2022 – 2025 LOCAL LEAD AGENCY COMPREHENSIVE TOBACCO CONTROL GUIDELINES

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA TOBACCO CONTROL PROGRAM

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Part I. Funding Opportunity Overview

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 (LLA Plan) as required by Health and Safety Code (HSC) 104375; and 2) provide 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 California Healthcare, Research and Prevention Tax Act of 2016. This plan shall be known as the 2022-2025 Local Lead Agency Comprehensive Tobacco Control Plan.

The term "tobacco" used in these guidelines refers to commercial tobacco products. "Traditional tobacco use" means plants for healing the mind, body, and spirit. Traditional tobacco is used only for special purposes such as in prayer, offering or ceremonies. Traditional tobacco is never abused because it is in its natural form without additives. Commercial tobacco is not traditional tobacco. The LLA Guidelines do not seek to impinge upon the sacred use of traditional tobacco in American Indian communities.

B. Funding Restrictions

These Guidelines will not fund the following:

- Activities that supplant or duplicate existing programs or services funded by the California Department of Public Health, California Tobacco Control Program (CDPH/CTCP) or another source;
- Local purchase, use or possession (PUP) laws and policy efforts or educational interventions that punish and stigmatize persons for PUP;
- In-school activities that duplicate existing programs or services funded through Prop 99 or Prop 56;
- Development or implementation of policies in school settings;
- Objectives that solely focus on increased knowledge or awareness as outcomes;
- Purchase or improvement of land, or building alterations, renovations, or construction;
- Fundraising activities;
- Lobbying;
- Provision of direct medical care, including provision of cessation pharmacotherapy;
- Reimbursement to health care providers for the delivery of health care services;
- Provision of incentives to individuals to call the statewide quitline or enroll in cessation services;
- Reimbursement of professional licensure; and
- Reimbursement of malpractice insurance.

C. Public Health Significance

The Tobacco Use Problem

Tobacco use remains the number one cause of preventable death, disease, and disability in the United States.[1] Between 2005 and 2009, smoking was responsible for more than 480,000 premature deaths annually among Americans 35 years and older.[1]

Each year, cardiovascular diseases, cancers, respiratory diseases, and diabetes are among the top 10 leading causes of death in California and 25.5% of all cancer deaths in California are attributable to smoking.[1-3] In California, tobacco-related disease contributes to approximately 40,000 or 16 percent of adult deaths annually. 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 smoking-related disease through Medicaid.[3]

In California, fewer adults are smoking cigarettes than ever before. However, California is the state with the largest number of adults who smoke – 2.8 million, which exceeds the population in 23 states.[4, 5]

In 1989, CDPH/CTCP was established with funding provided through a percentage of a cigarette tax. As a result of concentrated efforts to reduce initiation and use of tobacco and protect non-smokers from secondhand smoke (SHS), CDPH/CTCP and its partners have reduced the smoking prevalence among Californians by 57.4 percent between 1988 and 2018 to the current rate of 9.7 percent or about 2.8 million adults.[6] Despite this success, there are communities in California that continue to suffer a disproportionately high burden of tobacco use, and tobacco-related disease.[7] For example, disparities remain for cigarette use among groups defined by gender and sexual orientation, race and ethnicity, educational attainment, income, health insurance type, housing type, and community density.[7] Geographic tobacco-related disparities also persist in California, with patterns of higher rates of tobacco use in certain areas of the state, such as rural areas.[7] Another persistent concern is that the proportion of cigarette smokers who thought about quitting or made a quit attempt decreased or remained stagnant over the past five years.[7] While there is a robust tobacco control infrastructure in California, there are jurisdictions where there is potential to build momentum to expand current tobacco ending policy initiatives, and where there is opportunity to infuse a broader reach of tobacco control activities to address persistent and emerging challenges.

Tobacco Industry Interference

Dramatic shifts in tobacco product availability, marketing, and promotion have also occurred. A proliferation of electronic smoking device (ESD) products are easily accessible in retail stores and for purchase online, and heated tobacco products continue to infiltrate the market.[8, 9] Wide disparities persist in the price and availability of tobacco products by neighborhood, with more tobacco products being sold at a lower price in neighborhoods

with a higher proportion of youth and racial/ethnic groups with higher smoking rates.[10] Strategies to promote tobacco products such as direct mail coupons, in-store price promotions, retailer incentives, and other in-store advertising continue to be a dominant and effective tobacco company marketing effort.[11] The tobacco industry also continues to target youth through innovative marketing strategies. New products often have kid-friendly names and have historically used flavors appealing to youth.[12] The tobacco industry continues to leverage the use of social media and celebrity endorsements that resonate with youth to continue their long history of appealing to youth.[13] Adapting to this changing landscape is critical to prevent a new generation of Californians falling prey to the tobacco industry.[14]

In August 2020, the California legislature passed Senate Bill (SB) 793, which broadly restricted the sale of flavored tobacco products. The law was to go into effect on January 1, 2021. However, in December 2020, in response to tobacco industry litigation, a stipulation order suspended enactment of SB 793 and in January 2021, it was determined that the tobacco industry was successful in qualifying a referendum seeking to repeal the law altogether. This ballot measure will be placed before California voters when the next general election occurs. The referendum does not prevent local jurisdictions from adopting and implementing their own flavored tobacco sales restrictions, and a groundswell of local policies would be a catalyst for state-level policy success.[15]

Intersection of Tobacco and Cannabis

Currently, the intersection of tobacco, ESDs, and cannabis products, and the dual-use or poly-use of these products contributes to a complicated environment.[16] The overlap between tobacco, cannabis, and e-cigarettes has been associated with an increase in the use and co-use of cannabis in California.[14] In consideration of current gaps in indoor and outdoor smokefree protections, interventions to preserve and advance SHS protections through effective policy approaches are vital.[17] Appropriate ways in which LLAs can address the intersection of tobacco and cannabis include:

- Secondhand smoke educational outreach
- Integrated tobacco, vaping, and cannabis secondhand smoke policies
- Education about tobacco and cannabis use and current and emerging products
- Education about the impacts of tobacco and cannabis use on health, learning outcomes, and school connectedness
- Integrated youth and adult data collection
- Integration into Youth Development: Service-learning projects around media influences and healthy choices
- Interagency partnerships
- Conflict of interest policies

Emerging Tobacco Impacts

The impact of tobacco production, use, and disposal on the environment has raised concerns globally, and in California. Thirdhand smoke (THS) is the residue of SHS, and it leaves a legacy of toxic substances that others are unknowingly exposed to. The health impacts of THS have not been fully quantified.[18] Beyond health considerations, the indirect social, economic, and environmental damage caused by the cultivation, production, distribution, consumption, and waste generated by tobacco products is becoming an increasing concern for communities.[19] The environmental impact of tobacco is far-reaching and intersects with other public health and environmental issues such as agrochemical use, deforestation, carbon dioxide emissions, water consumption, poverty, and post-consumer waste.[19]

The proliferation of tobacco product categories, persistent disparities in product availability and promotion, challenges with the intersection of ESDs and cannabis, an emerging realization of the environmental impact of tobacco, and stagnant cessation rates are persistent and dynamic challenges in California tobacco control. A rapid public health response which considers these factors is needed to disrupt tobacco use rates in certain groups, to reach communities and jurisdictions which are still currently underserved in tobacco control, and to prevent the next generation of youth from a lifelong addiction to nicotine.

California is ready for a paradigm shift that moves from a tobacco control strategy to ending the commercial tobacco epidemic. The *End Commercial Tobacco Campaign* seeks to usher in a new public health era that no longer accepts continued incremental change, but seeks transformative change.[20] The *End Commercial Tobacco Campaign* establishes that it is public health's role to protect youth and other vulnerable groups from being preyed upon by the tobacco industry, a lifetime addiction to nicotine, and the accompanying death and disease resulting from tobacco use. If public health persists in its current incremental strategy, the tobacco industry will continue to find new ways to circumvent public health laws, adapt their products, and influence political leaders to addict new generations of young people. California's *End Commercial Tobacco Campaign* sends a clear message: "It ends now." Elements of the *End Commercial Tobacco Campaign* that focus on the LLAs role and their contribution to a greater statewide effort are described in Appendix 1: *Local Lead Agency Campaign to End Commercial Tobacco Campaign* ***(Revised)***. Through these Guidelines, instructions will be provided for how LLAs should prepare their 2022-2025 Comprehensive Tobacco Control Plans in alignment with the *End Commercial Tobacco Campaign.* LLAs will 1) lead one or more community campaigns, and 2) serve as the Backbone Agency within their local health jurisdiction by working with local, regional, and statewide CDPH/CTCP-funded projects, coalitions, non-traditional partners, and community leaders to plan, implement, and evaluate campaign activities.[20]

D. Authorizing Legislation

In November 1988, California voters approved passage of the Tobacco Tax and Health Protection Act of 1988, also known as Proposition 99 (Prop 99). This initiative increased the state cigarette tax by 25-cents per pack and added an equivalent amount on other tobacco products. The revenue from Prop 99 was designated for tobacco-related research, health education and promotion, and health care services, and as a result, the California Department of Public Health, California Tobacco Control Program (CDPH/CTCP) was established in 1989.[21]

In November 2016, California voters overwhelmingly approved the California Healthcare, Research, and Prevention Tobacco Tax Act of 2016, Proposition 56 (Prop 56), 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 ESDs and designated that a portion of the tobacco tax revenue be directed toward preventing and reducing tobacco use.[22]

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 (Sections 30121-30130), and the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56).

Prop 99, Prop 56, 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; conduct a statewide media campaign; and evaluate the effectiveness of the overall tobacco control program.

Prop 56 designates that 15 percent of the funding generated from Prop 56 be used to fund comprehensive tobacco prevention and control programs 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.[22]

Specifically, HSC Sections 104375, 104380, 104400, and 104405 through 104415, designate California local health departments as the Local Lead Agency (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 (LLA Plan), and to follow guidelines (Guidelines) issued by CDPH/CTCP based on legislative enactment. Each LLA must obtain the involvement of local community organizations in the development of the LLA Plan.

In the case of local health departments that are non-compliant with the enabling legislation and Guidelines issued by CDPH/CTCP, HSC Section 104380 (h)(3) authorizes CDPH/CTCP to terminate the LLA agreement with the noncompliant LLA, recoup any unexpended funds from the non-compliant 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/CTCP Guidelines for local plans and a process determined by CDPH/CTCP.

Statutory provisions require the LLA 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.

The Tobacco Education and Research Oversight Committee (TEROC) is a legislatively mandated advisory committee charged with overseeing the use of Prop 99 and Prop 56 tobacco tax revenues for tobacco control interventions. The 13-member committee publishes and periodically updates a state master plan for tobacco control. The *2021-2022 Tobacco Education and Research Oversight (TEROC) Committee's Master Plan, Achieving Health Equity: Toward a Commercial Tobacco-Free California* identifies several priority population communities that use tobacco at higher rates, experience greater secondhand/thirdhand smoke exposure, are disproportionately targeted by the tobacco industry, and/or have higher rates of tobacco-related disease.[14] The Master Plan also highlights a vision for a commercial tobacco-free California, strategies for achieving health equity, core values, and policy recommendations.

E. California Tobacco Control Goals and Expected Outcomes

The long-standing overall goal of California's tobacco use prevention and reduction effort has been to end the tobacco epidemic for all population groups. The strategy for achieving this goal is to focus on social norms change to make tobacco less desirable, less acceptable, and less accessible. Sub-goals, referred to as priority areas, supporting the social norm change strategy are:[23]

1. **Limit Tobacco Promoting Influences**
2. **Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste, and Other Tobacco Products**
3. **Reduce the Availability of Tobacco**
4. **Promote Tobacco Cessation**

To achieve the overall goal of ending the tobacco epidemic for all population groups, in 2021, the *End Commercial Tobacco Campaign* was launched, with a vision, purpose, goals, and projection that it is possible to eliminate smoking by 2035. *The End Commercial Tobacco Campaign* is designed to promote health justice, eliminate tobacco-related health disparities, and reduce health inequities for all Californians. The Campaign framework focuses key guiding principles and changing the social norms surrounding tobacco use.[20]

End Commercial Tobacco Campaign information guiding principles may be found in Appendix 1: *Local Lead Agency Campaign to End Commercial Tobacco* ***(Revised)***.[20]

F. The Role of Local Lead Agencies

LLAs provide local coordination and collaboration infrastructure for tobacco control projects within each of the state's 61 local health jurisdictions present in 58 counties and three cities (Berkeley, Long Beach, and Pasadena). Enabling legislation for CDPH/CTCP (HSC Section 104400) charges LLAs with overall responsibility for the success of projects 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 cessation counseling services offered by Kick It California (formerly the California Smokers' Helpline) via telephone counseling, text, chat, mobile phone apps, and an Ask Alexa Skills Coach.
10. Communicate and collaborate with Statewide Technical Assistance Projects and Priority Population Coordinating Centers 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.

G. Eligibility Criteria

As provided for in HSC Section 104400, LLAs are required to accept these funds and to implement a comprehensive tobacco control program.

H. 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). The LLAs are grouped into three funding tiers to describe differences in work performance requirements based on the anticipated annual allocation. See Table 1. *LLA Comprehensive Tobacco Control Plan Fund Tiers.* LLA funding tier assignment will remain the same throughout the duration of the agreement term regardless of funding declines.

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 2022-2025 Comprehensive Tobacco Control Plan, 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 annually by CDPH/CTCP following the enactment of the annual State Budget. See Appendix 2: *Local Lead Agency Funding Allocation Table.* Unexpended funds may be carried forward in FYs 2022/2023, 2023/2024, and 2024/2025 pursuant to HSC Section 104466.

Funds not fully expended by June 30, 2025 will revert back to the account from which they originated.

LLAs are required to deposit Prop 99 and Prop 56 prospective payments into a 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. The awarded LLA may use funds from interest earned to purchase items in the approved SOW in accordance with CTCP procedures in Appendix 3: *Local Lead Agency and Competitive Grantee Administrative and Policy Manual Administrative Section* and Appendix 4: *Local Lead Agency and Competitive Grantee Administrative and Policy Manual Policy Section.*

Table 1: 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 21/22 to FY 24/25 plan period.	Local health jurisdictions projected to receive a budget allocation over $3 million and up to $10 million during the FY 21/22 to FY 24/25 plan period.	Local health jurisdictions projected to receive a budget allocation over $10 million during the FY 21/22 to FY 24/25 plan period.
Alameda, Alpine, Amador, City of Berkeley, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, City of Long Beach, City of Pasadena, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo, Yuba (56)	Orange, San Diego, San Francisco, Santa Clara (4)	Los Angeles (1)

I. Agreement Term

1. The term of the Plan is anticipated to be January 1, 2022 through June 30, 2025.
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.
3. Upon receipt of the Allocation Agreement, the LLA must sign and return the agreement to CTCP before disbursement of the FY's prospective allocation payments can occur.

J. Timeline

Key dates are presented in Table 2. *Tentative Schedule*. CDPH/CTCP reserves the right to adjust any date and/or time as necessary. Date and time adjustments will be posted to the CDPH/CTCP Tobacco Control Funding Opportunities and Resources (TCFOR) website.

Table 2: Tentative Schedule

Key Action	Date and Times All times in Pacific Time (PT)
Release LLA 2022-2025 Comprehensive Tobacco Control Guidelines	March 8, 2021
OTIS Opens for Applicants	March 15, 2021
LLA Guidelines Training	March 3 – April 12, 2021
Comprehensive Tobacco Control Plan Due	July 1, 2021, 5:00 P.M.
Review and Score 2022-2025 Comprehensive Tobacco Control Plan	July 1 – August 6, 2021
Plan Modification Period	September 1 – November 1, 2021
Plan Approved	December 31, 2021
Plan Start Date	January 1, 2022
Plan End Date	June 30, 2025

Part II. California Tobacco Control Program Model Overview

A. Social Norm Change

The ultimate goal of tobacco control work is to end the tobacco epidemic once and for all, especially among young people and communities disproportionately burdened by commercial tobacco. CDPH/CTCP empowers community and statewide grantees and local health agencies to develop healthy and resilient communities. Overall these efforts seek to

expose the tobacco industry's role in the uptake and maintenance of tobacco use and promote social norms that decrease the availability, acceptability, and accessibility of tobacco products; create environments that promote quitting; and protect non-smokers and the environment from the harms of tobacco. California's approach to preventing and reducing tobacco-related diseases and illnesses is accomplished through a social norm change strategy. 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]

More information on California's social norm change strategy may be found in the CDPH/CTCP *2020 Communities of Excellence Needs Assessment Guide*.

B. 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 benefits of policy work are as follows:

- 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]

C. 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, print (e.g., newspapers, magazines), out-of-home placements (e.g., billboards, movie theaters, point-of-sale) and digital and social 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]

D. Evaluation and Surveillance

CTCP views evaluation as essential to program accountability, continuous quality improvement, and generating data to drive decision-making.[26] This view is deeply embedded into the organizational practices of CTCP and is reflected in local program funding requirements. CTCP conducts surveillance and evaluation studies using telephone, internet, and observational data collection methods to monitor tobacco use and behaviors and evaluate the impact of interventions at the state level. This includes evaluating its media campaign,[27, 28] community programs,[29-31] and the in-school Tobacco Use Prevention Education (TUPE) program.[32] California also monitors the tobacco industry's marketing practices.[33] Peer-reviewed publications and reports summarizing surveillance and evaluation findings are available on the CDPH website at: https://www.cdph.ca.gov/tobacco.

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.[34]

3. The 2022-2025 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 2022-2025 Comprehensive Tobacco Control Plan are required to be based on the results of the 2021 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 selected indicator/asset. See Appendix 5*: Core and Recommended Indicators and Assets 2022-2025 LLA Comprehensive Tobacco Control Plan*; and Appendix 6: *Communities of Excellence in Tobacco Control, A Communities of Excellence Needs Assessment Guide*.

C. Addressing Tobacco Related Disparities Requirement

Pursuant to Revenue and Taxation Code 30130.55(b)(1), 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 tobacco-related disparities. CDPH/CTCP requires that each LLA demonstrate that a minimum of 15 percent of their combined Prop 56 and Prop 99 allocation will be dedicated to address tobacco-related disparities.

For the purpose of these Guidelines, the priority populations groups impacted by this requirement are those identified in the 2021-2022 Tobacco Education and Research Oversight (TEROC) Committee's Master Plan, *Achieving Health Equity: Toward a Commercial Tobacco-Free California*. These groups are listed below. As the Master Plan is updated, this list may be modified.

- Blacks/African Americans, Latinos/as, Asian Americans, Pacific Islanders, American Indians, and Alaska Natives
- Lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) people
- People of low socioeconomic status or with limited education
- Rural residents
- Military personnel and veterans
- Individuals employed in jobs not covered by smoke-free workplace laws
- People with substance use disorders or behavioral health conditions
- People with disabilities
- School-age youth

D. Accelerating Declines in Tobacco-Related Disparities

Proposition 56 and Revenue and Taxation Code 30130.55(b)(1) requires CTCP to *"award"* not less than 15 percent of "health promotion, health communication, and evaluation and surveillance" funds towards accelerating and monitoring the rate of decline in tobacco-related disparities with the goal of eliminating tobacco-related disparities.

To meet Proposition 56 requirements LLAs must:

1. Designate at least 15 percent of the overall Plan/Budget deliverables towards one or more objectives addressing the specific health equity policy focus/strategy and indicators listed in Table 3: *Tobacco-Related Disparities Indicators and Assets*. The areas of policy focus, indicators and assets identified in Table 3 were selected as accelerating reductions in tobacco-related disparities and are consistent with recommendations identified in the following documents: Tobacco Education and Research Oversight Committee Master Plan: Achieving Health Equity: Toward a Commercial Tobacco-Free California, 2021-2022; 2014 Advancing Health Equity in Tobacco Control Summit Proceedings; 2016 Tobacco Control Network Policy Recommendations; TRUTH Campaign: 7 Solutions for Reducing Tobacco Use Disparities; and Centers for Disease Control and Prevention Health Equity in Tobacco Prevention and Control. Additional guidance was provided by the Statewide Priority Population Coordinating Centers based upon their draft Policy Platforms, which are in development, and scheduled to be released in the fall of 2021.

2. Clearly identify in the budget justification those staff and subcontractors who are assigned to direct at least 50 percent of their effort towards accelerating or monitoring the rate of decline in tobacco-related disparities.

Table 3: Tobacco-Related Disparities Indicators and Assets

Health Equity Focus	Communities of Excellence Indicator	Cited Evidence
1. Prohibit Pricing Tactics That Differentially Affect Young and Low-SES Consumers	1.2.10 Minimum Retail Price/Package/Volume Size: The number of jurisdictions with a policy setting a minimum retail sale price for tobacco products in conjunction with minimum package/volume size to reduce sales of low-cost tobacco and nicotine products.	• *2014 Advancing Health Equity in Tobacco Control Summit Proceedings* • *2016 Tobacco Control Network Policy Recommendations* • *TEROC Master Plan: Achieving Health Equity: Toward a Commercial Tobacco-Free California 2021-2022* • *CDC Health Equity in Tobacco Prevention and Control*
2. Establish Smokefree Community Colleges, Technical Schools, and Trade School Campuses	2.2.9 Smokefree Outdoor Non-recreational Public Areas: The number of jurisdictions with a policy eliminating smoking on the premises of outdoor non-recreational public areas (e.g., walkways, streets, plazas, college/trade school campuses, shopping centers, transit stops, farmers' markets, swap meets).	• *2014 Advancing Health Equity in Tobacco Control Summit Proceedings* • *2016 Tobacco Control Network Policy Recommendations* • *Truth Initiative: 7 solutions for reducing tobacco use disparities*

Health Equity Focus	Communities of Excellence Indicator	Cited Evidence
3. Establish Smokefree Behavioral Health Facilities	2.2.10 Smoke-free Health Care Campuses: The number of jurisdictions with a policy eliminating smoking indoors and outdoors, at all times, on the premises of licensed health care and/or assisted living facilities at all times, (e.g., local health departments, hospitals, and 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).	• *2014 Advancing Health Equity in Tobacco Control Summit Proceedings* • *2016 Tobacco Control Network Policy Recommendations* • *Truth Initiative: 7 solutions for reducing tobacco use disparities* • *CDC Health Equity in Tobacco Prevention and Control*
4. Establish Smokefree Home Policies within Multi-Unit Housing	2.2.13 Smoke-free Multi-Unit Housing: The number of jurisdictions with a policy prohibiting smoking in the individual units of multi-unit housing including balconies and patios.	• *2014 Advancing Health Equity in Tobacco Control Summit Proceedings* • *2016 Tobacco Control Network Policy Recommendations* • *CDC Health Equity in Tobacco Prevention and Control*
5. 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 retail outlets through use of any of the following means: conditional use permits, zoning, tobacco retail permits or licenses, or direct regulation.	• *2016 Tobacco Control Network Policy Recommendations* • *CDC Health Equity in Tobacco Prevention and Control*

Health Equity Focus	Communities of Excellence Indicator	Cited Evidence
6. 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 eliminating or restricting the sale and/or distribution of any mentholated cigarettes and other flavored tobacco products, and paraphernalia (e.g., smokeless tobacco products, dissolvable tobacco products, flavored premium cigars such as little cigars, cigarillos, hookah tobacco, e-cigarettes, e-hookah, wrappers).	• *2014 Advancing Health Equity in Tobacco Control Summit Proceedings* • *2016 Tobacco Control Network Policy Recommendations* • *TEROC Master Plan: Achieving Health Equity: Toward a Commercial Tobacco-Free California 2021-2022* • *CDC Health Equity in Tobacco Prevention and Control* • *Truth Initiative: 7 solutions for reducing tobacco use disparities*
7. Establish and Expand Culturally, Linguistically, and Age-Appropriate Cessation Services	4.1.1 Cessation Services: The extent to which evidence-based, culturally, linguistically, and age appropriate behavior modification-based tobacco cessation services are available in the community.	• *2016 Tobacco Control Network Policy Recommendations* • *TEROC Master Plan: Achieving Health Equity: Toward a Commercial Tobacco-Free California 2021-2022* • *CDC Health Equity in Tobacco Prevention and Control* • *Truth Initiative: 7 solutions for reducing tobacco use disparities*
8. Expand the Availability and Utilization of Evidence-Based Cessation Treatment by Underserved Groups	4.2.9 Tobacco Use Assessment and Cessation Referral Systems: The extent to which health care, behavioral health, social service, housing, education, and other agencies systematically capture the screening rates, number of identified smokers, and number of smokers referred to quit supports regardless of system, medical record, and referral type.	• *2016 Tobacco Control Network Policy Recommendations* • *TEROC Master Plan: Achieving Health Equity: Toward a Commercial Tobacco-Free California 2021-2022* • *CDC Health Equity in Tobacco Prevention and Control*

Health Equity Focus	Communities of Excellence Indicator	Cited Evidence
9. Develop New Leaders with Diverse Perspectives Throughout Tobacco Control	2.4 Youth Engagement in Tobacco Control: The degree our program has participatory collaborative partnerships with diverse youth and youth serving organizations, and engages them to support tobacco control-related activities that focus on policy, systems, and environmental changes.	• *TEROC Master Plan: Achieving Health Equity: Toward a Commercial Tobacco-Free California 2021-2022*
10. Establish Coalitions That are Representative of Communities They Serve	2.5 Community Engagement in Tobacco Control: The degree our program has collaborative partnerships with diverse organizations and individuals in addition to CTCP and TUPE-funded organizations, to engage them to support tobacco control-related activities that focus on policy, system, and environmental change such as community assessments, data collection, education of community members and decision makers, and media events.	• *Truth Initiative: 7 solutions for reducing tobacco use disparities* • *TEROC Master Plan: Achieving Health Equity: Toward a Commercial Tobacco-Free California 2021-2022* • *CDC Health Equity in Tobacco Prevention and Control*
11. Prioritize Funding for Interventions to Ethnically Diverse Organizations to Promote Health Equity	3.6 Equity in Funding: The degree to which culturally and ethnically diverse organizations are funded to implement community norm change-focused tobacco control efforts in the community, in proportion to community demographics.	• *TEROC Master Plan: Achieving Health Equity: Toward a Commercial Tobacco-Free California 2021-2022* • *CDC Health Equity in Tobacco Prevention and Control*

Health Equity Focus	Communities of Excellence Indicator	Cited Evidence
12. Develop, Implement, and Evaluate Plans to Reduce Disparities and Promote Health Equity	4.1 Tobacco-Related Recommendations in Community Plans: The extent our program participates in local planning to integrate tobacco-related interventions recommendations into local and regional general plans, community health/health equity frameworks, Adverse Childhood Experience protocols, health department accreditation, and/or other similar evidence-informed, community planning processes.	• *TEROC Master Plan: Achieving Health Equity: Toward a Commercial Tobacco-Free California 2021-2022*

E. Community Engagement in Program Planning and Implementation Requirements

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.

The LLA is required to maintain a coalition and broaden diversity and authentic community engagement in planning and implementation. This work is reported upon in the Coalition Membership and Coalition Functioning sections of each progress report. If particular focus and effort is needed to meet these requirements, a coalition Asset objective, activities, and deliverables may be included in the Scope of Work.

The coalition may be established as a community-based tobacco control coalition or may integrate issues of tobacco control into an existing community-based coalition. Community-based coalitions are groups of diverse individuals and organizations with a common interest who agree to work together toward a common goal in their own community. The role of LLAs is to serve as a backbone agency, providing the community the space, knowledge, and resources to come together and support problem-solving efforts.[35] LLAs are highly encouraged to invite competitive grantees funded in their jurisdiction to participate in the LLA Coalition and create an inviting environment for their participation and space for their work.

All coalition members are deemed volunteers, and serve without compensation; however, members may be reimbursed for pre-approved necessary travel expenses incurred in the performance of their duties on behalf of the coalition (e.g. attending a CTCP conference or costs associated with travel to Capitol Information & Education Days or ~~YouthQuest~~ **Youth Quest** in Sacramento). All reimbursed costs are subject to Appendix 10: *Budget Justification Instructions **(Revised)**.*

Requirements: LLAs are required to maintain the coalition in such a way that they:

1. Obtain the participation and involvement of local community organizations with special expertise and experience related to work to eliminate tobacco use and exposure and/or adds to the representation within the group of priority populations disproportionately impacted by tobacco use;
2. Assist in the development and implementation of community-based tobacco control efforts;
3. Develop and demonstrate widespread public support for issues, actions, and unmet needs;
4. Maximize the power of individuals, single groups, and agencies through collaborative action for the purpose of creating a "critical mass";
5. Mobilize the talents and resources of multiple individuals, groups, and agencies to promote tobacco education and control strategies; and,
6. Provide a united voice to respond to the tobacco industry.

Recommendations: The LLA should ensure their jurisdiction's community-based coalition:

1. Is geographically-balanced and engages organizations that represent communities disproportionately impacted by tobacco use;
2. Includes diverse alliances through engagement with traditional (public health organizations, health care providers, hospitals, and clinics, behavioral health and social services, youth and youth-oriented, and education organizations, including K-12 schools, trade schools, and universities) and non-traditional (business/economic, civil rights and social justice, environmental, faith-based, housing, labor and union, law enforcement, media and communications, military and veteran, and worksite and employee support organizations) partnerships;
3. Designs and implements an ongoing process for member recruitment, orientation, and retention;
4. Develops and trains the coalition in population-based tobacco control strategies and skills needed to execute tasks aligned to further tobacco control goals;
5. Demonstrates the inclusion of coalition members as "responsible parties" in planning and implementation of activities such as completing the Midwest Academy Strategy Chart, actively participating in the 2024 CX Needs Assessment and as non-budgeted "responsible parties" in the SOW where their participation is necessary to carry out the activity listed;

6. Designs and implements a communications process for both urgent and routine coalition communications;
7. Annually conducts a coalition diversity, engagement, and satisfaction survey (every 12 months) of the current membership;
8. Is chaired by a representative of the community that the coalition serves and may not be an employee or representative of an agency receiving any tobacco control-related funding obtained through a California tobacco tax initiative and can serve as the coalition's lead spokesperson;
9. Develops and regularly revisits their formalized operating rules and procedures, as agreed upon by coalition members; and
10. Is provided with appropriate staff time, logistical assistance, training, budget support, and other assistance as needed and deemed in-line with the project's approved CTCP scope of work and budget. (Other coalition members may also contribute similar resources to the coalition if they are able and willing to do so.)

F. Policy Cessation Support Requirements and Recommendations

Cessation is a key component of the overall goal of ending the tobacco epidemic in California. California's shift from incremental to transformative change calls for a renewed focus on supporting quit attempts among those who use tobacco. To determine how best to increase cessation, CTCP convened a Cessation Summit on September 22-23, 2020, and developed a strategic plan titled California Quits Together: Creating a Nicotine-Free Future. The summit was attended by over 60 local, state, and national thought leaders with expertise in tobacco prevention and cessation, who identified those strategies that are most likely to accelerate quitting, especially among populations experiencing tobacco-related disparities.

Many of the goals and recommended strategies identified in *California Quits Together* [In press] focus on health care and health systems change, however there are many activities that can be done at the local level to facilitate and support quit attempts.[36] A key strategy incorporated here as a requirement is that local policy campaigns that propose restrictions on the use or sale of tobacco products need to integrate cessation messaging and offers of quitting assistance during the campaign adoption and implementation phases. Prominent cessation messaging, offers of free quit kits, and promotion of Kick It California services, including telephone counseling, text, chat, mobile apps, an Ask Alexa skill, educational materials, and numerous website resources, may motivate tobacco users to quit and help frame these policies as tools to promote health rather than as encroachments on personal liberty.

<u>Requirements</u>: Policy Cessation Support Activities is a new section included under the Scope of Work component of the comprehensive tobacco control plan. The intent is to integrate cessation activities across all policy objectives. These activities focus on connecting tobacco users affected by policies that restrict tobacco use and/or access to tobacco products with quitting assistance and motivation to quit. This section is intended

to provide more flexibility and streamlined reporting on cessation activities across objectives. A menu of cessation support activities is provided to select from, and deliverables may be assigned.

Recommendations: For policy change-focused work with health care clinics, behavioral health, social service, or other settings to improve tobacco use screening and cessation referral, a stand-alone cessation objective with strong intervention and evaluation activities that do not duplicate what is captured in the Policy Cessation Support Activities section may also be included in the SOW using Indicator 4-2-9.

G. Media Requirements and Recommendations

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. Requests for media-related technical assistance can also be made there. By coordinating with the statewide advertising campaigns and leveraging advertising assets previously tested and produced, local tobacco control projects can amplify and tailor media support to their policy, system, and environmental change strategies in a cost-effective manner. 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:

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

Requirements: Media Activities is a new section included under the Scope of Work component of the comprehensive tobacco control plan. The intent is to consolidate media support across objectives to provide more flexibility and streamlined reporting. A menu of media activities is provided to select from, and deliverables may be assigned.

- Communications Plan: Select the Media Activity for completing a Communications Plan in OTIS if the project intends to execute one or more paid/earned media campaigns through the duration of the contract. To utilize CTCP media assets for any media campaign, an approved Communications Plan is required prior to the release of media assets. Media requests need to be submitted no less than four weeks prior to media being run.
- Consumer Testing Requirements: If the SOW includes an activity to develop original advertising, then the LLA is required to include an evaluation activity to consumer test the ads with the intended target audience through focus groups, online surveys or other means to ensure that the message is understood by, appropriate for, and impactful with the target audience. Coalition members or other individuals already familiar with tobacco control or public health efforts are not appropriate testing participants.

Recommendations: 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[37]. 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* outlines LLAs annual recommended paid media budget in accordance with the CDC Best Practices. 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, San Benito, Sutter, Tehama, Tuolumne, and Yuba	5% - 15% of annual allocation
Level C- LLAs with populations over 150,000: Alameda, Butte, Contra Costa, El Dorado, Fresno, Imperial, Kern, City of Long Beach, Madera, Marin,	15% - 30% of annual allocation

LOCAL HEALTH JURISDICTION	RECOMMENDATION
Merced, Monterey, Placer, Riverside, Sacramento, San Bernardino, San Luis Obispo, San Mateo, Santa Barbara, San Bernardino, San Joaquin, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Tulare, Ventura, and Yolo	
TIER 2	
Orange, San Diego, San Francisco, and Santa Clara	15% - 30% of the annual allocation
TIER 3	
Los Angeles	15% - 30% of the annual allocation

H. Evaluation Requirements

For the three decades CTCP has been in existence, the approach to evaluation has evolved, from reliance on the use of external experts towards building internal and local capacity.[38] This change increased CTCP's ability to adapt evaluation and surveillance efforts in response to environmental changes and emerging technology. California's local program evaluation uses an empowerment approach.[39] Locally funded projects are required to allocate a minimum of 10 percent of 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.[39] Completed local project Final Evaluation Reports are rated on quality by the Tobacco Control Evaluation Center (TCEC) at the University of California, Davis and those of the highest quality are available through CTCP's electronic library system, Rover. Additionally, summaries of Final Evaluation Report findings may be published in peer-reviewed journals, submitted to conferences, and disseminated throughout local communities and coalitions to further facilitate dissemination of local program findings.[40, 41]

Requirements

1. General Evaluation Requirements: For each objective, the LLA is required to design and implement an evaluation strategy. The LLA will describe in their plan the evaluation design, outcome and process evaluation activities to be conducted; how process evaluation activities will be used to improve or tailor the intervention; and the dissemination plan. Table 6: *Summary of Minimum Plan Requirements by Tier* provides specific minimum requirements related to evaluation activities, and the percent of the budget to be directed towards evaluation activities.
2. End Commercial Tobacco Campaign Evaluation Requirements: LLAs are required to identify ~~an~~ **at least one primary** "intervention jurisdiction" **(where LLAs will start working in year 1)** ~~and a "comparison jurisdiction"~~ for each End Commercial

Tobacco Campaign policy objective **with evaluation that begins in 2022. LLAs may select more than one jurisdiction for their End Commercial Tobacco Campaign policy objective**. **Additional secondary jurisdictions may be worked with concurrently or consecutively.** LLAs are required to participate in standardized data collection trainings, and conduct **two waves of** standardized observation surveys at tobacco retailers, ~~parks/beaches~~ **select outdoor public places (e.g. parks, sidewalks, outdoor dining),** and multi-unit housing facilities in the intervention ~~and matched comparison~~ jurisdictions **as it corresponds to their objectives**. In addition, they are required to incorporate **one wave of** standardized endgame Key Informant Interview and Public Opinion Survey questions in the intervention jurisdiction**(s)** ~~only~~. **If LLAs wish to stagger evaluation over time, secondary jurisdictions may be evaluated beginning in Spring 2023.**

3. **Collaboration Tracking:** LLAs will also be required to complete the Collaboration Tracking section of OTIS to track active and diverse community engagement and partnerships built to support the objective in each progress report.
4. See Appendix 1: *Local Lead Agency Campaign to End Commercial Tobacco* ***(Revised)*** for required intervention and evaluation activities to be integrated into the LLA's End Commercial Tobacco Campaign objective(s).

I. Staffing Requirements and Recommendations

Staffing: Prop 99, Prop 56, and the enabling legislation for CDPH/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 2022-2025 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 2022-2025 LLA Comprehensive Tobacco Control Plan.

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*	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 2022-2025 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: 25% to 50% 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, 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.

* 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*	Position	Responsibilities
Required: Minimum 10% FTE	Evaluation Oversight	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.
Required: Minimum 10% FTE	Local Program 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 include assisting with data translation and dissemination. This position may be internal or subcontracted. A qualified evaluator has the following qualifications: • Completed at least one course in study design or at least one year of experience in determining the study design for an evaluation. • Have intermediate or higher proficiency in calculating sample size, developing a sampling scheme, and determining appropriate data collection methods.

Staffing*	Position	Responsibilities
		• Completed one course in program evaluation or one year of planning and implementing a program evaluation. • Have intermediate or higher proficiency in evaluating behavior change, policy, or media interventions. • Completed at least two intermediate courses in statistics. • Have intermediate or higher expertise in using statistical software packages to analyze and interpret quantitative data.
Required: Paid Internship for Diversification of the Public Health Workforce	Intern	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 and diversification of the public health workforce. Student workers at the high school and college levels provide employment opportunities and expose young people to public health professions. Internships may be limited term, and paid as personnel or through a subcontract.
Recommended: Minimum 25% - 50% FTE	Media Specialist	This position is responsible for planning, testing, and implementing paid, earned, and social media activities including maintenance of social media strategies, developing and updating the Communications Plan, and executing communications tactics.
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.

J. Training and Professional Development Requirements

Required Attendance:

1. Project Directors' Meeting (1-2 staff, approximately every 18 months).
2. Capitol Information and Education (I&E) Days (1-2 staff, coalition representation encouraged).
3. A minimum of three trainings per fiscal year conducted by CTCP or its statewide grantees.

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 6. *Summary of Minimum Plan Requirements by Tier.*
- Webinars offered by CTCP and statewide grantees that pertain to the objectives and activities in the Plan (e.g., End Commercial Tobacco Campaign trainings). Attendance will be monitored through the Collaboration Tracking form in the Progress Report.
- Provide funding for youth coalition members to attend the California Youth Advocacy Network's (CYAN) Youth Quest and Youth Advocacy Camp annually to increase youth involvement in local and statewide tobacco-free initiatives.

K. 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 onto the Partners website on a weekly basis. The statewide password protected 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.
- Post or respond to questions or comments on the Partners *InfoHub* forum at least one time per month;
- 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;
- After completion, submit educational materials developed by the LLA along with consumer testing results (e.g., reading level, consumer focus group results) to the Tobacco Education Clearinghouse of California (TECC) through MatTrack for possible statewide dissemination consideration.
- If direct cessation services are offered by the LLA, on a regular basis, provide information to Kick It California (formerly the California Smokers' Helpline) on the schedule and enrollment information. LLAs may allocate no more than 10 percent of the annual allocation towards the provision of direct cessation services;

- Coordinate and collaborate with CTCP-funded statewide technical assistance/training projects and coordinating centers, participate in statewide educational campaigns, coordinate with competitive grantees working within the LLA's jurisdiction, 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 each other's evaluation and surveillance activities (e.g., Observation Surveys, Key Informant Interviews), and cross-participation in coalitions, campaign committees, and advisory boards when appropriate; and
- Use the OTIS Communication Log as the primary source for communicating about Plan, Budget, Progress Report and Cost Report issues with CTCP to ensure transparency and coordination of communications.

L. 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,
    a. 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 LLAs Prop 99 and Prop 56 allocation and interest earned. The interest earned may only be used for purposes identified in the Plan.
    b. 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.

c. 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

Requirements	Tier 1	Tier 2	Tier 3
Minimum Number of Objectives for the 2022-2025 Comprehensive Tobacco Control Plan	**3**	**3**	**4**
CX Needs Assessment- Core Indicators/Assets: Required number of core indicators and assets to be assessed (See Appendix 5: *Core and Recommended Indicators and Assets 2022-2025 LLA Comprehensive Tobacco Control Plan*).	**13**	**13**	**13**
CX Needs Assessment- Non-Core Indicators/Assets: Minimum number of required **LLA-selected** indicators and assets to be assessed. LLAs can elect to assess more if they choose. A list of *Core and Recommended Indicators and Assets* is provided (See Appendix 5: *Core and Recommended Indicators and Assets 2022-2025 LLA Comprehensive Tobacco Control Plan*); however, the LLA can select indicators or assets that are not included in the list provided by CTCP. See Appendix 6: *Communities of Excellence in Tobacco Control, A Communities of Excellence Needs Assessment Guide.*	**3**	**4**	**5**

Requirements	Tier 1	Tier 2	Tier 3
Focus of Objectives: The Plan must include **each** of the following items: 1. A comprehensive tobacco control plan that includes work across indicator priority areas. A plan must include a minimum of two priority areas. Priority areas can include your End Commercial Tobacco Campaign and Tobacco-related Disparities objectives; however, if these objectives only fall within Priority area 2, Reducing Exposure to Secondhand Smoke, you must select an additional objective from Priority area 1 or 3. *2.* Selection of End Commercial Tobacco Campaign Indicators- see list of indicators in Appendix 1: *Local Lead Agency Campaign to End Commercial Tobacco* ***(Revised)***. *3.* Indicator **or Asset** from Table 3. *Tobacco-Related Disparities Indicators* ***and Assets*** (May also be used to meet #1 or #2 above, **and/or #4 below**) 4. Include one asset objective to enhance coalition development/ maintenance/ community engagement. The Plan must include at least one of the following assets: 2.4 Youth Engagement in Tobacco Control, 2.5 Community Engagement in Tobacco Control or 4.1 Tobacco-Related Recommendations in Community Plans.	✓	✓	✓
Note: Objectives in the SOW must be based on an indicator or asset that was assessed during the 2021 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 6: *Communities of Excellence in Tobacco Control, A Communities of Excellence Needs Assessment Guide.*	✓	✓	✓
End Commercial Tobacco Campaign: Minimum requirements to focus on *End Commercial Tobacco Campaign*. See Appendix 1: *Local Lead*	✓	✓	✓

Requirements	Tier 1	Tier 2	Tier 3
Agency Campaign to End Commercial Tobacco ***(Revised)***. The Plan must address at least **one** of the following policy pathways: • Trailblazer Option A.1 • Trailblazer Option A.2 • Trailblazer Option A.3 • Pathfinder Option B.1 • Pathfinder Option B.2 • Pathfinder Option B.3 • Pathfinder Option B.4 The Plan must include the following evaluation activities: 1. Each policy objective must identify at least one "intervention jurisdiction" ~~and a "comparison jurisdiction" for each "intervention jurisdiction"~~. 2. Participate in standardized data collection training and activities. 3. **In 2022 and 2024, for each primary intervention community,** conduct standardized observation surveys at tobacco retailers, ~~parks/beaches~~ **select outdoor public places** and MUH facilities **depending on the policy pathway selected**. 4. **In 2022,** add standardized endgame questions to Key Informant Interviews and Public Opinion Survey instruments. 5. Using a CTCP-provided standardized form, track community engagement and diversity of community engagement during progress reporting.			
Tobacco-related Disparities Initiative: Pursuant to Revenue and Taxation Code 30130.55(b)(1), 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 tobacco-related disparities.	✓	✓	✓

Requirements	Tier 1	Tier 2	Tier 3
For LLA Plans, several CX Indicators were identified as being associated with reducing tobacco-related disparities. LLAs are required to direct at least 15 percent of the deliverables in their SOW towards one or more objectives addressing one or more of these indicators in Table 3. *Tobacco-Related Disparities Indicators*. The Plan must include the following: 1. Select one or more objectives with an indicator from Table 3. *Tobacco-Related Disparities Indicators*. 2. Clearly assign staff positions in the SOW and in the Budget Justification who are responsible for accelerating reductions in reducing tobacco-related disparities and describe these duties in the Budget Justification. 3. If applicable, clearly assign subcontractors to specific SOW activities designed to accelerate reductions in tobacco-related disparities and summarize these activities in the Budget Justification.			
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. Coalitions must meet minimum standards in order to function appropriately, including: 1. Adoption and ongoing implementation of formalized operating rules and procedures (e.g., by-laws); 2. The Coalition Chair may not be from the LLA. The Chair or Co-chair need to represent an agency that does not receive Prop 99/56 funds; 3. Include an annual Coalition Survey;	✓	✓	✓

Requirements	Tier 1	Tier 2	Tier 3
4. Design and implement a process for member recruitment and orientation; and 5. Design and implement a communications process for both urgent and routine coalition communications. 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.			
Establish and Maintain Cross-Collaborative Efforts: 1. 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. 2. 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. 3. Post or respond to questions on the Partners InfoHub forum at least one time per month. 4. Submit educational materials to the Tobacco Education Clearinghouse with evaluation of the materials for possible statewide dissemination consideration. 5. If direct cessation services are offered by the LLA, on a regular basis, provide information to the Kick It California (formerly the California Smokers' Helpline) about the schedule and enrollment information. LLAs may allocate no more than 10 percent of its annual allocation towards the provision of direct cessation services, (e.g., cessation classes, cessation in-person or virtual support groups). Specific evaluation requirements apply and are described in Appendix 4: *Local Lead Agency*	✓	✓	✓

Requirements	Tier 1	Tier 2	Tier 3
and Competitive Grantee Administrative and Policy Manual Policy Section. 6. 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., Observation Surveys, Key Informant Interviews), and cross-participation in coalitions. 7. Use OTIS as the primary means for communicating to CTCP about the Plan, SOW, Budget, Progress Reports, and Cost Reports.			
Cessation Requirements: Policy Cessation Support Activities are required for all policy objectives where tobacco users will be affected by restrictions on tobacco use and/or access to tobacco products. **Policy Cessation Support Activities Section:** Complete the Policy Cessation Support section in OTIS (under the SOW Component) and select from the menu of cessation support activities. This section includes activities across all policy objectives, and deliverables may be assigned. Activities included in this section identify, promote, and prioritize cessation (a stand-alone policy change cessation objective may also be proposed for health, behavioral health, social service, or other organizational systems change using indicator 4.2.9 with activities that do not duplicate the Policy Cessation Support Activities Section). **Cessation Activities:** The menu of cessation activities includes such things as: 1) conducting and disseminating an environmental scan of state and local cessation services; 2) developing a coalition cessation subcommittee to improve access to local cessation services; 3) awarding community engagement grants to health care, behavioral health, dental health, school, and social service agencies for the purpose of training	✓	✓	✓

Requirements	Tier 1	Tier 2	Tier 3
a certified cessation treatment specialist, routinely identifying and treating nicotine addiction, and establishing a tobacco free grounds; and 4) collaborating with the local health department oral health program to integrate tobacco use identification, referral, and treatment activities. **Note:** Direct cessation services may not duplicate services provided by Kick It California (formerly, the California Smokers' Helpline); supplant existing cessation services funded by another source (e.g., health care provider, health insurance); or be used for the purchase of nicotine replacement therapy or other pharmacotherapy.			
Media Requirements: **Media Activities Component**: Complete the Media Activities section in OTIS (under the SOW Component) and select from the menu of media activities. This section should include any media activities across all objectives, and deliverables may be assigned. To utilize CTCP media assets for any media campaign, a Communications Plan is required prior to the release of media assets. Media requests need to be submitted four weeks prior to media being run. **Media Activities:** The menu of media activities includes work such as: 1) completing a communications plan to strategically conduct paid, earned, and/or social media campaigns; 2) developing and maintaining a coalition website and/or online landing page for media activities; 3) maintaining coalition social media sites; 4) creating content for local health department websites and social media; 5) developing and consumer testing ads created by the LLA; and/or 6) completing a Media Activity Record (that applies to all objectives) and analysis to evaluate	✓	✓	✓

Requirements	Tier 1	Tier 2	Tier 3
local media knowledge, efforts, and trends. (The Media Activity Record must be included if any other media activities are selected). **Consumer Testing Requirements**: If the SOW includes an activity to develop original advertising, then the LLA is required to include an evaluation activity to consumer test the ads with the intended target audience through focus groups, online surveys or other means to ensure that the message is understood by, appropriate for, audience, and impactful with the target audience. Coalition members or other individuals already familiar with tobacco control or public health efforts are not appropriate testing participants.			
Evaluation Requirements: • The minimum amount of percent deliverables that are required to be directed toward the Evaluation Plan activities in the SOW is at least 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 Review 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 Review evaluation activity. • An Evaluation Plan Type that includes Implementation must include an Outcome Evaluation activity to assess the extent or quality of policy implementation.	✓	✓	✓

Requirements	Tier 1	Tier 2	Tier 3
• Any application that selects media activities for their scope of work is required to complete a Media Activity Record evaluation activity.			
Primary Evaluation Objectives: LLAs must designate the ~~required number of objectives and all~~ *End Commercial Tobacco Campaign* objective~~s~~ as primary evaluation objective~~s~~. Primary objectives 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 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. See Appendix 8: *Tell Your Story: Guidelines for Preparing Useful Evaluation Reports* for information regarding the preparation of Final and Brief Evaluation Reports.	✓	✓	✓
Staffing: The following are minimum staff requirements for the Plan (see Table 5. *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.	✓	✓	✓
<u>Required Staffing</u>:			
• Project Director or Project Coordinator	**100% FTE**	**100% FTE**	**100% FTE**
• Coalition and Community Engagement Coordinator	**25% FTE**	**50% FTE**	**50% FTE**
• Designate a qualified staff member to Oversee of Evaluation Activities (May be incorporated into the duties of the Project Director or	**10% FTE**	**10% FTE**	**10% FTE**

Requirements	Tier 1	Tier 2	Tier 3
Project Coordinator) • Local Program Evaluator (position may be internal to the agency or subcontracted)	**10% FTE**	**10% FTE**	**10% FTE**
• Paid Internship to Support Diversification of the Public Health Workforce (internship may be limited term, and paid as personnel or through a subcontract.) **<u>Recommended Staff:</u>** • Media Specialist • Fiscal and Administrative Staff	**1** ✓	**1** ✓	**1** ✓
Organizational Chart: Submission of an organizational chart depicting the proposed LLA personnel, reporting relationships among personnel, proposed subcontracts and consultants, and the reporting relationship between LLA personnel and the proposed subcontractors and consultants.	✓	✓	✓
Administrative and Policy Manuals: SOW activities and administration of the project must be performed consistent with Appendix 3: *Local Lead Agency and Competitive Grantee Administrative and Policy Manual Administrative Sectio*n & Appendix 4: *Local Lead Agency and Competitive Grantee Administrative and Policy Manual Policy Section.*	✓	✓	✓
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 2022-2025 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	✓	✓	✓

Requirements	Tier 1	Tier 2	Tier 3
reserves the right to require the LLA to exclude activities from the Plan that are implemented with Tobacco Industry Master Settlement Agreement or other funds that may obscure the quality, reach, and evaluation of the impact of the CTCP-funded project.			

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, provides access to trainings, manuals, and a communications system that assist all projects with their applications and maintaining their plans.

B. Submit a comprehensive 3.5 year Plan that meets the requirements of the LLA Guidelines and reflect current budget projections by fiscal year in Appendix 2: *Local Lead Agency Funding Allocation Table*. Plans must be submitted, modified, and approved by the due date listed in Table 2: *Tentative Schedule*. Failure to achieve an approved plan in OTIS by the date listed in Table 2: *Tentative Schedule* may result in a 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 7: *Instructions for Accessing the OTIS Applicant 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 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.

The following elements of the existing Plan should be reviewed and updated for the 2022-2025 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:
         1) The Priority Area and Indicators/Assets associated with the objective
         2) Target Audiences
         3) The Evaluation Design for the objective
         4) Summary Intervention Topics appearing in the SOW
         5) Intervention Jurisdiction(s) to work in
      ii. Policy Cessation Support Activities: Add activities to the Policy Cessation Support Component in OTIS to describe how an integrated approach will be used to support policy objectives in the entire plan with cessation support. A menu of several activity options is provided, or you can add your own activity.
      iii. Media Activities: Add activities to the Media Activities Component in OTIS for each objective the project intends to execute media tactics for prior to initiating and evaluating media efforts. A menu of several activity options is provided, or you can add your own activity.
   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
      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 policy record review activity to upload any final policies adopted by a county, city, or official

board (e.g., fair board, school board, transit board) in OTIS with the progress report. A strategic planning session for all policy objectives must be conducted during the first progress reporting period (01/22-06/22).

d. The SOW must include a collaboration activity that reflects coordination/collaboration with other local and statewide tobacco control partners such as other Local Lead Agencies (LLAs), CTCP Competitive Grantees, Kick It California (formerly the California Smokers' Helpline), California Tobacco Endgame Center for Organizing & Engagement, Law and Policy Partnership to End the Commercial Tobacco Epidemic, 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: Consumer Testing, Education/Participant Surveys, Evaluation Reports, Focus Groups, Key Informant Interviews, Media Activity Record Observation Data, Policy Record Review, Public Opinion Surveys, Policy Record Review, Tobacco Purchase Survey, and Other Evaluation Activities (e.g. Photovoice, Asset Mapping).
   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
      vi. Select "Yes" or "No" for whether training for data collectors will be provided
   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 Evaluation Guide in OTIS for additional guidance.

6. **Narrative Summary**
   a. <u>Community Assessment Analysis (600-word limit)</u>: The Community Assessment Analysis provides justification to support the population(s) of focus, the geographic area(s) of focus, and if applicable, describe the End Commercial Tobacco Campaign policy pathway selected. 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. If your project has worked in the community(ies) selected in the past, describe how previous work led to continuing work in this community. To cite data or literature, please state the author, publication title, and year, (e.g., Duber, Herbert, et.al, Public Health Management & Practice, 2020).

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 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

*See *Achieving Health Equity: Toward a Commercial Tobacco-Free California, The 2021– 2022 Master Plan of the Tobacco Education and Research Oversight Committee for California*, page 11 for a list of tobacco-related priority populations in California

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 9: *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., smokefree multi-unit housing policy adopted, health care providers will use electronic health records to make referrals to Kick It California)?

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 activity records, policy record reviews). 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. Outcome Data Collection: Describe the outcome evaluation activities that will be conducted (e.g., observation data collection). Outcome measures often compare conditions several points in time to demonstrate change from pre and post program efforts, often examining quantitative data. Include information about the change that occurred as a result of the intervention activities.

g. 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 *young adult 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, and again after the TRL has passed to measure impact of the policy; public opinion surveys will be used to demonstrate support for retail restrictions by law; media activity records, policy record reviews, and key informant interviews with decision makers will be used to inform the completion of the Midwest Academy Strategy Chart and completion of other intervention activities.*"

h. 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 2022-2025 LLA Comprehensive Tobacco Control Plan. Budgets should adhere to the requirements and criteria provided in this section and the budget instructions provided in Appendix 10: *Budget Justification Instructions* ***(Revised)***.

a. Budget: Submit a comprehensive 3.5 year budget that describes and supports the costs associated with the implementation of the 2022-2025 LLA Comprehensive Tobacco Control Plan. The Budget and Budget justification are to:

   i. Ensure the total dollar amount for FY 2021/2022 (January-June) through FY 2024/2025, does not exceed the amount identified for the LLA in Appendix 2: *Local Lead Agency Funding Allocation Table*.

ii. Utilize the eight budget categories provided in the OTIS budget justification index.

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

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.

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 10: *Budget Justification Instructions* ***(Revised)***, incorporate the following requirements which are specific to the 2022-2025 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 10: *Budget Justification Instructions* ***(Revised)***.

d. Equipment: LLAs should assess their need for equipment to fulfill the requirements and activities described in their 2022-2025 Local Lead Agency Comprehensive Tobacco Control Plan and budget accordingly.

e. Travel, Per Diem and Training: Below are instructions for budgeting required and recommended travel and per diem. Please refer to Table 6. *Summary of Minimum Plan Requirements by Tier* to identify number of participants you should budget for each travel and training opportunity.

i. Required Travel and Training: The minimum number of participants for the required Travel/Training is 1-2 staff per required training/conference. Please refer Table 7. *Required Travel/Training* to identify which fiscal year each required training takes place.

ii. Required trainings may take place virtually or in-person. LLAs should budget for in-person trainings beginning in FY 2022/2023.

Table 7. Required Travel/Trainings

Required Travel/ Training	FY 21-22 (Jan-June)	FY 22-23	FY 23-24	FY 24-25
Tobacco-free California Projects Meeting		X		
Joining Forces			X	
Capitol Information & Education Training	X	X	X	X
Communities of Excellence in Tobacco Control Needs Assessment Training			X	
End Commercial Tobacco Campaign Community Data Collection Training	X			
LLA Guidelines Training				X
Required Three Additional Trainings		X	X	X

iii. Optional CTCP Travel and Training: Under CTCP Travel and Training you may budget for the events listed in Table 8. *Optional Travel/Trainings*. 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.

Table 8. Optional Travel/Trainings

Optional Travel/ Training	FY 21-22 (Jan-June)	FY 22-23	FY 23-24	FY 24-25
CTCP or other Public Health Organization Summits/Conferences/Trainings to counter unanticipated and emerging threats from the tobacco/cannabis industry	**1 - 3**	**2 - 5**	**2 - 5**	**2 – 5**

End Commercial Tobacco Control Campaign Regional Community Readiness Training	**1**			
Media/Communications/Advertising Planning Trainings	**1**	**1**		**1**
Coalitions Trainings		**1**	**1**	**1**
Communities & Schools Workshop Trainings	**1**	**1**		**1**

iv. 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 disseminating their tobacco control findings nationally. Each LLA is eligible to send 1-2 staff budgeted at a minimum 100% FTE to out-of-state travel events (out-of-state travel is optional). 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* 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 10: *Budget Justification Instructions* ***(Revised)*** 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

Event/Conference (Examples)
American Public Health Association
National Conference on Tobacco or Health
Clearing the Air Institute
North American Quitline Consortium
National Conference on Smokeless Tobacco Prevention

Public Health Marijuana Summit
Annual Rural Health Conference
Health Equity or Priority Population Conference
Annual National Tribal Public Health Summit

f. Subcontracts and Consultants: LLAs may enter into a variety of subcontracting relationships to fulfill the requirements of the SOW. Subcontractors must be listed as Responsible Parties on the activities they will conduct in the SOW. Below are recommendations and considerations for common subcontract or consultant agreements. Please see Appendix 10: *Budget Justification Instructions* ***(Revised)*** for additional details regarding the subcontracting process.

   i. Community Engagement Agreements: A community engagement agreement is a type of subcontract valued at less than $5,000. A CEA does not require a competitive bid process, but the primary awardees must be selected in a fair and unbiased manner to eliminate any real or perceived allegation of preference (e.g., favoritism, bias, or nepotism). Funds for a CEA subcontract agreement must be used to facilitate community engagement to support completion of activities described in the approved LLA SOW. During the entire project term, the LLA may not award a subcontractor a single or multiple CEA award(s) totaling $5000 or more.

   ii. Evaluation Consultant/Subcontractor: The LLA is required to have a qualified Local Program Evaluator as part of the project's staffing requirements. Oftentimes, staff seek out external candidates to fulfill this role. See Table 5. *Required and Recommended Staffing for Local Program Evaluator* requirements.

   iii. Media, Public Relations, or Digital Communications Subcontractor: LLAs may subcontract with a qualified agency/consultant to obtain expertise in advertising planning and buying services, as well as digital and earned media activity development.

   iv. Priority Population-Specific Subcontractors: To reach specific communities that may be hard for the LLA to reach on their own, subcontract with agencies who have appropriate experience and access to the populations the LLA needs to reach to complete the SOW.

   v. Tobacco Treatment Specialist-Certification Training Consultant: In support of increasing cessation accessibility the LLA's jurisdiction, hire a qualified trainer to certified new Tobacco Treatment Specialists, and evaluate the participant's success in the program.

g. Other Costs: Other Costs include costs associated with completing the activities in the SOW not listed in Operating Expenses. Four standard cost line items that must appear in the budget justification are: Educational Materials, Incentives,

Paid Media, and Booth Rental/Facility Fees. Additional Other Cost subcategories may be proposed with appropriate justification.

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.

h. Indirect Expenses:
   i. City and County-based LLAs may not exceed the 2020-21 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).

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 partially funded by CTCP and partially funded by non-CTCP funds; for any position where a CTCP-funded is less than 100 percent FTE, the LLA is required to maintain auditable records documenting all direct and

indirect costs incurred during the term of the 2022-2025 LLA Guidelines including, but not limited to accounting books, ledgers, documents, travel claims, payroll records, including signed timesheets, personnel activity reports, and calendars that clearly delineate the application of the multiple fund sources to the employee's time and activities. The LLA must follow standard accounting procedures and practices that properly reflect all direct and indirect expenses related to the project.

- 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.). 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 11: *CTCP Program Letter 18-01 Incentive Materials*
Appendix 12: *CTCP Program Letter 12-03 Allowed Policy Activities*
Appendix 13: *Comparable State Civil Service Classifications* (This document is only applicable to non-governmental non-profit agencies.)
Appendix 14: *Travel Reimbursement Information* (This document is 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 Required Administrative Documents) Prepare and upload a PDF organizational chart using the link indicated in OTIS under Additional Documents, Required Administrative Documents Section. 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.
d. DGS/OLS 04 CA Civil Rights Laws Attachment (Nonprofits Only). If Applicable, upload this to the Additional Documents, Other Documents Section.

e. Contractor Certification Clause (Nonprofits Only). If Applicable, upload this to the Additional Documents, Other Documents Section.

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.

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 Score. 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, virtual, 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: Community Engagement and Coalition Functioning – 8 points	
Rating Factors	**Points Possible**
The extent to which the LLA demonstrates the existence of a functioning adult coalition with by-laws or operational procedures including: • A mission statement; • A designated coalition chair who is representative of the community, and not an employee or representative of an agency receiving any tobacco-control related funding obtained through California tobacco tax initiative; • Roles and responsibilities of coalition members; • Evidence of regular meetings; • A formal process for recruiting and orientating new coalition members; • System for routine and rapid communication; and • An annual satisfaction, engagement and diversity survey of current members conducted every 12 months.	8
TOTAL	**8**

Plan Component: CX Needs Assessment – 10 Points	
Rating Factors	**Points Possible**
The extent to which the LLA demonstrates the use of quantitative and qualitative data to support assessment findings and provides sufficient comments to justify and support the ratings.	4
The Social Disparities Capacity Assessment and narrative describe the LLA's strengths and weaknesses that can be leveraged or improved though the addition of scope of work activities that reach out to engage priority population groups in an effective and culturally relevant manner.	4
Demonstrates that coalition members were involved in the CX process.	2
TOTAL	**10**

Plan Component: Scope of Work- Objectives and Intervention Plan – 25 Points	
Rating Factors	**Points Possible**
The extent to which the LLA demonstrates a detailed "road map" (i.e. SOW) that is appropriate to accomplish the objectives, and that demonstrates: • A variety of activities that describe how much work will be done, where activities will occur, methods used, when	10

activities will occur, responsible parties and tracking measures to verify work; • Sufficient activities to move policy, systems, and environmental change interventions forward; • Sufficient activities to justify the proposed level of staffing (e.g., how much work will be done); • For each policy (legislated and voluntary) includes that the Midwest Academy Strategy Chart (MASC) will be completed within the six months; and • Objectives and activities reflect requirements outlined in *Table 6. Summary of Minimum Plan Requirements by Tier.*	
The extent to which the LLA demonstrates that a minimum of 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 by selecting one or more objectives focused on a policy and indicator/asset selected from *Table 3. Tobacco-Related Disparities Indicators and Assets.*	5
The extent to which the LLA demonstrates it will: • Coordinate and collaborate with CTCP statewide and training technical assistance grantees, statewide educational campaigns, competitive grantees in the 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 Partners' InfoHub forum at least one time per month; • If the project has activities to create educational materials, they indicate they will submit educational materials to the Tobacco Education Clearinghouse (TECC) with evaluation of the materials for consideration of possible statewide dissemination by inclusion of the appropriate activity and tracking measures; • The Policy Cessation Support Activities Section includes activities to provide support for all policy objectives. • If direct cessation services are offered, on a regular basis, provide information to Kick It California on the schedule and enrollment information; and • Partner with other public health programs to facilitate an integrated approach to public health which may include	10

joint trainings, participation in evaluation and surveillance, and cross-participation in coalitions.	
TOTAL	**25**

Plan Component: Evaluation Plan – 15 Points	
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; • Conducting data collection evaluation activities that are tailored and relevant to each objective and intervention activities; • Consumer testing of media and educational materials developed; • Include a Policy Record Review activity with a Signed Policy Tracking Measure for Evaluation Plan Type that includes Legislated Policy Adoption Data collection methods; • Engagement of the Project Director and Local Program Evaluator and community members in evaluation activities; • Training of data collectors is described in the Intervention Plan; • Description of data analysis methods; and • Appropriate data translation and dissemination methods.	10
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 – 15 Points	
Rating Factors	**Points Possible**

The extent to which the Community Assessment Analysis:
• Includes the required first two (2) sentences of the Community Assessment Analysis:
  ○ "This project will primarily address the following priority population of focus: (identify the priority populations of focus)"
  ○ "This project will primarily work in the following geographic communities: (identify the communities and describe the demographics of the community)"
• Describes the End Commercial Tobacco Campaign policy pathway selected (if applicable);
• Justifies with cited data that the objectives address a tobacco-related problem of significance to the population of focus;
• Incorporates substantiated evidence or practice-based approaches to addressing the problem; and
• Demonstrates the need for the intervention using community needs assessment findings; local, state, or national data; or a summary of evidence-based literature and/or community defined evidence.
	4

The extent to which a Major Intervention Activities summary which includes: • A concise summary of the activities to be implemented, and how these activities will lead to the accomplishment of the objective; • The sequence of major activities, such as community outreach, organizing, engagement, education/training, policy activities, and paid and/or earned media activities that will be implemented to achieve the objective; • How members of the community will be engaged and how activities will be tailored to the population of focus; and • How the Applicant is best suited to complete the activities in the communities proposed.	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.	3
The Evaluation Summary is appropriate for the objectives and activities and describes the following: • Evaluation design type (e.g., experimental, quasi-experimental, or non-experimental);	4

• Intervention and control groups if either a quasi or experimental design is used; • When outcome measurements will be performed (e.g., pre/post, post-test only); • The sampling plan; • The specific outcome to be accomplished as a result of the intervention; • Outcome and process evaluation activities to be conducted; • How process evaluation activities will be used to improve or tailor the intervention; and • How findings will be disseminated.	
TOTAL	**15**

Plan Component: Staffing – 2 Points	
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 the proposed Plan activities. The Organizational Chart reflects appropriate reporting relationships and oversight of personnel, subcontractors, and consultants. The proposed staffing pattern is consistent with the requirements identified in *Table 5. Required and Recommended Staffing*.	2
TOTAL	**2**

Plan Component: Budget and Budget Justification – 25 Points	
Rating Factors	**Points Possible**
The proposed budget adheres to the instructions provided in Appendix 10: *Budget Justification Instructions* ***(Revised)***, 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).	4
The proposed Budget Justification clearly identifies those staff and subcontractors who are assigned to direct at least fifty percent of their efforts towards accelerating or monitoring the rate of decline in tobacco-related disparities.	3

The proposed budget justification narrative includes detailed descriptions and explanations for each of the eight-line items and the corresponding sub-line titles 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 that appear high in relationship to state salaries in Appendix 13: *Comparable State Civil Service Classifications* are substantiated with a detailed justification	4
Travel and Per Diem costs are reasonable and necessary based on the proposed SOW. All required trainings are budgeted as instructed and clearly budgeted for in the appropriate fiscal year. 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 14: *Travel Reimbursement Information.*	3
Indirect Cost Rate (ICR): • Governmental Local Lead Agency's ICR does not exceed the county's 2021-22 CDPH approved ICR. • Non-governmental, nonprofit Local Lead Agency's proposed ICR does not exceed 25% of Personnel and Fringe Benefit Total.	1
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.

References

1. US Department of Health Human Services, *The health consequences of smoking—50 years of progress: A report of the Surgeon General.* Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. **17**.
2. Zambrano C TA., et al., *California Wellness Plan Progress Report. Sacramento, California: California Department of Public Health*. 2018.
3. Campaign for Tobacco Free Kids. *The Toll of Tobacco in California*. 2020 October 10, 2019]; Available from: https://www.tobaccofreekids.org/problem/toll-us/california.
4. California Department of Public Health, *Behavioral Risk Factor Surveillance System, 1988-2018*. 2019: Sacramento, CA.
5. United States Census Bureau Population Divison. *Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2019* 2019; Available from: https://www.census.gov/data/tables/time-series/demo/popest/2010s-national-total.html.
6. California Department of Public Health, *Behavioral Risk Factor Surveillance System, 1988-2018*. Sacramento, CA.
7. Vuong, T., Zhang, X.,Roeseler,A., *California Tobacco Facts and Figures 2019. Sacramento, CA: California Department of Public Health*. May 2019.
8. Walley, S.C., et al., *A Public health Crisis: Electronic Cigarettes, Vape, and JUUL.* Pediatrics, 2019. **143**(6): p. e20182741.
9. Bialous, S.A. and S.A. Glantz, *Heated tobacco products: another tobacco industry global strategy to slow progress in tobacco control.* Tobacco Control, 2018. **27**(Suppl 1): p. s111-s117.
10. Henriksen, L., et.al, *Neighborhood Variation in the Price of Cheap Tobacco Products in California: Results From Healthy Stores for a Healthy Community.* Nicotine & Tobacco Research, 2017. **19**(11): p. 1330-1337.
11. U.S. Federal Trade Commission, *Federal Trade Commission Smokeless Tobacco Report for 2018* 2019: Washington, D.C.
12. Campaign for Tobacco-Free Kids, *Flavored Tobacco Products Attract Kids.*
13. Phua J., S., Jin. ,Hahm,JM. , *Celebrity-endorsed e-cigarette brand Instagram advertisements: effects on young adults' attitudes towards e-cigarettes and smoking intentions.* J Health Psychol. **23**(4): p. 550-560.
14. Tobacco Education and Research Oversight Committee, *Achieving Health Equity:Toward a Commercial Tobacco-Free California*, Tobacco Education and Research Oversight Committee, Editor. 2021-2022: Sacramento, CA.
15. *What the Referendum on California's Flavored Tobacco Sales Ban Means*. 2021 [cited 2021 February 1]; Available from: https://www.publichealthlawcenter.org/blogs/2020-09-04/what-referendum-californias-flavored-tobacco-sales-ban-means.

16. California Tobacco Education and Research Oversight Committee, *New Challenges--New Promises for All, Master Plan 2018-2020*. 2018, California Tobacco Education and Research Oversight Committee: Sacramento, CA.
17. California Department of Public Health, California Tobacco Control Program., *California's Clean Indoor Air Laws Infographic*. 2020: Sacramento, CA.
18. Díez-Izquierdo, A., et al., *Update on thirdhand smoke: A comprehensive systematic review.* Environmental Research, 2018. **167**: p. 341-371.
19. World Health Organization, *Tobacco and its environmental impact: an overview*. 2017, World Health Organization: Geneva, Switzerland.
20. California Department of Public Health, California Tobacco Control Program., *Local Lead Agency Campaign to End Commercial Tobacco*. Sacramento, CA.
21. *Tobacco Tax and Health Protection Act of 1988*, in *Proposition 99*. 1988: State of California.
22. *Proposition 56 - Cigarette Tax to Fund Healthcare, Tobacco Use Prevention, Research, and Law Enforcement. Initiative Constitutional Amendment and Statute*. 2016.
23. California Department of Public Health, California Tobacco Control Program., *Communities of Excellence in Tobacco Control, A Communities of Excellence Needs Assessment Guide*. Sacramento, CA.
24. Center for Public Health Systems Science, *Policy Strategies a Tobacco Control Guide*. 2014, Center for Public Health Systems Science, George Warren Brown School of Social Work at Washington University in St. Louis and the Tobacco Control Legal Consortium,: St. Louis, MO.
25. Community Preventive Services Task Force. *Tobacco Use and Secondhand Smoke Exposure: Mass-Reach Health Communication Interventions*. 2013; Available from: https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-mass-reach-health-communication-interventions.
26. Roeseler, A. and D. Burns, *The quarter that changed the world.* Tobacco Control, 2010. **19**(Suppl 1): p. i3-i15.
27. Modayil, M.V., et al., *Cost-Effective Smoke-Free Multiunit Housing Media Campaigns: Connecting With Local Communities.* Health Promotion Practice, 2011. **12**(6 suppl 2): p. 173S-185S.
28. Cowling, D.W., M.V. Modayil, and C. Stevens, *Assessing the relationship between ad volume and awareness of a tobacco education media campaign.* Tobacco Control, 2010. **19**(Suppl 1): p. i37-i42.
29. Francis, J.A., E.M. Abramsohn, and H.-Y. Park, *Policy-driven tobacco control.* Tobacco Control, 2010. **19**(Suppl 1): p. i16-i20.
30. Modayil, M.V., et al., *An evaluation of the California community intervention.* Tobacco Control, 2010. **19**(Suppl 1): p. i30-i36.
31. Gordon, L., et al., *Collaboration With Behavioral Health Care Facilities to Implement Systemwide Tobacco Control Policies — California, 2012.* Preventing Chronic Disease, 2015. **12**: p. E13.
32. Park, H.-Y., et al., *Evaluation of California's in-school tobacco use prevention education (TUPE) activities using a nested school-longitudinal design, 2003–2004 and 2005–2006.* Tobacco Control, 2010. **19**(Suppl 1): p. i43-i50.

33. Roeseler, A., E. Feighery, and T.B. Cruz, *Tobacco marketing in California and implications for the future.* Tobacco Control, 2010. **19**(Suppl. 1): p. i21-i29.
34. Guide to Community Preventive Services. *Reducing tobacco use and secondhand smoke exposure: comprehensive tobacco control programs*. 2014 August 29, 2015]; Available from: www.thecommunityguide.org/tobacco/comprehensive.html.
35. Kania, J. and M. Kramer, *Collective Impact:Backbone Starter Guide*.
36. California Deparment of Public Health, California Tobacco Control Program, *California Quits Together.Creating a Nicotine-Free Future*, California Deparment of Public Health, Editor. 2021: Sacramento, CA.
37. Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs - 2014*, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion,Office on Smoking and Health, Editor. 2014: Atlanta, GA.
38. Roeseler, A., T. Hagaman, and C. Kurtz, *The Use of Training and Technical Assistance to Drive and Improve Performance of California's Tobacco Control Program.* Health Promotion Practice, 2011. **12**(6 suppl 2): p. 130S-143S.
39. Tang, H., et al., eds. *Building local program evaluation capacity toward a comprehensive evaluation*. Responding to Sponsors and Stakeholders in Complex Evaluation Environmentas, ed. R. Mohan, D.J. Bernstein, and M.D. Whitsett. Vol. 95. 2002, Jossey-Bass: San Francisco.
40. Satterlund, T.D., et al., *Strategies Implemented by 20 Local Tobacco Control Agencies to Promote Smoke-Free Recreation Areas, California, 2004-2007.* Preventing Chronic Disease, 2011. **8**(5): p. A111.
41. Satterlund, T.D., et al., *A qualitative evaluation of 40 voluntary, smoke-free, multiunit, housing policy campaigns in California.* Tobacco Control, 2013.