW may be based on an indicator or asset that was assessed during the 2016 CX needs assessment. If indicators/assets not previously assessed will be included in the SOW, then the CX needs assessment must be completed for the indicator/asset. See Appendix 4, *2016 Communities of Excellence Indicators and Assets*.	**X**	**X**	**X**

Requirement	Tier 1	Tier 2	Tier 3
Policy/System Change Objectives: Minimum number of objectives required to focus on a Policy (legislative policy or voluntary policy) or Systems Change Outcome. The objective must be designated as a *policy adoption only, policy adoption and implementation, or policy implementation only* objective. **Note:** For each policy-based objective or Systems Change objective, completion of the Midwest Academy Strategy Chart in the first six months must be included as a policy activity in the SOW.	**2**	**2**	**3**
Healthy Stores for a Healthy Community (HSHC) Campaign Objectives: Minimum number of objectives required to focus on the retail environment. See Appendix 8, *2017-2021 Healthy Stores for a Healthy Community Campaign Indicators* for a list of indicators relevant to the HSHC campaign, and Appendix 6, *Required Healthy Stores for a Healthy Community Intervention and Evaluation Activities.* **Note:** a. Objectives that use voluntary approaches in the retail environment do not meet the requirement for the *Healthy Stores for a Healthy Community Campaign*-related objective. b. Indicators 1.2.8 and 3.2.14 cannot be used to satisfy the HSHC retail objective requirements unless a legislated retail policy was previously adopted and implemented in the intended jurisdiction(s). c. Objectives based on Indicator 3.2.14, Healthy Retail Standards must include required activities; see Appendix ~~7~~9, *Healthy Retail Recognition Sample Objective*.	**1**	**1**	**1**

Requirement	Tier 1	Tier 2	Tier 3
Cessation Objective: (Optional) The recommended approach to cessation objectives is to work on system change. **Note:** The LLA may allocate up to 10 percent of its annual allocation towards the provision of direct cessation services. Direct cessation services may not duplicate services provided by the California Smokers' Helpline; supplant existing cessation services funded by another source (e.g., health care provider, health insurance); be used for the purchase of nicotine replacement therapy or other pharmacotherapy).	**Optional**	**Optional**	**Optional**
Media Requirements: **Communication Plan**: Using a template provided by CTCP, a Communication Plan is required to be submitted within the first six months of the project through the OTIS progress report system for all objectives that include any paid media, social media or earned media activities. Communication Plans must be updated annually and will be reviewed by the CTCP Media Unit. **Media Tracking Form**: Projects budgeting for paid media are required to use the Media Tracking Form developed by CTCP. This form documents placement of paid media and social media and is required to be submitted with progress reports in the evaluation plan as a tracking measure for any paid media intervention activities. **Ad Testing Requirements**: If the SOW includes an activity to develop advertising, then the LLA is required to include an evaluation activity to test the ads with consumers through focus groups, online surveys or other means to ensure that the message is understood, appropriate for the intended audience, and impactful with the target audience.	**X**	**X**	**X**
Tobacco-related Disparities Initiative: a minimum of 15 percent of Prop 56 funds must be dedicated to accelerating and monitoring the rate of decline in tobacco-related disparities with the goal of eliminating	**X**	**X**	**X**

Requirement	Tier 1	Tier 2	Tier 3

tobacco-related disparities. The LLA may demonstrate this through one of the following options:
 	
Option 1: Subcontracts to Community Agencies and SOW Priority Population Tailoring
• Subcontract funds to external agencies with expertise to implement, evaluate and monitor tobacco use rates in priority population groups, including paid media placement targeting priority populations groups,
• Include at least one objective in the SOW that addresses an indicator from Table 3. *Tobacco-related Disparity Indicators*, and
• Clearly designate activities and percent deliverables in the SOW that target one or more priority population groups.
 	
Option 2: Qualified Staff Experienced in Working with Priority Population Groups and SOW Priority Population Tailoring
• A description of staffing (in the Budget Justification) that demonstrates the experience and qualifications of staff to effectively engage priority population groups including specific employee duties that are dedicated towards accelerating and monitoring the rate of decline in tobacco-related disparities with the goal of eliminating tobacco-related disparities,
• Include at least one objective in the SOW that addresses an indicator from Table 3. *Tobacco-related Disparity Indicators*, and
• Clearly designate activities and percent deliverables in the SOW that target priority population groups, including paid media placement targeting priority population groups.
 	
Option 3: Combination of Subcontracts, Qualified Staff and SOW Priority Population Tailoring
• A combination of the above approaches
  o Subcontracts to priority population serving organizations,
  o Personnel with expertise in working with priority			

Requirement	Tier 1	Tier 2	Tier 3
populations, o Inclusion of at least one objective in the SOW from Table 3. *Tobacco-related Disparity Indicators,* and o Clearly designated activities and percent deliverables in the SOW that target priority population groups, including paid media placement targeting priority population groups.			
Evaluation Requirements: • The minimum amount of percent deliverables that are required to be directed toward the Evaluation Plan activities in the SOW is 10 percent. • The Evaluation Plan Type must match the objective. • The Evaluation Activity Plan must include a description of process activities to improve the intervention and activities that determine the extent to which the objective was achieved. • Any Evaluation Plan Type that includes Legislated or Voluntary Policy must include a Policy Record evaluation activity. • Any Evaluation Plan Type that is Legislated Policy Adoption or Policy Adoption and Implementation must include the Signed Policy as a Tracking Measure in the Policy Record evaluation activity. • An Evaluation Plan Type that includes Implementation must include an Outcome Evaluation activity to assess the extent or quality of policy implementation. • Any objective that includes any Paid Media Intervention must include a Media Activity Record evaluation activity. • Include an annual Coalition Survey.	**X**	**X**	**X**
Primary Evaluation Objectives: LLAs must designate the required number of objectives as primary evaluation objectives, which require an in-depth evaluation plan in consultation with a qualified evaluator resulting in a Final Evaluation Report (a primary evaluation objective must be based on an indicator, not an asset). A primary evaluation objective produces valuable knowledge and replicable interventions and	**1**	**2**	**3**

Requirement	Tier 1	Tier 2	Tier 3
strategies that identify and reduce tobacco-related inequities. A non-primary evaluation objective requires a less in-depth evaluation plan and submission of a Brief Evaluation Report. Primary evaluation objectives covering more than one jurisdiction require at least one interim evaluation report to be submitted with the progress report. See Appendix 10, *Tell Your Story: Guidelines for Preparing Useful Evaluation Reports* for information regarding the preparation of Final and Brief Evaluation Reports.			
***Healthy Stores for a Healthy Community* Campaign Evaluation Activities** LLAs are to include the following evaluation activities in their SOW per Appendix 6, *Required Healthy Stores for a Healthy Community Intervention and Evaluation Activities:* • Conduct retail data collection training • Conduct retail observation surveys per the random selection provided by CTCP • Media activity record • Conduct key informant interviews per the sample size provided by CTCP • Conduct public intercept surveys per the sample size provided by CTCP	**X**	**X**	**X**
Collaborate with University of California at San Diego (UCSD) to conduct County Student Tobacco Survey (CSTS): UCSD is conducting the statewide CSTS in the 2017-2018 school year. LLAs may voluntarily contract with UCSD to participate in the CSTS to obtain county student tobacco survey that is comparable to the statewide estimate from the CSTS. County-specific estimates will be relatively stable if at least six schools are sampled. For counties with fewer than six schools, UCSD will do a census and collect data from every public school serving grades 8-12. Participating LLAs will be required to use the standard statewide survey instrument, but may customize the instrument by adding up to six survey questions. UCSD will conduct the data analysis and provide the participating LLA a customized report for their county.	**Optional**	**Optional**	**Optional**

Requirement	Tier 1	Tier 2	Tier 3
Establish and Maintain Cross-Collaborative Efforts: • At least one LLA staff member is required to log onto the Partners website on a weekly basis. This statewide password electronic communication system is the means by which CTCP and its funded-partners share information and resources related to their day-to-day tobacco use prevention and reduction efforts. • At least annually, the LLA is to submit a Partners Spotlight On article highlighting a major success preferably related to a policy, system or environmental change outcome. • Post or respond to questions on the Partners InfoHub forum at least one time per month. • Submit educational materials to the Tobacco Education Clearinghouse with evaluation of the materials for possible statewide dissemination consideration. • If direct cessation services are offered by the LLA, on a regular basis, provide information to the California Smokers' Helpline about the schedule and enrollment information. • Partner with other public health programs to facilitate an integrated approach to public health which may include joint trainings, participation in evaluation and surveillance (e.g., store surveys, Key Informant Interviews, Public Intercept Surveys), and cross-participation in coalitions. • Use OTIS as the primary means for communicating to CTCP about the Plan, SOW, Budget, Progress Reports, and Cost Reports.	**X**	**X**	**X**
Coalition Functioning: LLA staff or a coalition subcontractor are required to provide staff, logistical coordination, training, budget support, and other assistance as needed by the coalition. LLA staff should not be listed as coalition members, as they provide support to the community coalition. Coalition functioning is now part of the scored progress report analysis in OTIS. Coalitions must meet minimum standards in order to function appropriately, including:	**X**	**X**	**X**

Requirement	Tier 1	Tier 2	Tier 3
• Adoption and ongoing implementation of formalized operating rules and procedures (e.g., by-laws). • The Coalition Chair may not be from the LLA. Effective July 2018, either the Chair or Co-chair need to represent an agency that does not receive Prop 99/56 funds. • Design and implement a process for member recruitment and orientation. • Design and implement a communications process for both urgent and routine coalition communications.			
Coalition Membership: Coalitions must be representative of the community and look like the populations they serve. Activities to support coalition recruitment and constituent and population representation must be included in the Plan. Constituency representation refers to the inclusion of traditional and non-traditional tobacco control partners. Population representation refers to the geographic and priority population representation on the coalition. Coalition Membership is now part of the scored progress report analysis in OTIS. Note: Coalition members shall serve without compensation, but members may be reimbursed for necessary travel expenses incurred in the performance of their duties as a coalition member.	**X**	**X**	**X**
Training and Professional Development: The number of LLA tobacco control program staff members required to attend <u>each of</u> the following trainings and events: • Project Directors' Meeting (minimum of 2 LLA staff, must include FTE Project Director/Project Coordinator)	**2-3 <u>Staff</u>**	**3-4 <u>Staff</u>**	**4-5 <u>Staff</u>**
• Capitol Information and Education Days (minimum of one LLA staff, coalition participation encouraged)	**1-2 <u>Staff</u>**	**1-2 <u>Staff</u>**	**1-2 <u>Staff</u>**

Requirement	Tier 1	Tier 2	Tier 3
• CTCP and Statewide Grantee local and regional in-person trainings (minimum of 3-5 trainings per year)	**1-2 Staff**	**2-3 Staff**	**3-4 Staff**
• Out-of-State Travel opportunities (e.g., American Public Health Association Conference, American Nonsmokers' Rights Foundation – Clearing the Air, Spit Tobacco Conference, National Conference on Tobacco or Health, Health Equity or Priority Population conference/training, etc.) (recommended 1-2 trainings per year) Note: Refer to Budget Instructions for fiscal years that trainings occur.	**Optional 1-2 Staff**	**Optional 2-3 Staff**	**Optional 3-4 Staff**
Staffing: The following are minimum staff requirements for the Plan (see Table 4. *Required and Recommended Staffing* for position responsibilities). Each of the following positions must be included in the Budget, with existing staff noted and a hiring plan for vacant or yet to be established positions in the Budget Justification. It is expected that new positions will be filled by July 1, 2018. **Required Staff:** • Project Director or Project Coordinator • Coalition and Community Engagement Coordinator • Internal Evaluation Project Manager • External Evaluator **Recommended Staff:** • Media Specialist • Public Health Pipeline Development positions (e.g., student workers, Interns, Fellowships) • Fiscal and Administrative Staff	**X** **100% FTE** **50% FTE** **10% FTE** **10% FTE**	**X** **100% FTE** **100% FTE** **10% FTE** **10% FTE**	**X** **100% FTE** **100% FTE** **10% FTE** **10% FTE**
Organizational Chart: Submission of an organizational chart depicting the proposed LLA personnel, reporting relationships among	**X**	**X**	**X**

Requirement	Tier 1	Tier 2	Tier 3
personnel, proposed subcontracts and consultants, and the reporting relationship between LLA personnel and the proposed subcontractors and consultants.			
Subcontracting: It is recommended that LLAs subcontract a minimum of 10 percent of their annual allocation to qualified community groups to meet LLA SOW requirements.	**10% Optional**	**10% Optional**	**10% Optional**
Administrative and Policy Manuals: SOW activities and administration of the project must be performed consistent with Appendix 2, *Local Lead Agency and Competitive Grantee Administrative & Policy Manual.*	**X**	**X**	**X**
Supplanting: These funds may not be used to duplicate or supplant existing tobacco use prevention or cessation efforts funded by other local, state, federal, private, or other funding sources. The 2017-2021 Comprehensive Tobacco Control Plan is to solely reflect the funding allocated to the LLA for this purpose, the interest from the interest bearing and insured trust accounts used to deposit Prospective Payments, and may include LLA in-kind contributions if they are explicitly identified in the budget and Plan. CTCP reserves the right to require the LLA to exclude activities from the Plan that are implemented with Tobacco Industry Master Settlement Agreement or other LLA funds that may obscure the quality, reach, and evaluation of the impact of the CTCP-funded project.	**X**	**X**	**X**

Part IV. Application Submission Process

A. Plans shall be submitted through the OTIS, a secure, password-protected, uniform knowledge management system. OTIS is used to submit Plans, review and score Plans, negotiate the SOW and budget, and submit and approve progress and cost reports. The system is accessible 24 hours a day, seven days a week, and provides access to several reports and a communication system.

B. To add FY 2018/2019, FY 2019/2020, and FY 2020/2021 activities and budget, the status of the FY 17/18 Plan will revert from "Approved" to "Open" on July 13, 2017. This will permit editing of the Plan. Any FY 2017/2018 LLA Plan without an "Approved" status in OTIS by July 13, 2017 will need to finalize the approval of their FY 2017/2018 SOW and budget as part of the process to extend the Plan and add additional funding, which will delay release of the first and second quarter Prospective Payments to the LLA.

C. Instructions for completing each component of the Plan are available in the OTIS online tutorial. Please see Appendix 9, *Instructions for Accessing the OTIS Training Course* for more information on accessing the tutorial. The tutorial explains how to use the system and instructions for completing each of the application components listed below.

D. Review the Phase I application components listed below to ensure that information is current and accurate:

   1. CONTACT INFORMATION*

      a. My Agency*

      b. Application Contacts*

   2. BACKGROUND INFORMATION

      a. Media Profile*: Identify the major media markets using the OTIS online instructions.

      b. Coalition Functioning: Complete each section of this form according to the OTIS online instructions

      c. Coalition Membership: Complete each section of this form according to the OTIS online instructions

      d. CX Needs Assessment: Objectives in the SOW may be based on an indicator or asset that was assessed during the 2016 CX needs assessment. If indicators/assets not previously assessed will be included in the Plan, then the CX needs assessment must

be completed for the indicator/asset. See Appendix 4, *Communities of Excellence Indicators and Assets*.

The following elements of the existing Plan should be reviewed and updated for the 2017 -2021 LLA Comprehensive Tobacco Control Plan:

3. EVALUATOR INFORMATION

a. Select the Plan Evaluator. See the OTIS online Creating Your Application/Plan tutorial, found in the OTIS Training Courses Section under the Help tab.

b. After the Plan Evaluator is selected, this individual must complete and submit the "Certification of the Evaluator's Role in Preparing the SOW." See the OTIS online; *Creating Your Application/Plan* tutorial, found in the OTIS Training Courses Section under the Help tab.

4. SCOPE OF WORK

A. Complete the following items pursuant to the OTIS online *Creating Your Application/Plan* tutorial, found in the Training Courses Section under the Help tab:

i. Project Objective

For each objective, identify:

ii. The Priority Area and Indicators/Assets associated with the objective

iii. Target Audiences

iv. The Evaluation Design for the objective

v. Summary Intervention Topics appearing in the SOW

B. In a brief narrative format, describe the series of activities to be implemented to achieve the objective. Each activity is to briefly describe and quantify what will be done, how much will be done, and who will be involved. For each activity the following information is to be provided:

i. Copyright*

ii. Assignment of a Percent Deliverable*

iii. Assignment of Start/End Dates

* Refers to items that are required to be completed and submitted, but are not used to score the Plan.

iv. Assignment of Responsible Parties

v. Assignment of Tracking Measures to document completion of activities

C. For each policy objective, include: 1) an activity to conduct a strategic planning session utilizing the Midwest Academy Strategy Chart; and 2) an activity to upload any final policies adopted by a county, city, tribe, or official board (e.g., fair board, school board, transit board) in OTIS with the progress report. A strategic policy planning session for all policy objectives must be conducted during the first progress reporting period (07/17-12/17).

D. The SOW must reflect coordination/collaboration with other local and statewide tobacco control partners such as other Local Lead Agencies (LLAs), CTCP 15-100 Competitive Grantees, California Smokers' Helpline, The Center for Tobacco Cessation, The Center for Tobacco Policy and Organizing (Center), ChangeLab Solutions, California Youth Advocacy Network, Tobacco Control Evaluation Center, Rover Library, The LOOP, and the Tobacco Education Clearinghouse of California.

5. EVALUATION PLAN

A. Prepare the evaluation plan by completing the evaluation section using appropriate process and outcome data collection strategies to improve the intervention and measure the outcome and/or impact of the intervention. The evaluation plan may include the following types of evaluation activities: Focus Groups, Key Informant Interviews, Public Opinion Polls/Intercept Surveys, Education/Participant Surveys, Policy Records, Media Activity Records, Youth Tobacco Purchase Survey, and Other Evaluation Activities.

B. For each evaluation activity complete the following information:

i. Copyright*

ii. Assignment of a Percent Deliverable*

iii. Assignment of Start/End Dates

iv. Assignment of Responsible Parties

v. Assignment of Tracking Measures to document completion of activities

* Refers to items that are required to be completed and submitted, but are not used to score the Plan.

C. Complete the Evaluation Reporting Section. Describe how the evaluation data will be analyzed and disseminated, designate the progress report period in which the Brief Evaluation Report will be submitted to CTCP, assign a percent deliverable for report documents, and describe any limitations or challenges anticipated with completing the evaluation. Similar to the other activities, complete Tracking Measures and Responsible Parties. See Appendix 10, *Tell Your Story: Guidelines for Preparing Useful Evaluation Reports* for guidance.

6. NARRATIVE SUMMARY

A. Community Assessment Analysis (600 word limit): The Community Assessment Analysis provides justification to support the population(s) of focus, the geographic area(s) of focus, and the proposed objectives and activities that address tobacco related disparities in the group(s) identified. Demonstrating the need for the intervention may come from community needs assessment findings; local, state or national data that describe the problem to be addressed; and a summary of evidence-based literature and/or community-defined evidence regarding programs and policies which support the proposed intervention. If your project has worked on a similar objective in the past, describe the scope and outcome of the effort, explain why additional work is needed or why this attempt will be more successful. To cite data or literature, please state the author, publication title, and year, (e.g., Mamudu, et.al, Public Health Management & Practice, 2016).

The first two sentences of the Community Assessment Analysis narrative are to begin as follows:

i. "This project will primarily address the following priority population(s)** of focus: (list the populations)."
ii. "This project will primarily work in the following geographical communities: (identify the communities and describe the demographics of the community)."

B. Major Intervention Activities (400 word limit): In a narrative format, provide a concise summary of the intervention activities to be implemented, and how these activities will move the objective forward. Describe the sequence of community engagement, community organizing, education, outreach, training, policy, paid and earned media activities that will be implemented to achieve the objective. Explain how members of the community will be engaged and how activities will be tailored to the community and the population(s) of focus.

C. Theory of Change (300 word limit): Describe the underlying rationale for the proposed intervention, either using a formal theory of change or in your own words, explain how and why you think the proposed activities will lead to the desired change described in the objective. Public health frequently relies on formal theories

** See *Changing Landscapes: Countering New Threads, The 2015 – 2017 Master Plan of the Tobacco Education and Research Oversight Committee for California,* Objective 3, page 39 for a list of tobacco-related priority populations in California

of change; however, it is also acceptable to describe the underlying rationale for the intervention in your own words.

i. What is a theory of change? The underpinning of most effective public health interventions is a theory of change. The theory of change provides an explanation of how and why the proposed intervention will result in the desired change. It communicates that the activities and messages are more than an assortment of messages and activities selected because they are fun or popular with the coalition. The theory of change communicates that a rationale links the activities and supports that collectively these will result in the desired change.
ii. What are examples of a theory of change? Following are a few examples of theories of change used in tobacco control. The *Stages of Change Theory* is a theory which focuses on individual behavior change and is frequently used as the rational for interventions that motivate and help people quit smoking based on where they are along a continuum of personal readiness to change. Theories of change that focus at the community level and help to explain why community education, media, and partnership development lead to the adoption of policies in communities or organizations include: *Social Norm Change*, *Community Organizing*, and *Community Readiness* theories. Additional theories of change can be found in Appendix 11, *Theory at a Glance: A Guide for Health Promotion Practice*. It is a free resource developed by the National Cancer Institute for public health practitioners. This document concisely summarizes the most commonly used theories, such as the Diffusions of Innovation Theory, the Health Belief Model, and Social Cognitive Theory and it explains how to incorporate theory into program planning, implementation, and evaluation.

D. Evaluation Summary Narrative (500 word limit): The Evaluation Summary is a summary of the evaluation design, outcome and process evaluation activities to be conducted, a description of how process evaluation activities will be used to improve or tailor the intervention, and a description of the plan to disseminate evaluation findings to others. In a narrative format, briefly provide the following information:

i. What will be accomplished? Describe what will be accomplished as a result of the intervention: How will the community or people in the community be different (e.g., smoke-free multi-unit housing policy adopted, health care providers will use electronic health records to make referrals to the California Smokers' Helpline)?
ii. Evaluation Plan Type: State the evaluation plan type (e.g., "policy adoption").

iii. Outcome Data Collection: If your SOW includes the collection of outcome data, describe:
    - Design type (experimental, quasi-experimental, or non-experimental);
    - The intervention and control group(s) (if any) e.g., communities, stores, health care providers) and the number and location (city or neighborhood) of each group;
    - When measurements will be performed (e.g., post-test only, pre- and post- test);
    - How data will be collected (e.g., document review, observation); and
    - The sampling plan (e.g., simple random sampling, convenience sampling).

E. Process Data Collection: Describe the process evaluation activities that will be conducted (e.g., public opinion surveys, focus groups, key informant interviews, media tracking, policy tracking). Include information about who the participants are, the number anticipated to participate in the process evaluation activities, and the frequency of the process evaluation activities.

F. How do evaluation activities support interventions? Where applicable, explain how specific evaluation activities support particular intervention activities or will be used to help improve or tailor the intervention. For example: "A *youth tobacco purchase survey will be conducted at baseline to illustrate the need for a tobacco retail license (TRL) policy and enforcement and the data will be used in community education activities; public opinion surveys will be used to demonstrate support for TRL; key informant interviews will be used to develop talking points aimed at policy leaders.*"

G. How will evaluation findings be disseminated? Describe how and to whom evaluation findings will be disseminated.

7. BUDGET AND BUDGET JUSTIFICATION INSTRUCTIONS

This section contains the requirements and instructions for submitting the Budget and Budget Justification for the 2017 – 2021 LLA Comprehensive Tobacco Control Plan.

A. Budget: When the 2017-2021 LLA Comprehensive Tobacco Control Plan is opened in OTIS, the LLA is to revise the FY 2017/2018 budget and develop a budget for FY 2018/2019 through FY 2020/2021 based on the allocation for the LLA in Appendix 1, *Local Lead Agency Funding Allocation Table*. The budget is to describe and support the costs associated with the implementation of the 2017-2021 LLA Comprehensive Tobacco Control Plan. The Budget and Budget justification are to:

i. Adhere to the requirements and criteria provided in this section and the budget instructions provided in: Appendix 12*, Budget Justification Instructions,* and the

OTIS web-based training (see Appendix 13, *Instructions for Accessing the OTIS Training Course*).

ii. Ensure the total dollar amount for FY 2017/2018 through FY 2020/2021, does not exceed the amount identified for the LLA in Appendix 1*, Local Lead Agency Funding Allocation Table.*

iii. Utilize the eight budget categories provided in the OTIS budget justification index (*See* Appendix 12, *Budget Justification Instructions* for guidance).

iv. Verify that each activity in the SOW (that results in an expenditure of funds) is reflected in the budget.

v. Tobacco Education Clearinghouse of California (TECC): TECC's model for distributing educational materials changed in 2016 from distributing pre-printed materials to a model in which the user downloads a print-ready version of the material and prints the materials through either an in-house or external printing vendor. LLAs are to budget accordingly to meet the demands of printing either through an in-house or external print vendor. See Appendix 14, *TECC Available Educational Materials* for more information.

B. Overall Budget Justification: Develop a budget justification that clearly describes how the costs identified were determined.

i. Provide easy to follow formulas to substantiate how costs were calculated. (The proper formula formats are described in Appendix 12, *Budget Justification Instructions* as well as in the OTIS wizards).

ii. Provide an explanation when zero funds or insufficient funds are budgeted for a standard cost (i.e., in-kind personnel or rent. Specify fund type CDC, MSA), etc.).

iii. Describe all in-kind contributions, including in-kind contribution of space, indirect costs, subcontracts, and personnel. Describe the source of the funds and the estimated value of the in-kind cost. CTCP reserves the right to require the LLA to completely exclude activities from the SOW and budget that are implemented with in-kind funds (e.g., MSA, federal) if the use of those funds obscures the quality, reach, and evaluation of the impact of the LLA's tobacco control program efforts.

C. Specific Budget Line Item Justification: In addition to the general instructions described in Appendix 12, *Budget Justification Instructions*, incorporate the following requirements which are specific to the 2017-2021 Local Lead Agency Comprehensive Tobacco Control Plan.

i. Personnel Costs: Budget for personnel as described in Table 5. *Required and Recommended Staffing* and Table 6. *Summary of Minimum Plan Requirements by Tier.* The budget justification Duty Description must capture the minimum duties described for required personnel in Table 5. *Required and Recommended Staffing*.

ii. Fringe Benefits: Refer to Section 13 of Exhibit D: *Special Terms and Conditions in the Contract Documents* section of the Tobacco Control Funding Opportunities and Resources webpage which provides guidance for allowable expenses in Fringe Benefits. In addition, ensure each benefit reflects the individual percentage as described in Appendix 12, *Budget Justification Instructions.*

D. Equipment: LLAs should assess their need for equipment to fulfill the requirements and activities described in their 2017-2021 Local Lead Agency Comprehensive Tobacco Control Plan and budget accordingly.

i. Due to the demands of more in-house printing of Educational Materials, LLAs may budget for a high-quality color printer in the Equipment line item.
ii. Due to the expansion of the LLA Comprehensive Tobacco Control Plan and adding personnel, LLAs may budget for additional office furnishings and computer equipment such as desks, chairs conference tables, filing cabinets, desk top computers, lap top computers, LCD projectors, etc. These items are to be requested in the Equipment section with a detailed description of the type, quantity, unit price, etc. of the equipment along with a brief description of who will use the furnishings and/or computer equipment.
iii. Healthy Store Healthy Community Hand-held Device Purchase: Surveys will be conducted in FYs 2018/2019 and 2020/2021. Since technology changes quickly, CTCP will not provide recommendations for device purchases at this time but will do so in the years of the surveys under separate cover. If your agency anticipates purchasing electronic handheld devices during one of these years, estimate the cost and anticipated number of devices as a placeholder.

E. Travel, Per Diem and Training: Below are instructions for budgeting required and recommended travel and per diem.

i. Required Travel and Training: The minimum number of participants for the required Travel/Training is based on funding tier level. Please refer to Table 6. *Summary of Minimum Plan Requirements by Tie*r to identify the number of participants you should budget for each of the required travel/training trips listed in Table 7. *Required Travel/Trainings.*

Table 7. Required Travel/Trainings

Required Travel/ Training	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Project Directors Meeting		**X**	**X**	
Capitol Information & Education Training	**X**		**X**	
Communities of Excellence in Tobacco Control Needs Assessment Training			**X**	
Healthy Stores for Healthy Community Data Collection Training		**X**		**~~X~~**
LLA Guidelines Training				**X**

ii. Optional CTCP Travel and Training: Under CTCP Travel and Training you may budget for the events listed in Table 8. *Optional Travel/Training*. The trainings, conferences and events below provide a broad overview of the types of events that CTCP has tentatively scheduled and is provided to help LLAs budget sufficient funds for travel. CTCP does not have dates, locations or details on the content of these events. In the absence of specifics, for budget planning purposes, the LLA should budget as if statewide events are conducted in Sacramento and regional events are within 200 miles of your agency. This list does not include trainings or events that may be offered by CTCP Statewide funded agencies. Refer to Table 6. *Summary of Minimum Plan Requirements by Tier* to identify the number of participants per year.

Table 8. Optional Travel/Trainings

Optional Travel/Training Event	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Priority Population Focused				
Health Equity Summit/Roundtables			X	
Health Equity/Priority Populations Conference		X		
American Indian/Alaskan Native Tobacco Use Reduction Conference			X	
Rural Strategies Conference				X
Media Focused				
Media Summit (2 days)		X		
Media Advertising Planning	X		X	
Spokesperson Training		X		X
All Digital All the Time Training		X	X	
Retail Environment Focused				
Flavored Tobacco Products Conference			X	
Regional Flavored Tobacco Products Trainings		X		X
Retail Environment Conference				X
Secondhand Smoke Focused				
Regional Housing Roundtables			X	
Tobacco & Marijuana Secondhand and Thirdhand Smoke Conference		X		
Smoke-free Homes Conference			X	
Strategic Thinking Focused				
Strategy and Endgame Conference			X	
Community Engagement Focused				
Midwest Academy Strategy Chart Trainings (Regional)	X		X	
Young Adult Training	X	X		
Coalition Training		X	X	X
CTCP/TUPE Collaborative Meetings	X		X	
Evaluation Focused				
Comprehensive Evaluation Training			X	
Basic Training				
CTCP Onboarding and Technical Assistance Trainings: Capacity Building, Media, Evaluation, Program Interventions, Progress Reporting, Cost Reporting, Educational Materials Development	X	X	X	X

iii. Optional Out-of-State Travel/Training: CTCP is interested in LLAs having the opportunity to learn from the work being done in other states and that LLAs take a more active role in translating and disseminating their tobacco control findings nationally. Beginning in FY 2018/2019 each LLA is eligible to send a specified number of staff budgeted at a minimum 100% FTE to out-of-state travel events (out-of-state travel is optional). See Table 6. *Summary of Minimum Plan Requirements by Tier, Training and Professional Development*. The entire cost of the out-of-state travel including registration, travel, and per diem should not exceed approximately $2,500 per person per event. CTCP reserves the right to change this policy at any time, and/or pay only a portion of the proposed out-of-state travel costs. In its out-of-state travel request, the LLA will need to describe the benefit of participation to CTCP, the LLA, and how attendance supports the SOW.

Table 9. *Potential Out-of-State Travel Opportunities for LLAs* summarizes some of the events that CTCP would support LLA staff attending. If the out-of-state travel is not approved in the initial budget negotiations then the LLA will need to submit an out-of-state travel request through OTIS. An out-of-state travel request submitted through OTIS takes 2 to 4 weeks to review and a determination made. The benefit to the State and LLA must be identified and will need to support the current SOW.

For the out-of-state travel budget projections you are to provide an estimated cost for all years of the agreement. Please see Appendix 12, *Budget Justification Instructions* for the formulas and required information for the description. See Table 6. Summary of Minimum Plan Requirements by Tier to identify the maximum number of staff allowed to travel out-of-state.

Table 9. Potential Out-of-State Travel Opportunities for LLAs

Event/Conference (Examples)	Website
American Public Health Association	www.apha.org
National Conference on Tobacco or Health	www.nctoh.org
Clearing the Air Institute	www.clearingtheairinstitute.com
North American Quitline Consortium	www.naquitline.org
11th Annual Health Disparities Conference	www.nationalhealthdisparities.com
Annual Rural Health Conference	www.ruralhealthweb.org
GLMA (Gay and Lesbian Medical Association) Conference	www.GLMA.org
Annual National Tribal Public Health Summit	www.nihb.org

F. Subcontracts and Consultants: LLAs may enter into a variety of subcontracting relationships to fulfill the requirements of the SOW. Below are recommendations and considerations for subcontract or consultant agreements.

i. External Evaluator: The LLA is required to have an external evaluator. See Table 5: *Required and Recommended Staffing* for a description of the requirements.
ii. Community Groups: It is recommended that LLAs subcontract a minimum of 10 percent of their annual allocation to qualified community groups to meet LLA SOW requirements. See Appendix 12, *Budget Justification Instructions*—for a description of the ways in which the LLA may enter into subcontracts or other types of agreements to facilitate community engagement, e.g., subcontracts, stipends, behavior modification materials).
iii. Media and Public Relations: LLAs may subcontract with a qualified agency/consultant for obtaining expertise in advertising planning and buying services, as well as other media activities (e.g., public relations).
iv. California Student Tobacco Survey Customization Option: An LLA may leverage the CDPH/CTCP interagency agreement with the University of California San Diego to obtain additional student sampling and analysis of data within the LLA's health jurisdiction. Refer to Part II, Section F. Evaluation Requirements and Recommendations for more information and Appendix 7, *California Student Tobacco Survey Customization Option* for amounts to budget in multiple fiscal years.

G. Other Costs:
For recommendations on budgeting for Paid Media related expenses see Table 4. *Annual Recommended Expenditure for Paid Media*. The recommended budget may be budgeted for paid placement of advertising utilizing existing CTCP advertising resources, development of new advertising (if any), paid social media activities, and/or contracting with a media agency or consultant with appropriate expertise.

Paid Media (Advertising and Social Media): The Communications Plan must be submitted with the first 6 month progress report and the Paid Media Tracking Form information will be submitted as necessary with progress reports to document paid advertising and paid social media activities conducted in the reporting period. This is necessary since the SOW and budget justification for Paid Media will provide only a general description of your projected paid media activities along with the yearly recommended amounts.

H. Indirect Expenses:

i. City and County-based LLAs may not exceed the 2017-18 CDPH approved Indirect Cost Rate (ICR) for that health jurisdiction. State Contracting Manual 3.06 restrictions on subcontract administrative overhead fees apply when the LLA uses the Total Allowable Direct Costs as the ICR basis. This means that if the LLA has selected Total Allowable Direct Costs as the ICR basis, only the first $25,000 for each subcontract may be included in the calculation of Total Allowable Direct Costs. Non-governmental LLAs are required to use an ICR basis that does not exceed a maximum of 25 percent of the Total Personnel Services (Personnel Costs plus Fringe Benefits Cost).

ii. Prop 56 Cap on Administrative Costs: Per section 30130.54 (b) not more than five percent (5%) of the total annual dollar amount for Prop 56 can be used for Administrative costs. Please note the California State Auditor is in the process of developing regulations which define administrative costs for Prop 56 funds and the guidance here is subject to change. Given that CTCP does not know the impact of section 30130.54 (b) in Prop 56 on budgeting for LLAs, it is the intent of CDPH/CTCP to only apply Prop 99 funds to the reimbursement of the Indirect Rate expenditures until further notice.

8. Supplemental Tobacco Control Funding

To support or maximize Prop 99 and Prop 56 funding, projects have the option to utilize CDC tobacco control federal funding, or supplemental funding sources such as local MSA. In order to clearly and accurately document how Prop 99/Prop 56 funds are expended and maintain transparent accounting records, the following is required:

- The SOW and Budget should only reflect the use of only Prop 99/Prop 56 monies as deliverables.
- If activities funded with non-Prop 99/Prop 56 monies are included in the SOW to demonstrate a comprehensive plan, they must be identified as “In kind” both in the Budget Justification and in the SOW. For the SOW, the “Responsible Parties” shall indicate personnel or subcontractors are “Non-Budgeted” if an activity is funded by non-Prop 99/Prop 56 sources.
- SOW activities are not to be split-funded between Prop 99 and Prop 56 funds and an Additional Fund Source (e.g., CDC, MSA, and Realignment). If an activity described in the SOW is funded by an Additional Fund Source, the activity must clearly identify that the activity is “In-kind” and identify the fund source). No percent deliverable may be assigned to an In-kind Activity that is funded by an Additional Fund Source (e.g., CDC, MSA, Realignment, etc.).
- Personnel positions may be funded by CTCP and some non-CTCP fund source; however, the LLA is required to maintain auditable records such as personnel

activity reports, time studies, and calendars that clearly delineate the application of the multiple fund sources to the employee's time and activities.

- Subcontractors may be split-funded, but only with SOW activities clearly designated as Prop 99 and/or Prop 56, or other funding (CDC, MSA, etc.). Again auditable records must be maintained to clearly attribute work performed to each of the fund sources.
- CTCP reserves the right to require the LLA to completely exclude activities from the SOW and budget that are implemented with in-kind funds (e.g., MSA, federal) if the use of those funds obscures the quality, reach, and evaluation of the impact of the LLA's tobacco control program efforts.

Additional Budget Justification information may be obtained in the following Appendices:

Appendix 15, *CTCP PL 12-01 ACM and BMM Guidelines*
Appendix 16, *CTCP PL 12-03 Allowed Policy Activities*
Appendix 17, *Comparable State Civil Service Classifications* (only applicable to non-governmental non-profit agencies)
Appendix 18, *Travel Reimbursement Information* (only applicable to non-governmental non-profit agencies)

9. ADDITIONAL DOCUMENTS

The purpose of the Additional Documents is to provide CTCP with supplemental information regarding the LLA. Information concerning agency administrative/collaborative activities, additional tobacco control funds, non-acceptance of tobacco company funding, and indirect cost recovery-will substantiate CTCP agreement requirements.

A. Additional Tobacco Control Funding (online form)*

B. Administrative/Collaborative Activities (online form)*

C. Organizational Chart (upload PDF to Additional Documents)
Prepare and upload a PDF organizational chart using the link indicated in OTIS under Additional Documents. The organizational chart is to depict the proposed LLA personnel, reporting relationships among LLA personnel, proposed subcontracts and consultants, and the reporting relationship between LLA personnel and the proposed subcontractors and consultants.

Part V. Award Administration Information

A. Plan Review Process

This section explains how the Plan will be reviewed and evaluated. It describes the evaluation stages and the scoring of all Plans. Each Plan will be evaluated and scored based on responses to the information requested in these Guidelines. By submitting a Plan, the LLA agrees that CTCP is authorized to verify any and all information. Plans received by CTCP are subject to the provisions of the "California Public Records Act" (Government Code, Section 6250 et seq.) and are not considered confidential upon completion of the selection process.

Stage One: Administrative and Completeness Screening. CTCP will review Plans for on-time submission and compliance with administrative requirements and completeness. The OTIS electronic time stamp will be used to verify on-time submission. Projects that submit a late or incomplete Plan will be considered non-compliant and funds will be withheld.

Stage Two: Plan Review. Each Plan passing Stage One will be evaluated and scored according to the selection criteria by a review committee on a scale of 0 to 100 points. The review committee will be comprised of representatives of CDPH. Plans with a score of 75 or more will receive a notation of "Pass." Plans with a score of less than 75 points will receive a notation of "Fail". Regardless of Pass/Fail designation, each LLA Plan will be negotiated to achieve an acceptable plan that meets all Guidelines requirements.

Stage Three: Notification of Decision. CTCP will provide each LLA a written copy of their consensus review tool summary page, which provides the score and overall strengths and weaknesses of their Plan.

Stage Four: Plan Negotiation. Following the award notification, Plan negotiations will be scheduled. This may consist of telephone or face-to-face meetings.

B. Plan Scoring and Scoring Criteria

The section below describes the value of each scoring question and the rating factors to be used in the review. The total possible score is 100. CTCP intends to use scores on the Plan and Progress Reports in evaluating the impact of the LLA portion of California's Comprehensive Tobacco Control Program on short-term, intermediate and long-term outcomes. The results of this evaluation will be used in considering future program policy and funding recommendations.

Table 10. Scoring Criteria and Rating Points

Plan Component: Coalition Membership and Coalition Functioning		
Question Number	**Rating Factors**	**Points Possible**
	The extent to which the coalition's membership demonstrates appropriate representation for the geographic area served; including geographical, cultural, racial/ethnic and organizational diversity.	5
	The extent to which the Plan includes activities to recruit, train, support, and engage coalition members in program activities across all objectives.	5
	Total	10
Plan Component: SOW		
Question Number	**Rating Factors**	**Points Possible**
	The extent to which the LLA demonstrates an understanding of the role of community norms have in influencing tobacco use related behaviors and presents a well-organized, detailed, and comprehensive SOW that describes: • A wide variety of activities that support the objective and progress in a sequential, chronologically appropriate order • Sufficient activities (in quantity and magnitude) for the objective to be achieved • Sufficient activities (in quantity and magnitude) to justify the proposed level of staffing and proposed outcomes • For each policy activity (legislated and voluntary) includes that the Midwest Academy Strategy Chart (MASC) will be completed within the first six months • Objectives and activities reflect requirements in Table 5. Summary of Minimum Plan Requirements by Tier	5

	The extent to which the LLA demonstrates that not less than 15 percent of their annual budget is used to accelerate and monitor the rate of decline in tobacco-related disparities with the goal of eliminating tobacco-related disparities through one of the following means. • a) Subcontracting of funds to external agencies with expertise to implement, evaluate and monitor tobacco use rates in priority population groups, including paid media placement targeting priority populations groups, b) inclusion of at least one objective in the SOW that addresses an indicator from Table 3. *Tobacco-related Disparity Indicators*, and c) clearly designate SOW activities and percent deliverables as targeting one or more priority population the groups; • a) A description of staffing that demonstrates the experience and qualifications of staff to effectively engage priority population groups including specific employee duties that are dedicated towards the accelerating and monitoring the rate of decline in tobacco-related disparities with the goal of eliminating tobacco-related disparities, b) inclusion of at least one objective in the SOW that addresses an indicator from Table 3. *Tobacco-related Disparity Indicators*, and c) clearly designate SOW activities and percent deliverables as targeting one or more priority population the groups. • A combination of the above approaches.	5
	The extent to which the LLA demonstrates a detailed road map for each objective and activity, including: • Target audiences • Intervention topics • How much work will be done • Where activities will occur • Responsible parties for completion of each activity (e.g., staff positions, subcontractors, consultants, coalition members, volunteers) • Tracking measures • Activity start and end dates	10
	The extent to which the LLA demonstrates it will: • Coordinate and collaborate with CTCP statewide training and technical assistance grantees, statewide educational campaigns, competitive grantees in the	5

	area, and regional projects, including engaging them as members in the coalition; • Annually submit at least one Partners Spotlight On article highlighting a major success, preferably related to a policy, system or environmental change outcome; • Post or respond to questions on the Partners InfoHub forum at least one time per month; • Annually submit educational materials to the Tobacco Education Clearinghouse (TECC) with evaluation of the materials for consideration of possible statewide dissemination; • If direct cessation services are included in the SOW, on a regular basis, provide information to the California Smokers' Helpline information about the schedule and how tobacco users can enroll; and • Partner with other public health programs to facilitate an integrated approach to public health which may include joint trainings, participation in evaluation and surveillance (e.g., store surveys, Key Informant Interviews, Public Intercept Surveys), and cross-participation in coalitions.	
	Total	25
Plan Component: Evaluation Plan		
Question Number	**Rating Factors**	**Points Possible**
	The extent to which an evaluation plan is included for each objective, reflects that a qualified Local Program Evaluator provided at least four hours of consultation on the development of the SOW, and includes appropriate: • Evaluation Plan Type • Evaluation design • Sampling strategy • Quantification of the sample sizes for each evaluation activity • Description of who is to take part in the evaluation activity • Types of evaluation activities that are relevant to the SOW objective and activities • Consumer testing of media and educational materials to be developed • Paid Media Tracking tool within the Media Record • Signed Policy as a Tracking Measure for Policy Record	10

	activities for Evaluation Plan Type that includes Legislated Policy Adoption Data collection methods • Engagement of the Internal Evaluation Project Manager, External Evaluator, Project Director and community members in evaluation activities • Training of data collectors is described in the Intervention Plan • Description of data analysis methods • Appropriate data translation and dissemination methods	
	The extent to which the evaluation for each objective measures: • Whether the objective was achieved • Provides information that will inform and improve the intervention • Disseminates the findings to the community, coalition, policymakers, and to public health professionals working in tobacco control (e.g., through a conference presentation or a peer reviewed paper), as appropriate.	5
	Total	15
Plan Component: Narrative Summary		
Question Number	**Rating Factors**	**Points Possible**
	The extent to which the Community Assessment Analysis provides a justification to support the population(s) of focus, the geographic area(s) of focus, and the proposed objectives and activities that address tobacco related disparities in the group(s) identified.	4
	The extent to which the Major Intervention Categories Analysis demonstrates that the objectives and activities are appropriate to the specific community(ies) and population(s) of focus and describes how the intervention activities will be implemented to achieve the objective.	4
	The extent to which the Theory of Change provides the underlying rationale explaining why the proposed activities will lead to the desired change and achieve the objectives.	2
	The extent to which the Evaluation Summary provides a summary of the evaluation design, outcome, and process evaluation activities to be conducted; a description of how process evaluation activities will be used to improve	3

	or tailor the intervention; and a dissemination plan.	
	Total	13
Plan Component: Staffing		
Question Number	**Rating Factors**	**Points Possible**
	The extent to which the LLA demonstrates the organizational and staffing plan (or a recruitment and hiring plan), and staff qualifications, including subcontractors, will support proposed Plan activities. The Organizational Chart reflects appropriate reporting relationships and oversight of personnel, subcontractors, and consultants. The proposed staffing pattern is consistent with requirements identified in Table 4. *Required and Recommended Staffing.*	7
Plan Component: Budget and Budget Justification		
Question Number	**Rating Factors**	**Points Possible**
	The proposed budget adheres to the instructions provided in Appendix 12, *Budget Justification Instructions* and the OTIS web-based training, and each activity in the SOW that results in an expenditure of funds is reflected in the budget.	5
	The proposed Budget Justification clearly describes how the costs associated with the implementation of the proposed SOW were determined. The narrative includes easy to follow formulas and accurate calculations to substantiate how the costs were calculated (i.e. monthly/unit rates are provided).	5
	The proposed budget justification narrative includes detailed descriptions/explanations for each of the eight line items and the corresponding sub-line items are identified in the OTIS Budget Justification. If non-Prop 99 or Prop 56 funds are contributing to the implementation of the SOW, budget activities are clearly identified as "In-Kind" and specify the source of the in-kind funding, (e.g., CDC, MSA, etc.).	5
	The proposed subcontract personnel and consultant costs are reasonable, directly support the proposed SOW, and are consistent with the needs of the project and level of responsibility. For non-governmental non-profit agencies only: Salaries that appear high in relationship to state salaries in Appendix 17, *Comparable State Civil Service Classifications* are substantiated with a	5

	detailed justification.	
	Travel and Per Diem costs are reasonable and necessary based on the proposed SOW. All required trainings are budgeted as instructed and clearly justified based on local health jurisdiction's proximity to the event. For non-governmental non-profit agencies only: Travel and Per Diem costs adhere to rates set by the California Department of Human Resources (CalHR) in Appendix 18, *Travel Reimbursement Information*.	3
	Indirect Cost Rate (ICR): • Governmental Local Lead Agency's ICR does not exceed the county's 2017-18 CDPH approved ICR. • Non-governmental, nonprofit Local Lead Agency's proposed ICR does not exceed 25% of Personnel and Fringe Benefit Total.	2
	Total	25

C. Non-Compliance

Pursuant to HSC Section 104380 (i):

1. CDPH/CTCP (Department) shall conduct a fiscal and program review on a regular basis.

2. If the Department determines that any LLA is not in compliance with LLA legislative requirements, the LLA shall submit to the Department, within 60 days, a plan for coming into compliance.

3. The Department may withhold funds from LLAs that are not in compliance with legislative requirements. The Department may terminate the agreement with the noncompliant LLA, recoup any unexpended funds from the noncompliant LLA, and reallocate both the withheld and recouped funds to provide services available under this section to the jurisdiction of the noncompliant agency through an agreement with a different governmental or private nonprofit agency capable of delivering those services based on the Department's LLA Guidelines for local Plans and a process determined by the Department. The Department may encumber and reallocate these funds no sooner than three months after the date of the first notification that the Department has determined the LLA to be out of compliance with statutory requirements.

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[i] The Guide to Community Preventive Services defines comprehensive tobacco control programs as coordinated efforts to implement population-level interventions to reduce appeal and acceptability of tobacco use, increase tobacco use cessation, reduce secondhand smoke exposure, and prevent initiation of tobacco use among young people.