MARIPOSA COUNTY

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5100 Bullion Street
http://www.mariposacounty.org/

ROSEMARIE SMALLCOMBE, CHAIR	**DISTRICT I**
MILES MENETREY, VICE-CHAIR	**DISTRICT V**
VACANT	**DISTRICT II**
MARSHALL LONG	**DISTRICT III**
WAYNE FORSYTHE	**DISTRICT IV**

ACTION SUMMARY MINUTES

November 1, 2022

A. 9:00 AM Called to Order

Attendee Name	Title	Status	Arrived
Rosemarie Smallcombe	District I Supervisor	Present	9:00 AM
Marshall Long	District III Supervisor	Present	9:00 AM
Wayne Forsythe	District IV Supervisor	Present	9:00 AM
Miles Menetrey	District V Supervisor	Present	9:00 AM

B. Pledge of Allegiance

Chair Smallcombe led the pledge.

C. Introductions

Dallin Kimble/County Administrative Officer introduced Elizabeth Darcy the new Public Information Officer. Ms. Darcy noted she is excited to be here and thanked the Health and Human Services staff for building her up and teaching her what she knows.

D. Approval of Consent Agenda (Items designated by "CA")

Dallin Kimble/County Administrative Officer, commented on CA. 4 noting it includes, as a requirement for the grant, a business license, he noted “program administration gives right to tailor the guidelines” needed to be struck as that is a guideline of business enterprise but not micro-enterprise.

Chair Smallcombe announced CA.6, CA.7, and H.2 had been withdrawn, CA.9 has been removed for further discussion after the closed session. No public comment.

RESULT: **ADOPTED [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Wayne Forsythe, District IV Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

CA1. **Health and Human Services** **RES-2022-614**

Resolution Continuing a Shelter Crisis Local Emergency in Mariposa County

CA2. **Health and Human Services RES-2022-615**

Resolution Continuing the Local Health Emergency Due to the Oak Fire

CA3. **Sheriff's Office RES-2022-616**

Resolution Continuing the Local Emergency Due to the Oak Fire

CA4. **Administration/Community Development RES-2022-617**

Approve the Amendments to the Community Development Block Grant Business Assistance and Microenterprise Loan Fund Program Guidelines

CA5. **Board of Supervisors**

Approve the Minutes of Tuesday, September 13, 2022

6. Withdrawn from the consent agenda

7. Withdrawn from the consent agenda

CA8. **Clerk of the Board of Supervisors (ID # 13243)**

Receive Minutes of the Committees Established by the Mariposa County Board of Supervisors Pursuant to Resolution 22-115, Section 10.2

9. Removed from the consent agenda for a seperate vote

CA10. **District Attorney/Victim Witness RES-2022-618**

Approve Budget Action Transferring Funds Within the Victim Witness Budget for Upgrades to District Attorney Equipment Line to Enhance Security to the Victim Witness Section of the Building ($5,195)

CA11. **HHS/Public Health RES-2022-619**

Approve California Tobacco Control Program Acceptance of Allocation Agreement for Fiscal Year 2022-2023 in the Amount of $300,000; and Authorize the Health and Human Services Agency Director to Sign the Acceptance of Allocation Agreement; Authorize the Health and Human Services Agency Director to Sign Allocation Agreements for the Subsequent Two Fiscal Years If Conditions Remain the Same (Subject to Approval as to Legal Form by County Counsel)

CA12. **Public Works RES-2022-620**

Declare the Eighth Annual "Field of Service", a Veterans Day Event Organized by a 4-H Membership Group at the Museum and History Center from November 12, 2022 to November 19, 2022, as a County-Sponsored Event; and Waive All Associated County Fees

E. Departmental Presentation

Steve Ward/Cal Fire/Mariposa Fire Division Chief noted that the skid steer and mini excavator have arrived at the fleet department for the fuel reduction program. He

is working on an MOU for Cal Fire to use the equipment. He noted the second CCI grant for the mastication heads are being processed.

Dallin Kimble announced that the County received $500,000 for technical assistance for broadband deployment; he thanked Rural County Representatives of California (RCRC) and Tara Schiff. In response to Chair Smallcombe, Mr. Kimble noted the acceptance will come before the Board once the paperwork is received.

Kari Kisela/Mariposa Chamber of Commerce gave the Clerk of the Board a flyer for the Christmas parade and noted they are in the midst of planning the parade and the Rotary is planning Santa's Village. She announced they are still accepting parade entries.

Joe Lynch/Health and Human Services Director announced Dr. Kristina Allen is the Division Director of Health Services which is the second level in the agency, and she is doing a fabulous job.

Jacob Hawley/Mariposa Visitors Center announced they are on track for meeting 20,000 visitors for 2022. Mr. Hawley noted the escape room alone has seen over 500 visitors. In 2021, the visitors center saw 15,000 visitors by the end of the year.

F. Public Comment on Non-Agenda Items

Mike Bruso/Bear Valley who noted he is not in favor of a study that only focuses on vacation rentals as the source of the housing crisis. He told a story of his grandfather and great-uncle, who were immigrants and milkers who made 30 dollars a month. He asked how in those times of major economic crisis (The Great Depression) could they afford a home, whereas today, individuals have more wealth and are unable to purchase a home. He noted his thought is massive intervention from the government. He expressed that if the Board was going to do a study, it should be on what the board does to assist and or deter.

Recess Board of Supervisors

9:22 AM Chair Smallcombe recessed the Board of Supervisors meeting and the Clerk of the Board read the Government Code Announcement.

G. AIR POLLUTION CONTROL DISTRICT

9:22 AM Chair Menetrey called the meeting to order.

Public Comment Period

No public comment.

APCD Regular Agenda

1. **Air Pollution Control District APCD-2022-4**

Approve Air Resources Board Subvention Program Fiscal Year 2022-2023 Grant Application in the Amount of $75,579; Authorize the Air Pollution Control Officer to Sign the Application and Other Documents Pertaining to Thereto (Subject to Approval as to Legal Form by County Counsel); and Authorize the Air Pollution Control Officer to Apply and Execute

Documents for the Air Pollution Subvention Program for the Subsequent Four Fiscal Years If Conditions and Amounts Remain the Same (Subject to Approval as to Legal Form by County Counsel)

Dr. Eric Sergienko/Air Pollution Control Officer announced this has been in place since the 70's and is an annual item. No public comment.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Marshall Long, District III Supervisor
SECONDER:	Rosemarie Smallcombe, District I Supervisor
AYES:	Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

Adjourn APCD

9:25 AM Chair Menetrey adjourned the meeting of the Air Pollution Control District.

Reconvene as Board of Supervisors

9:26 AM Chair Smallcombe reconvened the Board of Supervisors meeting.

H. Regular Agenda Items

1. **Administration (ID # 13463)**

Discussion and Direction Regarding Oak Fire Recovery

Dr. Sergienko gave a quick update noting the item discussed last week for hazard tree removal; OES and Staff met after the meeting to discuss that topic; if we allowed individuals to pick and choose which trees come down, we would not be eligible for CDAA funding. This also means that if we allow a tree to recover the county would not be able to do cost recovery. Dr. Sergienko noted if a property owner does not agree with the arborist, a forester could come out to discuss each tree. For property owners interested in that route, call the Debris Removal Operation Center (DROC) at 209-247-7821 or speak to a case manager. He also announced 48 parcels are completed in regard to debris removal. No public comment.

RESULT: **INFORMATION RECEIVED**

2. **Building (ID # 13470)**

Waive the First Reading and Introduce an Ordinance Titled "Amending Chapters 15.10 and 15.30 of the Mariposa County Code"

RESULT: **WITHDRAWN**

3. **Fire RES-2022-621**

Approve the Submission of a Grant Application for the 2022 CAL FIRE County Coordinator Position for Mariposa County through the California Fire Safe Council; Approve a Letter of Support for Mariposa County's 2022 CAL FIRE County Coordinator Grant Application; and Authorize the Board of Supervisors Chair to Sign the Letter

Chief Ward gave the staff report and noted this is a request for a coordinator for

fuel and fire reduction grants. No public comment. Board discussion ensued.

AMENDED: Change the request to the maximum amount of $175,000.

RESULT:	**ADOPTED AS AMENDED [UNANIMOUS]**
MOVER:	Marshall Long, District III Supervisor
SECONDER:	Wayne Forsythe, District IV Supervisor
AYES:	Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

I. Board Information

None.

J. Closed Session

9:45 AM Chair Smallcombe recessed the Board into closed session.

1. **County Counsel (ID # 13495)**

Closed Session Conference with Legal Counsel; Anticipated Litigation; Significant Exposure to Litigation Pursuant to Subdivision (B) of Government Code Section 54956.9; Number of Cases to be Discussed: 1

No public comment.

RESULT: CLOSED SESSION HELD

2. **Administration (ID # 13491)**

CLOSED SESSION: Public Employee Position to be Filled [Government Code Section 54957(B)(1)]-Planning Director

No public comment.

RESULT: CLOSED SESSION HELD

K. Report out

10:30 AM Chair Smallcombe reconvened and reported during closed session, item 1, information was received and for item 2, information was received and direction was given.

L. Items removed from Consent Agenda

1. **Tuesday, September 20, 2022**
2. **Tuesday, September 27, 2022**
3. **County Counsel RES-2022-622**

Reject Claim No. C22-5 Filed by John Riggs DBA Riggs Excavation in the Amount of $500,000; and Authorize the Board of Supervisors Chair to Sign the Notice of Rejection

Steve Dahlem/County Counsel noted the recommendation is to reject the claim. No public comment.

CORRECTION: Claim number is C22-6.

RESULT:	**ADOPTED AS AMENDED [UNANIMOUS]**
MOVER:	Marshall Long, District III Supervisor
SECONDER:	Miles Menetrey, District V Supervisor
AYES:	Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

M. Adjournment

10:33 AM Chair Smallcombe adjourned the meeting.

Respectfully submitted,

Danielle Bondshu
Clerk of the Board

Rosemarie Smallcombe
Chair, Board of Supervisors

MARIPOSA COUNTY

Health and Human Services · (209) 966-2000

RESOLUTION - ACTION REQUESTED 2022-614

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Joe Lynch, Health & Human Services Agency Director

RE: Continue a Shelter Crisis Local Emergency in Mariposa County

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RECOMMENDATION AND JUSTIFICATION:
Resolution Continuing a Shelter Crisis Local Emergency in Mariposa County.

California Government Code 8698, 8698.1 and 8698.2 allows for the governing body of a city or county to declare a shelter crisis. A shelter crisis declaration relaxes standards for building occupancy, limits liability and provides a legal basis for the use of certain facilities designated by the County as a shelter for the duration of the crisis.

In order to declare the shelter crisis, the County made findings at a public meeting and adopted Resolution 18-518 that (1) a significant number of persons within the county's jurisdiction are without the ability to obtain shelter; and (2) the situation has resulted in a threat to the health and safety of those persons.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
On November 5, 2018, the Board of Supervisors adopted Resolution 18-518 declaring the existence of a Shelter Crisis Local Emergency in Mariposa County to allow Mariposa County to proceed with temporary homeless shelter solutions to meet the needs of our homeless community members.

Recognizing the prevalence of homelessness in California and the health and safety risks facing homeless persons, California law authorizes counties to declare a "shelter crisis" and avail themselves to attendant protections and powers. Specifically, upon declaring a "shelter crisis":

- A county may allow persons unable to obtain housing to occupy designated public facilities during the duration of the emergency (public facilities include parks, schools, and vacant or underutilized facilities which are owned, operated, leased, or maintained by the county);
- A county is immune from liability for ordinary negligence in the provision of emergency housing for all conditions, acts, or omissions directly related to, and which would not occur but for, the provision of emergency housing; and

- The provisions of any state or local law or regulation prescribing standards of housing, health, and safety are suspended to the extent that strict compliance would prevent, hinder, or delay the mitigation of the effects of the crisis.

If the County desires to construct and operate an emergency homeless shelter, it is recommended that the County Board of Supervisors first declare a "shelter crisis" in order to avail itself of the associated powers and liability protections.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Do not continue the local emergency and the County may not be eligible for possible State or Federal assistance, or proceed with temporary homeless shelter solutions.

RESULT: **ADOPTED BY CONSENT VOTE [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Wayne Forsythe, District IV Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

MARIPOSA COUNTY

Health and Human Services · (209) 966-2000

RESOLUTION - ACTION REQUESTED 2022-615

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Joe Lynch, Health & Human Services Agency Director

RE: Continue the Oak Fire Local Health Emergency

RECOMMENDATION AND JUSTIFICATION:
Resolution Continuing the Local Health Emergency Due to the Oak Fire.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
On July 22, 2022, the Oak Fire began in the Midpines area of Mariposa County and grew into a major wildfire.

The County Health Officer declared a local health emergency under California Health and Safety Code Section 101080 on July 22nd, 2022.

On July 26, 2022, the Board of Supervisors adopted Resolution 22-435 ratifying a Proclamation of the existence of a local health.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Do not continue the local emergency and the County will not be eligible for possible State or Federal disaster assistance.

FINANCIAL IMPACT:
Not Applicable.

RESULT: **ADOPTED BY CONSENT VOTE [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Wayne Forsythe, District IV Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

REF ID# 13485

MARIPOSA COUNTY

Sheriff's Office · 209 966-3615

RESOLUTION - ACTION REQUESTED 2022-616

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Jeremy Briese, Sheriff

RE: Continue the Local Emergency Due to the Oak Fire

RECOMMENDATION AND JUSTIFICATION:
Resolution Continuing the Local Emergency Due to the Oak Fire.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
On July 22, 2022, the Oak Fire began in the Midpines area of Mariposa County and grew into a major wildfire.

On July 23, 2022, Mariposa County received notification of the approval of a Federal Fire Management Assistance Grant (FMAG) to aid with the Oak Fire. Additionally, Gavin Newsom, Governor of the State of California, also proclaimed, on July 23, 2022, a state of emergency in Mariposa County due to the Oak.

On July 23rd, 2022, Sheriff Jeremy Briese, acting as the Director of Emergency Services pursuant to Mariposa County Code Section 2.80.040, issued a Proclamation declaring a local emergency.

On July 26, 2022, the Board of Supervisors adopted Resolution 22-435 ratifying a Proclamation of the existence of a local emergency.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Do not continue the local emergency and the County will not be eligible for possible State or Federal disaster assistance.

FINANCIAL IMPACT:
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RESULT: **ADOPTED BY CONSENT VOTE [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Wayne Forsythe, District IV Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

REF ID# 13487

MARIPOSA COUNTY

Administration/Community Development · 966-3222

RESOLUTION - ACTION REQUESTED 2022-617

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Dallin Kimble, County Administrative Officer

RE: Approve the Amended Business Assistance and Microenterprise Loan Guidelines

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RECOMMENDATION AND JUSTIFICATION:
Approve the Amendments to the Community Development Block Grant (CDBG) Business Assistance and Microenterprise Loan Fund Program Guidelines.

In October 2020, Mariposa County was awarded two Community Development Block Grant (CDBG) grants: one for a business assistance loan program in the amount of $500,000; and the other for a microenterprise loan program in the amount of $250,000. Both grants are allocated for loans to local small businesses.

When the grant application was submitted, staff created and the board approved guidelines for the respective loan programs. On October 11, 2022, the Board discussed the loan programs and made several suggestions to modify the programs. The amended guidelines reflect the changes from the October 11th discussion.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
October 11, 2022 - Discussion and direction regarding the Business Assistance/Microenterprise Loan programs. The Board directed staff to return with amendments to the guidelines and case-by-case discussions of terms for loan applicants.

On May 19, 2020, the Board of Supervisors adopted resolution #2022-68 approving the application of a CDBG grant for a business assistance and microenterprise loan program. The application was awarded on October 21, 2020.

The 2017 Program Income Reuse Plan was adopted by the Board of Supervisors on July 25, 2017 by Resolution 17-509. As of 2019, CDBG has eliminated the Revolving Loan Fund program.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
A negative action would leave the existing plan in place and not reflect the amendments suggested by the Mariposa County Board of Supervisors.

FINANCIAL IMPACT:
The loan programs are funded by two Community Development Block Grants, one for $500,000 and one for $250,000.

REF ID# 13460

ATTACHMENTS:
Business Assistance Guidelines_2022 (PDF)
Microenterprise Loan Program Guidelines_2022 (PDF)

RESULT: **ADOPTED AS AMENDED BY CONSENT VOTE [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Wayne Forsythe, District IV Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

Guidelines

for

Business Assistance Loan Program

Funded By:

Mariposa County



With

Community Development Block Grant (CDBG)

Adopted: TBA

Attachment: Business Assistance Guidelines_2022 (RES-2022-617 : Approve the Amended Business Assistance and Microenterprise Loan

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG} BUSINESS ASSISTANCE LOAN PROGRAM GUIDELINES FOR MARIPOSA COUNTY

INTRODUCTION

The County of Mariposa here after called "Lender" has established a Business Assistance Loan Program, here after called "the Program". The Program is designed to stimulate economic growth and create jobs that improve the living conditions of residents in the community. The Program provides affordable non-conventional financing to eligible businesses and development projects. Businesses and development projects receiving these funds will be required to develop a sufficient number of new jobs, or in the case of business preservation, retain existing jobs. These Program guidelines have been formally adopted by the Lender and shall be approved by the state CDBG program.

BUSINESS ASSISTANCE PROGRAM OVERVIEW

PROGRAM ADMINISTRATION

The Lender will:

- Originate business assistance loans and/or grants;
- Market the Program;
- Accept and process applications;
- Complete 24 Code of Federal Regulations Part 5 Income Eligibility qualification and document an adequate number of employees;
- Underwrite and recommend approval of loans and grants;
- Ensure a timely loan closing and disbursement of funds;
- Maintain loan files and fiscal records;
- Administer state grants and program income used to fund this program; and
- Work with program participants and ensure compliance with these program guidelines.

The Lender will secure the services of a qualified program underwriter here after called "Contractor" who has experience in originating business assistance loans and is familiar with state CDBG requirements. The Contractor's detailed scope of services will be negotiated and included in a formal agreement for services executed between the Lender and Contractor. In general, the Lender will accept and process applications, underwrite and recommend approval of loans, and ensure proper loan closing. The Contractor will follow and ensure compliance with these guidelines.

The Lender's staff will serve as the primary contact with CDBG, here after called “Department”. The Lender will follow these adopted program guidelines.

Adopted: _/_/_

Attachment: Business Assistance Guidelines_2022 (RES-2022-617 : Approve the Amended Business Assistance and Microenterprise Loan

The Contractor's detailed scope of services will be negotiated and included in a formal agreement for services executed between the Lender and Contractor. In general, the Contractor will accept, package and pre-qualify applications and forward to the Contractor to write and recommend approval of loans, and ensure proper loan closing.

PROGRAM SERVICE AREA

Financing under this Program is available to all eligible businesses located in the jurisdictional limits of the Lender. State CDBG funds may not be used in urban areas that receive CDBG funds annually from the federal Department of Housing and Urban Development (HUD) entitlement program.

SOURCE OF PROGRAM FUNDS

The Program is capitalized with CDBG funds provided by HUD to the State of California Department of Housing and Community Development (HCD). CDBG funds are federal funds and as such have a number of federal requirements that must be met, as described below. CDBG funds come to the Lender from two sources: 1) Department awards grants to the Lender that are administered under a state grant contract; 2) loan funds repaid from previous CDBG activities (grant and program income loans), called CDBG program income funds, administered under a Lender adopted program income reuse plan. As loans are originated under this program the repayments from those loans are returned and re-loaned out again to other eligible businesses.

CDBG PROGRAM REQUIREMENTS

ELIGIBLE PROGRAM APPLICANTS

Loan applicants for the Program must be existing legal businesses with a proper local business license, proper insurance and required permits per state and federal requirements. The business may be a tenant leasing space or the owner of the property where the business is located. The existing business must create new permanent full time equivalent (FTE) jobs. The business may also qualify by showing job retention and sufficient documentation the business will be closing down or reducing staff if not for the investment of CDBG funds. Retention applicants are businesses that will be shutting down permanently or moving operations to another labor market as defined in HUD guidelines. Loan applicants may also be commercial developers or commercial property owners constructing a new building or completing tenant improvements in an existing commercial space. Funds can also be used to pay for off-site infrastructure costs of a new construction development project. For these projects, the developer must be underwritten and each business locating in the development must be underwritten in accordance with these guidelines.

Adopted: _/_/_

INELIGIBLE PROGRAM APPLICANTS

An ineligible existing business applicant is one that has a physical business location outside of the service area. Nonprofits are not an eligible business.

ELIGIBLE ACTIVITIES

Funds under this program are restricted to certain eligible costs. Some common eligible costs are: 1) operating capital; 2) furniture fixtures and equipment (FF&E); 3) rehabilitation of leased space or owned buildings (including engineering and architectural and local permits or fees); 4) purchase of manufacturing equipment (with or without installation costs); 5) refinancing of existing debt in conjunction with financing other eligible costs; 6) purchase of real property; 7) required offsite improvements; or 8) relocation grants for persons displaced due to funding of the project. Loan funds will be disbursed on a reimbursement basis incrementally as eligible costs are verified.

Funds under this Program are provided to eligible businesses as loans. Eligible loans are underwritten with the similar standards and documentation as used by private commercial lenders including review and analysis of credit capacity, equity contributions, historical income and expenses, projected income and expenses, available collateral, and debt coverage. CDBG underwriting may be more flexible in some instances depending on the business and requested loan amount. The terms of the loan are typically more favorable than conventional commercial lenders with lower interest rates and longer terms for repayment. The Contractor will work closely with the eligible businesses to ensure they understand the requirements of the Program and the benefits of participating.

INELIGIBLE USE OF FUNDS

Projects that do not create permanent full time equivalent (FTE) jobs are not eligible.

Projects that are primarily housing in nature are not eligible.

Projects not meeting a CDBG national objective or public benefit or federal CDBG underwriting standards are not eligible.

Projects must have reasonable assurance of repayment of loan funds.

Funds under this Program will not pay for reimbursement of expenses incurred prior to Department and local loan approval and/or completion of project's environmental review.

Pursuant to HUD regulations regarding job pirating program funds may not be used to facilitate the relocation of a business from one local labor market area to another local labor market area. Once approved, loan funds may not be reallocated from one approved use to another without formal written approval. Nonprofit organizations are not eligible to use funds for furniture fixtures and equipment (FF&E) or working capital. Funding a project without Department review and written approval will deem the project ineligible.

Adopted: _/_/_ ANCE AVAILABILITY

Attachment: Business Assistance Guidelines_2022 (RES-2022-617 : Approve the Amended Business Assistance and Microenterprise Loan

The Lender will require all loan applicants for this Program to attend one or more Technical Assistance (TA) classes offered by a Lender-approved local Small Business Development Center (SBDC) or other local private for profit/nonprofit business development agency. Each applicant must have a letter of recommendation from the local SBDC or approved TA agency which states, at a minimum, that the applicant has completed or updated a professional business plan, has adequate management capacity and a defined financial management system in place to operate the existing or proposed business successfully. The local business development agency will confirm that the business and the owner are both financially sound and possess the capacity to execute the new business plan in order to be successful with the use CDBG funds.

MEETING CDBG NATIONAL OBJECTIVE REQUIREMENT

Under federal regulations, use of CDBG funds for business assistance activities must meet the national objective of benefit to low/mod income persons under the Limited Clientele definition. As such, all business owners must be documented as meeting HUD's low/mod income definition prior to receiving any Program services. The Lender will verify the business owner(s) meet HUD's low/mod income requirement by completing the Part 5 income verification process. Financial assistance program applicants must submit documentation to complete the Part 5 income verification process to determine program eligibility. (Separate files will be maintained by the Lender for each CDBG Business Assistance Program).

As with other business assistance program activities, if the Grantee determines that the applicant income information is not accurate and the program participant is over HUD's income limits, then all program services must cease immediately.

OTHER CDBG FEDERAL REGULATIONS

There are a number of other federal laws and state regulations that are triggered with use of CDBG funding. The Grantee, if applicable, will take the lead and ensure compliance with these requirements. Any impacts on a proposed project will be explained at the time of loan application screening so that the loan applicant knows and understands how the project might be impacted by these overlays.

An environmental review is required by HUD for each business funded with CDBG monies (24 CFR 58). The review must be completed prior to any activities commencing with the business and the review must encompass all aggregated activities for the business. The environmental review will comply with HUD's regulations regarding the National Environmental Policy Act (NEPA). The Lender is required to complete and certify the NEPA review along with any State environmental review under California's Environmental Quality Act (CEQA). The level of environmental review is determined by the type of proposed project and the associated activities. The loan applicant will be informed of any additional

Attachment: Business Assistance Guidelines_2022 (RES-2022-617 : Approve the Amended Business Assistance and Microenterprise Loan

loan processing time due to the NEPA review. No costs will be charged to the applicant for this process.

Federal Davis Bacon regulations and related compliance Acts are required when utilizing CDBG funding for construction which may add additional costs to projects. In addition, state prevailing wage may be triggered with the use of CDBG funding. The Lender will work with applicants to ensure that funded business projects are in compliance with state and federal prevailing wage laws. Applicants will be informed of any additional time, costs or administrative work required due to the prevailing wage regulations and any additional costs may be incorporated into the business loan.

Federal acquisition and Relocation laws may be triggered when using CDBG funds (24 CFR 570.606). Acquisition laws, both federal and state, must be followed when CDBG funds are used to assist in the purchase of real property.

In the same way, federal and state relocation laws apply if a person or a business is displaced because of the use of CDBG funding. The Lender will work with loan applicants to ensure that the business is in compliance with any state or federal acquisition /relocation laws triggered by the project.

Federal regulations require the use of CDBG program income (Pl) first when the Lender is operating a loan program activity with an open grant that is the same as an existing Pl revolving loan account (RLA) activity.

All businesses receiving funds under this Program will be required to obtain a Dun and Bradstreet DUNS number. The DUNS number is free and can be obtained online. A copy of the printout with the applicable DUNS number should kept in the program participant file. Verification must be provided to the Lender that all businesses and participants are not on the federal debarred list.

The Department requires the Lender collect certain income and demographic data from all program applicants and participants.

No conflict of Interest is allowed, in accordance with Title 24, Section 570.611 of the code of Federal Regulations. As such no member of the governing body and no official, employee or agent of the local government, nor any other person who exercises policy or decision-making responsibilities (including members of the loan committee and officers, employees, and agents of the loan committee, the administrative agent, contractors and similar agencies) in connection with the planning and implementation of the CDBG program shall directly or indirectly be eligible for this program.

Adopted: _/_/_

Attachment: Business Assistance Guidelines_2022 (RES-2022-617 : Approve the Amended Business Assistance and Microenterprise Loan

Lender will verify and certify that a conflict of interest does not exist with the business or applicant. Exceptions to this policy can be made only after Lender's legal counsel makes a written determination that potential conflicts are acceptable.

PROGRAM OPERATIONS AND LOAN PROCESSING

PROGRAM MARKETING AND OUTREACH

Program marketing will be conducted by the Lender. Examples of marketing include media coverage with ads in local papers, distribution of marketing brochures to local chamber of commerce and business networking organizations. Presentations will be scheduled for these groups as well as real estate groups, local commercial banks and Loan Applicants. The SBDC will be used as a referral agency.

EQUAL OPPORTUNITY COMPLIANCE

This Program will be implemented in ways consistent with the Lender's commitment to state and federal equal opportunity laws. No person or business shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under any program or activity funded in whole or in part with CDBG program funds on the basis of his or her religion, religious affiliation, age, race, color, ancestry, national origin, sex, marital status, familial status (number or ages of children), physical or mental disability, sexual orientation, or other arbitrary cause.

LOAN APPLICATION PROCESSING

Loan applications will be processed on a first come first served basis. The Lender will accept loan applications and review for income eligibility, number of employees and financial viability. Applications that do not meet basic requirements of the Program will be returned with an explanation of needed requirements. The Lender will interview the applicants and review the application for funding in combination with these program guidelines. A site visit may be conducted if the business is in operation. The Contractor will compile a loan package with all the credit, financial, and underwriting information required for loan analysis. All loan documents from application through loan approval and disbursement of CDBG funds will be contained in a project file for future monitoring by the Department.

LOAN APPLICANT CONFIDENTIALITY

All personal and business financial information will be kept confidential. Program participant files with personal and business confidential information will be kept in locked secured storage units.

Adopted: _/_/_

Attachment: Business Assistance Guidelines_2022 (RES-2022-617 : Approve the Amended Business Assistance and Microenterprise Loan

DISPUTE RESOLUTION/APPEALS PROCEDURE

Any person applying for a financial assistance loan through the CDBG program has the right to appeal if their application is denied. The appeal must be made in writing to the Lender. A written response to the appeal will be provided to the applicant by the Lender within 30 days of receipt of the applicant's appeal letter.

LOAN CLOSING PROCESS

Submittal of the CDBG Loan/Grant Certification Form to HCD and meeting of all special conditions of funding, the Lender will prepare for the loan closing.

Local escrow companies may process all loan closings, especially when real property is being secured. The Lender will prepare the escrow loan closing documents; prepare title and lien searches, and UCC-1 filings, as appropriate. Escrow loan closing costs may be paid with Program funds. After closing, the Lender requests funds from the Department or local finance department (depending on the source of funds; open grant or local program income funds). All agreements and documents should be reviewed by the Lender's legal counsel, as necessary.

DETERMINATION OF LOAN AMOUNT

Loans in excess of $250,000 must be formally approved by the Department's Economic Development Advisory Committee (EDAC).

Loan amounts will be determined based on the number of jobs to be created or retained, the ability of the business to service the new CDBG loan payment, and the reasonableness of the costs paid for with CDBG funds. If there are not sufficient CDBG funds for the project the program Contractor can assist in locating other public or private funding to leverage the proposed CDBG financing.

DETERMINATION OF LOAN TERM

The term of the loan will be based on the asset being financed. The term generally should not exceed the economic life of the asset being financed. Department Staff will confirm the term is appropriate based on the use of the CDBG funds.

DETERMINATION OF LOAN INTEREST RATE

The interest rate for the loan will be based on the underwriting analysis conducted by the Contractor. Some of the factors that will drive the interest rate are: 1) ability of business to service the loan; 2) rate of return the borrower will receive; 3) credit risk factors and management experience. By allowing interest rate flexibility the Lender can tailor the loans under this program to meet the specific needs of the individual businesses. Loan forgiveness

Attachment: Business Assistance Guidelines_2022 (RES-2022-617 : Approve the Amended Business Assistance and Microenterprise Loan

can be an option at the time of issuance or at a later date at the discretion of the Mariposa County Board of Supervisors. Preference for loan forgiveness will be to businesses impacted by the 2022 Oak Fire.

LOAN PROCESSING FEES

The CDBG program provides general and administration and activity delivery funds to pay for loan processing costs. No direct loan fees will be charged; however, the borrower may be charged a loan servicing fee. Loan servicing fees may not be charged for costs covered and paid for with activity delivery funds. There are no loan pre-payment penalties allowed under this program.

COLLATERAL AND SECURITY REQUIREMENTS

All loans should be collateralized to the greatest extent possible. Both personal and business assets will be reviewed for collateral coverage. Types of collateral may include:

- Liens on real property with Deeds of Trust;
- Liens on machinery, equipment, or other fixtures;
- Lease assignments, as appropriate;
- Grantee Named as Beneficiary on Life Insurance;
- Other collateral, as appropriate; and
- Personal and corporate guarantees.

LOAN SECURITY POSITION

All loans will be secured in the strongest possible position to ensure loan repayment in the event of a default. Loans may be secured in a second or third lien position.

LOAN-TO-VALUE RATIO (LTV}

All loans will be secured to the highest degree possible, up to and more than 100% of collateral value. In some instances the collateral being used to secure the loan may already be fully encumbered by another Lender, in which case the LTV ratio may exceed 100%. The Grantee may choose to lien these assets although they are over encumbered.

DEBT SERVICE COVERAGE

The business must show that the loan payment will be covered by the projected revenue of the business. In addition, the business owner should be able to pay themselves a reasonable living wage. Typical debt coverage ratios for the program are 1.25; coverage as low as 1.10 will be accepted on a case by case basis.

The debt ratio will be calculated for the borrower's personal financials as well as the business financials. Borrower's personal financials and debt service levels must be reviewed to ensure the existing or proposed business is not adversely impacted by negative personal financials. In the same way, the business must contribute to the borrower's financial health. This is necessary because the financials of the borrower and business are closely tied.

Adopted: _/_/_

Attachment: Business Assistance Guidelines_2022 (RES-2022-617 : Approve the Amended Business Assistance and Microenterprise Loan

Attachment: Business Assistance Guidelines_2022 (RES-2022-617 : Approve the Amended Business Assistance and Microenterprise Loan

LOAN UNDERWRITING PROCESS

GENERAL CREDIT REQUIREMENTS

In the private sector, credit scoring is a generally accepted means to underwrite certain loans, particularly small loans where the cost of underwriting can exceed the interest and fee income generated by that loan. The standard in the banking industry is a credit scoring system developed by the Fair Isaac Corporation. This system uses a formula that is applied to raw data in consumer credit files of the three largest credit-reporting bureaus. The result is known as the FICO score. The FICO credit score ranges from 300 to 850 and quantifies an individual's creditworthiness. In general, a credit score of 680 or above is considered an acceptable risk, scores at or below 620 are considered poor risks.

Applicants with FICO scores 620 and below will require targeted analysis, economic impact assessment, and mitigation for the identified credit risk.

MANAGEMENT AND CAPACITY REQUIREMENTS

A Loan Applicant must show:

- Ability to operate a business successfully;
- Adequate borrowing ability or equity to operate with the new loan payments, on a sound financial basis;
- The proposed loan is of sound value and provides for the current and future needs of the business; and
- The past earning records and future prospects of profits.

ADDITIONAL PROJECT UNDERWRITING CRITERIA

Each project/business will be evaluated based on how it has performed in the past and its future financial forecasts:

- The amount of private dollars used as leveraging funds;
- The past financial viability of the proposed project;
- The future financial viability of the proposed project;
- The demonstrated need for the funds; and
- Personal financial strength of borrowers.

LOAN FORGIVENESS/GRANTS

The Lender may make small grants of up to $10,000 to eligible existing businesses. The business must be participating in the Lender's or other agency technical assistance program and grant funds may be provided upon completion of technical assistance activities. In addition, full loan forgiveness at issuance may be considered by the Mariposa County Board of Supervisors (BoS) or loan forgiveness at a later date as determined by the BoS.

Adopted: _/_/_

Guidelines for

Microenterprise Loan Program

Funded by:

Mariposa County



With

Community Development Block Grant (CDBG)

Adopted: TBA

Attachment: Microenterprise Loan Program Guidelines_2022 (RES-2022-617 : Approve the Amended Business Assistance and Microenterprise

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Adopted: _/_/_

Attachment: Microenterprise Loan Program Guidelines_2022 (RES-2022-617 : Approve the Amended Business Assistance and Microenterprise

INTRODUCTION

The County of Mariposa hereinafter called "Lender" has established a Microenterprise Assistance Program, hereinafter called "Program". The Program is designed to stimulate economic growth, create new private enterprise and jobs that will improve the economic conditions of residents in the community. The Program provides affordable financing to eligible persons wishing to launch a startup business or expand an existing operation. The Program is targeted for small start-up businesses as the underwriting standards and loan terms are flexible to meet the needs of the business. In addition, funds are available for technical assistance and capacity building of eligible businesses.

MICRO ENTERPRISE PROGRAM OVERVIEW

PROGRAM ADMINISTRATOR

The Lender will:

- Originate microenterprise financial assistance loans and/or grants;
- Market the Program;
- Accept and process applications;
- Complete 24 Code of Federal Regulations Part 5 Income Eligibility qualification and document an adequate number of employees;
- Underwrite and recommend approval of loans and grants;
- Ensure a timely loan closing and disbursement of funds;
- Maintain loan files and fiscal records;
- Administer state grants and program income used to fund this program; and
- Work with program participants and ensure compliance with these program guidelines.

The Lender's staff will serve as the primary contact with the Department. The Lender will follow these adopted program guidelines:

The Lender will secure the services of a qualified program administrator herein after called "Administrator" who is experienced in originating microenterprise business assistance loans and familiar with Community Development Block Grant (CDBG) requirements. The Administrator's detailed scope of services will be negotiated and included in a formal agreement for services executed between the Lender and Administrator. In general, the Administrator will market the Program, accept and process applications, underwrite and recommend approval of loans, ensure proper loan closing, disbursement of funds, maintain loan files, fiscal records and support the Lender's staff in administration of state grants and program income used to fund the Program. The Administrator will implement the Program according to the adopted guidelines.

The Lender will implement administrative and procurement tasks relative to the Microenterprise Assistance Program. Some of those tasks may include the procurement of an underwriter. Administrative tasks may include: establishing/maintenance program loan files, approval of

microenterprise guidelines, prepare and review fiscal/performance reports, monitor program operator, conduct NEPA and CEQA review, approve reuse plan, meet with participating lenders, publicize/market program, close loan with lenders, review/sign all HCD reports, prepare cash requests/HCD reports, clear special conditions, conduct appeal process, engage in planning, building and public work's reviews, attend HCD workshops and provide project oversight/liaison between micro enterprise components, county and CDBG program.

PROGRAM SERVICE AREA

Financing under this Program is available to all eligible businesses located in the Lender's jurisdiction. These CDBG funds may not be used in urban areas that receive CDBG funds annually from the federal Department of Housing and Urban Development (HUD) entitlement program.

SOURCE OF LOAN FUNDS

The Program is capitalized with CDBG funds provided by HUD to the State of California Department of Housing and Community Development, hereinafter called "Department". CDBG funds are derived from federal funds with specific mandated federal requirements described below. CDBG funds are available to the Lender from state grant awards that are administered under a state grant contract.

MEETING CDBG MICROENTERPRISE DEFINITION

Loan applicants for this Program must meet the CDBG definition of a micro enterprise business. The CDBG definition of microenterprise is a business that has five (5) or fewer employees, one or more of whom owns the enterprise. LMI employees on the business payroll, part-time/full-time, at the time of loan application will be counted.

TYPES OF MICROENTERPRISE BUSINESSES

An applicant may be an existing microenterprise business requiring funds to either remain in business or expand its operation. Existing micro business applicants include private for-profit businesses, corporations, and partnerships, sole proprietorships that are legal, and operating. Nonprofits are not microenterprises and are ineligible for microenterprise loans.

Applicants can also be individual persons who wish to start a business, but have not taken the proper steps to launch their operation. A condition of funding to establish a new enterprise shall be the requirement to obtain necessary local, state and federal permits (if applicable).

REQUIRED MICRO ENTERPRISE TECHNICAL ASSISTANCE

Regardless of status, applicants associated with this Program (start up/fledgling business) will be required by the Lender to attend at least one or more technical assistance workshops presented by the local small business development center (SBDC) or other local private for profit/non profit business development agency approved by the Lender. Some of those sessions may include but not be limited to the development of a business plan, marketing plan, simple bookkeeping and accounting, and definition of revenues to name a few. Following completion of training, the applicant shall obtain a letter of recommendation from the local business development agency confirming that it has satisfied Program requirements and has completed or updated its business plan, management plan along with verification that the entity has the financial capacity to launch/continue a successful business operation. The local

business development agency will confirm that the applicant will benefit from anticipated financial assistance. One-on-one counseling and technical workshops will coincide on the same day i.e. counseling during work hours and workshops will be presented in evenings. Further, the Administrator will be available by telephone for all clients seeking information relative to counseling.

MEETING CDBG INCOME ELIGIBILITY REQUIREMENT

Assistance provided to owners of microenterprises, or person developing microenterprise, under the Program must meet the national objective of expanding economic opportunities for low or moderate-income (LMI) persons , public benefit and HUD underwriting guidelines. The Department requires that CDBG economic development funds targeted for microenterprise activity be restricted to those entities that qualify as a microenterprise along with business owners meeting HUD criteria as a Targeted Income Group (TIG) client. Further, the Administrator must determine and document the client's income eligibility based on family size and income prior to approval for financial assistance. The owner(s) of the business being reviewed for funding must have a household income at or below current published HUD income limits for the county, adjusted for household size.

The Lender will use HUD determination of "household income," calculated in accordance with the regulations at 24CFR 5.611, to confirm the accuracy of the Income Certification reported by the applicant. Each applicant must provide third party documentation that confirms the family's current size and income level. This is compared to the current HUD published rate for eighty percent (80%) of median income adjusted for family size to determine that the person meets HUD's definition of low income. The Administrator will collect the income documentation from applicants and use the HUD income calculator to determine the gross annual income for the household. The Departments language "Targeted Income Group (TIG)" is used interchangeably with HUD's language "low/moderate income".

The income limits published at the time of loan approval will apply in determining income eligibility. All persons in residence are considered household members for purposes of income eligibility. Income eligibility for microenterprise business is valid for three (3) years from day of certification completion.

TYPICAL USE OF FUNDS

Funds under this Program are typically provided to eligible microenterprise businesses in the form of loans. Program loans are normally up to $50,000. See Section 4.0 and 5.0 for description of loan terms and underwriting. Approved loans under this Program are expected to be repaid; however, loan forgiveness may be granted by the Mariposa County Board of Supervisors.

Funds under this program are restricted to certain eligible uses. Some common eligible uses are:

1. Operating capital to pay staff and lease space or purchase inventory;
2. Acquisition of furniture, fixtures, equipment and tools (FF&E);
3. Rehabilitation of leased space or owned buildings (including engineering and architectural and local permits or fees);
4. Advertising/marketing;
5. Purchase of manufacturing equipment (with or without installation costs);

Adopted: _/_/_

6. Refinancing of existing business debt when provided in conjunction with financing other eligible costs;
7. Purchase of supplies and raw materials;
8. Purchase of vehicles, trucks, trailers small vans used primarily in the business;
9. Purchase of software and computers;
10. Purchase of signage;
11. Printing, designing of marketing materials and advertising; and
12. Working capital.

Both the Administrator and Lender will review the scope of work proposed by the business and the use of CDBG funds to verify the necessity of costs are reasonable.

LOAN CLOSING PROCESS

Upon written approval by the Mariposa County Board of Supervisors, the Administrator and Lender will engage in the loan closing process. The Borrower shall sign all necessary documents and agreements. The Lender shall request funds from the Department or local finance department (depending upon funds from an open grant or local program income). The Administrator shall prepare escrow loan closing documents, title and lien searches, and UCC-1 filings, if appropriate. Lender's County Counsel shall review all agreements and documents, as necessary.

LOAN TERMS AND SECURITY

Eligible microenterprise businesses may be awarded up to $50,000 in loan funds with this Program. Loans made with this Program require repayment; however, the Mariposa County Board of Supervisors can approve loan forgiveness, either at the time of issuance or at a later date determined by the BoS. If a loan applicant requires more than $50,000, the applicant may be eligible for a business assistance loan, which requires job creation.

Grants funds may also be awarded with this Program. Grants of up to $10,000 may be provided for eligible microenterprise businesses/owners that are not able to afford or support a loan. In addition, complete loan forgiveness may be considered at time of issuance or after a certain period of time, which will be determined by the Mariposa County Board of Supervisors. Priority will be given to businesses affected by the Oak Fire. An applicant may not receive both a grant and a loan simultaneously with this program. If a business receives a grant and is successful, such that the business documents the ability to support debt, a financial assistance loan application may be processed. Grant applicants receive the same review and analysis of financial feasibility of the business and personal financials, but loan rates and terms with collateral and security do not apply.

LOAN TERMS AND FEES

Microenterprise loans underwritten in accordance with these guidelines may be up to $50,000. In the event an applicant requires more than $50,000, the loan shall be underwritten in accordance with the

currently approved Microenterprise Assistance guidelines of the Lender. There is no minimum loan amount. The requested loan amount must be reasonable and supported by the proposal. Thus, the Lender acknowledges that these funds are a limited resource and are provided based upon documented need for each applicant.

Loan terms shall consist of five to twenty-five years depending upon the project (working capital, furniture/fixtures/equipment (FF&E)) and security offered by business. Typically, the Program loan terms are more flexible than those used in the industry by conventional commercial lenders.

The loan term is based upon project need; thus, as an example if a business is seeking operating capital then the term of the loan would typically be five years; moreover, a business seeking funding for equipment and supplies then the term of the loan may be extended to 10 years.

In case of the Microenterprise Program the interest rate may vary depending upon collateral and rate of return, which is calculated based on equity that the borrower invests into the project. Equity from the borrower may be required on a case-by-case basis dependent upon strength of borrower or collateral.

Borrowers will be provided loan disclosure documents, which itemize all fees associated with the loan transaction along borrower fees and program activity delivery fees. There is no loan pre-payment penalty.

COLLATERAL AND SECURITY REQUIREMENTS

All loans under this program will be collateralized to the greatest extent possible. Both personal and business assets will be reviewed for collateral coverage. In some cases however, collateral will be taken when the asset has no value (over-encumbered personal residence).

Types of collateral may include:

- Liens on real property,
- Deeds of Trust,
- Liens on machinery, equipment, or other fixtures,
- Lease assignments, as appropriate,
- Lender Named as Beneficiary on Life Insurance, and
- Other collateral, as appropriate.

In addition to collateral, personal and corporate guarantees may be required of borrowers.

LOAN SECURITY POSITION

All loans will be secured in the strongest possible position to ensure loan repayments in the event of a default. Loans may be secured in a secondary position in second or third lien position.

LOAN TO VALUE RATIO

Loans less than $50,000 may be partially secured. In some instances, collateral being used to secure the loan may already be fully encumbered by another lender. The Lender may choose to lien these assets

even though there is no security, while the Administrator will negotiate with the borrower and other lenders to help ensure loan is fully secured to the best possible extent.

DEBT SERVICE COVERAGE

The Borrower must illustrate that the loan payment will be covered by the projected revenue of the business. In addition, the business must demonstrate that the owner is able to pay themselves a reasonable living wage from operation of the business. Typical debt coverage ratios for the program are 1.25 and coverage as low as 1.10 will be accepted on a case-by-case basis. This ratio means that for every dollar of business debt there will be one dollar and twenty-five cents in revenue to cover the debt.

The debt ratio will be calculated based upon all debt the business will carry. This includes CDBG funds plus any other loans currently in place "or proposed" to be used for funding the project.

COMPLIANCE WITH HUD UNDERWRITING STANDARDS

The Lender will only make grants available to eligible existing microenterprise businesses that have successfully completed the technical assistance courses needed for expansion of their business. The owners must have credit scores of 620 or above, unless there is a reasonable explanation of negative credit history that shows poor credit occurred for reasons beyond the owner's control (divorce, identity thief, health issues or tragic accident, etc.). The Lender will also require documentation that the grant funded activities will have a positive impact on the future profitability and sustainability of the business. This will be done through analysis of future financial projections /proformas for the business that include the impact of the grant funded activities. Lastly, the Lender must receive third party cost estimates of the grant eligible costs being requested.

Grant funds will be disbursed to the business as a reimbursement of costs or can be directly to third party vendors. Microenterprise lenders will be required to sign a grant agreement stipulating eligible costs, payment process and reporting procedures.

Adopted: _/_/_

Attachment: Microenterprise Loan Program Guidelines_2022 (RES-2022-617 : Approve the Amended Business Assistance and Microenterprise

MARIPOSA COUNTY

P.O. Box 784 Mariposa, CA 95338 (209) 966-3222
5100 Bullion Street
http://www.mariposacounty.org/

ROSEMARIE SMALLCOMBE, CHAIR	**DISTRICT I**
MILES MENETREY, VICE-CHAIR	**DISTRICT V**
VACANT	**DISTRICT II**
MARSHALL LONG	**DISTRICT IV**
WAYNE FORSYTHE	**DISTRICT IV**

ACTION SUMMARY MINUTES

September 13, 2022

A. 9:00 AM Meeting Called to Order

Attendee Name	Title	Status	Arrived
Rosemarie Smallcombe	District I Supervisor	Present	9:00 AM
Marshall Long	District III Supervisor	Present	9:00 AM
Wayne Forsythe	District IV Supervisor	Present	9:00 AM
Miles Menetrey	District V Supervisor	Present	9:00 AM

B. Pledge of Allegiance

Chair Smallcombe led the pledge.

C. Introductions

None.

D. Approval of Consent Agenda (Items designated by "CA")

Chair Smallcombe wanted to acknowledge CA.24 and brought up Sheila Baker/Deputy Director of Behavioral Health who noted every day many suffer from negative thoughts or thoughts of suicide. She gave the following message: Warning signs may not be obvious; everyone can make a difference by being the person to ask how someone is doing. Health and Human Services Agency are here for those individuals. Please call 209-966-2000 or 1-800-549-6741, suicide is preventable, and you are not alone, the National Suicide hotline is 988 or 966-7000.

RESULT: **ADOPTED [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Wayne Forsythe, District IV Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

CA1. **Health and Human Services** **RES-2022-501**

Resolution Continuing a Shelter Crisis Local Emergency in Mariposa County

Minutes Acceptance: Minutes of Sep 13, 2022 9:00 AM (Approval of Consent Agenda (Items designated by "CA"))

CA2. **Health and Human Services RES-2022-502**

Resolution Continuing the Local Health Emergency Due to the Oak Fire

CA3. **Sheriff's Office RES-2022-503**

Resolution Continuing the Local Emergency Due to the Oak Fire

CA4. **Administration RES-2022-504**

Approve the Juvenile Dependency and Juvenile Right-To-Counsel Legal Services Agreement with the Mariposa County Superior Court in an Amount Not to Exceed $70,225.62; and Authorize the Board of Supervisors Chair to Sign the Agreement

CA5. **Administration RES-2022-505**

Approve an Agreement with Allyson Kelley and Associates for Strategic Planning Services for the Southern Sierra Miwuk Nation in an Amount Not to Exceed $120,875; and Authorize the Board of Supervisors Chair to Sign the Agreement

CA6. **Agricultural Commissioner RES-2022-506**

Approve the High-Risk Program Cooperative Agreement No. 22-1369-000-SG for Fiscal Year 2022/2023 with the California Department of Food and Agriculture (CDFA); and Authorize the Board of Supervisors Chair to Sign the Agreement

CA7. **Agricultural Commissioner RES-2022-507**

Approve the Nursery Inspection Program Cooperative Agreement No. 22-1107-000-SA for Fiscal Year 2022/2023 with the California Department of Food and Agriculture (CDFA); and Authorize the Board of Supervisors Chair to Sign the Agreement

CA8. **Auditor RES-2022-508**

Approve an Addendum to the Mariposa County Audit Agreement with Smith & Newell to Conduct the Audit for Fiscal Year 2021/2022 in a Amount Not to Exceed $63,475; and Authorize the Board of Supervisors Chair to Sign the Addendum

CA9. **Board of Supervisors 2022-83**

Proclaim September 17 - 23, 2022, as "Constitution Week" (Supervisor Long)

CA10. **Board of Supervisors**

Approve the Minutes of Tuesday, July 12, 2022

CA11. **Board of Supervisors**

Approve the Minutes of Tuesday, July 19, 2022

CA12. **Board of Supervisors**

Approve the Minutes of Tuesday, July 26, 2022

CA13. **Board of Supervisors**

Approve the Minutes of Tuesday, August 2, 2022

CA14. **Clerk of the Board of Supervisors (ID # 13312)**

Minutes Acceptance: Minutes of Sep 13, 2022 9:00 AM (Approval of Consent Agenda (Items designated by "CA"))

Receive Minutes of the Committees Established by the Mariposa County Board of Supervisors Pursuant to Resolution 22-115, Section 10.2

CA15. **Clerk of the Board of Supervisors 2022-84**

Appoint Jennifer Gamble to the Behavioral Health Board for a Term Expiring on September 13, 2025

CA16. **District Attorney/Victim Witness RES-2022-509**

Approve the 2022-2023 County Victim Services (XC) Grant Application Administered through the State of California Office of Emergency Services (CalOES) in an Amount Not to Exceed $128,904; and Authorize the District Attorney to Sign the Grant Application

CA17. **Health and Human Services RES-2022-510**

Approve a Memorandum of Understanding (MOU) Among Mariposa County Health and Human Services Agency, Mariposa County Probation Department, Mariposa County Unified School District/Mariposa County Office of Education and CASA of Mariposa County to Work Together More Collaboratively in Meeting the Educational Needs and Goals of High Risk Youth and Foster Youth in the County; and Authorize the Board of Supervisors Chair to Sign the MOU

CA18. **Health and Human Services RES-2022-511**

Approve the 2022 Low Income Home Water Assistance Program (LIHWAP) Agreement 21Z-9560; Approve the 2022 Supplemental Low Income Home Energy Assistance Program (SLIHEAP) Agreement 22Q-4570; Approve the Certifications with the California Department of Community Services and Development (CSD) in an Amount Not to Exceed $11,788 to Provide Energy Assistance Payments; and Authorize the Health and Human Services Agency Director to Sign the Agreement, Certifications, and All Subsequent Amendments (Subject to Approval as to Legal Form by County Counsel)

CA19. **Health and Human Services RES-2022-512**

Ratify a Transfer Agreement Between the County of Mariposa and the County of Santa Clara (CSC) to Transfer Ownership to Mariposa County of the Fifteen (15) Trailers Identified by VIN Number

CA20. **Health and Human Services RES-2022-513**

Approve a Transfer Agreement Between the County of Mariposa and the County of San Diego (San Diego) to Transfer Ownership to Mariposa County of Two (2) Trailers Identified by VIN Number; and Authorize the Board of Supervisors Chair to Sign the Agreement

CA21. **Health and Human Services RES-2022-514**

Approve Budget Action Adjusting Realignment Appropriations and Associated Transfer-In Revenue and Appropriations Within the Health and Human Services Agency (HHSA) Mental Health Budget for Fiscal Year 2021-2022 Year-End Balancing ($39,748) 4/5ths Vote Required

CA22. **HHS/Behavioral Health & Recovery Services RES-2022-515**

Minutes Acceptance: Minutes of Sep 13, 2022 9:00 AM (Approval of Consent Agenda (Items designated by "CA"))

Approve a Lease Agreement with Richard Roesch for 5026 Broadway in an Amount Not to Exceed $7,800 for the Health and Human Services Agency to Operate an Office in Coulterville; and Authorize the Board of Supervisors Chair to Sign the Lease Agreement

CA23. **HHS/Behavioral Health & Recovery Services RES-2022-516**

Approve Five-Year Agreement No. 22-20113 with the State Department of Health Care Services Authorizing Mariposa County Health and Human Services Agency (HHSA) to Provide Specialty Mental Health Services; and Authorize the HHSA Director to Sign the Agreement, the Contractor Certification Clauses Form, and Any Subsequent Amendments (Subject to Approval as to Legal Form by County Counsel)

CA24. **HHS/Behavioral Health & Recovery Services 2022-85**

Proclaim the Month of September 2022 as "Suicide Prevention Awareness Month"

CA25. **Planning 2022-86**

Appoint Jacob Hawley to the Historic Sites and Records Preservation Commission, as an at Large Member, to Fill an Unexpired Term Ending February 28, 2025

CA26. **Planning 2022-87**

Appoint Gale Banks, Paul Koubek, Roger Soulanille and Gary Wuchner to the Wawona Town Planning Advisory Committee with Terms to Expire February 29, 2024 (Chair Smallcombe)

CA27. **Planning 2022-88**

Recognize the Service of Schree (Yager) Barrient on the El Portal Planning Advisory Committee (Supervisor Smallcombe)

CA28. **Planning 2022-89**

Recognize the Service of Danette Toso as a Member of the Code Compliance Advisory Committee

CA29. **Public Works RES-2022-517**

Waive Encroachment Fee for the 35Th Annual Hornitos Flea Market to be Held on Sunday, October 2, 2022 from 5:00 AM to 5:00 PM at the Hornitos Park

CA30. **Public Works RES-2022-518**

Declare the 36Th Annual Coulterville Coyotefest to be Held at the Coulterville Town Park, Historic Main Street and Park Avenue on September 23, 24, and 25, 2022, as a County Sponsored Event and Waive Encroachment Fees

CA31. **Public Works RES-2022-519**

Adopt a Resolution Authorizing the County Administrative Officer to Complete and Submit All Necessary Documents and Application to the California Energy Commission (CEC) Energy Conservation Assistance Act (ECAA) Loan Program and Related California Environmental Quality Act (CEQA) Determination for

Minutes Acceptance: Minutes of Sep 13, 2022 9:00 AM (Approval of Consent Agenda (Items designated by "CA"))

New Documents; and Authorize the Board of Supervisors Chair to Sign the Resolution

CA32. **Public Works** **RES-2022-520**

Approve Fourth Amendment with Dewberry/Drake Haglan for Engineering Services on the Buckeye Road Bridge Project Extending the Term of Agreement to December 31, 2025 and Increasing Compensation by $59,346 for a New Amount Not to Exceed $477,346; and Authorize the Board of Supervisors Chair to Sign the Amendment

CA33. **Sheriff's Office** **RES-2022-521**

Approve a One Year Agreement with Stanislaus County Sheriff's Office Coroner's Division for Forensic Pathology Services; and Authorize the Board of Supervisors Chair to Sign the Agreement

CA34. **Sheriff's Office** **RES-2022-522**

Approve a Five-Year Law Enforcement Agreement Between Mariposa County and the United States National Park Service Yosemite National Park to Enhance Law Enforcement Services by Pooling Resources and Receive Mutual Assistance; and Authorize the Board of Supervisors Chair to Sign the Agreement

CA35. **Treasurer-Tax Collector-County Clerk** **RES-2022-523**

Approve the Following Actions: (1) Consolidating the Mariposa County Unified School District, Lake Don Pedro Community Service District, John C Fremont Healthcare District, Yosemite Unified School District, and the Yosemite Alpine Community Services District Elections, Bass Lake Joint Union School District with the November 8, 2022 General Election, Pursuant to EC 10401; (2) Directing the County Clerk to Canvass Returns of Said Election Pursuant to EC 10411 and 15301; and (3) Directing the County Clerk to Bill in Full for the Cost of Services Performed Conducting that Portion of the Election Relating to Each of the Respective Districts

E. Departmental Presentation

Chair Smallcombe noted H.1 was withdrawn and rescheduled and the Oak fire update will take place with agenda item H.3.

Jacob Hawley/Mariposa Visitors Center noted the number of visitors this year is much higher than last year with an average of 73 individuals a day. He noted the Mariposa County Fair this year was wonderful, and the Made in Mariposa booth did well selling margaritas.

Maryanne Huff/a Coulterville resident noted Coulterville was voted one of the nicest places in America per Reader's Digest. She noted the Coulterville Community hosted their annual 9/11 remembrance and the Farm and Ranch Tour is scheduled for October 15th. She reminded the Board and public that Coyote Fest is coming up and retired Sheriff Binnewiess is the Grand Marshall.

F. Public Comment on Non-Agenda Items

Minutes Acceptance: Minutes of Sep 13, 2022 9:00 AM (Approval of Consent Agenda (Items designated by "CA"))

None.

Recess Board of Supervisors

9:13 AM Chair Smallcombe recessed the Board of Supervisors meeting and the Clerk of the Board read the Government Code Announcement.

G. COUNTY SERVICE AREA 1M (Don Pedro)

9:14 AM Chair Long called the meeting to order.

Public Comment Period

None.

CSA 1M Regular Agenda

1. **Public Works** **CSA1M-2022-7**

Approve Budget Action Appropriating Revenue and Expense in the CARES ACT Fund ($8,000) 4/5th Vote Required

Shannon Hansen/Public Works and Transportation Director gave the staff report and noted this was for emergency generators. No public comment.

RESULT: **ADOPTED [UNANIMOUS]**
MOVER: Wayne Forsythe, District IV Supervisor
SECONDER: Rosemarie Smallcombe, District I Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

2. **Public Works** **CSA1M-2022-8**

Approve Budget Action Decreasing the Transfer Out and Increasing General Professional Services for the Mariposa Pines Sewer District Fund ($6,968) 4/5th Vote Required

Shannon Hansen gave the staff report. No public comment.

RESULT: **ADOPTED [UNANIMOUS]**
MOVER: Rosemarie Smallcombe, District I Supervisor
SECONDER: Wayne Forsythe, District IV Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

Adjourn CSA 1M

9:17 AM Chair Long adjourned the CSA 1M Meeting.

Reconvene as Board of Supervisors

9:17 AM Chair Smallcombe reconvened the Board of Supervisors meeting.

Minutes Acceptance: Minutes of Sep 13, 2022 9:00 AM (Approval of Consent Agenda (Items designated by "CA"))

H. Regular Agenda Items

1. **Planning RES-2022-561**

Authorize the Destruction of Planning Department Vacation Rental Application Files (Hard Copy Files) that Are More Than Two (2) Years Old 4/5ths Vote Required

RESULT: WITHDRAWN AND RESCHEDULED Next: 9/20/2022 9:00 AM

2. **Building RES-2022-524**

Waive Building Permit Fees in an Amount Not to Exceed $3772 Associated with Grading Permits for 10303 & 10307 Highway 49 N and 4990 West Street

Debra Willis/Building Director gave the staff report. She noted the enterprise fund, the fees cannot be waived, but the fees would be billed to the Board of Supervisors.

Steven Huff/Mariposa County History Center read a letter written by Lynn Brashears. Ms. Brashears expressed thanks to the Board for their support and noted without the fees waived the project would be impossible to advance. Mr. Huff then spoke and noted where the grading was taking place is not within the boundaries of the Historical Overlay.

Board discussion ensued. Supervisor Long noted this project is for public benefit. In response to a question from Supervisor Forsythe, Dallin Kimble/County Administrative Officer noted we have options as to where the funds could be pulled but clarified, it would be paid by the County to the building enterprise fund.

ACTION: Board approved the waiving of the building permit fees for the Northern Mariposa County History Center in an amount not to exceed $3772 noting the fees will be reimbursed to the building enterprise fund from the County.

RESULT: **ADOPTED AS AMENDED [UNANIMOUS]**
MOVER: Wayne Forsythe, District IV Supervisor
SECONDER: Marshall Long, District III Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

3. **Administration 2022-ORD-1179**

Adopt an Interim Urgency Ordinance Establishing Procedures and Requirements for Fire Debris and Hazard Tree Removal (The Alternative Program) 4/5ths Vote Required

Dallin Kimble noted it was a team effort and turned the floor to Dr. Eric Sergienko/County Health Officer who noted there has been a lot of moving parts. He announced they have met with the California Office of Emergency Services (Cal OES) who commended and highlighted the procedures we have in place. Cal OES also commended the County on the use of case managers as it has been an unseen service in other responses. Dr. Sergienko updated the Board on TetraTech's progress noting hazardous material that could be removed without heavy equipment, has been, they

Minutes Acceptance: Minutes of Sep 13, 2022 9:00 AM (Approval of Consent Agenda (Items designated by "CA"))

will also look at sites and create a scope and do sampling. Regarding questions regarding debris flow, Dr. Sergienko noted they have been working with a conservation group to put in wattles and are stockpiling equipment for deployment. Julie Simms/Health and Human Services Agency noted the County has 26 trailers. No public comment. Board discussion ensued.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Marshall Long, District III Supervisor
SECONDER:	Wayne Forsythe, District IV Supervisor
AYES:	Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

I. Items removed from Consent Agenda

None.

J. Board Information

Information was received.

K. Adjournment

10:03 AM Chair Smallcombe adjourned the meeting.

Respectfully submitted,

Danielle Bondshu
Clerk of the Board

Rosemarie Smallcombe
Chair, Board of Supervisors

Minutes Acceptance: Minutes of Sep 13, 2022 9:00 AM (Approval of Consent Agenda (Items designated by "CA"))

MARIPOSA COUNTY

Clerk of the Board of Supervisors · (209) 966-3222

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Danielle Bondshu, Clerk of the Board

RE: Receive Minutes of the Committees

TITLE OF PRESENTATION:

Receive Minutes of the Committees Established by the Mariposa County Board of Supervisors Pursuant to Resolution 22-115, Section 10.2.

BACKGROUND AND HISTORY:

A Committee Policy was adopted by Resolution 22-115.

Per Section 10.2 of this policy it is required that all committees provide adopted minutes to the Clerk of the Board within thirty days of each meeting. For committees that meet quarterly or less frequently, draft minutes shall be submitted to the Clerk of the Board within thirty days of each meeting. In turn, the Clerk of the Board shall prepare an informational agenda item to submit the minutes to the Board of Supervisors.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

The Board will not receive the minutes and the committees and Clerk of the Board will be out of compliance of Mariposa County Resolution 22-115.

ATTACHMENTS:
10-11-22 IHSS Advisory Committee Meeting - Minutes (PDF)
MCFAC Minutes September 21 2022 (PDF)

RESULT: INFORMATION RECEIVED BY CONSENT VOTE

In-Home Supportive Services

Public Authority Advisory Committee

of Mariposa County

Post Office Box 99

Mariposa, CA 95338

(209) 966-2000

MINUTES

Monday, October 11th, 2022

Video Conference

Members Present: Eva Adams, Laura Conger & Mary Wilson

Members Absent: Dana Hallett

Union Representative(s): N/A

Staff Present: Janet Gass & Jason Allen

Board Of Supervisors (BOS) Liaison(s): N/A

Guest(s): N/A

Recording Secretary: Jason Allen

DRAFT

Attachment: 10-11-22 IHSS Advisory Committee Meeting - Minutes (13243 : Receive Minutes of the Committees)

Call to Order and Introductions: Seeing a quorum, the regular meeting of the In-Home Supportive Services Advisory Committee was called to order at 1:32PM by Vice-Chair Eva Adams. The Committee proceeded to consider the agenda and the following actions were taken or direction given:

1. Public Comments:
    a. N/A.
2. Resolution No. 2022-001:
    a. A resolution proclaiming a local emergency, ratifying the proclamation of a state of emergency by the Governor of the State of California on March 4, 2020 regarding an outbreak of respiratory illness due to a novel coronavirus (a disease now known as Covid-19), and authorizing remote teleconference meetings of the Mariposa County In-Home Supportive Services Advisory Committee for the period of October 11th – November 11th pursuant to Brown Act provisions.
        i. By unanimous vote, the committee approved the motion of Mary, with a second by Laura, to approve authorizing remote teleconference meetings of the Mariposa County In-Home Supportive Services Advisory Committee for the period of October 11th., 2022 – November 11th., 2022.
3. Approvals:
    a. October 11th., 2022 Agenda
        i. By unanimous vote, the committee approved the motion of Mary, with a second by Laura, to approve the October 11th., 2022 agenda.

DRAFT

Attachment: 10-11-22 IHSS Advisory Committee Meeting - Minutes (13243 : Receive Minutes of the Committees)

b. September 12th., 2022 Minutes: **(Attachment A)**

i. By unanimous vote, the committee approved the motion of Mary, with a second by Laura, to approve the September 12th., 2022 minutes.

4. UDWA - Union Status Update:
   a. N/A.
5. Old Business:
   a. N/A.
6. New Business:
   a. N/A.
7. Committee Goals:
   a. Continue recruiting efforts.
8. Committee Concerns:
   a. N/A.
9. Updates:
   a. BOS Update - Rosemarie Smallcombe:
      i. N/A. Rosemarie was absent.
   b. Governor's Master Plan on Aging / Americans with Disabilities Act (ADA) - Rosemarie Smallcombe:
      i. N/A. Rosemarie was absent.
   c. Agency and Branch Updates:
      i. Christy – IHSS:
         1. Christy was absent.
      ii. Janet – Public Authority:

DRAFT

Attachment: 10-11-22 IHSS Advisory Committee Meeting - Minutes (13243 : Receive Minutes of the Committees)

1. Things are status quo. September saw 10 new applications; for October 3 have been received so far. September saw 5 new registry providers; October saw 1 new registry provider so far.
2. Orientations are going well in the new room location at Mariposa Health and Human Services.
3. Mentioned the new IHSS Career Pathways program that offers various trainings for providers. Providers can receive up to two stipends of $500 for completing 15 hours of general courses (e.g. 15 Hours = $500 & 30 Hours = $1000) Additionally, providers that receive 15 hours of specialized training and spend 1 month working with a client that requires those skills learned in the specialized training can receive a one-time $500 stipend.

10. Financial Update:
    a. Physical reports were sent to all members via email and USPS and a verbal report was presented by staff.
11. Next Scheduled Meeting Date: November 14th, 2022
12. Adjournment: @ 1:48PM.

DRAFT

Attachment: 10-11-22 IHSS Advisory Committee Meeting - Minutes (13243 : Receive Minutes of the Committees)

Mariposa County Fire Advisory Committee
DRAFT MEETING MINUTES

DATE: Wednesday SEPTEMBER 21, 2022
TIME: 9:30 AM
LOCATION: Mariposa County Fire Department Head Quarters
4802 Highway 140 (Executive Meeting Room)
Mariposa, CA 95338

1. **Roll Call** - *Steve Ward, Barbara Cone, Melinda Barrett, Pat Lange, Mike Keyser, Russ Marks, Tara Fouch-Moore, Debbie Peters, Fadzayi Mashiri, Dan Buckley*
2. **Committee approved updated Resolution 2021-01 allowing for mixed in person and telecommunication meeting to occur**. *Motion to approve by Barbara, second by Tara, committee approved unanimous vote in the affirmative.*
3. **Approval of Minutes: August 17, 2022**
   Noted correction by Russ Marks, 1.5 million gallons of water taken from MPUD and 1.1 million gallons of untreated water taken from Bootjack storage tank for support of Oak Incident. Minutes accepted with noted corrections, Motion by Melinda, second Russ Marks, unanimous affirmative.
4. **Public comments** *None noted or brought forward*
5. **Discussion and Possible Action:**

a. **Mcfac secretary position. Laura Norman retirement**
   Chair asked for any nominations or secretary or volunteers. No input from Committee, Chair is delegated those responsibilities.

b. **Recognize Dave Angelini resignation and Gary Colliver as replacement** *Chair recognized Dave for his services and welcomed Gary onto the committee.*

c. **Update on MCFAC update to the Board and approved recommendations of bi-laws**
   Chair updated the committee the committee approved edits to Exhibit a regarding the bylaws and voting vs Ex-Official members and terms of citizen committee members was accepted/approved by the BOS. We now need 7 (50% +1) for quorum. Also mentioned to the Board that MCFAC recommended a specific county position of a Pre-Fire style position such as CALFIRE has to assist with the workload of coordination, GIS, Grant management for fire. This recommendation comes as MCFAC committee members are to impacted in their daily duties to participate and dedicate time away from their normal duties towards MCFAC adhoc group projects.

d. **Title 3 fund discussion**
   Chair updated committee on Title III funds allocation to MFSC for Lushmeadows ladder fuels reduction project, RCD Home Hardening Project, and Mariposa Trails improvement project. Chair need to secure agreement with RCD and Mariposa Trails, agreement was done between county and MFSC. Melinda requested Chair get her the template agreement utilized and she'll fill it out to expedite the process. Once agreements are approved invoices should be forwarded to County Fire to process from the Title III funding line.

e. **Fire Wise Communities discussion**
   Chair announced he's been working with Supervisor Smallcomb on possible dates to promote and provide information to interested communities on how to become a Firewise Community. Keyer mentioned he didn't know how much Firewise Communities really helped in the insurance realm. Melinda and Barbara mentioned they supported Firewise communities and felt the neighbor interaction and planning was the most beneficial.

Attachment: MCFAC Minutes September 21 2022 (13243 : Receive Minutes of the Committees)

Mariposa County Fire Advisory Committee
DRAFT MEETING MINUTES

Initial dates being recommended are October 20 and maybe 27 or 25 both Mariposa and then Coulterville or Greeley Hill. Will have panel of current Firewise members to speak on thier experiences. Chair mentioned having Chief Potkey, Chief Lindo or a CALFIRE rep from land use planning present to explain their involvement of the process noting it's primarily on the community members not CALFIRE to organize. Melinda mentioned that when she or others attempted to contact the number on CALFIRE website they have gotten no response. Melinda also requested the Chair keep the committee informed on these meetings as they get firmed up.

f. Mariposa County Fire Department Service Levels discussion.

Chair gave presentation given to the committee regarding County Fire Service levels and options for staffing improved service levels. Russ commented on supporting the options through community input as well as choosing not to respond to calls due to CALFIRE HQ availability and other work commitments. Barbara cautioned that paid union employees and volunteers doing the same job could be an issue. Chair acknowledged but also stated it being done in several other counties. Debbie stated she didn't think community support for a fee or tax if the board had control over how it was spent but possibly if designated to specific use only. Committee supported the idea of taking the presentation to community groups to find out what the public wants.

g. CALFRE County Coordinator Position discussion.

Chair stated there is a Grant for a County Coordinator Position that can be utilized to coordinate and help manage grants for the County and be point of contact for MCFAC. The County has just hired a county grant writer but that position won't be started for a month or so and this person probably will be significantly impacted. Wes Smith gave myself and Chief Bernard a template and we are just waiting for the grant period to open so we can consider pursuing it.

1. Updates and Activity Reports and Future Items

a. Members – *MCFSC Barbara stated Stumpfield project is completed just typing up the report, Wager project started back up due to favorable weather fire conditions, CEQA/NEPA process cleared for Alta Vista project, contract back from state for Mt. Bullion and community brush and chip, still awaiting a county contract to get an office and write the Bumgardner Ridge fuel break so no billable mean for that or Mariposa Creek Parkway slopes, starting to gather information LIDAR plans, and interested parties in Lushmeadows for that project with a lot of citizen interest and support from County GIS. CALFIRE FC Keyser mentioned the 160 acre parcel in Midpines planned to be utilized for fuel reduction and training grounds through a FEMA grant for the County. At this point is landlocked with no easement permission from neighboring business owners. Working through the process but currently in a standstill. There is options and Russ may have some ideas to help move access forward. MCRCD Melinda will start home hardening as soon as she gets Title III funds, working on a Technical Assistance Grant through CALFIRE to assist with Oak recovery in addition to what County is doing outside of the cleanup,*

Attachment: MCFAC Minutes September 21 2022 (13243 : Receive Minutes of the Committees)

Mariposa County Fire Advisory Committee
DRAFT MEETING MINUTES

Bootjack tank grant project is completed and DWR gave evaluation of straight A grades with acknowledgement of finishing early and grant documentation was exceptional. This will be very beneficial for future grants for sure. Russ asked Barbara to remind folks to keep chipping piles off easements to allow for shoulder maintenance and Barbara agreed and will continue to support. Still waiting for confirmation of adopted Fire Safe Regulations to answer questions regarding access and secondary egress requirements. County got approval letter to purchase a masticator and awarded a grant to upgrade water system in Coulterville. Tanks will remain same size but system will be upgraded. Indian Council Tara site tour of priest allotment and looking for funding for fuel reduction out there as well as asking for monies to assist work development for their crew, committee chair mentioned that if Indian Council can show projects tied to the CWPP they may potentially give recommendation to the board to support those efforts. Fadzayi recruited a couple new Fire Advisors, 1st is Alison going out and trying to meet as may people as she can and learn the area. Also other advisor is Cindy Chan based in Tuolumne but covering Mariposa towards forest products for bio mass. No other report outs noted.

2. Adjourn *Meeting adjourned at approximately 11:30 AM*

Agenda Documents Download link:

https://www.mariposacounty.org/DocumentCenter/Index/2715

- If you require a hard copy of the agenda please notify Cathy Garrett, County Fire Department: cgarrett@mariposacounty.org

Attachment: MCFAC Minutes September 21 2022 (13243 : Receive Minutes of the Committees)

MARIPOSA COUNTY

District Attorney/Victim Witness · (209) 966-3626

RESOLUTION - ACTION REQUESTED 2022-618

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Walter Wall, District Attorney

RE: Approve Budget Action Transferring Funds Within the Victim Witness Budget for Security Upgrades

---

RECOMMENDATION AND JUSTIFICATION:
Approve Budget Action Transferring Funds Within the Victim Witness Budget for Upgrades to District Attorney Equipment Line to Enhance Security to the Victim Witness Section of the Building ($5,195).

The cost of this security upgrade is necessary to protect and enhance the exterior doors of the District Attorney's Office Building, located at 5085 Bullion Street. Currently, not all doors are remote keypad functional and have a simple locking mechanism with no tracking, enforced locking ability, or currently designed to alarm upon entry.

The Victim Witness Grant has an excess of funds that can help upgrade and enhance current Victim Witness Assistance efforts, including upgrading exterior doors with increased security is allowable under current grant guidelines.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board typically allows savings within a fund to be moved from one category to another if the need is great enough.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Do not allow for the transfer of funds to cover the expense of the security upgrade, the District Attorney's Office will not be able to fulfill grant project obligations, and may potentially leave the Victim Witness section of the District Attorney's Office susceptible to security threats.

FINANCIAL IMPACT:
Moving funds from within the Victim Witness Budget and it will cause no financial impact.

ATTACHMENTS:
Budget Action- Security - VW (PDF)

RESULT: **ADOPTED BY CONSENT VOTE [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Wayne Forsythe, District IV Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

BUDGET ACTION FORM

FUND	DEPT/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
3215	0215	80111-MVW	Transfer Out		$5,195	
3215	0215	60213-MVW	Office Expenses			$5,195
1001	0212	49101-000	Transfer In		($5,195)	
1001	0212	60421-000	Equipment		$5,195	
				TOTAL	$5,195	$5,195

TRANSFER BETWEEN FUNDS					Debit	Credit
3215	0215	80111			$5,195	
1001	0212	49101				$5,195
			TOTALS		$5,195	$5,195

ACTION REQUESTED: (Check all that apply)

( ) Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget , or appropriating Reserve for Contingencies;

(X) Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit;
Transferring funds to DA Equipment line to pay part of our portion of aditional keycard access to VW office spaces.

JUSTIFICATION:

DEPT HEAD SIGNATURE _____ DATE 10/13/22

APPROVED BY RES NO. CLERK DATE

AUDITOR'S USE ONLY
BA #

Budget Revision Form Revised 11/95

C:\EXCEL\BUDGET98\BUDCHGS\Copy of Budget Action Form

Attachment: Budget Action- Security - VW (RES-2022-618 : Approve Budget Action Transferring Funds Within the Victim Witness Budget for

Fresno Area:
90 E. Escalon Ave. #120
Fresno, CA 93710
(559) 292-7871
ACO # 4638
Con. Lic. 484100

HOFFMAN
ELECTRONIC SYSTEMS
Security for Home & Business
Burglary, Fire, Access, Cameras
Who's Watching Your Home or Business?

Merced
2301 Aviation Dr.
Atwater, CA 95301
(209) 384-3305
(800) 972-0003
(209) 722-1107-Fax
HoffmanElectronics.c

CHANGE ORDER / ADDENDUM

This Agreement is made and entered into by and between Hoffman Electronic Security, hereinafter referred to as "Hoffman", and Herein referred to as "Subscriber".

Change Order Submitted to: Mariposa D.A. Address: 5085 Bullion Street, Mariposa , Ca 95338 Phone: 209-966-3626 Submission Date: 8/8/2022	Job Name: Mariposa County District Attorney (Access Control Exterior Door Add On) Job Location: 5085 Bulliion Street, Mariposa, Ca 95338 Architect: Date of Plans: jkeheley@mariposacounty.org

This Change Order / Addendum becomes a part of and is to be attached to the Agreement made by and between Hoffman and Subscribe and is referenced by the name of subscriber for additions or changes to the former Agreement. All provisions of the original Agreement apply with the same force and effect to this Change Order.

Parts List:

1 EA	Labor
3 EA	Access Control Module
3 EA	Card Reader
2 EA	Door Strikes
1 EA	Electric Door Strike
1 EA	Materials and Cable Management

Hoffman to add Access control to existing System to cover front entrance door, rear right exit Door and rear right office door.

Additional Cost To Subscriber: Five Thousand One Hundred Ninety-Five Dollars and No Cents $5,195.00
Additional Monthly Fee:$30.00 per month

ACCEPTANCE OF Change Order - The above prices, specifications and conditions are satisfactory and are hereby accepted. Hoffman is authorized to do t work as specified. Payment will be made as outlined above.

By _____
Sales Agent

Approved
By _____
Not valid unless signed by an officer of
Hoffman Electronic Systems

By _____
Subscriber

Date _____

Date _____

This Agreement shall not be binding upon Hoffman approved by an officer of Hoffman

Subscriber acknowledges that he has received a copy of this Agreement unless from an officer of Hoffman

Attachment: Budget Action- Security - VW (RES-2022-618 : Approve Budget Action Transferring Funds Within the Victim Witness Budget for

MARIPOSA COUNTY

HHS/Public Health · (209) 966-2000

RESOLUTION - ACTION REQUESTED 2022-619

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Joe Lynch, Health & Human Services Agency Director

RE: Approve California Tobacco Control Program Acceptance of Allocation Agreement Fiscal Year 2022-2023

RECOMMENDATION AND JUSTIFICATION:
Approve California Tobacco Control Program Acceptance of Allocation Agreement for Fiscal Year 2022-2023 in the Amount of $300,000; and Authorize the Health and Human Services Agency Director to Sign the Acceptance of Allocation Agreement; Authorize the Health and Human Services Agency Director to Sign Allocation Agreements for the Subsequent Two Fiscal Years If Conditions Remain the Same (Subject to Approval as to Legal Form by County Counsel).

This Agreement is being signed by the Health and Human Services Director at the request of the State.

Mariposa County receives $150,000 per year from California Proposition 99 Funding (Prop 99), the Tobacco Tax and Health Protection Act of 1988; and $150,000 per year from California Proposition 56 Funding (Prop 56), the California Healthcare, Research and Prevention Tax Act of 2016, for a Total of $300,000 per year for Tobacco Education.

The Mariposa County Tobacco Education Program utilizes research-based practices and community involvement to build educational awareness around tobacco use. As with many rural areas, California Tobacco Control Program data shows the prevalence of tobacco use among both the youth and adult populations within Mariposa County has historically been above the state average. The Mariposa County Tobacco Education Program's (MCTEP) 2022-2025 Tobacco Control Plan includes three (3) objectives aimed at supporting and improving the health and safety of all residents by decreasing youth and adult exposure to the influence of tobacco sales in the retail environment; reducing second-hand and third-hand smoke exposures, reducing tobacco-related health disparities of priority populations (e.g. low income and rural people); and building new collaborative partnerships to improve health equity in our rural population.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Mariposa County has received Proposition 99 funding since 1988. Proposition 99 funding is a result of taxation on tobacco products purchased in the State of California. Mariposa County has received Proposition 99 funding in the amount of $150,000 per year for the Tobacco Education Program (TEP) for many years.

Mariposa County has received Proposition 56 funding since 2016. Proposition 56 funding is a result of an additional tax on tobacco products for $150,000 per year to promote the Tobacco Education Program (TEP) since 2016.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1. Revenue cannot be obtained without the submission of the signed documents.
2. Do not authorize the Health and Human Services Director to execute documents for the subsequent years and this grant will need to be brought to the Board annually.

FINANCIAL IMPACT:
There is no impact to the General Fund. Revenue and corresponding appropriations are included in the Fiscal Year 2022-2023 Budget, funds 3385-401 and 3427-401.

ATTACHMENTS:
Acceptance of Allocation Agreement (PDF)
2022-2025 LLA Comprehensive Guidelines (PDF)
Appendix_1_End Commercial Tobacco Campaign (PDF)
Appendix_2_Allocation Table (PDF)
Appendix_3_LLA Admin & Policy Manual (PDF)
Appendix_4_Policy Manual (PDF)
Appendix_5_Core and Recommended Indicators and Assets (PDF)
Appendix_6_CX Guide (PDF)
Appendix_7_OTIS Training Courses (PDF)
Appendix_8_Tell Your Story Guidelines (PDF)
Appendix_9_Theory at a Glance(PDF)
Appendix_10_Budget_Justification_Instructions_-_Revised 04-2021 (PDF)
Appendix_11_Program Letter 18-01 Incentive Materials (PDF)
Appendix_12_Program Letter 12-03 Allowed Policy Activities (PDF)
Appendix_13_Comparable State Civil Service Class (PDF)
Appendix_14_Travel Reimbursement Info (PDF)
Exhibit_A_Scope_of_Work_LLA_22_25 (2) (PDF)
Allocation Agreement Terms and Conditions
Exhibit_B_Budget_Details_and_Payment_Provisions_LLA_22_25 (PDF)
Exhibit_C_GTC_LLA_22_25 (PDF)
Exhibit_D_Special_Terms_and_Conditions_LLA_22_25 (PDF)
Exhibit_E_Additional_Provisions_LLA_22_25 (PDF)

RESULT: **ADOPTED BY CONSENT VOTE [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Wayne Forsythe, District IV Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

ACCEPTANCE OF ALLOCATION AGREEMENT
For
FISCAL YEAR 2022-2023

County of Mariposa

Agreement Number: CTCP-21-22

Agreement Amount: $300,000.00

Proposition 56: $150,000.00
Proposition 99: $150,000.00

FUNDING PERIOD: JULY 1, 2022 THROUGH June 30, 2023

I certify this Tobacco Control Program will comply with all applicable policies, procedures, and legal requirements as described in the Comprehensive Tobacco Control Plan Guidelines including: the Allocation Agreement Terms; Local Lead Agency Administrative and Policy Manual; and, any statutes, program letters, and other conditions stipulated by the California Tobacco Control Program.

Authorized Signature

9/7/22
Date

Health and Human Services Director
Printed Name and Title

Attachment: Acceptance of Allocation Agreement (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation

2022 – 2025 LOCAL LEAD AGENCY COMPREHENSIVE TOBACCO CONTROL GUIDELINES

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CALIFORNIA TOBACCO CONTROL PROGRAM

~~**MARCH 8, 2021**~~

APRIL 29, 2021 (Amended Version)

Attachment: 2022-2025 LLA Comprehensive Guidelines (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation

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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.

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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

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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]

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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]

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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.

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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.

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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)

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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

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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]

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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.

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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.

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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*

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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*

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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*

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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.

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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;

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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.

Requirements: 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

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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.

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- 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

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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.

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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.

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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.

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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;

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- 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**

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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 <u>minimum</u> 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.	✓	✓	✓

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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	✓	✓	✓

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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	✓	✓	✓

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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.	✓	✓	✓

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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**

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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 Section* & 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.

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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. Community Assessment Analysis (600-word limit): The Community Assessment Analysis provides justification to support the population(s) of focus, the geographic area(s) of focus, and 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

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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

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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

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- 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*.

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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

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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

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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,

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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

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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.

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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.

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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

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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**

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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

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• 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

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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

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noncompliant LLA, recoup any unexpended funds from the noncompliant LLA, and reallocate both the withheld and recouped funds to provide services available under this section to the jurisdiction of the noncompliant agency through an agreement with a different governmental or private nonprofit agency capable of delivering those services based on the Department's LLA Guidelines for local Plans and a process determined by the Department. The Department may encumber and reallocate these funds no sooner than three months after the date of the first notification that the Department has determined the LLA to be out of compliance with statutory requirements.

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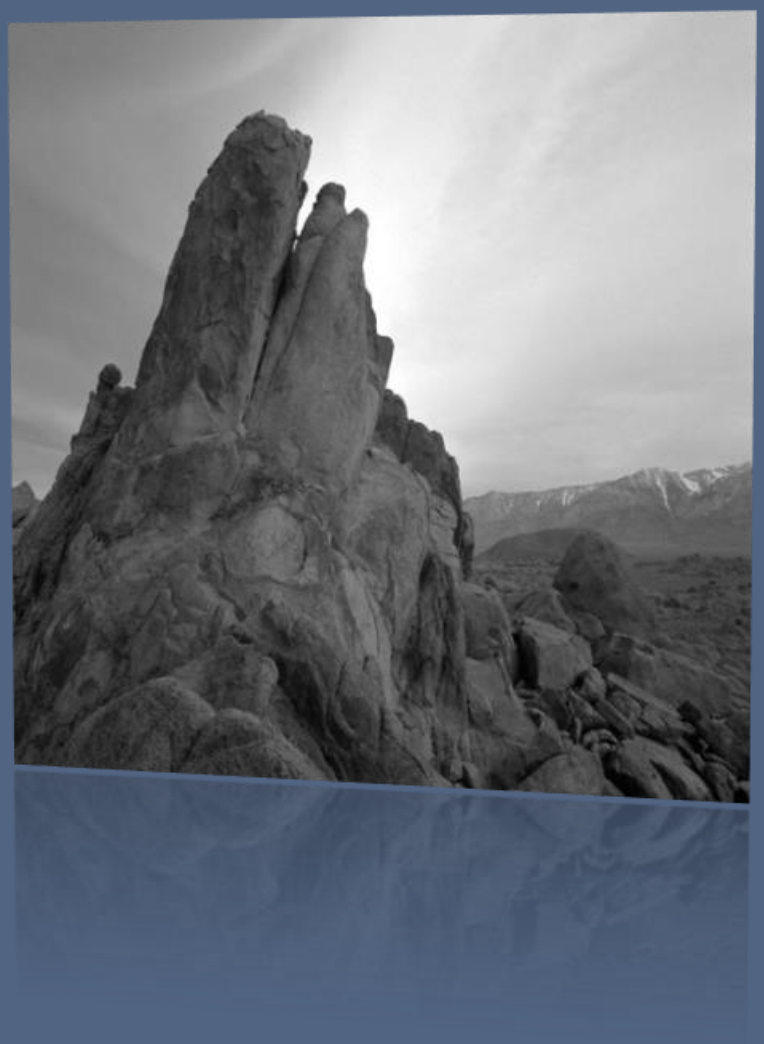
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Appendix 1
Revised April 30, 2021



Local Lead Agency Campaign to End Commercial Tobacco

California Tobacco Control Program, California Department of Public Health

January, 2021

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Local Lead Agency Campaign
to
End Commercial Tobacco

California Department of Public Health
California Tobacco Control Program
January 21, 2020

Suggested Citation: California Department of Public Health, California Tobacco Control Program. Local Lead Agency Campaign to End Commercial Tobacco. Sacramento, CA, 2021

Updated ~~1/21/21~~ **4/30/21**

Acknowledgements

The California Department of Public Health, California Tobacco Control Program expresses its appreciation to the following individuals and groups who provided edits and comments on this paper.

LOCAL LEAD AGENCY REPRESENTATIVES

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Pasadena City Public Health Department

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Public Health Foundation Enterprises, Inc. dba Heluna Health

Carol McGruder
The URSA Institute
African American Statewide Coordinating Center: AMPLIFY!

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Native Star Foundation

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Law and Policy Partnership to End Commercial Tobacco
Public Health Law Center

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Vision

By 2035, transform California by eradicating the commercial tobacco industry's influence and reducing the harm caused by tobacco products to the health, environment, and economic well-being of California's diverse populations.

Purpose

The *End Commercial Tobacco Campaign* aims to build a movement across California that prepares and transitions communities to end the tobacco epidemic.

Goals

The *End Commercial Tobacco Campaign*'s goals are to promote health justice, eliminate tobacco-related disparities, and reduce health inequities for all Californians.

These goals will be accomplished by:

1) Reducing the tobacco industry's political power to spread death and disease through the easy availability of their deadly addictive products;
2) Countering the structural, political, and social factors that promote and sustain tobacco use in California;
3) Focusing on youth and communities disproportionately burdened by commercial tobacco; and
4) Supporting the quit journey of those who use tobacco.

Rationale -- Why the End Commercial Tobacco Campaign?

California – Leads the Way

California is ready for a paradigm shift that moves from a tobacco control strategy to ending commercial tobacco. For more than 30 years, the California Department of Public Health has administered a comprehensive tobacco control program that is a model for the nation. Using a social norm change approach, California's statewide media campaign, community, and statewide interventions, and community engagement efforts spurred secondhand smoke protections; decreased the availability of tobacco products; prevented the uptake of tobacco by youth; and drove down smoking rates.[1] California has led the nation in the adoption of strong state policies with local governments serving as an incubator of innovation, paving the way for widespread state tobacco-related policies to protect Californians' health.[2,3]

Collectively, California's comprehensive tobacco control program, with its mix of state and local policy activities, produced substantial reductions in diseases caused by tobacco products, and health care cost savings. The incidence of lung and bronchial cancer declined two times faster in California than in the rest of the nation[4], and from 1989 to 2018, these efforts netted cumulative per capita health care savings of $500 billion.[5]

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California has consistently been a national leader in preventing and reducing tobacco use. For three decades, it has been at the forefront of sweeping policy changes.

- In 1988, California was the first state in the nation to place a ballot measure before voters to raise the tobacco tax and designate a portion of the revenue for tobacco use prevention, reduction, and research;[3]
- In 1992, California was the first state in the nation to launch a statewide quitline to provide free, accessible quitting assistance to tobacco users, paving the way for similar services in all 50 states and many European and Asian-Pacific countries:[6]
- In 1994, California was the first state in the nation to adopt a statewide smokefree workplace law that eliminated smoking in restaurants and most indoor workplaces;[2]
- In 1995, California launched the Stop Tobacco Access to Kids Enforcement Act, which in the first year resulted in significant increases in retailers checking for identification of minors and a substantial reduction in illegal tobacco sales to minors;[7]
- In 1998, California became the first state in the nation to extend its smokefree workplace law to bars;[8]
- In 2003, California adopted a comprehensive state tobacco licensing system that encompassed the distribution chain from manufacturers through the retailer level;[9]
- In 2015, California launched the first comprehensive statewide education campaign to combat e-cigarettes that included a State Health Officers' Report[10] and media campaign;[10]
- In 2016, California expanded the definition of tobacco products to include electronic smoking devices and was the second state in the nation to raise the legal age of tobacco sales to 21;[11] and
- In 2020, California became the second state in the nation to enact a law eliminating the sale of menthol cigarettes and most flavored tobacco products.[12]

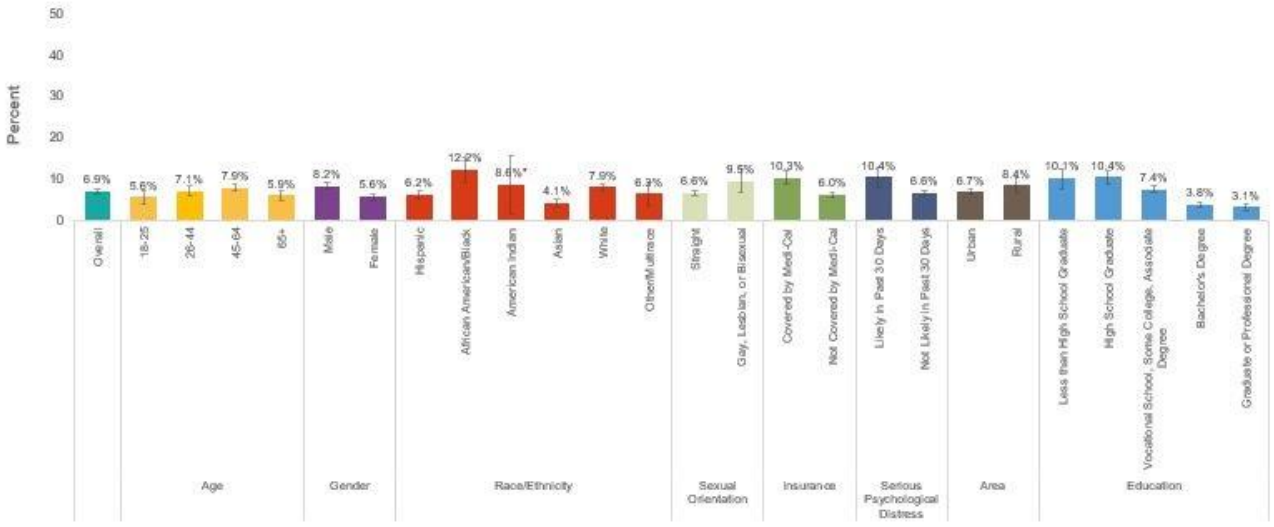
The Tobacco Use Problem

Despite these measures, smoking remains the leading cause of preventable death in California, accounting for approximately 40,000 deaths annually.[13] Cardiovascular diseases, cancers, respiratory diseases, diabetes are among the top 10 leading causes of death in California and all are associated with smoking.[14] [15] The enormous health care and economic costs associated with tobacco products are led by adult tobacco use. In California, annual health care costs directly caused by smoking exceed $13 billion annually, with smoking-related Medicaid costs amounting to $3.58 billion and smoking-caused productivity losses surpassing $10 billion.[16] For these reasons, any campaign to end commercial tobacco use must include policy and cessation strategies to help current tobacco users quit for good.

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The Behavioral Risk Factor Surveillance System, which allows for longitudinal analysis of adult cigarette smoking since the start of CTCP demonstrated a substantial decline in adult smoking in California over the last 30 years; between 1988 and 2018, the adult cigarette smoking prevalence declined by almost 60%, from 23.7% in 1988 to 9.7% in 2018.[17] In 2019, the California Health Interview Survey (CHIS), which provides smoking prevalence by demographic groups reported the adult cigarette smoking prevalence as 6.9% in 2019.[18] However, as depicted in Figure 1, CHIS also found that substantial disparities in cigarette use persist by age, gender, race/ethnicity, sexual orientation, income as represented by insurance type, educational attainment, and those who experience psychological distress or live in rural areas.[18]

Figure 1. California Adults Who are Current Cigarette Smokers, 2019

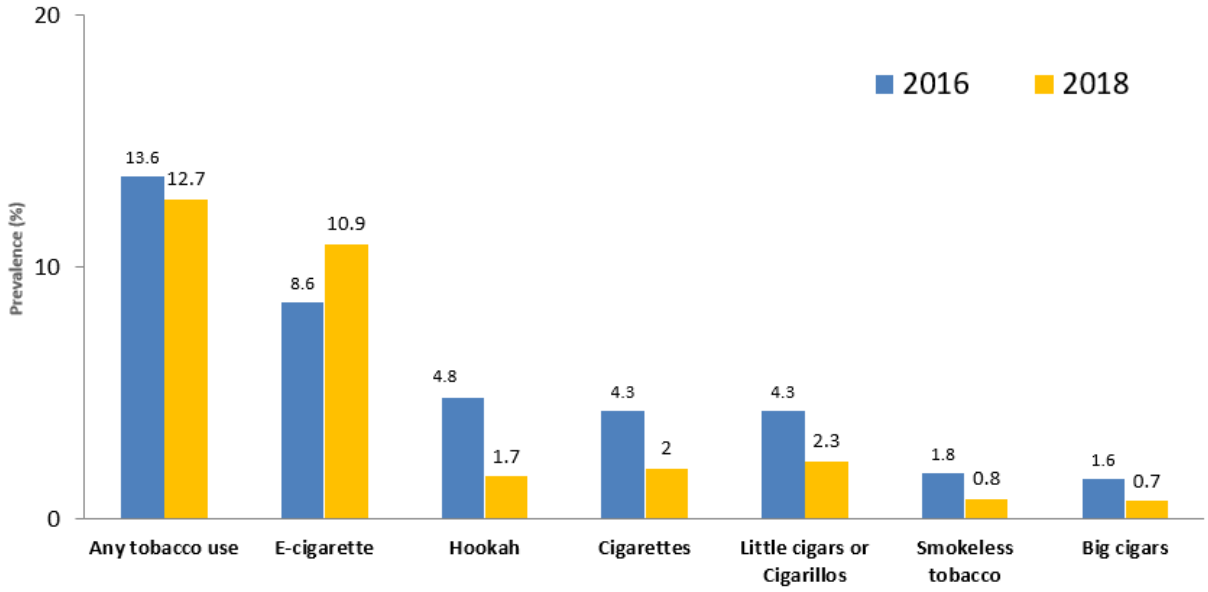


* estimate is statistically unstable and should be used with caution.

Source: California Health Interview Survey. CHIS 2019 Adult Public Use Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2020.

While the health and economic cost drivers of tobacco use are largely the result of adult use, make no mistake: nicotine addiction is a pediatric disease. Tobacco use initiation begins almost exclusively in the teen years.[19,20] Recent significant declines in cigarette use among California teens are good news. Still, this good news was offset by an alarming increase in vape product use by youth and young adults. As depicted in Figure 2, e-cigarettes are fueling the rise in tobacco product use among high school students. From 2016 to 2018, e-cigarette use among California high school students rose almost 27%, from 8.6% to 10.9%.[21] During that same period, among those aged 18 to 24, it rose almost 52% from 10.2% to 15.5%.[22] Like adult tobacco use, Figure 3 shows disparities in tobacco use among California high school students by demographic groups.

Figure 2. Tobacco Use for California High School Students by Tobacco Product, 2016-2018

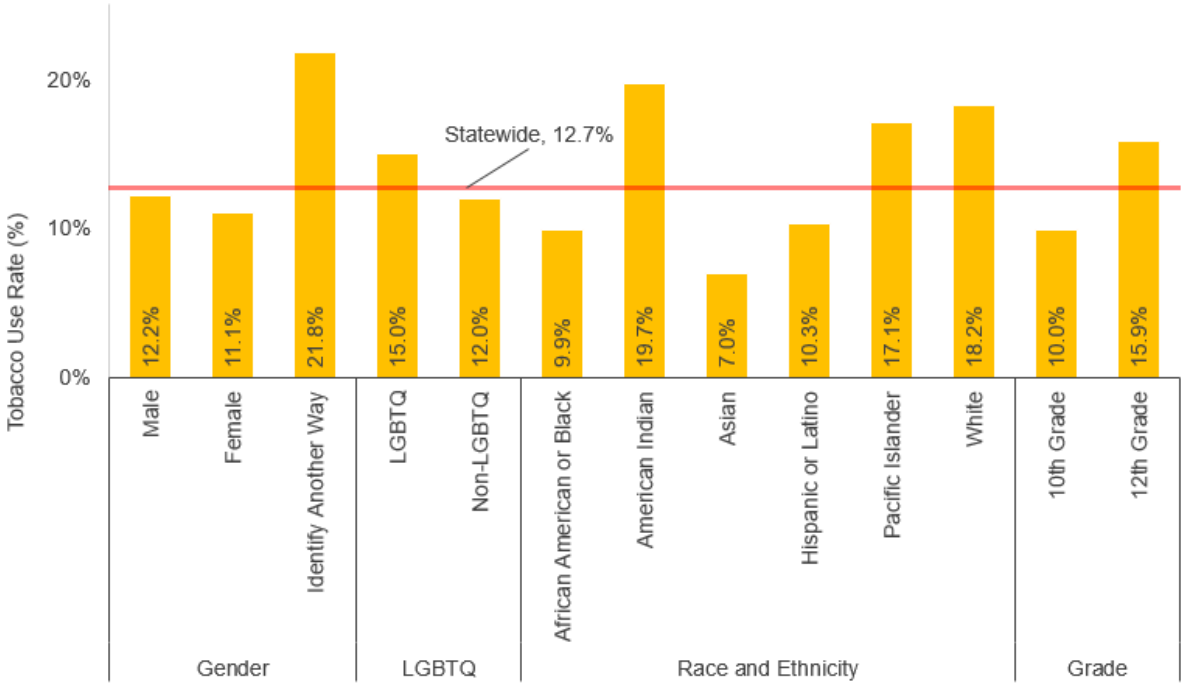


Data source: California Student Tobacco Survey, 2016-2018

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Figure 3. California High School Use of Any Tobacco Product by Demographics, 2018



Source: California Student Tobacco Survey, 2017-18. San Diego, CA: Center for Research and Intervention in Tobacco Control, University of California, San Diego; April 2019.

The Tobacco Industry as a Determinant of Health

Unlike many health issues, the root cause of tobacco use is well-researched and readily identifiable.[15] It is abundantly clear that the tobacco industry is the leading systemic structural cause of tobacco-related diseases. The production, manufacturing, distribution, consumption, and disposal of tobacco products profoundly influence the development of non-communicable diseases and foster health and environmental inequities. As the tobacco industry profits from the increased consumption of its products, substantial health, environmental, and socio-economic costs are borne by individuals, communities, governments, and society-at-large.

Rather than fighting the same battles over and over, against an ever-evolving array of tobacco products, 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. The *Campaign* will focus on the tobacco industry as the vector of the tobacco epidemic. It will pull back the curtain to expose the tobacco industry's purposeful production of a highly addictive consumer product and the deceitful practices

it uses to aggressively push its products on youth and other vulnerable communities.[23-27]

A Focus on All Tobacco Products

There is no doubt that tobacco use is a deadly, lethal addiction.[13,15] 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.

This *Campaign* will not kick-the-can down the road by only focusing on combustible products; it addresses all tobacco products. There is increasing evidence that the use of electronic smoking devices increases the risk for cardiovascular diseases,[28] respiratory diseases,[29] cancer,[30] dental diseases,[31] and poses unique harms to the developing brains of adolescents and young adults through the brain's exposure to nicotine.[32,33] Additionally, the devices themselves have caused explosions resulting in the loss of teeth and severe life-threatening burns.[34-36]

Just as cigarettes were engineered to be highly addictive,[37] there is evidence that vape products were similarly engineered to be highly addictive. The advent of nicotine salts in pod-based devices allowed for the delivery of high nicotine content without nicotine's usual adverse side effects. Other products using lower nicotine content liquids were paired with high wattage devices, allowing for the delivery of high nicotine content.[38-42] Furthermore, the prolific use of flavors plays a significant role in enticing and maintaining e-cigarette use.[43,44] Preliminary research found that some flavoring chemicals, such as vanillin and ethyl vanillin, inhibit monoamine oxidase (MAO) activity. MAO inhibitors are believed to play a role in tobacco dependence, reinforcing the brain's response to nicotine by delaying the breakdown of brain chemicals (e.g., dopamine, norepinephrine, and serotonin) associated with pleasure and reward. This MAO inhibitor effect suggests that some flavors used in electronic cigarettes (e-cigarettes) may enhance the addictiveness of e-cigarettes and could be manipulated by e-cigarette manufacturers to achieve this effect.[39]

There can be little doubt that the vape products currently on the market have not been designed with cessation or consumer safety in mind. E-cigarettes are a consumer product widely used by youth and young adults, yet there is insufficient cessation efficacy data.[45] Furthermore, the Food and Drug Administration (FDA) failed to fully exercise its consumer protection and enforcement authority over these products. Current warning labels on e-cigarettes are inadequate—with only one required warning related to nicotine addiction.[46,47] The FDA has the authority to set manufacturing standards for e-cigarettes but has not yet adopted such regulations.[48] The FDA repeatedly delayed the deadline for premarket review of submissions on e-cigarettes until they were successfully sued by public health advocacy groups.[49]

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In June 2019, a serious respiratory syndrome associated with vaping, known as "E-cigarette, or Vaping, product use Associated Lung Injury" (EVALI) swept across California and other states.[50] EVALI consisted of an acute respiratory failure in previously healthy individuals who had recently vaped either tetrahydrocannabinol (THC), cannabidiol (CBD), and/or nicotine products.[51,52] While vitamin E-acetate found in THC and CBD products was identified as the leading culprit behind EVALI, there remain cases that are associated only with nicotine-based products.[52] One proposed theory is that diluents and solvents or novel additives including flavorings, herbal extracts, essential oils, homeopathic remedies, and probiotics that may be used in nicotine and cannabis-based products may generate ethenone.[53] The toxicology of ethenone is not well understood, but animal and human reports found that ethenone could cause acute pulmonary congestion, alveolar edema, hypoxic respiratory failure, and diffuse ground-glass opacities on CT scans.[53] These clinical types of findings are consistent with EVALI.

In 2020, the value of lung health was further elevated in the public's minds as a coronavirus epidemic swept the world.[54] The coronavirus pandemic starkly exposed how discrimination and racism; living conditions; occupation; health care access; education, income and wealth gaps; and underlying health conditions such as hypertension, heart disease, lung disease, diabetes, and cigarette smoking increased risk for COVID -19 or the severity of disease.[55-57]

It Ends Now

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* says, "It ends now."

Now is the time to disrupt the tobacco industry. The world has suddenly woken up to the importance of lung health and the underlying structural, systemic factors contributing to health disparities. California has a strong foundation, and the experience needed to finish the job that began 30 years ago. Strategically, the environment for launching the *End Commercial Tobacco Campaign* is right.

- Now is the time for a paradigm shift from "tobacco control" to preparing for an end to sales of all commercial tobacco products.
- Now is the time to break the cycle of addiction and tobacco industry influence.
- Now is the time to rapidly accelerate the progress California has made to prevent and reduce tobacco use.
- Now is the time to ensure that no community or group is left behind.
- Now is the time to hold the tobacco industry responsible for the death, disease, environmental, and economic harm its products cause.
- Now is the time for bold action.

End Commercial Tobacco Campaign Framework

Elements of the *End Commercial Tobacco Campaign* described here focus on the Local Lead Agencies (LLAs) role and their contribution to a greater statewide effort. Under the leadership of the *Law & Policy Partnership to End the Commercial Tobacco Epidemic*, a statewide Advisory Council is developing a statewide End Commercial Tobacco Policy Platform. The Policy Platform will be inclusive of the efforts of the LLAs, but it will be broader in scope and describe the roles of additional partners and policy efforts that go beyond the LLA contribution to this movement. The *End Commercial Tobacco Campaign* is also consistent with the Tobacco Education and Research Oversight's Committee's vision for a commercial tobacco-free California and its efforts to eliminate illness and death, environmental harm, and economic burden resulting from the use of commercial tobacco products.[58]

The *End Commercial Tobacco Campaign* framework described here is narrowly focused on expectations for the *2022 – 2025 Local Lead Agency Comprehensive Tobacco Control Guidelines* to be released by CTCP in March 2021. These Guidelines will provide instructions for the LLAs to prepare their 2022-2025 Comprehensive Tobacco Control Plan to be submitted in June 2021, with the LLA Plans beginning January 1, 2022.

Each of the 61 LLAs will be required to participate in the *End Commercial Tobacco Campaign.* The 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 CTCP-funded projects, coalitions, non-traditional partners, and community leaders to plan, implement, and evaluate campaign activities.

End Commercial Tobacco Campaign Principles

1. **Equity First**: Lead with an equity first lens throughout the *End Commercial Tobacco Campaign* and when creating objectives, activities, and evaluation measures.
2. **Transformational Change**: Commit to moving from incremental to transformational change to tackle the societal, economic, and environmental burden resulting from tobacco distribution, marketing, sale, consumption, and waste on people, communities, and the environment.
3. **Inclusion**: Promote inclusion that welcomes and encourages communities to participate in the Campaign no matter where they are in their **stage of community readiness**[*] and their **stage of change**[†].

[*] As defined in *Communities of Excellence in Tobacco Control: CX Needs Assessment Guide*, Community Readiness is rated on five items: 1) Scope of the Problem, 2) Community Awareness, 3) Community Support, 4) Decision Maker Support, and Earned Media. Community and Decision Maker Support are rated on the following (a) No Support/Active Opposition, b) Indifferent, c) Passive Support, d) Active Support, e) Engagement, f) Active Community Leader Engagement).

[†] In the CX Needs Assessment Guide, Stage of Change is rated on the following scale: a) No Formal Activities, b) Planning/Advocating, c) Proposed, d) Adoption, e) Implementation, f) Compliance/Enforcement)

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4. **Authentic Community Engagement**: Create authentic community engagement that mobilizes diverse community organizations and leaders.
5. **Invest in Community Capacity Building**: Build community capacity by developing the skills and abilities of community leaders, organizations, and non-traditional partners to counter the tobacco industry and strengthen community resiliency.
6. **Support Tobacco Use Cessation**: Embed culturally, linguistically, and age-appropriate cessation support throughout policy, system, and environmental change strategies.
7. **Accountability**: Be accountable for the inclusion of communities disproportionately burdened by commercial tobacco by tracking their engagement and monitoring how well educational outreach, cessation support, and policies reach these communities.
8. **Transition Economic Dependency Away from Tobacco**: Prepare small retailers and governments to transition from dependency on revenue from the sale and taxation of tobacco products to other revenue streams (e.g., green energy, healthy foods) by building relationships and planning with business and governmental sectors.

End Commercial Tobacco Campaign Requirements

Policy Pathways: Two *End Commercial Tobacco Campaign* policy pathways are available for LLAs to select from, with each track offering multiple options.

Group 1: Trailblazers: This path is for LLAs working with at least one jurisdiction that demonstrates community readiness to tackle an advanced cutting-edge policy campaign. The "Trailblazer" LLAs cut the path and lead the way for others to follow. Trailblazers are to include at least one policy adoption and implementation objective from the Trailblazer list of indicator options and pursue that policy in at least one community. See Table 1. Multiple communities may be pursued if community readiness is demonstrated.

Group 2: Pathfinders: This path is for LLAs working with jurisdictions in which more work is needed to build community readiness to transition into an advanced cutting-edge policy campaign. These "Pathfinder" LLAs explore new paths and lay the groundwork to become Trailblazers in the future. Table 2 describes several Pathfinder options.

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End *Commercial Tobacco Cam*paign Indicator Options

Table 1. GROUP A: TRAILBLAZERS

OPTIONS	INDICATORS
Option A.1	2.2.13 Smokefree Multi-Unit Housing (MUH) AND 2.2.35 Comprehensive Smokefree Outdoor Public Places
Option A. 2	2.2.29 Eliminate Tobacco Product Sales to Address Tobacco Waste
Option A. 3	3.2.17 No Sale of Commercial Tobacco Products

Table 2. GROUP B: PATHFINDERS

OPTIONS	INDICATORS
Option B.1 Address smokefree MUH and at least one retail ~~and~~ indicator and pursue both policies in a single community	2.2.13 Smokefree MUH AND at least one of the following retail indicators: 1) 3.2.1 Tobacco Retail Licensing (TRL) 2) 3.2.9 Flavors/Menthol Sales Ban 3) 3.2.2 Tobacco Retailer Density Reduction must include at least two of the following methods incorporated into an existing TRL policy: a) *Impose Minimum Distancing Requirements between Tobacco Retailers, (e.g.,* prohibit issuing a new TRL to any tobacco retailer within 1500 feet of an existing retailer). b) *Prohibit Tobacco Sales Near Youth-Populated Areas, (e.g.,* prohibit issuing a new TRL to any tobacco retailer within 1,000 feet of a school or other youth-populated area). c) *Prohibit Tobacco Sales in Pharmacies* d) *Cap and Winnow Strategy Options* i. Cap the Total Number of Tobacco Retailers within a Geographic Area, (e.g., cap the maximum number of tobacco retailers within a geographic area such as a city, county, elected official's district, etc.) ii. Cap and Winnow the Total Number of Tobacco Retailers, (e.g., cap the maximum number of tobacco retail licenses allowed in each city council or county supervisorial district and only offer one new license for every three that are not renewed or revoked)

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OPTIONS	INDICATORS
	iii. Cap the Number of Retailers Relative to Population Size, (e.g., allow a maximum of 1 tobacco retailer per 2,500 people)
Option B.2 Address smokefree outdoor public places and at least one retail indicator and pursue both policies in a single community	2.2.35 Comprehensive Smokefree Outdoor Public Places AND one of the following Retail Indicators: 1) 3.2.1 Tobacco Retail Licensing (TRL) 2) 3.2.9 Flavors/Menthol Sales Ban 3) 3.2.2 Tobacco Retailer Density Reduction includes at least two of the following methods incorporated in an existing TRL policy a) *Impose Minimum Distancing Requirements between Tobacco Retailers, (e.g.,* prohibit issuing a new TRL to any tobacco retailer within 1500 feet of an existing retailer). b) *Prohibit Tobacco Sales Near Youth-Populated Areas, (*e.g., prohibit issuing a new TRL to any tobacco retailer within 1,000 feet of a school or other youth-populated area). c) *Prohibit Tobacco Sales in Pharmacies* d) *Cap and Winnow Strategy Options* i. Cap the Total Number of Tobacco Retailers within a Geographic Area, (e.g., cap the maximum number of tobacco retailers within a geographic area such as a city, county, elected official's district, etc.) ii. Cap and Winnow the Total Number of Tobacco Retailers, (e.g., cap the maximum number of tobacco retail licenses allowed in each city council or county supervisorial district and only offer one new license for every three that are not renewed or revoked) iii. Cap the Number of Retailers Relative to Population Size, (e.g., allow a maximum of 1 tobacco retailer per 2,500 people)
Option B.3 In communities where **a comprehensive** TRL does not already exist, ~~address TRL plus all tobacco retail licensing (TRL)~~ **all the** plug-in Pathfinder	1) 3.2.1 Tobacco Retail Licensing (TRL), AND 2) 3.2.9 Flavors/Menthol Sales Ban, AND 3) 1.2.10 Minimum Price/Pack size, AND 4) 3.2.4 Coupon Redemption, AND 5) 3.2.2 Tobacco Retailer Density: Reduction includes at least two of the following methods incorporated into an existing TRL policy

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OPTIONS	INDICATORS
indicators (e.g., minimum price/pack/flavors/two density/zoning policies) ~~in a single community~~ **must be incorporated into a TRL in a single community**	a) *Impose Minimum Distancing Requirements between Tobacco Retailers, (*e.g., prohibit issuing a new TRL to any tobacco retailer within 1500 feet of an existing retailer). b) *Prohibit Tobacco Sales Near Youth-Populated Areas, (*e.g., prohibit issuing a new TRL to any tobacco retailer within 1,000 feet of a school or other youth-populated area). c) *Prohibit Tobacco Sales in Pharmacies* d) *Cap and Winnow Strategy Options* i. Cap the Total Number of Tobacco Retailers within a Geographic Area, (e.g., cap the maximum number of tobacco retailers within a geographic area such as a city, county, elected official's district, etc.) ii. Cap and Winnow the Total Number of Tobacco Retailers, (e.g., cap the maximum number of tobacco retail licenses allowed in each city council or county supervisorial district and only offer one new license for every three that are not renewed or revoked) iii. Cap the Number of Retailers Relative to Population Size, (e.g., allow a maximum of 1 tobacco retailer per 2,500 people)
Option B.4 In a single community that already has a CTCP-funded agency working on TRL, smokefree MUH, or comprehensive smokefree outdoor public spaces, the LLA could partner on a policy campaign to fill in the other half needed to bring the community up to be a Pathfinder "endgame policy community." For example, if Agency A is working on a TRL policy in Eureka, the LLA could	1. 2.2.13 Smokefree MUH, or 2. 2.2.35 Comprehensive Smokefree Outdoor Public Places, or 3. 3.2.1 Tobacco Retail Licensing AND 4. Partner with an existing grantee to achieve a strong secondhand smoke and TRL policy in the same community documented by a written agreement between the LLA and partner agency communicating responsibilities of each party (e.g., integrated workplan, Memorandum of Understanding, etc.)

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OPTIONS	INDICATORS
pursue either a smokefree MUH or comprehensive smokefree outdoor public spaces policy in Eureka. This must be a mutually agreed-upon approach, and the LLA must provide additional support and partnership to the existing funded agency.	

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Jurisdiction Selection

Many factors go into the selection of the "intervention jurisdiction(s)" including community readiness, political feasibility, whether there is an existing health policy champion, and the ability to engage stakeholders. Since the retail-focused Trailblazer policies Option A.2 (Indicator 2.2.29) and Option A.3 (Indicator 3.2.17) are cutting-edge policy strategies, it is recommended that jurisdictions be selected in which there is high community readiness and political feasibility as evidenced by prior policy adoption, public support, policymaker support, and stakeholder/coalition engagement. These jurisdictions will lead the way, blazing the trail for California's diverse communities to follow when they are ready.

For Trailblazer Option A.1 and all the Pathfinder policy options, it is recommended that jurisdictions be selected that are demographically reflective of populations that are disproportionately impacted by tobacco use or representing a tobacco-policy desert (e.g., a population not protected by progressive local tobacco control policies) if it feasible to do so. The rationale for this is:

1. Trailblazer Option A.1 and the Pathfinder policies reflect strategies for which there is a solid foundation of evidence and collective California experience in passing the included types of policies.
2. From 2015 to 2020, there was a significant increase in smokefree MUH policy adoption in California, with overall population coverage increasing from 6.8 percent in 2015 to 30.9 percent in 2020. There were also significant improvements in the proportion of priority populations reached by a smokefree MUH policy. The proportion of Hispanic/Latino communities covered by MUH policies increased from 4.5 percent in 2015 to 23.6 percent in 2020; the proportion of African American/Black communities covered by MUH policies increased from 6.7 percent in 2015 to 27.8 percent in 2020; and the proportion of Asian/Pacific Islander communities covered increased from 7.7 percent in 2015 to 42.4 percent in 2020.[59]
3. From 2015 to 2020, the proportion of California's population covered by a local TRL policy increased from 51.4 percent to 59.7 percent. There were also significant improvements in the proportion of priority populations covered by TRL: Hispanic/Latino communities covered by TRL policies increased significantly from 53.5 percent in 2015 to 60.1 percent in 2020;
   African American/Black communities covered by TRL policies increased significantly from 66.8 percent in 2015 to 72.9 percent in 2020; and TRL coverage of Asian and Pacific Islander communities increased significantly from 55.8 percent in 2015 to 63.8 percent in 2020.[59]
4. While California made significant progress to improve public health protections, Table 3. *Coverage of Smokefree MUH Policies*, *2015 vs. 2020* and Table 4. *Coverage of Local Tobacco Retailer License Policies, 2015 vs. 2020* demonstrate inequities in public health policy coverage by race, income, and education. For these reasons, it is highly recommended that LLAs factor in the

demographics of a jurisdiction in the selection process for Trailblazer A.1 and any of the Pathfinder policy options.

5. Pursuing Pathfinder policies can build capacity and increase readiness for these communities to take on the cutting-edge Trailblazer policies in the future.

Table 3. Coverage of Smokefree MUH Policies, 2015 vs. 2020

	Baseline (2015)	Most Recent (2020)	Change
Number of Californians Covered:	2,612,812	12,094,105	+9,481,293
Proportion of Californians Population Covered:	6.80%	30.89%	+24.09%
Proportion of California's Youth Under 18 Covered:	5.94%	29.11%	+3.90%
Proportion of Population Covered by Race/Ethnicity:			
Hispanic/Latino	4.48%	23.62%	+19.14%
African American/Black	6.73%	27.82%	+21.09%
Asian/Pacific Islander	7.74%	42.39%	+34.65%
White	8.57%	34.10%	+25.53 %
Proportion of Population Covered by Poverty Level:			
Less than 100 %	5.29%	26.52%	+21.23%
100 % to 200 %	5.33%	26.29%	+20.96%
Greater than 200 %	7.52%	33.66 %	+26.14%
Proportion of Population Covered by Education:			
Less than high school	4.24%	26.10%	+21.86%
High school	5.81%	27.61%	+21.80%
Some college	6.54%	29.75%	+23.21%
College and above	9.09%	37.97%	+28.88%

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Notes: Unless otherwise noted, race/ethnicity includes only non-Hispanics. Baseline: Policy Evaluation Tracking System, March 2015. Most Recent: Policy Evaluation Tracking System, June 2020.

Table 4. Coverage of Local Tobacco Retailer License Policies, 2015 vs. 2020

	Baseline (2015)	Most Recent (2020)	Change
Number of Californians Covered:	19,857,208	23,350,687	+3,493,479
Proportion of Californians Population Covered:	51.37%	59.65%	+8.28%
Proportion of California's Youth Under 18 Covered:	49.74%	58.08%	+8.34%
Proportion of Population Covered by Race/Ethnicity:			
Hispanic/Latino	53.50%	60.14%	+6.64%
African American/Black	66.82%	72.89%	+6.07%
Asian/Pacific Islander	55.78%	63.78%	+8.00%
White	45.73%	55.56%	+9.83%
Proportion of Population Covered by Poverty Level:			
Less than 100 %	54.86%	68.05%	+13.19%
100 % to 200 %	53.52%	60.19%	+6.67%
Greater than 200 %	50.16%	59.34%	+9.18%
Proportion of Population Covered by Education:			
Less than high school	56.11%	62.31%	+6.20%
High school	50.49%	58.08%	+7.59%
Some college	48.66%	56.95%	+8.29%
College and above	52.35%	61.82%	+9.47%

Notes: Unless otherwise noted, race/ethnicity includes only non-Hispanics. Baseline: Policy Evaluation Tracking System, March 2015. Most Recent: Policy Evaluation Tracking System, June 2020.

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Intervention and Evaluation Activities

1. **Health Equity Requirements**
   a. Authentic Community Engagement: Demonstrate diversity and authentic community engagement in planning and implementing the *End Commercial Tobacco* campaign.
   b. Leadership Roles: Engage members from communities disproportionately impacted by tobacco use in leadership roles.
   c. Build Community Capacity: Build capacity of community-based organizations connected to communities disproportionately impacted by tobacco use through methods such as the provision of training and technical assistance; provision of subcontracts and Community Engagement Agreements (CEA)[3] to community-based organizations to facilitate participation in the speakers' bureau, data collection, community organizing and other activities; the use of mechanisms such as the Community Action Model; coordinating local affinity groups to share best practices and problem-solving, and/or referring community members to Statewide Coordinating Center leadership development training.
   d. Media Interventions: Demonstrate that media and educational outreach will be culturally and linguistically tailored to the community(s).
   e. Health Equity in Laws and Enforcement: Proactively seek to remove purchase, use, and possession provisions in existing local tobacco control laws and proactively seek to avoid exemptions, especially those that exacerbate tobacco-related disparities and healthy inequities.
   f. Support Diversification of the Public Health Workforce: Help diversify those involved in public health careers and help build the public health pipeline by offering paid internships to engage young people from communities disproportionately impacted by tobacco use.

2. **Required Intervention Activities** – (Online Tobacco Information System [OTIS] "wizards" to be provided by CTCP for these activities)
   a. Coordination/Collaboration: Build a broad coalition through recruitment, training, and engagement of diverse partners (e.g., public health, health, behavioral health, social service, civil rights, environmental health, law enforcement, education, housing, youth, parents).
   b. Coordination/Collaboration: Work with enforcement agencies to design penalties that explicitly protect and avoid the use of excessive force against individuals (e.g., individuals illicitly reselling cigarettes (aka Eric ~~Gardener~~ **Garner**); design reasonable penalty structures; and remove policy provisions

[3] CEA are defined in the *Local Lead Agency and Competitive Grantee Administrative and Policy Manual* available in OTIS and Partners websites.

that criminalize individuals for the purchase, use, or possession of tobacco products).

c. Coordination/Collaboration: To help small businesses transition away from tobacco product sales, foster small business economic development through partnerships with city, county, regional or tribal economic development programs and local Chambers of Commerce to collaborate on business-related workshops and consultation for small businesses that enables small businesses to prosper without tobacco product sales (e.g., sponsor training and consultation on storefront improvement, store accessibility, using social media to promote your small businesses, store website design, e-commerce for small businesses, and increase engagement in public health programs such as WIC, Cal Fresh).
d. Community Education: Create a speakers' bureau that is culturally and linguistically representative of the community.
e. Community Education: Conduct educational outreach to diverse community groups, policy leaders, and enforcement agencies to build community readiness (e.g., town hall meetings, community presentations).
f. Earned Media: Plan earned media activities to support the policy topic, including participating in a statewide media event in year three of the Plan.
g. Paid Media: Place culturally and linguistically tailored paid advertising to support the policy topic.
h. Policy: Prior to the policy adoption, develop a Policy Implementation Plan to facilitate compliance with the new policy(s).
i. Policy: Prepare a Midwest Academy Strategy Chart for your *End Commercial Tobacco Campaign* objective.
j. Training and Technical Assistance: Participate in endgame webinars/training, affinity groups and use the resources developed by the CTCP and the endgame training and technical assistance (TAT) providers, including media spokesperson training, and Tobacco Control Evaluation Center data collection and data analysis training.
k. Training and Technical Assistance: Recruit and train community data collectors who reflect the diversity of the community.

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3. **Required Policy Cessation Activities** (OTIS wizards to be provided by CTCP)
   a. CTCP is creating a new Policy Cessation Support form in OTIS that will be available with the 2022-2025 Comprehensive Tobacco Control Plan. This form will be used by the LLA to present an integrated approach across all Plan policy objectives to promoting, supporting, and facilitating improved access to population-based quitting and cessation services. A menu of cessation activities will be provided to select from. The form will require the LLA to identify responsible parties, timelines, tracking measures, and to assign percent deliverables, and link the cessation activities to the policy activities. The use of this form will standardize the linkage of cessation support to policy adoption and implementation and streamline reporting.
   b. The selected menu of cessation activities may include such things as: 1) conducting and disseminating an environmental scan of state and local cessation services; 2) developing a calendar of cessation message promotions through paid advertising and social media that are culturally and linguistically tailored to the community; 3) developing a coalition cessation subcommittee to improve access to local cessation services; 4) awarding community engagement grants to health care, behavioral health, dental health, school, and social service agencies for the purpose of training a certified cessation treatment specialist, routinely identifying and treating nicotine addiction, and establishing a tobacco free grounds; and 5) collaborating with the local health department oral health program to integrate tobacco use identification, referral, and treatment activities.

4. **Required Evaluation Activities**
   a. All LLAs will train data collectors and conduct ~~two types of~~ observational surveys **appropriate for the policy pathways selected**, ~~Retail and Secondhand Smoke,~~ as well as Public Intercept Surveys and Key Informant Interviews.
   b. Observation Surveys at Tobacco Retailers, ~~Parks/Beaches~~ **Outdoor Public Places** and MUH Facilities
      i. LLAs will collect data in their “intervention” jurisdiction **that measures outcomes related to workplan objectives** ~~as well as a “matched comparison” jurisdiction~~.
         - ~~This quasi-experimental study design will be used to evaluate changes over time in the “intervention” jurisdiction compared to a jurisdiction without the same intervention. This method will increase our confidence that the endgame intervention was responsible for observed changes in tobacco retail marketing and evidence of tobacco use at parks, beaches and MUH facilities.~~[60]

- The data will be used for both local- and state-level evaluation. The results will also be useful at the local level to inform the next Communities of Excellence (CX) needs assessment process and potential future policy work.
- ~~LLAs will select a matched comparison jurisdiction. The comparison jurisdiction is to be one that 1) has not already adopted the type of endgame policy (retail or secondhand smoke) to be pursued in the "intervention" jurisdiction and 2) that is not working to pass the policy at of the time of the baseline data collection. To the extent possible, the comparison jurisdiction should be comparable to the "intervention" jurisdiction in terms of size, demographic makeup, region of the state, and rurality (rural, urban or suburban).~~
- ~~Most LLAs will select a matched comparison jurisdiction within their county. City LLAs (Berkeley, Long Beach and Pasadena) and those that do not have an appropriate comparison jurisdiction within their county may collaborate with another LLA to collect data in a jurisdiction outside of their city/county.~~
- ~~LLAs that select more than one "intervention" community may use the same matched comparison community for more than one "intervention" community if it is an appropriate match for each.~~

ii. There will be two waves of data collection for ~~both~~ observational surveys:
- **Data collection in primary communities (where LLAs will start working in year 1) will be** Spring 2022 and Spring 2024. **Data collection in optional secondary communities (where LLAs will start working in year 2 or later) will be in Spring 2023 and Spring 2025.**
- ~~Joint training for both~~ **Training for** observational surveys will be conducted by the Tobacco Control Evaluation Center (TCEC), and additional technical assistance will be provided by TCEC.

iii. ~~Typically, all state~~ **State**-licensed tobacco retailers, **select outdoor public places (e.g.,** parks**, sidewalks, outdoor dining)**, and MUH facilities in the "intervention" ~~and matched comparison~~ communities will be surveyed. If a high number of stores, **select outdoor public places,** ~~parks/beaches~~ or MUH facilities are present in a jurisdiction, the LLA may work with TCEC **and CTCP** to select an appropriate random sample.
- As part of the CX process, it is recommended that LLAs identify tobacco retailers, MUH facilities and parks in the communities they are considering for their "intervention" communities ~~and matched comparisons~~. This will help LLAs select the

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appropriate communities and prepare for the data collection by identifying the locations they will need to survey.

iv. Retail Observation Survey items to be assessed at tobacco retailers:
- Tobacco product availability and marketing
  - e.g., Flavored tobacco availability, price of cheapest pack of cigarettes, pack size
- After no sales of tobacco policy is passed and implemented, LLAs will conduct adult tobacco purchase attempts at formerly licensed retailers

v. Secondhand Smoke Survey at ~~parks/beaches~~ **select outdoor public places** and MUH facilities:
- Presence of "no smoking" signs
- Presence of tobacco litter
  - e.g., Number of cigarette butts, empty packs/wrappers, vape pods and devices
- Observed tobacco use
  - e.g., Number of people observed smoking or vaping

c. Public Opinion Polls and Key Informant Interviews on Endgame policies
- **Conducted in intervention** ~~Intervention~~ communities ~~only~~
- Data collection **for Key Informant Interviews** completed by **June 2022 and for Public Opinion Polls by** end of 2022
- ~~Due to the need for flexibility in survey questions, Public Opinion Poll and Key Informant Interview data will be for local use only~~

d. Using a CTCP-provided standardized form, track community engagement and diversity of community engagement.

e. In addition to the required evaluation activities LLAs are to conduct, CTCP will fund statewide data collection and analyses that assess changes in tobacco product use, attitudes/policy support, ease of compliance, internet sales, economic impact (e.g., sales tax revenue in intervention vs. control communities), etc.

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California Tobacco Control Program
Local Lead Agency Allocation Table
for Proposition 99 and Proposition 56 Funds
FY 2021/22 (01/22-06/22) - FY 2024/25

FY 21/22 (January - June 2022)

LLA	Agreement	FY 21/22 Prop 99 Jan-Jun '22 Est @ GB Jan 2021	FY 21/22 Prop 56 Jan-Jun '22 Estimate @GB Jan 2021	FY 21/22 TOTAL Prop 99+56 @ GB Jan 2021
Alameda	CTCP-21-01	$75,000	$482,213	**$557,213**
Berkeley	CTCP-21-01A	$75,000	$75,000	**$150,000**
Alpine	CTCP-21-02	$75,000	$75,000	**$150,000**
Amador	CTCP-21-03	$75,000	$75,000	**$150,000**
Butte	CTCP-21-04	$75,000	$89,639	**$164,639**
Calaveras	CTCP-21-05	$75,000	$75,000	**$150,000**
Colusa	CTCP-21-06	$75,000	$75,000	**$150,000**
Contra Costa	CTCP-21-07	$75,000	$211,855	**$286,855**
Del Norte	CTCP-21-08	$75,000	$75,000	**$150,000**
El Dorado	CTCP-21-09	$75,000	$75,000	**$150,000**
Fresno	CTCP-21-10	$75,000	$315,515	**$390,515**
Glenn	CTCP-21-11	$75,000	$75,000	**$150,000**
Humbolt	CTCP-21-12	$75,000	$75,000	**$150,000**
Imperial	CTCP-21-13	$75,000	$75,000	**$150,000**
Inyo	CTCP-21-14	$75,000	$75,000	**$150,000**
Kern	CTCP-21-15	$75,000	$200,706	**$275,706**
Kings	CTCP-21-16	$75,000	$75,000	**$150,000**
Lake	CTCP-21-17	$75,000	$75,000	**$150,000**
Lassen	CTCP-21-18	$75,000	$75,000	**$150,000**
Los Angeles	CTCP-21-19	$75,000	$4,818,243	**$4,893,243**
Pasadena	CTCP-21-19B	$75,000	$78,655	**$153,655**
Long Beach	CTCP-21-19A	$75,000	$249,768	**$324,768**
Madera	CTCP-21-20	$75,000	$75,000	**$150,000**
Marin	CTCP-21-21	$75,000	$117,641	**$192,641**
Mariposa	CTCP-21-22	$75,000	$75,000	**$150,000**
Mendocino	CTCP-21-23	$75,000	$75,000	**$150,000**
Merced (CHC)	CTCP 21-24	$75,000	$85,109	**$160,109**
Modoc	CTCP-21-25	$75,000	$75,000	**$150,000**
Mono	CTCP-21-26	$75,000	$75,000	**$150,000**
Monterey	CTCP-21-27	$75,000	$151,995	**$226,995**
Napa	CTCP-21-28	$75,000	$75,000	**$150,000**
Nevada	CTCP-21-29	$75,000	$75,000	**$150,000**
Orange	CTCP-21-30	$75,000	$603,679	**$678,679**
Placer	CTCP-21-31	$75,000	$75,000	**$150,000**
Plumas	CTCP-21-32	$75,000	$75,000	**$150,000**
Riverside	CTCP-21-33	$75,000	$373,943	**$448,943**
Sacramento	CTCP-21-34	$75,000	$386,795	**$461,795**
San Benito	CTCP-21-35	$75,000	$75,000	**$150,000**
San Bernardino (CHC)	TBD (prev. 18-10380)	$75,000	$446,127	**$521,127**
San Diego	CTCP-21-37	$75,000	$704,590	**$779,590**
San Francisco	CTCP-21-38	$75,000	$633,239	**$708,239**
San Joaquin	CTCP-21-39	$75,000	$204,583	**$279,583**
San Luis Obispo	CTCP-21-40	$75,000	$95,119	**$170,119**
San Mateo	CTCP-21-41	$75,000	$171,321	**$246,321**
Santa Barbara	CTCP-21-42	$75,000	$93,027	**$168,027**
Santa Clara	CTCP-21-43	$75,000	$616,227	**$691,227**
Santa Cruz	CTCP-21-44	$75,000	$90,572	**$165,572**
Shasta	CTCP-21-45	$75,000	$75,000	**$150,000**
Sierra	CTCP-21-46	$75,000	$75,000	**$150,000**
Siskiyou	CTCP-21-47	$75,000	$75,000	**$150,000**
Solano	CTCP-21-48	$75,000	$162,891	**$237,891**
Sonoma	CTCP-21-49	$75,000	$188,509	**$263,509**
Stanislaus	CTCP-21-50	$75,000	$150,303	**$225,303**
Sutter	CTCP-21-51	$75,000	$75,000	**$150,000**
Tehama	CTCP-21-52	$75,000	$75,000	**$150,000**
Trinity	CTCP-21-53	$75,000	$75,000	**$150,000**
Tulare	CTCP-21-54	$75,000	$161,758	**$236,758**
Tuolumne	CTCP-21-55	$75,000	$75,000	**$150,000**
Ventura	CTCP-21-56	$75,000	$181,778	**$256,778**
Yolo	CTCP-21-57	$75,000	$75,000	**$150,000**
Yuba	CTCP-21-58	$75,000	$75,000	**$150,000**
		$4,575,000	**$14,540,800**	**$19,115,800**

Attachment: Appendix_2_Allocation Table (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation Agreement

California Tobacco Control Program
Local Lead Agency Allocation Table
for Proposition 99 and Proposition 56 Funds
FY 2021/22 (01/22-06/22) - FY 2024/25

FY 22/23

LLA	Agreement	FY 22/23 Prop 99 (Estimate)	FY 22/23 Prop 56 (Estimate)	FY 22/23 TOTAL Prop 99+56
Alameda	CTCP-21-01	$150,000	$762,134	**$912,134**
Berkeley	CTCP-21-01A	$150,000	$150,000	**$300,000**
Alpine	CTCP-21-02	$150,000	$150,000	**$300,000**
Amador	CTCP-21-03	$150,000	$150,000	**$300,000**
Butte	CTCP-21-04	$150,000	$152,390	**$302,390**
Calaveras	CTCP-21-05	$150,000	$150,000	**$300,000**
Colusa	CTCP-21-06	$150,000	$150,000	**$300,000**
Contra Costa	CTCP-21-07	$150,000	$346,798	**$496,798**
Del Norte	CTCP-21-08	$150,000	$150,000	**$300,000**
El Dorado	CTCP-21-09	$150,000	$150,000	**$300,000**
Fresno	CTCP-21-10	$150,000	$516,485	**$666,485**
Glenn	CTCP-21-11	$150,000	$150,000	**$300,000**
Humbolt	CTCP-21-12	$150,000	$150,000	**$300,000**
Imperial	CTCP-21-13	$150,000	$150,000	**$300,000**
Inyo	CTCP-21-14	$150,000	$150,000	**$300,000**
Kern	CTCP-21-15	$150,000	$328,547	**$478,547**
Kings	CTCP-21-16	$150,000	$150,000	**$300,000**
Lake	CTCP-21-17	$150,000	$150,000	**$300,000**
Lassen	CTCP-21-18	$150,000	$150,000	**$300,000**
Los Angeles	CTCP-21-19	$1,343,320	$7,866,013	**$8,016,013**
Pasadena	CTCP-21-19B	$150,000	$150,000	**$300,000**
Long Beach	CTCP-21-19A	$150,000	$408,860	**$558,860**
Madera	CTCP-21-20	$150,000	$150,000	**$300,000**
Marin	CTCP-21-21	$150,000	$199,995	**$349,995**
Mariposa	CTCP-21-22	$150,000	$150,000	**$300,000**
Mendocino	CTCP-21-23	$150,000	$150,000	**$300,000**
Merced (CHC)	CTCP 21-24	$150,000	$150,000	**$300,000**
Modoc	CTCP-21-25	$150,000	$150,000	**$300,000**
Mono	CTCP-21-26	$150,000	$150,000	**$300,000**
Monterey	CTCP-21-27	$150,000	$248,809	**$398,809**
Napa	CTCP-21-28	$150,000	$150,000	**$300,000**
Nevada	CTCP-21-29	$150,000	$150,000	**$300,000**
Orange	CTCP-21-30	$192,754	$988,198	**$1,138,198**
Placer	CTCP-21-31	$150,000	$150,000	**$300,000**
Plumas	CTCP-21-32	$150,000	$150,000	**$300,000**
Riverside	CTCP-21-33	$150,000	$612,128	**$762,128**
Sacramento	CTCP-21-34	$150,000	$633,168	**$783,168**
San Benito	CTCP-21-35	$150,000	$150,000	**$300,000**
San Bernardino (CHC)	TBD (prev. 18-10380)	$150,000	$730,291	**$880,291**
San Diego	CTCP-21-37	$224,974	$1,153,384	**$1,303,384**
San Francisco	CTCP-21-38	$202,192	$1,036,586	**$1,186,586**
San Joaquin	CTCP-21-39	$150,000	$334,893	**$484,893**
San Luis Obispo	CTCP-21-40	$150,000	$155,705	**$305,705**
San Mateo	CTCP-21-41	$150,000	$280,446	**$430,446**
Santa Barbara	CTCP-21-42	$150,000	$150,000	**$300,000**
Santa Clara	CTCP-21-43	$196,760	$1,008,738	**$1,158,738**
Santa Cruz	CTCP-21-44	$150,000	$150,000	**$300,000**
Shasta	CTCP-21-45	$150,000	$150,000	**$300,000**
Sierra	CTCP-21-46	$150,000	$150,000	**$300,000**
Siskiyou	CTCP-21-47	$150,000	$150,000	**$300,000**
Solano	CTCP-21-48	$150,000	$276,923	**$426,923**
Sonoma	CTCP-21-49	$150,000	$320,475	**$470,475**
Stanislaus	CTCP-21-50	$150,000	$246,040	**$396,040**
Sutter	CTCP-21-51	$150,000	$150,000	**$300,000**
Tehama	CTCP-21-52	$150,000	$150,000	**$300,000**
Trinity	CTCP-21-53	$150,000	$150,000	**$300,000**
Tulare	CTCP-21-54	$150,000	$264,791	**$414,791**
Tuolumne	CTCP-21-55	$150,000	$150,000	**$300,000**
Ventura	CTCP-21-56	$150,000	$297,563	**$447,563**
Yolo	CTCP-21-57	$150,000	$150,000	**$300,000**
Yuba	CTCP-21-58	$150,000	$150,000	**$300,000**
		$10,560,000	**$24,719,360**	**$33,869,360**

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California Tobacco Control Program
Local Lead Agency Allocation Table
for Proposition 99 and Proposition 56 Funds
FY 2021/22 (01/22-06/22) - FY 2024/25

FY 23/24

LLA	Agreement	FY 23/24 Prop 99 (Estimate)	FY 23/24 Prop 56 (Estimate)	FY 23/24 TOTAL Prop 99+56
Alameda	CTCP-21-01	$150,000	$584,302	**$734,302**
Berkeley	CTCP-21-01A	$150,000	$150,000	**$300,000**
Alpine	CTCP-21-02	$150,000	$150,000	**$300,000**
Amador	CTCP-21-03	$150,000	$150,000	**$300,000**
Butte	CTCP-21-04	$150,000	$150,000	**$300,000**
Calaveras	CTCP-21-05	$150,000	$150,000	**$300,000**
Colusa	CTCP-21-06	$150,000	$150,000	**$300,000**
Contra Costa	CTCP-21-07	$150,000	$279,186	**$429,186**
Del Norte	CTCP-21-08	$150,000	$150,000	**$300,000**
El Dorado	CTCP-21-09	$150,000	$150,000	**$300,000**
Fresno	CTCP-21-10	$150,000	$415,790	**$565,790**
Glenn	CTCP-21-11	$150,000	$150,000	**$300,000**
Humbolt	CTCP-21-12	$150,000	$150,000	**$300,000**
Imperial	CTCP-21-13	$150,000	$150,000	**$300,000**
Inyo	CTCP-21-14	$150,000	$150,000	**$300,000**
Kern	CTCP-21-15	$150,000	$264,492	**$414,492**
Kings	CTCP-21-16	$150,000	$150,000	**$300,000**
Lake	CTCP-21-17	$150,000	$150,000	**$300,000**
Lassen	CTCP-21-18	$150,000	$150,000	**$300,000**
Los Angeles	CTCP-21-19	$150,000	$6,303,191	**$6,453,191**
Pasadena	CTCP-21-19B	$150,000	$150,000	**$300,000**
Long Beach	CTCP-21-19A	$150,000	$329,148	**$479,148**
Madera	CTCP-21-20	$150,000	$150,000	**$300,000**
Marin	CTCP-21-21	$150,000	$170,012	**$320,012**
Mariposa	CTCP-21-22	$150,000	$150,000	**$300,000**
Mendocino	CTCP-21-23	$150,000	$150,000	**$300,000**
Merced (CHC)	CTCP 21-24	$150,000	$150,000	**$300,000**
Modoc	CTCP-21-25	$150,000	$150,000	**$300,000**
Mono	CTCP-21-26	$150,000	$150,000	**$300,000**
Monterey	CTCP-21-27	$150,000	$200,301	**$350,301**
Napa	CTCP-21-28	$150,000	$150,000	**$300,000**
Nevada	CTCP-21-29	$150,000	$150,000	**$300,000**
Orange	CTCP-21-30	$150,000	$795,536	**$945,536**
Placer	CTCP-21-31	$150,000	$150,000	**$300,000**
Plumas	CTCP-21-32	$150,000	$150,000	**$300,000**
Riverside	CTCP-21-33	$150,000	$492,786	**$642,786**
Sacramento	CTCP-21-34	$150,000	$509,724	**$659,724**
San Benito	CTCP-21-35	$150,000	$150,000	**$300,000**
San Bernardino (CHC)	TBD (prev. 18-10380)	$150,000	$587,912	**$737,912**
San Diego	CTCP-21-37	$150,000	$928,518	**$1,078,518**
San Francisco	CTCP-21-38	$150,000	$834,491	**$984,491**
San Joaquin	CTCP-21-39	$150,000	$269,602	**$419,602**
San Luis Obispo	CTCP-21-40	$150,000	$150,000	**$300,000**
San Mateo	CTCP-21-41	$150,000	$225,770	**$375,770**
Santa Barbara	CTCP-21-42	$150,000	$150,000	**$300,000**
Santa Clara	CTCP-21-43	$150,000	$812,072	**$962,072**
Santa Cruz	CTCP-21-44	$150,000	$150,000	**$300,000**
Shasta	CTCP-21-45	$150,000	$150,000	**$300,000**
Sierra	CTCP-21-46	$150,000	$150,000	**$300,000**
Siskiyou	CTCP-21-47	$150,000	$150,000	**$300,000**
Solano	CTCP-21-48	$150,000	$235,406	**$385,406**
Sonoma	CTCP-21-49	$150,000	$272,429	**$422,429**
Stanislaus	CTCP-21-50	$150,000	$198,071	**$348,071**
Sutter	CTCP-21-51	$150,000	$150,000	**$300,000**
Tehama	CTCP-21-52	$150,000	$150,000	**$300,000**
Trinity	CTCP-21-53	$150,000	$150,000	**$300,000**
Tulare	CTCP-21-54	$150,000	$213,167	**$363,167**
Tuolumne	CTCP-21-55	$150,000	$150,000	**$300,000**
Ventura	CTCP-21-56	$150,000	$239,550	**$389,550**
Yolo	CTCP-21-57	$150,000	$150,000	**$300,000**
Yuba	CTCP-21-58	$150,000	$150,000	**$300,000**
		$9,150,000	**$21,011,456**	**$30,161,456**

Attachment: Appendix_2_Allocation Table (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation Agreement

California Tobacco Control Program
Local Lead Agency Allocation Table
for Proposition 99 and Proposition 56 Funds
FY 2021/22 (01/22-06/22) - FY 2024/25

FY 24/25

LLA	Agreement	FY 24/25 Prop 99 (Estimate)	FY 24/25 Prop 56 (Estimate)	FY 24/25 TOTAL Prop 99+56
Alameda	CTCP-21-01	$150,000	$432,535	**$582,535**
Berkeley	CTCP-21-01A	$150,000	$150,000	**$300,000**
Alpine	CTCP-21-02	$150,000	$150,000	**$300,000**
Amador	CTCP-21-03	$150,000	$150,000	**$300,000**
Butte	CTCP-21-04	$150,000	$150,000	**$300,000**
Calaveras	CTCP-21-05	$150,000	$150,000	**$300,000**
Colusa	CTCP-21-06	$150,000	$150,000	**$300,000**
Contra Costa	CTCP-21-07	$150,000	$221,483	**$371,483**
Del Norte	CTCP-21-08	$150,000	$150,000	**$300,000**
El Dorado	CTCP-21-09	$150,000	$150,000	**$300,000**
Fresno	CTCP-21-10	$150,000	$329,854	**$479,854**
Glenn	CTCP-21-11	$150,000	$150,000	**$300,000**
Humbolt	CTCP-21-12	$150,000	$150,000	**$300,000**
Imperial	CTCP-21-13	$150,000	$150,000	**$300,000**
Inyo	CTCP-21-14	$150,000	$150,000	**$300,000**
Kern	CTCP-21-15	$150,000	$209,827	**$359,827**
Kings	CTCP-21-16	$150,000	$150,000	**$300,000**
Lake	CTCP-21-17	$150,000	$150,000	**$300,000**
Lassen	CTCP-21-18	$150,000	$150,000	**$300,000**
Los Angeles	CTCP-21-19	$150,000	$4,969,439	**$5,119,439**
Pasadena	CTCP-21-19B	$150,000	$150,000	**$300,000**
Long Beach	CTCP-21-19A	$150,000	$261,119	**$411,119**
Madera	CTCP-21-20	$150,000	$150,000	**$300,000**
Marin	CTCP-21-21	$150,000	$150,000	**$300,000**
Mariposa	CTCP-21-22	$150,000	$150,000	**$300,000**
Mendocino	CTCP-21-23	$150,000	$150,000	**$300,000**
Merced (CHC)	CTCP 21-24	$150,000	$150,000	**$300,000**
Modoc	CTCP-21-25	$150,000	$150,000	**$300,000**
Mono	CTCP-21-26	$150,000	$150,000	**$300,000**
Monterey	CTCP-21-27	$150,000	$158,902	**$308,902**
Napa	CTCP-21-28	$150,000	$150,000	**$300,000**
Nevada	CTCP-21-29	$150,000	$150,000	**$300,000**
Orange	CTCP-21-30	$150,000	$631,113	**$781,113**
Placer	CTCP-21-31	$150,000	$150,000	**$300,000**
Plumas	CTCP-21-32	$150,000	$150,000	**$300,000**
Riverside	CTCP-21-33	$150,000	$390,936	**$540,936**
Sacramento	CTCP-21-34	$150,000	$404,373	**$554,373**
San Benito	CTCP-21-35	$150,000	$150,000	**$300,000**
San Bernardino (CHC)	TBD (prev. 18-10380)	$150,000	$466,401	**$616,401**
San Diego	CTCP-21-37	$150,000	$736,610	**$886,610**
San Francisco	CTCP-21-38	$150,000	$662,017	**$812,017**
San Joaquin	CTCP-21-39	$150,000	$213,880	**$363,880**
San Luis Obispo	CTCP-21-40	$150,000	$150,000	**$300,000**
San Mateo	CTCP-21-41	$150,000	$179,107	**$329,107**
Santa Barbara	CTCP-21-42	$150,000	$150,000	**$300,000**
Santa Clara	CTCP-21-43	$150,000	$644,231	**$794,231**
Santa Cruz	CTCP-21-44	$150,000	$150,000	**$300,000**
Shasta	CTCP-21-45	$150,000	$150,000	**$300,000**
Sierra	CTCP-21-46	$150,000	$150,000	**$300,000**
Siskiyou	CTCP-21-47	$150,000	$150,000	**$300,000**
Solano	CTCP-21-48	$150,000	$200,081	**$350,081**
Sonoma	CTCP-21-49	$150,000	$231,548	**$381,548**
Stanislaus	CTCP-21-50	$150,000	$157,134	**$307,134**
Sutter	CTCP-21-51	$150,000	$150,000	**$300,000**
Tehama	CTCP-21-52	$150,000	$150,000	**$300,000**
Trinity	CTCP-21-53	$150,000	$150,000	**$300,000**
Tulare	CTCP-21-54	$150,000	$169,109	**$319,109**
Tuolumne	CTCP-21-55	$150,000	$150,000	**$300,000**
Ventura	CTCP-21-56	$150,000	$190,039	**$340,039**
Yolo	CTCP-21-57	$150,000	$150,000	**$300,000**
Yuba	CTCP-21-58	$150,000	$150,000	**$300,000**
		$9,150,000	**$17,859,738**	**$27,009,738**

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California Tobacco Control Program
Local Lead Agency Allocation Table
for Proposition 99 and Proposition 56 Funds
FY 2021/22 (01/22-06/22) - FY 2024/25

TOTAL

LLA	Agreement	FY 2021/22 (01/22-06/22) - FY 24/25 PROP 99 + PROP 56 TOTALS
Alameda	CTCP-21-01	$2,786,184
Berkeley	CTCP-21-01A	$1,050,000
Alpine	CTCP-21-02	$1,050,000
Amador	CTCP-21-03	$1,050,000
Butte	CTCP-21-04	$1,067,029
Calaveras	CTCP-21-05	$1,050,000
Colusa	CTCP-21-06	$1,050,000
Contra Costa	CTCP-21-07	$1,584,322
Del Norte	CTCP-21-08	$1,050,000
El Dorado	CTCP-21-09	$1,050,000
Fresno	CTCP-21-10	$2,102,644
Glenn	CTCP-21-11	$1,050,000
Humbolt	CTCP-21-12	$1,050,000
Imperial	CTCP-21-13	$1,050,000
Inyo	CTCP-21-14	$1,050,000
Kern	CTCP-21-15	$1,528,572
Kings	CTCP-21-16	$1,050,000
Lake	CTCP-21-17	$1,050,000
Lassen	CTCP-21-18	$1,050,000
Los Angeles	CTCP-21-19	$24,481,886
Pasadena	CTCP-21-19B	$1,053,655
Long Beach	CTCP-21-19A	$1,773,895
Madera	CTCP-21-20	$1,050,000
Marin	CTCP-21-21	$1,162,648
Mariposa	CTCP-21-22	$1,050,000
Mendocino	CTCP-21-23	$1,050,000
Merced (CHC)	CTCP 21-24	$1,060,109
Modoc	CTCP-21-25	$1,050,000
Mono	CTCP-21-26	$1,050,000
Monterey	CTCP-21-27	$1,285,007
Napa	CTCP-21-28	$1,050,000
Nevada	CTCP-21-29	$1,050,000
Orange	CTCP-21-30	$3,543,526
Placer	CTCP-21-31	$1,050,000
Plumas	CTCP-21-32	$1,050,000
Riverside	CTCP-21-33	$2,394,793
Sacramento	CTCP-21-34	$2,459,060
San Benito	CTCP-21-35	$1,050,000
San Bernardino (CHC)	TBD (prev. 18-10380)	$2,755,731
San Diego	CTCP-21-37	$4,048,102
San Francisco	CTCP-21-38	$3,691,333
San Joaquin	CTCP-21-39	$1,547,958
San Luis Obispo	CTCP-21-40	$1,075,824
San Mateo	CTCP-21-41	$1,381,644
Santa Barbara	CTCP-21-42	$1,068,027
Santa Clara	CTCP-21-43	$3,606,268
Santa Cruz	CTCP-21-44	$1,065,572
Shasta	CTCP-21-45	$1,050,000
Sierra	CTCP-21-46	$1,050,000
Siskiyou	CTCP-21-47	$1,050,000
Solano	CTCP-21-48	$1,400,301
Sonoma	CTCP-21-49	$1,537,961
Stanislaus	CTCP-21-50	$1,276,548
Sutter	CTCP-21-51	$1,050,000
Tehama	CTCP-21-52	$1,050,000
Trinity	CTCP-21-53	$1,050,000
Tulare	CTCP-21-54	$1,333,825
Tuolumne	CTCP-21-55	$1,050,000
Ventura	CTCP-21-56	$1,433,930
Yolo	CTCP-21-57	$1,050,000
Yuba	CTCP-21-58	$1,050,000
		$110,156,354

Attachment: Appendix_2_Allocation Table (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation Agreement

LOCAL LEAD AGENCY AND COMPETITIVE GRANTEE ADMINISTRATIVE AND POLICY MANUAL ADMINISTRATIVE SECTION

DECEMBER 2020

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TOBACCO CONTROL ADMINISTRATIVE SECTION

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100 – Introduction

OVERVIEW OF THE ADMINISTRATIVE SECTION

The purpose of this section is to guide the administrative, fiscal, and program management of competitive grantees (CGs), Local Lead Agencies (LLAs), and contractors funded by the California Department of Public Health, California Tobacco Control Program (CDPH/CTCP).

This section provides the procedures necessary for CTCP-funded project staff to administer their grant/contract/agreement with CTCP. It includes information and procedures on various issues such as budget revisions, subcontract agreements, cost reports and progress reports. There is also a miscellaneous chapter, which will address additional information that does not fit within the chapters identified in this section. In different chapters of this section you will be guided to instructions located in the Online Tobacco Information System (OTIS).

Throughout this section the terms “contract,” “grant,” and “agreement” are used interchangeably. The term “project” refers to any CDPH/CTCP-funded agency.

PROGRAM CONSULTANTS, PROJECT OFFICERS, AND PROCUREMENT MANAGERS

CTCP assigns two staff to each project. CGs, LLAs, and statewide projects are assigned a Program Consultant (PC) and a Procurement Manager (PM). Evaluation/surveillance projects are assigned a Project Officer (PO) and PM. CTCP staff responsibilities include the following:

- The PC/PO has program responsibility for the project, which includes: the scope of work, scope of work revisions, the scope of work as it relates to the budget, subcontractor scopes of work, and monitoring progress reports.
- The PM has administrative responsibility for the project, which includes: the budget, budget revisions, contract issues, payment of invoices, and approving subcontract agreements. The PM acts as the point person for obtaining the PC/PO input and approval on administrative and budget issues.
- The PC/PO and PM work as a team on issues such as revisions, amendments, etc. Throughout this section, projects will be instructed to send certain documents to the PM even though it may appear to be program-related. The PM will work with the PC/PO to review and approve the document and will submit the written approval back to the project.
- The PC/PO and PM are available to help projects whenever needed. Please call or email the projects’ assigned PC/PO and/or PM if there are any questions or if the project needs assistance.

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200 – Invoice Processing Guidelines

201 – Invoice Submission

The following chapter applies to all invoices submitted to the California Tobacco Control Program (CTCP) under your contract, grant, or agreement. Invoices must be submitted to CTCP electronically. ***Do not send invoices to CTCP until your contract is fully executed; CTCP cannot process them***. Prompt and consistent invoicing helps to ensure that your agency will have the cash flow needed to provide the services in your executed agreement. It is recommended that invoices be submitted to CTCP within ten (10) working days of the end of the previous billing/performance period. Please provide a copy of this chapter of the Administrative Section to the appropriate fiscal staff within your agency so that they have the information, such as the invoice format, timeframes, and processing guidelines.

To ensure timely payment, please follow these instructions:

Contractors and Grantees:

A. Submit invoices by email as a Portable Document Format (PDF) file to CTCPinvoices@cdph.ca.gov and "cc" the assigned Procurement Manager (PM).

B. Title the subject line of the email and the invoice (PDF) file as follows:

INVOICE: [Grant/Contract Number], [Agency Name].

C. The salutation, in the email, must be directed to the assigned PM.

Local Lead Agencies:

Submit prospective payment invoices (PPIs) to the assigned PM via the Online Tobacco Information System (OTIS) Communication Log.

202 – Payment Time Frames and Invoice Disputes

A. Payment Time Frames

The California Tobacco Control Program (CTCP) strives to process invoices in an expeditious manner. CTCP staff review, approve, and forward invoices to the California Department of Public Health (CDPH) Accounting Section for payment. The CDPH Accounting Section then processes the invoices in the Financial Information System for California (FI$Cal) for the State Controller's Office (SCO) where the payment warrant (check) is prepared and mailed.

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Payment must be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927 known as the Prompt Payment Act. The State has up to **forty-five (45) days** to pay invoices for agencies approved for "prompt payment."

In accordance with the Prompt Payment Act, if CDPH does not pay an undisputed invoice within the 45-day time frame noted above, CDPH may be subject to a late payment penalty.

- A nonprofit organization with a contract or grant greater than $500,000 is **not** eligible for the late payment penalty.
- No penalty shall accrue during any period for which there is no Budget Act in effect.
- A late payment penalty will only be paid if requested by the contractor.
- For a certified small business, nonprofit organization, or a nonprofit public benefit corporation, if the amount of the penalty is ten dollars ($10) or less, the penalty will be waived and not paid by the SCO.
- For all other businesses, if the penalty is 100 dollars ($100) or less, the penalty will be waived and not paid by the SCO.

B. Invoice Disputes

If there are problems with the invoice, CTCP staff will contact the agency either by telephone or email and may dispute the invoice.

Invoices disputed for reasonable cause (e.g., incorrect billing amount due, invoice not properly completed) must be acknowledged by CTCP, in writing, by sending Form STD. 209 Invoice Dispute Notification to the contractor within 15 business days of receipt of the invoice, to minimize Prompt Payment Act interest penalties. The Invoice Dispute Notification will reference the reason(s) for the dispute. A new invoice may need to be submitted, if applicable.

203 – Invoice Format

This section applies only to Contractors and Grantees. Local Lead Agencies should refer to Section 206: Local Lead Agency (LLA) Allocation Agreement and Prospective Payment Invoice (PPI) Processing Guidelines.

Contractors/Grantees shall submit invoices to claim reimbursement for **actual** expenditures incurred during the invoice period which: 1) are contained in and meet the definition of approved line items in your budget and budget justification; and, 2) are used solely for deliverables, goals, and objectives contained in your contract/grant scope of work. You may submit supplemental invoices to the California Tobacco Control Program (CTCP) for expenditures which were incurred during the term of the contract/grant but have not been previously billed. Refer to Section 205: Supplemental Invoices for more information.

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Invoices shall:

A. Be prepared on Contractor/Grantee letterhead and signed by an authorized official, employee or agent certifying that the actual expenditures claimed represent activities performed and are in accordance with the Scope of Work (SOW), under the agreement.

B. Bear the Contractor/Grantee's name and agreement number as shown on the agreement.

C. Identify the billing and/or performance period covered by the invoice.

D. Identify the invoice number.

E. Itemize costs for the billing period in the same or greater level of detail as indicated in the agreement. Subject to the terms of the agreement, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH/CTCP.

Contact your assigned Procurement Manager for the most current invoice templates.

204 – Processing Guidelines

You can help prevent delays in processing your invoice by following these guidelines:

A. If in doubt, contact your California Tobacco Control Program (CTCP) Procurement Manager (PM) regarding questions or potential problems **before** submitting your invoice.

B. Should your remittance/pay-to address change during your contract term, formally submit: an email to your assigned PM indicating your new payment address; and, a revised STD. 204, Payee Data Record Form, or CDPH 9083, Governmental Entity Taxpayer I.D. Form. CTCP will transmit your notification to the California Department of Public Health (CDPH) Accounting Section. This will ensure checks are mailed to the new address.

C. Do not send your invoices with other CTCP correspondence as the invoice may be misdirected to the wrong CTCP staff and, therefore, delay payment processing. Please use the invoice remittance information specified in Section 201: Invoice Submission.

Other Processing Guidelines for ***Contracts*** Only:

A. Make sure that the Fringe Benefits and Indirect Costs invoice line items are the same as in the approved contract budget and budget justification and that they conform to the specified percentages in each line item. Show the **actual** Fringe Benefit and Indirect Cost rates for the invoice period. Any increases in Fringe Benefits or Indirect Costs expenses above the approved range in your contract must have prior written approval from CDPH/CTCP. Any increases without prior

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written approval will not be allowed. **At no time can the Indirect Cost rate exceed the CDPH-approved rate in your agreement.**

B. In the Subcontract & Consultant line item, you must list each subcontractor/consultant individually on the invoice and list the total expenses for each subcontractor/consultant, regardless of the total budget amount for this line item.

C. In the Other Costs line item, you must list each sub line item separately and provide expenses for each, regardless of the total budget amount for this line item. All items reported under Other Costs must be referenced in the SOW and justified in the line item narratives.

D. The invoice must reflect **only** the current fiscal year figures. Do not show the figures for the entire contract term. The budget columns will change each fiscal year according to the approved budget in your contract.

E. Calculate your invoices accurately. Mathematical errors which have to be corrected by CTCP staff prevent the timely processing of invoices and delay payment. An error that would require an increase in the total invoice amount will be rejected by the CDPH Accounting Section. CTCP may ask you to either complete a new invoice for such corrections or, if appropriate, you may submit a supplemental invoice for the difference at a later date. Refer to Section 205: Supplemental Invoices for more information.

F. CTCP may withhold invoices if contract deliverables are not submitted timely and accurately. Submit contract deliverables such as progress reports, subcontract agreements, fiscal documentation, and evaluation requirements, in a form and format prescribed by CTCP on a timely basis.

Other Processing Guidelines for ***Grants*** Only:

A. Although no detail is required on the invoice for the budget line items, the expenses charged to the State must conform to the parameters of the approved Budget. In addition, agreement language requires grantees to maintain financial records documenting all direct and indirect costs incurred in the performance of the grant. Refer to Chapter 300: Fiscal Documentation/Record Keeping and Audit Requirements for more information.

B. Any increases (e.g., percent of time worked, actual salary, space rent/lease, etc.) above the approved ranges in the budget and budget justification must be pre-approved by CTCP before invoicing. Refer to Chapter 500: In-House Revisions and Formal Amendments to Agreements for information on how to obtain that pre-approval.

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205 – Supplemental Invoices

Supplemental invoices are necessary when expenses were incurred during a given month or quarter, but were not included on the invoice that has already been submitted to California Tobacco Control Program (CTCP). For example, in December you realize that you incurred an additional $150.00 in Operating Expenses in July which was not included on the July invoice submitted to CTCP. Please do not include this additional expense on the next regular monthly invoice. You must submit a supplemental invoice claiming just the additional expense and label the invoice as “July 20XX Supplemental.”

CTCP will review supplemental invoices in the same way that the original invoice was reviewed. The points outlined in Section 204: Processing Guidelines for contracts and grants will also apply to supplemental invoices. In addition, for contracts, if the supplemental expenses are for Indirect Costs, CTCP will review both the original invoice and the supplemental invoice combined to ensure that the approved indirect rate in the budget is not exceeded.

206 – Local Lead Agency (LLA) Allocation Agreement and Prospective Payment Invoice (PPI) Processing Guidelines

A. Allocation Agreement

Annually, the California Tobacco Control Program (CTCP) issues a communication via the Online Tobacco Information System (OTIS), requesting that the “Acceptance of Allocation Agreement” form be signed and returned to CTCP. The original communication will be sent to the LLA Project Director with a copy to the LLA’s Day-to-Day Fiscal Contact.

The LLA Project Director must:

1. Ensure that the authorized person signing the form has reviewed the Allocation Agreement Terms, which are located in the LLA Plan Guidelines;
2. Obtain the signature of the “Official Agency Signatory” as identified in OTIS; and
3. Return the signed Acceptance of Allocation Agreement to the assigned CTCP Procurement Manager (PM) in a timely manner.

***Note**: CTCP does not require the Board of Supervisor’s review/signature. This does not change any procedures that the LLA may have to follow within their own structure. LLAs should allow sufficient time to obtain their Board of Supervisor’s approval, if applicable.*

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CTCP will not process PPIs without a signed Allocation Agreement. It is important that the LLA process the Acceptance of Allocation Agreement promptly to avoid delays in receipt of payment.

B. Prospective Payment Invoices (PPIs)

The Acceptance of Allocation Agreement allows CTCP to make quarterly prospective payments to LLAs for tobacco control activities. Each quarterly prospective payment distributes one-fourth of a LLA's annual state fiscal year allocation. PPIs are anticipated to be released each state fiscal year according to the following schedule:

Prospective Payment Invoice	Period Covered	Anticipated Release Date
First Quarter	July-September	July-August*
Second Quarter	October-December	July-August*
Third Quarter	January-March	December
Fourth Quarter	April-June	March

**The release of the July-September and October-December PPIs may be delayed pending the signing of the State Budget each year and/or the availability of funds established by the State Controller's Office.*

CTCP will send the LLA a PPI via the OTIS Communication Log that will include the amount and period covered (see sample PPI below). LLAs must promptly sign, date, and return the PPI to the assigned CTCP PM electronically via the OTIS Communication Log. The authorized signatory for PPIs can be any person within the LLA who is authorized to sign. The signatory does not have to be the "official agency signatory" identified in OTIS.

Prospective payments are considered an advance payment and as such must be deposited into an interest bearing, insured trust account. Proposition 99 and Proposition 56 funds must be deposited into separate trust accounts. Do not mix different funding sources.

Once both Proposition 99 and Proposition 56 quarterly payments are received, and deposited into their separate trust accounts, the received date must be recorded in OTIS by the LLA. Please refer to the OTIS User Manual for specific instructions.

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CTCP may withhold/claim cut prospective payments for any of the following reasons:

- pending enactment of the State Budget each fiscal year;
- pending availability of funds established by the State Controller's Office;
- pending receipt of a signed Acceptance of Allocation Agreement;
- pending approval of the Comprehensive Tobacco Control Plan;
- pending receipt of an acceptable cost report (CR) and/or progress report (PR);
- pending approval of a budget revision for categories that have been over-expended;
- if there are severe problems with implementation of the Comprehensive Tobacco Control Plan to draw down excessive balances to avoid the return of funds to CTCP at the end of the allocation agreement term;
- LLA failed to return unexpended funds at the closeout of a prior allocation agreement term;
- LLA failed to send the minimum number of participants to CTCP required trainings (see LLA Plan Guidelines for the complete list of CTCP required trainings).

***Note**: The Tobacco Control Project Director is responsible for notifying the appropriate LLA fiscal staff of the prospective payment procedures. LLAs should carefully monitor the use of prospective payment funds in order to accurately report expenditures in the CRs.*

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300 – Fiscal Documentation/Record Keeping and Audit Requirements

301 – Overview

The California Tobacco Control Program (CTCP) would like to call your attention to the audit and records retention requirements outlined in your agreement. In addition to these requirements, contractors shall employ fiscal/administrative staff with the appropriate training and experience to maintain fiscal accountability and track grant funds. Staff shall be knowledgeable of and practice:

- standard accounting and payroll practices (including state and federal tax withholding requirements),
- maintenance of fiscal/administrative records/documents,
- appropriate tracking and review/approval of expenditures, and
- other administrative policies and procedures which will maintain the fiscal integrity of the funds awarded to the contractor/grantee.

These items are discussed in further detail in the following sections.

When documents are requested by CTCP, submit all documents electronically to your assigned Procurement Manager (PM) via e-mail and/or the Online Tobacco Information System (OTIS) Communication Log.

302 – Fiscal Documentation Reviews/Record Keeping

Contractors/grantees are required to maintain financial records documenting all direct and indirect costs incurred in the performance of the contract/agreement including, but not limited to, accounting books, ledgers, documents, and payroll records (e.g., signed timesheets, time studies, etc.). Contractors must follow standard accounting procedures and practices that properly reflect all direct and indirect expenses related to the project. See Section 303: Audit and Record Retention Contract Requirements for standard contract language.

A. Access to Records

In order for the California Tobacco Control Program (CTCP) to ascertain your agency's adherence to the financial documentation requirements of the contract/agreement language, CTCP conducts routine fiscal documentation reviews. At a minimum, agencies are required to submit the backup/supporting documentation with the monthly invoice identified by CTCP. Fiscal documentation reviews typically occur as follows:

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1. **New Contractor/Grantee:** New contractors/grantees* are **required** to provide the backup/supporting documentation for all expenses billed with the fourth monthly invoice or the second quarterly invoice immediately following the beginning of the contract/grant term. After this initial documentation process is completed, new contractors/grantees* will fall under the criteria of "existing contractor/grantee" and will be required to comply with the "existing contractor/grantee" fiscal documentation requirements. Please refer to Part B below for the type of documentation required and the format in which it is to be submitted.

   **New Contractor/grantee is defined as an agency who has: 1) never been funded by CTCP before; 2) had a gap in CTCP funding of more than one year; or, 3) been funded, however, the new contract is staffed by different/new people.*

2. **Existing Contractor/Grantee**: Existing contractors are required to submit backup/supporting documentation for one of the months of February through May of each calendar year. Your Procurement Manager (PM) will notify you by the fifteenth (15th) of the month, which month the PM has chosen for you to provide back-up/supporting documentation (e.g., notified by April 15 that documentation will be required for the April invoice). The PM has the option of requiring documentation for every category on the invoice or selecting only a few categories to document. This information will also be provided in the notification sent by the 15th of the month. The PM's decision on how many categories to document will be based on the outcome of previous documentation. For example, if your previous documentation was not acceptable, you may be required to submit documentation for all categories again. On the other hand, if your documentation was acceptable, the PM will select one or more categories to document. Please refer to Part B below for the type of documentation required and the format in which it is to be submitted.

3. **Local Lead Agency:** Local Lead Agencies (LLA) are not required to complete this requirement because LLAs are required to submit a cost report every six months.

***Note**: CTCP retains the right to request fiscal documentation at any time for any invoice period outside the established timeframes.*

B. Type and Format of Documentation

Separate, batch, and label the documentation according to the line item to which the expense is billed on your monthly/quarterly invoice or detailed in the CTCP-approved Budget. Any documentation that is "batched" for each line item must equal the total amount being billed for that line item on your invoice or Budget. Please provide a summary page that shows the individual amounts for each category. The documentation must be copies of actual receipts, bills, invoices, etc. If

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those items are not available, you must provide an explanation. If your agency prorates their expenses among several projects, please provide an explanation of how you arrived at the percentage charged to the CTCP-funded contract/grant. In addition, for review purposes, please label the documentation with the contract/grant number.

If the documentation is not separated, batched, labeled with the contract/grant number, and calculated, it will be returned to you for correction. The invoice to which the documentation pertains may be withheld from payment processing or adjusted until the documentation is submitted correctly.

This documentation should include, but is not limited to the following line items: (Please batch and label your documentation according to the following outline)

1. Personnel Expenses: all payroll records (such as copies of signed timesheets) or other personnel ledgers documenting personnel expenses which includes percent of time, time studies for employees working less than 100 percent FTE, actual salary, amount of personnel expenses allocated to CTCP, etc.;

2. Fringe Benefits: computation or records and expenditures of actual costs associated with fringe benefits and a list of items billed under fringe benefits;

3. Operating Expenses: vendor invoices, bills or receipts for all:
   a. General Expense purchases, i.e., office supplies, communication, postage, duplicating, CTCP communication network
   b. Space rent/lease
   c. Printing
   d. Equipment rental
   e. Audit expense, if applicable
   f. Other

4. Equipment Expenses: vendor invoices, bills or receipts for all equipment purchases reflected on the invoice and approved in the Budget by CTCP;

5. Travel/Per Diem and Training: travel log or travel claims and training receipts, bills or invoices and travel policies including the allowable rates established.

   Note: *Please keep the following points in mind when processing travel expense claims:*

   a. Travel Expense Claims must reflect the start and end date/time of travel so that you can correctly apply the travel reimbursement guidelines.
   b. California Department of Human Resources (CalHR) Travel Reimbursement Guidelines must be applied to all employees, subcontractors, consultants, advisory committee members, etc. Refer to Chapter 400: Travel Information,

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and the CalHR Travel Reimbursements website for the most recent CalHR Guidelines.

- ***Note**: Local Lead Agencies may be reimbursed at county rates.*
- ***Note**: Travel and reimbursement for Universities (UCs/CSUs) shall be in accordance with the University's travel policy in effect as of the date the cost is incurred. Reimbursement for travel by employees of a Subawardee of the University shall be reimbursed at actual cost not to exceed the Federal rates in effect as of the date the costs are incurred.*

c. Travel/Per Diem and Training costs charged to this line item should not include conference room rentals.

d. Training costs charged to this line item should be the registration fees for conferences, meetings, trainings, etc. It should not include educational materials purchased for training purposes (i.e., software training manuals).

6. Subcontracts/Consultants: Provide receipts, invoices, bills, etc., for all subcontract expenses approved in the Budget and reflected on the invoice;

7. Other Costs: vendor invoices, bills or receipts for all sub-line items within this category and approved in the Budget which may include, but is not limited to, the following:
   a. Educational Materials
   b. Incentives
   c. Paid Media
   d. Booth Rental/Facilities Fees
   e. Stipends
   f. Paid Sponsorships
   g. Other

   ***Note:** All items reported under Other Costs must be referenced in the Scope of Work (SOW) and justified in the line item narratives.*

8. Indirect Expenses: Include computation or records and expenditures of actual costs approved in the Budget and associated with indirect rates (including vendor purchase orders for outside services such as utilities, janitorial, payroll, bookkeeping, legal, etc.) and a list of items billed under indirect expenses; and,

9. Any other evidence to support expenses claimed for the monthly invoice and in the approved Budget.

Backup/supporting documentation that you submit to CTCP (including timesheets and agency purchase orders) should include signatures and approval dates of authorized agency officials, dates of expense, and must be maintained in accordance with Section 305: Agency Documentation Requirements. Invoices, bills or receipts from outside vendors/businesses for indirect costs and operating expenses should identify the name of the vendor, location of vendor (e.g. address and/or phone number), item of

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expense, amount, and date. If expenses are "split" or shared with other contracts/programs, you should indicate the amount or percent of expense billed to the tobacco contract/grant separate from the portion of expense billed to the contractor's other funded programs.

After examination of this information, your PM will communicate with you their approval or identify any problems that may exist. **Payment of the monthly invoice being substantiated, as well as any subsequent invoices, will be contingent upon your compliance with the requirements of this chapter.**

You must retain a copy of the materials you submit as a record of submission and to facilitate discussion with CTCP in the event any questions arise from the review.

CTCP retains the right to request in the future any additional documentation to support expenses claimed on any monthly/quarterly invoice.

303 – Audit and Record Retention Contract Requirements

Carefully review the Financial and Compliance Audit Requirements, record keeping, and fiscal documentation language in the terms and conditions of your contract. Local Lead Agencies (LLAs) should refer to their LLA Allocation Agreement Terms and Conditions. Parts A-D of this section provide standard contract language for grants, personal services/consultant contracts, interagency agreements with state universities (UCs/CSUs), and federally funded contracts/grants.

California Tobacco Control Program (CTCP) requires that all contractors which meet the definition of a "nonprofit organization" as defined in 2 CFR Part 200, Appendix XI, Compliance Supplement, submit to CTCP a copy of the agency's annual financial and compliance audit report for every Fiscal Year of the contract term. Submit the audit reports to your assigned Procurement Manager (PM) via e-mail and/or the Online Tobacco Information System (OTIS) Communication Log.

Additionally, Proposition 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 Proposition 56 funds. As such, the contractor is to maintain fiscal and program records documenting expenditures and program implementation for three years beyond the date of the final payment.

A. Grants

The following are excerpts from Exhibit C, Standard Grant Conditions of the Grant Agreement:

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1. Audit: Grantee agrees that the Department, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to this Grant. Grantee agrees to maintain such records for a possible audit for a minimum of three (3) years after final payment or completion of the project funded with this Grant, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to the project.

2. Fiscal Management Systems and Accounting Standards: Grantee agrees that, at a minimum, its fiscal control and accounting procedures will be sufficient to permit tracing of all grant funds to a level of expenditure adequate to establish that such funds have not been used in violation of any applicable state or federal law, or the provisions of this Grant. Grantee further agrees that it will maintain separate Project accounts in accordance with generally accepted accounting principles.

3. Records: Grantee certifies that it will maintain Project accounts in accordance with generally accepted accounting principles. Grantee further certifies that it will comply with the following conditions for a grant award as set forth in the Request for Applications (Exhibit D) and the Grant Application (Exhibit A).

    a. Establish an official file for the Project, which shall adequately document all significant actions relative to the Project;
    b. Establish separate accounts, which will adequately and accurately depict all amounts received and expended on this Project, including all grant funds received under this Grant;
    c. Establish separate accounts which will adequately depict all income received which is attributable to the Project, especially including any income attributable to grant funds disbursed under this Grant;
    d. Establish an accounting system, which will adequately depict final total costs of the Project, including both direct and indirect costs; and,
    e. Establish such accounts and maintain such records as may be necessary for the state to fulfill federal reporting requirements, including any and all reporting requirements under federal tax statutes or regulations.

B. Personal Services/Consultant Contracts

*(**Note**: Universities must follow the requirements in the University Terms and Conditions. See Part C of this section):*

The following is an excerpt from Exhibit B, Budget Details and Payment Provisions of the Standard Agreement:

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Expense Allowability / Fiscal Documentation

a. Invoices, received from the Contractor and accepted for payment by the State, shall not be deemed evidence of allowable agreement costs.

b. Contractor shall maintain for review and audit and supply to California Department of Public Health (CDPH) upon request, adequate documentation of all expenses claimed pursuant to this agreement to permit a determination of expense allowability.

c. If the allowability of an expense cannot be determined by the State because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles or practices, all questionable costs may be disallowed and payment may be withheld by the State. Upon receipt of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.

The following is an excerpt from Exhibit B, Budget Details and Payment Provisions of the Standard Agreement:

Recovery of Overpayments

a. Contractor agrees that claims based upon the terms of this agreement or an audit finding and/or an audit finding that is appealed and upheld, will be recovered by the State by one of the following options:

   i. Contractor's remittance to the State of the full amount of the audit exception within 30 days following the State's request for repayment;
   ii. A repayment schedule agreeable between the State and the Contractor.

b. The State reserves the right to select which option as indicated in paragraph a. above will be employed and the Contractor will be notified by the State in writing of the claim procedure to be utilized.

c. Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to the Contractor, beginning 30 days after Contractor's receipt of the State's demand for repayment.

d. If the Contractor has filed a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If the Contractor loses the final administrative appeal, Contractor shall repay, to the State, the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from the

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Contractor's first receipt of State's notice requesting reimbursement of questioned audit costs or disallowed expenses.

The following is an excerpt from Exhibit C, General Terms and Conditions of the Standard Agreement:

Audit: Contractor agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub.Contract Code §10115 et seq., CCR Title 2, Section 1896).

The following is an excerpt from Exhibit E, Additional Provisions of the Standard Agreement:

Subcontract Requirements: "(Subcontractor Name) agrees to maintain and preserve, until three years after termination of (Agreement Number) and final payment from CDPH to the Contractor, to permit CDPH or any duly authorized representative, to have access to, examine or audit any pertinent books, documents, papers and records related to this subcontract and to allow interviews of any employees who might reasonably have information related to such records."

C. Interagency Agreements with State Universities (UCs/CSUs)

The following are excerpts from Exhibit C, University Terms and Conditions of the UC/CSU Interagency Agreement:

Expense Allowability / Fiscal Documentation

University will maintain financial records and supporting documentation of all costs incurred in the performance of this Agreement. If the State agency or State Controller's Office requires clarification of any expenditure prior to payment of an invoice, University will provide documentation of such expenditure to support its allowability. If any expenditures are disputed by the State, pending resolution, State agrees to pay all other undisputed invoiced costs.

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Audit

The University agrees that the awarding State agency, the Department of General Services, the California State Auditor, or their designated representative shall have the right to audit and/or review, and copy any records and supporting documentation pertaining to the performance of this Agreement if it exceeds $10,000. The University agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of record retention is stipulated in Exhibit D. If any litigation, claim, or audit begins prior to the expiration of the retention period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved and final action taken. University agrees to refund to the State any amounts claimed for reimbursement and paid to University which are later disallowed by the State after audit or inspection of records.

D. Federally-Funded Contracts/Grants

The following are excerpts from Exhibit F, Federal Terms and Conditions of the Grant Agreement and Standard Agreement:

Financial and Compliance Audit Requirements

By signing this Agreement, the Contractor/Subcontractor agrees to abide by all requirements specified in 2 CFR 200 et seq., 2 CFR et seq., as applicable, including but not limited to obtaining an annual audit, and any subsequent federal regulatory additions or revisions.

1. The definitions used in this provision are contained in Section 38040 of the Health and Safety Code, which by this reference is made a part hereof.

2. Direct service contract means a contract or agreement for services contained in local assistance or subvention programs or both (see Health and Safety [H&S] Code section 38020). Direct service contracts shall not include contracts, agreements, grants, or subventions to other governmental agencies or units of government nor contracts or agreements with regional centers or area agencies on aging (H&S Code section 38030).

3. The Contractor, as indicated below, agrees to obtain one of the following audits:

    a. If the Contractor is a nonprofit organization (as defined in H&S Code section 38040) and receives $25,000 or more from any State agency under a direct service contract or agreement; the Contractor agrees to obtain an annual single, organization wide, financial and compliance audit. Said audit shall be conducted according to Generally Accepted Auditing Standards. This audit does not fulfill the audit requirements of

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Paragraph c(3) below. The audit shall be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, and/or

b. If the Contractor is a nonprofit organization (as defined in H&S Code section 38040) and receives less than $25,000 per year from any State agency under a direct service contract or agreement, the Contractor agrees to obtain a biennial single, organization wide financial and compliance audit, unless there is evidence of fraud or other violation of state law in connection with this Agreement. This audit does not fulfill the audit requirements of Paragraph c(3) below. The audit shall be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, and/or

c. If the Contractor is a State or Local Government entity or Nonprofit organization (as defined in 2CFR Part 200) and expends $750,000 or more in Federal awards, the Contractor agrees to obtain an annual single, organization wide, financial and compliance audit according to the requirements specified in 2CFR Part 200. An audit conducted pursuant to this provision will fulfill the audit requirements outlined in Paragraphs c(1) and c(2) above. The audit shall be completed by the end of the ninth month following the end of the audit period. The requirements of this provision apply if:

   i. The Contractor is a recipient expending Federal awards received directly from Federal awarding agencies, or
   ii. The Contractor is a subrecipient expending Federal awards received from a pass-through entity such as the State, County or community-based organization.

4. If the Contractor submits to CDPH a report of an audit other than a single audit, the Contractor must also submit a certification indicating the Contractor has not expended $750,000 or more in federal funds for the year covered by the audit report.

5. Two copies of the audit report shall be delivered to the CDPH program funding this Agreement. The audit report must identify the Contractor's legal name and the number assigned to this Agreement. The audit report shall be due within 30 days after the completion of the audit. Upon receipt of said audit report, the CDPH Program Contract Manager shall forward the audit report to CDPH's Audits and Investigations Unit if the audit report was submitted under Section 16.c(3), unless the audit report is from a City, County, or Special District within the State of California whereby the report will be retained by the funding program.

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6. The cost of the audits described herein may be included in the funding for this Agreement up to the proportionate amount this Agreement represents of the Contractor's total revenue. The CDPH program funding this Agreement must provide advance written approval of the specific amount allowed for said audit expenses.

7. The State or its authorized designee, including the Bureau of State Audits, is responsible for conducting agreement performance audits which are not financial and compliance audits. Performance audits are defined by Generally Accepted Government Auditing Standards.

8. Nothing in this Agreement limits the State's responsibility or authority to enforce State law or regulations, procedures, or reporting requirements arising thereto.

9. Nothing in this provision limits the authority of the State to make audits of this Agreement, provided however, that if independent audits arranged for by the Contractor meet Generally Accepted Governmental Auditing Standards, the State shall rely on those audits and any additional audit work and shall build upon the work already done.

10. The State may, at its option, direct its own auditors to perform either of the audits described above. The Contractor will be given advance written notification, if the State chooses to exercise its option to perform said audits.

11. The Contractor shall include a clause in any agreement the Contractor enters into with the audit firm doing the single organization wide audit to provide access by the State or Federal Government to the working papers of the independent auditor who prepares the single organization wide audit for the Contractor.

12. Federal or state auditors shall have "expanded scope auditing" authority to conduct specific program audits during the same period in which a single organization wide audit is being performed, but the audit report has not been issued. The federal or state auditors shall review and have access to the current audit work being conducted and will not apply any testing or review procedures which have not been satisfied by previous audit work that has been completed. The term "expanded scope auditing" is applied and defined in the U.S. General Accounting Office (GAO) issued Standards for Audit of Government Organizations, Programs, Activities and Functions, better known as the "yellow book."

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304 – Agency Documentation Requirements

The California Department of Public Health may audit contracts at any time. The documentation required for each audit may typically include, but is not limited to the following:

Fiscal Records

A. General Ledger, Journals, and Accounts and corresponding financial statements
B. Cash Receipts and Disbursements Journal with Supporting Documents
C. Vendor and/or Subcontractor Invoices to Support Expenditures
D. Remittance Advices received from the State Controller's Office
E. Payroll Records, including, but not limited to personnel time sheets signed/dated by the employee and supervisor reflecting actual time worked on program including time studies for employees working less than 100 percent Full Time Equivalent (FTE) funded by multiple fund sources or programs
F. Travel Logs signed/dated by employee and supervisor, Employee Expense Claims and appropriate receipts
G. Billing Records (Program Log)
H. State and Federal Tax Withholding Records
I. Financial Statements including copies of annual Independent Audit Reports and Independent Audit of County Auditor's Report (for Local Lead Agencies)
J. Computation of the Fringe Benefit of Fund Sources including records and expenditures of actual costs associated with fringe benefits
K. Agency-wide Budget and separate accounting records for different Fund Sources and adequate accounting record keeping
L. Copies of Monthly/Quarterly Invoices submitted to the State for payment and supporting documentation for invoice expenses
M. Copies of Reimbursement Warrants and Remittance Advices from the State Controller's Office
N. Administrative Manuals such as Personnel Policies and Procedures, Travel Policies and Procedures, and methods and processes used to record, compile, and report the expenditures and allocated costs
O. Internal control policies and procedures including the policies, procedures, documents and reports, that affect the revenues, expenditures, and allocation of expenditures

Program Records

A. Project Application/Proposal (submitted in response to Request for Applications or Solicitation)
B. Contract and Contract Amendments
C. California Tobacco Control Program (CTCP) Competitive Grantee Administrative and Policy Manual
D. Progress Reports and the Final Report

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E. Program Audit Reports of Site Visits
F. Project Scope of Work
G. Subcontract/Consultant/Vendor Agreements
H. Bidding Documents used in subcontract/consultant/vendor selection or justification(s) supporting the absence of bidding
I. Correspondence Regarding the Contract and/or Subcontracts
J. Program implementation records that document the number of people served, materials developed, activities conducted, etc. These records may include, but are not limited to logs, sign-in sheets, meeting minutes, survey and evaluation data, etc.
K. If applicable, an approved mini-grant process (approved by the State) along with program records of awards, correspondence, fiscal records, etc.

Other Records

A. Board of Director's Minutes and Articles of Incorporation
B. Non-Profit State Approval Letter/Certification
C. Organization Chart (Agency wide) and Duty Statements
D. Program Correspondence Files related to the CTCP-funded project
E. Other Program Audits of the Facility

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400 – Travel Information

401 – State Rate Reimbursement

A. General

The California Department of Public Health (CDPH), California Tobacco Control Program (CTCP) requires that travel expenses for activities not exceed rates established by the California Department of Human Resources (CalHR). Projects that have money allocated for travel in their approved budgets should be knowledgeable of the current allowable rates and should ensure that billings to CTCP for travel costs do not exceed the allowable rates. This will prevent an audit exception in the travel line item. For general information and current travel reimbursement rates visit: https://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx.

***Note**: The allowable lodging rates are the base rate before taxes and fees are applied.*

The travel and per diem rates apply to all travel reimbursement that occurs through the funded project whether reimbursement is made to an employee, advisory committee member, consultant or subcontractor, etc. Please share this information with anyone who might receive reimbursement so that the rates/guidelines will be implemented. This information should be shared with the appropriate fiscal staff within your agency so they can assist you in preparing your monthly travel expense claims and/or reimbursing travel expenses for consultants and subcontractors.

Additionally, please keep the following points in mind:

- All travel expense claims used for travel reimbursement should indicate the start/end time and beginning/ending date(s) for travel as well as the individual's normal work hours. This information is necessary in order to correctly apply the travel reimbursement guidelines. For example: If the individual starts travel status at 5:30 a.m. and ends their travel at 8:30 p.m. the same day, the individual may claim breakfast and dinner. However, because the travel status is less than 24 hours, the individual may not claim lunch.
- Lunch cannot be claimed if on travel status less than 24 hours. **NO EXCEPTIONS.**
- CTCP will not reimburse for tips paid to cab/Uber/Lyft drivers, shuttle services, servers, etc. If the individual is on travel status more than 24 hours, they may use the incidental allowance to cover these expenses. If travel status is less than 24 hours, the individual must pay this expense out of his/her own pocket.

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- If an individual is renting a car for business purposes, the car is to be rented in that person's name only, not in the name of anyone else.
- Overnight lodging is not allowed for travel less than 50 miles from the main office, headquarters, or primary residence.
- The purchase of travel gift cards/certificates is not allowed.
- Projects are allowed to cover the travel costs for volunteers, as long as the individuals are not employed by a CTCP-funded project or government agency. Per CDPH's Office of Legal Services, paying a CTCP-funded agency to attend a training/meeting appears as a "gift of state funds" which is prohibited.
- In the event that airfare is required to attend an event, it is recommended that the lowest possible fare be selected. However, if there is uncertainty that the event may be held, due to unplanned circumstances (e.g., COVID-19), and/or the designated staff person is not able to attend (e.g., illness), CTCP may approve the purchase of refundable tickets on a case-by-case basis. Contact your assigned PM/PC for additional information.

Local Lead Agencies

Local Lead Agencies may be reimbursed at county travel reimbursement rates.

State Universities (UCs/CSUs)

Travel and reimbursement for University employee travel costs shall be in accordance with the University's travel policy in effect as of the date the cost is incurred. The University will immediately inform the State in writing of any changes in its travel policy.

Reimbursement for travel by employees of a Subawardee of the University shall be reimbursed at actual cost not to exceed the Federal rates in effect as of the date the costs are incurred. Federal rates are available on the US General Services Administration website:
https://www.gsa.gov/travel/plan-book/per-diem-rates

B. Excess Lodging Approval

California Department of Human Resources (CalHR) has established maximum allowable nightly lodging rates, which can be found at:

https://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx.

The allowable lodging rates are the base rate, before taxes and fees are applied. CTCP is aware that it is becoming increasingly difficult to stay within these rates for large meetings, conferences, etc. Therefore, CTCP has established the following procedures to obtain approval for excess lodging rates.

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1. The request must contain the following documents:

   a. A cover letter requesting approval for the excess lodging, which includes the following information:
      - Travel Dates (start/end dates)
      - Point of Origin and Destination (city to city)
      - Information for the Requested Commercial Lodging Establishment: Name, Address, Room Rate Requested, including confirmation of availability of lodging.
   b. Documentation from a minimum of three commercial lodging establishments indicating no alternative lodging available at the allowable State rate for the period of travel. The documentation may include screen shots of the establishments' online reservation site, including lodging rates and confirmation of availability and/or email from establishments, which include their lodging rates and the availability of lodging.
   c. A copy of the agenda, conference brochure, etc.

2. Submit the request to your Procurement Manager (PM) via the Online Tobacco Information System (OTIS) Communication Log.

3. Please **allow at least 25-35 business days** to receive a response to your written request because the PM must coordinate the review/approval with the appropriate channels within CDPH.

4. Do NOT assume that the request is approved if you have not heard from CTCP.

5. When approved, your PM will provide written notification of the approval, which must also be given to all CTCP-funded projects attending the event. This documentation must be maintained to document approval of the excess lodging rate.

6. If the request is disapproved, your PM will provide written notification of the disapproval.

7. After the fact requests will be denied and are not reimbursable.

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402 – Out-of-State Travel

The California Tobacco Control Program (CTCP) requires that projects obtain prior approval for all out-of-state travel (OST) unless it is pre-approved through the CTCP modification process. To obtain approval for OST that is not in your currently approved Scope of Work and Budget, you must submit an OST request via the Online Tobacco Information System (OTIS). Refer to the Policy Section of this manual, Chapter 400, Policy #03, for more information regarding out-of-state travel.

When budgeting funds for OST, please note CTCP funds may not be utilized to travel to a State that has enacted a law, after June 26, 2015, that discriminates against individuals who identify as lesbian, gay, bisexual, or transgender. Per Assembly Bill (AB) 1887 (Government Code Section 11139.8), state-funded and state-sponsored travel is prohibited to states with discriminatory laws. See https://oag.ca.gov/ab1887 for states subject to AB 1887's travel prohibition.

Do NOT assume that the request is approved if you have not heard from CTCP. The approval must be made in OTIS before the travel expenses are incurred. OST, including salary, which occurs without prior written approval will be denied and is not reimbursable.

403 – Government Rate for Project Travel

When travel to implement your scope of work or to conduct business on behalf of the state requires overnight lodging, it may be beneficial to obtain a Government Rate Letter from your Procurement Manager (PM). This letter can be presented to hotels/motels to request the California state government rate for their establishment (see Section 404: Sample Government Rate Letter). If you are interested in using this letter when conducting state business, please send a request to your PM via the Online Tobacco Information System (OTIS) Communication Log.

Please note that hotels/motels are not required to offer the California state government rate to individuals who are not California state employees, even when presented with a Government Rate Letter.

The letter will be a "template" that you can use multiple times. Please make copies of the original letter the PM sends and use the copies throughout the grant/contract term. You will need to complete the blanks noted on the letter each time you request the California state government rate from a hotel/motel.

Please keep in mind that the government rate offered by some hotels/motels may exceed the maximum per diem allowed under your contract. This government rate letter does NOT authorize excess lodging rates above the maximum per diem amount. See Section 401: State Rate Reimbursement, Part B: Excess Lodging Approval for information on how to obtain approval for excess lodging.

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404 – Sample Government Rate Letter

SAMPLE GOVERNMENT RATE LETTER

Date: _____

To: Hotel/Motel Name: _____

Hotel/Motel Address: _____

This is to certify that I, the undersigned traveler, am a representative of the State agency indicated below; that the charges for the occupancy at the above establishment on the dates set forth below have been, or will be paid for by the State of California; and that such charges are incurred in the performance of my official duties as a representative of the State of California. State of California rates are hereby requested. This certificate is valid until [Month, Day, Year].

Occupancy Date(s): _____

Amount Paid: _____

State Agency/Representative of:

California Department of Public Health
California Tobacco Control Program
MS 7206
P.O. Box 997377
Sacramento, CA 95899-7377

Contract/Grant Name: [Agency Name]
Headquarters Address: [Address]
Traveler's Name: (Printed or Typed) _____
Executed At: (City): _____
Traveler's Signature:_____Date: _____

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500 – In-House Revisions and Formal Amendments to Agreements

501 – Overview

Most California Tobacco Control Program-funded projects contain the following:

- Scope of Work (SOW)
- Budget/Budget Justification (Budget)

The SOW identifies objectives (goals) and operationalizes a set of activities that work toward accomplishing the objectives. The SOW contains the following:

- Intervention Activities
- Evaluation Activities

The Budget contains the following eight (8) major categorical line items, which are:

- Personnel Costs
- Fringe Benefits
- Operating Expenses
- Equipment Expenses
- Travel/Per Diem & Training
- Subcontracts and Consultants
- Other Costs
- Indirect Expenses

The Budget Justification contains the formulas and cost narratives which justify the spending plan in the Budget.

For the purposes of this chapter, the Budget and Budget Justification will be referred to as the Budget even though revisions and amendments may be made to one or the other, or both at the same time.

There are two procedures available for changing the SOW and Budget contained in your contract: 1) In-house revisions; 2) formal amendments to the agreement. These procedures are explained in more detail in the following sections.

502 – In-House Revision Overview

An in-house revision is the less formal of the two procedures and may only be requested by Local Lead Agencies (LLAs) and Competitive Grantees (CGs). In general, revisions to evaluation/surveillance contracts, media contracts, certain statewide projects, and interagency agreements with state universities require a formal amendment to the agreement/contract. Amendment criteria and procedures are explained in more detail in Section 505: Amendment Criteria and Procedures.

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In-house revisions must be requested, completed and approved in the Online Tobacco Information System (OTIS) by the California Tobacco Control Program (CTCP) during the designated open revision period. The annual open revision period for CGs is generally scheduled for February 1 through March 31; for LLAs, the annual open revision period is generally scheduled September 1 through October 31. Exact dates may be adjusted if these dates fall on a weekend/holiday. CTCP will provide submittal timelines for each Plan Revision through the OTIS Communication Log in order to ensure all final Plan Revision approvals are completed by the end of the open revision period.

Because Plan Revisions (Scope of Work (SOW) and Budget) require a significant amount of time and effort to complete, LLAs/CGs should carefully consider which Plan Revisions will be required, and seek conceptual approval from their assigned CTCP Program Consultant (PC) and Procurement Manager (PM) through the OTIS Communication Log. Please note, the PC/PM may require follow-up meetings and/or documents before approval can be given. LLAs/CGs should ensure adequate time and personnel are available so that the revision can be completed in a timely manner.

If a revision is needed outside of the annual open revision period, CTCP may “approve” the revision request conceptually via the OTIS Communication Log, and then request the project formally update the SOW and/or Budget during the next open revision period.

Note: *Progress Reports and Cost Reports may be submitted and viewed, but cannot be approved while a Plan Revision is open.*

Note: *If submittal dates do not allow CTCP sufficient time to review and approve Plan Revisions, the Plan Revisions may be suspended and then canceled by CTCP. Any edits made in that version will be permanently deleted from OTIS and the Plan will revert to the last approved version.*

Scope of Work

Changes or revisions to the activities, deliverables and/or performance time frames specified in the SOW may be made through an in-house revision provided the changes do not alter the overall goals and basic purpose of the project.

Budget

Modifications to the funding levels of the budget line items or subcategories in the Budget can be made through an in-house revision, provided that the:

1. Total contract/agreement amount remains unchanged;
2. Funding amount for any fiscal year remains unchanged; and
3. Change is programmatically justified and does not alter the approved SOW.

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Note: *CTCP can only approve invoice expenses that conform to the currently approved project Budget. Invoices cannot be approved against a pending in-house Budget revision. Supplemental invoices for additional expenses incurred during the pending period may be submitted after the Budget revision is approved.*

503 – In-House Revision Criteria and Procedures

A. Budget Revision Criteria

Local Lead Agency's (LLAs)/Competitive Grantees (CGs) may make changes to the funding levels and narratives of the categorical or sub-categorical line items in the Budget, but may not use the in-house revision process to add additional line items to the Budget or increase the total funding amount per fiscal year or the total overall Budget amount.

An in-house budget revision is required when actual expenditures in specific categorical line items will exceed the budgeted levels. A budget revision allows a project to move money from one categorical line item to other categorical line items in the budget in order to reconcile the budget line items with actual expenditures and/or projected expenditures. For example, a project discovers that the Operating Expenses line item was over-budgeted and insufficient amounts were budgeted in the Other Costs line item. With an in-house budget revision, the project can move funds from Operating Expenses into Other Costs within the same fiscal year.

B. Scope of Work Revision Criteria

Certain changes can be made to the Scope of Work (SOW) without obtaining a formal amendment to the agreement. Adjustments can be made to activities, deliverables and/or performance time frames provided these changes do not result in a change in the overall goals and basic purpose of the project. For example, a SOW currently states that the project will staff a booth at four to six events for one to two hours each; however, the project has found that conducting town hall events is much more conducive to collecting surveys, recruiting workgroup members, and/or providing educational presentations. To replace this activity, this change can be accomplished through an in-house SOW revision.

Note: *When making changes to the SOW, you may need to adjust the program deliverable percentages to appropriately reflect the SOW changes.*

C. Budget/SOW Revision Procedures

When a circumstance such as those described above arises, complete the following steps:

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1. Contact the California Tobacco Control Program (CTCP) Procurement Manager (PM) and Program Consultant (PC) assigned to your project and discuss the proposed revision to the Budget and/or SOW.

2. If it is agreed that an in-house revision is necessary, submit a formal request in the Online Tobacco Information System (OTIS) Communication Log that includes:

   a. An explanation as to why changes to the Budget or SOW are necessary;

   b. For Budget revisions, the PM may request a detailed breakdown of the changes to the current approved budget prior to opening the plan for revisions in OTIS, which should include: 1) existing budget levels for each of the budget line items; 2) amount of increase or reduction for each line item; and, 3) new line item amounts. This can be accomplished by attaching a Word document using the "Track Changes" function to the OTIS Communication Log message that will indicate which item(s) in the Budget have changed by: 1) ~~striking out~~ the items you wish to delete, and 2) <u>underline</u> the items being added.

   c. For SOW revisions, clearly describing the proposed changes in narrative form generally suffices. If a revision is extensive, the PC may request a detailed breakdown of the changes to the current SOW (e.g., attach a Word document using the "Track Changes" function to the OTIS Communication Log message) prior to opening the plan for revisions in OTIS. Projects should work with their PC to establish how to best formalize the SOW revision request.

3. If an in-house revision is approved, the PM and PC will open up the plan to enter the edits in OTIS. Upon submission of the edits, the PM and PC will coordinate final approval.

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504 – Local Lead Agency In-House Revision Procedures and Considerations

A. Questions Local Lead Agencies (LLAs) must consider at the start of each fiscal year (FY) following Years One, Two and Three of the Plan period to determine the sequence of procedures that need to be followed:

1. **Do you have unexpended funds from the prior FY or have any line item expenditures exceeding the budgeted line item amount?**
   a. **Yes**: A Budget Revision will be opened for you during the September-October open revision period, once the January-June cost report (CR) is ready to be approved (refer to Section C below). When the Budget Revision is approved, go to Question 2 below.
   b. **No**: Go to Question 2 below.
2. **Are there changes to your allocation amount for the current FY, per advice from California Tobacco Control Program (CTCP)?**
   a. **Yes**: A Budget Revision will be opened for you during the September-October open revision period, once the January-June CR is ready to be approved (refer to Section C below). When approved, go to Question 3 below.
   b. **No**: Go to Question 3 below.
3. **Would you like to request a Scope of Work (SOW) Revision, a Budget Revision or a Combined Revision for the current FY, - OR - was your allocation amount increased by $50,000 or more this FY, making a Combined Revision mandatory?**
   a. **Yes**: Request a SOW, Budget, or Combined Revision (refer to Sections B-D below).
   b. **No**: END, no further action is necessary for your LLA Plan.

B. Procedures for Scope of Work (SOW) Revisions

Annually, after the January-June Progress Report (PR) is submitted for Years One, Two or Three of the Plan period, the project may request a SOW revision.

STEPS:

1. Obtain conceptual approval from your assigned CTCP Program Consultant (PC) and Procurement Manager (PM) through the Online Tobacco Information System (OTIS) Communication Log. If you receive conceptual approval from CTCP and:
   a. **IF**: It is between September 1 and the October 31 deadline, **THEN**: Go to Step 2 below.
   b. **IF**: It is outside the September 1 - October 31 period, **THEN**: Contact your assigned PC and PM via the OTIS Communication Log detailing your revision request(s). If approved, the change must be added to the SOW and/or Budget in the next formal revision.

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2. Open a formal "Revision Request" in the OTIS Communication Log. As part of this request, you must:
   a. Select the "Desired Effective Date for Revision," and choose the current fiscal year from the drop-down menu.
   b. Select the section(s) of the Plan to be opened for revision by checking the boxes (e.g., Objective Two in the SOW).
   c. Describe each change requested in the narrative portion/text box provided and/or attach a Word document using the "Track Changes" function to the OTIS Communication Log message.
   d. Submit to CTCP.
3. CTCP may approve or deny your request, or seek additional clarification.
4. If your revision request is granted, requested sections of the Plan will be opened for you to edit in OTIS and you will be given a timeline for submitting the Plan Revision and subsequent due dates.
5. Make changes to the open sections by the due dates indicated and submit to CTCP.
6. One extension of the overall Plan Revision completion date in OTIS may be requested (but not beyond October 31).
7. The PC and PM will review the SOW Revision and approve if acceptable.
8. When CTCP grants final approval, the new version of the Plan is in effect, and the Abstract will be opened for you to make any needed edits.
9. Revise the Abstract if required and resubmit it to CTCP with or without changes.
10. CTCP will review and approve the Abstract.

C. Procedures for Budget Revisions

Annually, after the January-June CR is submitted and ready to be approved for Years One, Two or Three of the Plan period, the assigned PM will typically open a Budget Revision in OTIS before the CR approval to allow:

1. CTCP to adjust the LLA budget allocation amounts if allocations have changed;
2. LLAs to adjust prior year budget line items to eliminate any line item deficits and to match actual expenses in the CR; and,
3. LLAs to reallocate (rollover) unexpended funds from the prior to the current FY and adjust current FY line items to reflect actual allocation amounts.

   ***Note**: Justifications will be required for all line item adjustments (e.g., "rollover of unspent funds from Year Two to Year Three.")*

STEPS:

1. Submit CR on or before the August 31 deadline.
2. The PM will review your CR and:
   a. Add comments for any required changes to the CR, if applicable;

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b. Advise you that the CR can only receive approval after the remaining steps outlined in this section have been completed;
c. Note calculations of rollover and changes to allocation amounts; and
d. Return the CR to you as "Needs Revisions" - or - will coordinate with the PC to open a Plan revision, - or - approve/disapprove CR with no Plan revision opened.

***Note**: If prior year expenditure was equal to your allocation amount, and your new allocation amount is unchanged, no Budget Revision would be required unless expenditure has exceeded the budget in individual line item budgets for the prior year.*

3. You will access the Budget and make changes to budget line items for the prior and current FYs as required. The following explains the scenarios that may apply to your LLA:
   a. Your TOTAL expenditures for the prior FY were reported as:
      i. Lower than your allocation amount
      ii. Equal to your allocation amount
      iii. Higher than your allocation amount
   b. And your ALLOCATION AMOUNT for the new FY, per CTCP advice, is:
      i. Higher than previous estimates
      ii. Equal to previous estimates
      iii. Lower than previous estimates

      ***Note**: Over-expenditure is not permitted, so you will be required to reduce actual prior year expenses in the CR to match budget estimates and return the CR to CTCP.*
   c. In all cases (except those outlined in the Notes above), you will:
      i. Note the total amount of any unspent funds and unspent funds in each budget line from the prior FY, and any change to the allocation amount for the current FY.
      ii. In the prior FY's budget line items, enter the amount of any unspent funds for each line as a negative adjustment. You may also be required to move (reallocate/add) funds into line items at this time due to higher than anticipated expenses in those lines. The final budget line items should then reflect your actual expenses in each line item as reported in the CR submitted to CTCP.
      iii. In the current FY's budget line items, adjust selected budget line items so that the sum of these adjustments equals the sum of any unspent funds from the prior year and any change to the allocation amount for the current FY.

      ***Note**: Some costs may be ineligible for rollover authorization, depending on the Solicitation or guidelines (e.g., if the minimum number of LLA project staff did not attend required CTCP Travel/Trainings, funds allocated for that purpose cannot be reallocated elsewhere and are forfeited).*

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***Note**: The movement of unexpended balances from one year to the next does not have to stay within the same category it came from in the previous FY. However, you may choose to simply move unexpended balances from each line item from the last budget year into the corresponding line item in the current budget year to simplify this Budget Revision and have the CR approved. You may then request a second Budget Revision or a Combined Revision to move funds between categories within the current budget year (see Section D below).*

***Note**: Whenever there is an adjustment on a budget line item (for both deduction and addition of funds), a Budget Justification narrative must be added explaining why the adjustment is needed and how any unexpended balances will be used. The budget formula must be corrected to match the adjusted amount.*

4. One extension of the overall Budget Revision completion date may be requested, but not beyond the October 31 deadline.
5. Submit Budget Revision to CTCP.
6. Resubmit CR with or without changes as specified in PM's cost report analysis comments.
7. The assigned PM and PC will review and approve the Budget Revision.
8. When CTCP grants final approval, the Abstract will open for you to make any desired changes.
9. Revise the Abstract if required and resubmit to CTCP with or without changes.
10. CTCP will review and approve the abstract.
11. When CTCP approves the CR, the FY is closed out.

D. Procedures for a Combined Revision

Discuss a Plan Revision with your assigned PC and PM as soon as possible if:

1. Current or future activities may be outside the scope of the current objectives in your Plan's SOW or the Budget;

   Your LLA received an allocation adjustment of $50,000 or more above prior estimates; ***Note**: a revision may be requested for an allocation adjustment below the prior estimate, but is not required*; and/or,
2. A Budget Revision is required to reallocate funds between line items within the current FY.

STEPS:

1. Use the OTIS Communication Log to discuss in concept the changes desired with the assigned PC and PM.
2. If you receive conceptual approval from the PC and PM and:
   a. **IF**: It is between September 1 and the October 31 deadline, **THEN**: Go to Step 3 below.

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b. **IF**: It is outside the September 1-October 31 period, **THEN**: Contact your assigned PC and PM via the OTIS Communication Log detailing your revision request(s). If approved, the change must be added to the SOW and/or Budget in the next formal revision.

3. Open a formal "Revision Request" in the OTIS Communication Log. As part of this request, you must:
   a. Select the "Desired Effective Date for Revision" and choose the current six-month PR period (i.e. July–December) from the drop-down menu.
   b. Select the section(s) of the Plan to be opened for revision by checking the boxes (e.g., Objective Two in the SOW).
   c. Describe each change requested in the narrative portion/text box provided and/or attach a Word document using the "Track Changes" function to the OTIS Communication Log message.
   d. Submit to CTCP.
4. The PC and PM may approve or deny your request, or request clarification.
5. If your request is granted, requested sections of the Plan will be opened for you to edit in OTIS and you will be given a timeline for submitting the Plan Revision and subsequent due dates.
6. Make changes to the open sections by the due dates indicated and submit to CTCP.
7. One extension of the overall Plan Revision completion date in OTIS may be requested (but not beyond October 31).
8. The PC and PM will review the Combined Revision and approve if acceptable.
9. When CTCP grants final approval, the new version of the Plan will be in effect, and the Abstract will be opened for you to make any desired revisions.
10. Revise the Abstract if required and resubmit to CTCP with or without changes.
11. CTCP will review and approve the Abstract in OTIS.

505 – Amendment Criteria and Procedures

An amendment to a contract/agreement is a formal revision procedure. It is used to make broad changes such as increasing the total contract amount, adding line items to an already approved plan, or adjusting one or more line items, per fiscal year, which cannot be made by an in-house revision.

California Tobacco Control Program (CTCP) can only approve invoice expenses that conform to the currently approved Budget and contract/agreement (as applicable). Invoices and supplemental invoices, for additional expenses, may not be submitted for approval until the amendment is fully executed (signed by CDPH).
Amendments are subject to the same approval process as the original contract/grant agreement. Final approval may take as long as three months from the time CTCP approves the request. The project may request one (1) formal amendment per 12-month period, whether it is a Scope of Work (SOW) amendment and/or a Budget

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amendment. No amendment will be considered within the last ninety (90) days of the project term.

A. Criteria

A formal amendment to the contract/agreement may be appropriate when broad changes in the contract/agreement need to be made that could not be accomplished informally with an in-house revision. In general, a formal amendment is required for, but not limited to the following:

1. Add a budget line item to an already itemized category. For example, your subcontract category is currently itemized to show two subcontractors. To add a third subcontractor would require an amendment.
2. Increase or decrease the total dollar amount of the budget.
3. Increase or decrease the dollar amount for any fiscal year budget.
4. Change the overall goals and basic purpose of the SOW.
5. Change the project agency's legal name.
6. Change the project term.
7. Make any other justifiable changes that cannot be made through an in-house revision because the terms and conditions of the signed contract/agreement have been altered.

B. Procedures

When circumstances such as those described above arise, complete the following steps:

1. Contact the CTCP Procurement Manager (PM) and Program Consultant (PC) or the Project Officer (PO) assigned to your project and discuss the issues.
2. If it is agreed that an amendment is necessary, submit a formal written request via the Online Tobacco Information System (OTIS) Communication Log that includes:
    a. An explanation as to why changes to the Budget or SOW are necessary;
    b. A revised budget (e.g., Word document using the "Track Changes" function) which specifically includes: 1) existing budget levels for each of the budget line items; 2) amount of increase or reduction for each line item; and, 3) new line item amounts. Include the rationale for each line item change.
        i. You must indicate which item(s) in the Budget have changed by: 1) ~~striking out~~ the items you wish to delete, and 2) **bold/underline** the items being added.
        ii. The proposed budget amendment **must** incorporate any previously approved in-house budget revisions; and

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c. A revised SOW.
    i. You must indicate which item(s) in the SOW have changed by: 1) ~~striking out~~ the items you wish to delete, and, 2) **<u>bold/underline</u>** the items being added.

d. Upon submission of the edits, the PM will coordinate final approval of the amendment with the PC or PO and California Department of Public Health's (CDPH's) Contracts Management Unit (CMU).

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600 – Subcontract Requirements

601 – Overview

Subcontracts may be used when the prime agency (Contractor) funded by the California Department of Public Health, California Tobacco Control Program (CDPH/CTCP) requires a level of service or expertise that extends beyond what is available within the funded agency, or when the work may be more appropriately completed by another agency/organization. Prior to reviewing this chapter, please review the Policy Manual, Chapter 305–Program Requirements, Subcontract Agreement Requirements.

Note: *The term "Contractor" below refers to the project funded directly by CTCP. Subcontracts include the following two subcategories: subcontractors and consultants.*

A. Subcontractors:

Performs a component of the scope of work (SOW) and/or activity on a limited term basis. An eight line budget (including salaried positions, indirect expenses, etc.) is typically prepared. Typical services may include translation services or website development.

B. Consultants:

Performs a service that is advisory in nature. Fees are typically paid on an hourly basis. Typical services may include training, or program design and development. Refer to Section 602: Subcontract Agreement Criteria and Approval Process for further information.

Note*: Throughout the rest of this chapter the term "subcontractor" refers to consultants and subcontractors. Also, the term "subcontract agreement" refers to all agreements entered into with subcontractors and consultants.*

Please keep the following points in mind:

- Subcontract agreements totaling $5,000 or more are to be selected via a competitive three bid process that is conducted in a fair and unbiased manner to eliminate any real or perceived allegation of preference (e.g., favoritism, bias, nepotism).

  Note: *Local Lead Agencies (LLAs), Tribal Governments, Tribal Government Agencies, and state universities (UCs/CSUs) must follow their own competitive bid process, policies, and procedures for awarding a subcontract or community engagement agreement or explain why another process was used.*
- CTCP reserves the right to withhold payment to the Contractor for expenses related to a subcontractor/consultant until CTCP approves the subcontract

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package. Refer to Section 602: Subcontract Agreement Criteria and Approval Process for more information.

- Contractors are responsible for the performance of all requirements under the contract with CTCP even if such performance is carried out pursuant to a subcontract agreement.
- Contractors agree that all subcontract agreements entered into for performance under the contractor's award, shall be in writing and include a provision requiring the subcontractor to comply with the terms and conditions of the contractor's award and all other applicable state laws.

602 – Subcontract Agreement Criteria and Approval Process

A. Criteria

The following provides general information and outlines the type of information needed to assist California Tobacco Control Program (CTCP) in review of agreements for subcontractors and consultants.

***Note**: The subcontract agreement, even if fully executed (signed by the prime contractor and the subcontractor) and approved by the state, is not in effect until the prime contract is fully executed and signed by both the prime contractor and the State of California.*

1. Subcontractor
   a. Subcontractors perform specialized tasks that are directly related to providing project services in the Scope or Work (SOW).
   b. A subcontract agreement must be developed for each subcontractor costing $5,000 or more. Circumventing the $5,000 requirement for a subcontract agreement by splitting the costs into multiple agreements is not allowed.
   c. When personnel salaries exceed the salary of a comparable State Civil Service classification, a justification for the higher salary is required. Contact your assigned Procurement Manager (PM) for assistance.
2. Consultant
   a. Consultants paid under CTCP contracts are to be used only for activities directly related to the tobacco education and prevention program. A consultant is an individual whose level or area of expertise relating to the target population extends beyond that possessed by project staff. Consultants typically provide advice on programmatic issues (e.g., group facilitation, training, program design and development). The use of consultants must be clearly defined in the SOW.

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b. A subcontract agreement must be developed for all consultant services costing $5,000 or more. Circumventing the $5,000 requirement for a subcontract agreement by splitting the costs into multiple agreements is not allowed.
c. Travel and per diem expenses incurred by the consultant may be paid out of the prime contractor's travel line item.
d. A consultant's fee should not exceed the fee of a comparable State Civil Service classification, inclusive of all costs, but excluding travel/per diem. The rate should be commensurate with the consultant's level of training, expertise and national recognition. Every effort should be made to negotiate the lowest possible cost. A justification for a higher salary is required. Contact your assigned PM for assistance

B. Approval Process

This process does not apply to Local Lead Agencies (LLAs), Tribal Governments, Tribal Government Agencies, or state universities (UCs/CSUs) when their own competitive bid process is applied. However, CTCP reserves the right to request documentation for any subcontract, subcontractor, and/or consultant regardless of contractor/agreement type.

When the subcontract agreement is $5,000 or more and the subcontractor was not pre-identified in the executed agreement (e.g., TBD), a request for prior approval of the subcontract package must be submitted to CTCP and shall include the following:

1. Subcontract agreement transmittal form in the Online Tobacco Information System (OTIS) at the following website: https://otis.catcp.org;
2. Subcontract agreement draft (that is not yet signed by either party). See Section 604: Minimum Elements in a Subcontract Agreement for the minimum elements of boilerplate language and Section 605: Sample Subcontract Agreement;
3. Budget Justification, and additional justification for any salaries that may exceed the state comparable rates (if applicable);
4. SOW; and
5. Explanation of the bid and award process. For subcontract agreements costing $5,000 or more, three competitive bid quotations must be submitted with the request, or the absence of bidding must be thoroughly justified. In addition, all particulars necessary to evaluate the necessity or desirability of incurring such cost, and the reasonableness of the cost must be provided.

The draft subcontract package should be submitted in OTIS to your assigned PM who will coordinate the approval process with the assigned Program Consultant (PC)/Project Officer (PO). The PC/PO and PM will provide written approval/disapproval within thirty (30) days of receipt of the subcontract package. Once the subcontract package is approved, you should provide your PM with one

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copy of the final subcontract agreement (signed by the prime contractor and subcontractor).

Note: *CTCP reserves the right to request documentation for any subcontract, subcontractor, and/or consultant regardless of cost or agreement type. CTCP may invalidate any subcontract if required documentation is not submitted, or if CTCP is unable to verify a legitimate competitive bid process was implemented.*

603 – Revisions/Amendments to Agreements

Both the prime contractor and subcontract revisions/amendments will require review and approval by the Program Consultant (PC), Project Officer (PO), and Procurement Manager (PM).

Note: *This process does not apply to Local Lead Agencies (LLAs), Tribal Governments, Tribal Government Agencies, or state universities (UCs/CSUs) when their own competitive bid process is applied. However, California Tobacco Control Program (CTCP) reserves the right to request documentation for any subcontract, subcontractor, and/or consultant regardless of contractor/agreement type.*

A. Subcontract Revisions/Amendments

1. CTCP requires review and approval of the following changes since these may constitute a subcontract and/or prime budget and program change. Notify your PC/PO and PM if there is any change to:
   a. Total amount awarded to the subcontractor;
   b. Subcontractor's Scope of Work (SOW);
   c. Term of the subcontract;
   d. Subcontractor and/or subcontractor name; and/or
   e. Salary ranges or personnel percent of time in the subcontractor's budget without changing the total amount awarded to the subcontractor. Keep in mind that subcontractor/consultant salaries are to be comparable to State Civil Service positions or a strong justification is needed.

B. Procedures for Submitting a Revision/Amendment:

1. Email through the Online Tobacco Information System (OTIS) communication log the PC/PO and PM assigned to the contract and discuss the matter to determine whether an amendment is necessary.
2. If it is agreed that a formal amendment is necessary, submit the following in the OTIS communication log:
   a. Explanation of why changes to the budget and/or SOW are necessary, including an effective date that was decided upon in consultation with the PC and PM;
   b. Revised subcontract Budget/Budget Justification, if applicable;

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c. Revised subcontract SOW, if applicable;
d. Revised subcontract agreement, if applicable;
e. Explanation of the bid process, if a change in subcontractor is being proposed; and
f. Revised Subcontract Agreement Transmittal Form in OTIS.

3. Contract amendments are subject to the same approval process as the original contract. This approval process may take up to three months from the date CTCP approves the amendment. As a reminder, the prime contractor may only request one (1) contract amendment per twelve-month period, therefore, plan accordingly. In addition, supplemental invoices may be submitted to CTCP only after the amendment has been fully executed.

604 – Minimum Elements in a Subcontract Agreement

The following information is intended to assist the Contractor in developing a subcontract agreement. At a minimum, a subcontract agreement shall include the following elements:

A. The execution date of the subcontract agreement, (this date will be a date in the opening paragraph or a date on the signature page. For purposes of California Tobacco Control Program (CTCP) review, this date will be blank). Also include the legal name of both parties and the Agency contract number.
B. The time period (starting date and ending date) for performance of activities. The subcontract agreement time period must be **WITHIN** your Agency's contract term with CTCP.
C. The total amount paid to the subcontractor. Amount should correspond to the dollar amount provided in the Budget and Budget Justification in both your Agency contract and subcontractor's budget (an amount under the approved amount is acceptable). All reimbursement for services must be necessary and reasonable.
D. The subcontractor's Scope of Work (SOW). A provision stating: "The Scope of Work is hereby referenced and attached." The SOW would be attached as an exhibit to the subcontract agreement. Or another option would be to provide within the subcontract agreement itself a complete description of the measurable work or service to be performed/provided or product(s) to be delivered. Time period(s) for work completion and deliverables should be compatible with your Agency's start/end date time periods in your SOW.
E. The method of reimbursement (monthly or quarterly in arrears, lump sum at completion of work, etc.).
F. A provision stating: "The subcontractor agrees to comply with all terms and conditions of the (your Agency name) contract with the State of California, California Tobacco Control Program, Contract (or Grant) # __ - ____ and all

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other addenda to this contract (or grant) and all other applicable state laws."

G. A provision stating: "The subcontractor shall acknowledge the financial support of State funds whenever any findings, data, and materials developed pursuant to this contract (or grant) are published or whenever the subcontractor creates a product (e.g., conference brochure, a film, videotape, manual, book, pamphlet, etc.) pursuant to this contract (or grant), in the following manner: "This _____was made possible by funds received from the California Department of Public Health, California Tobacco Control Program, under Contract (or Grant) # __-____." All printed materials shall include the California Smokers Helpline toll-free telephone number unless granted exemption from the State."

H. A provision stating: "The subcontractor agrees to maintain and preserve, until three years after termination of (your Agency's Contract (or Grant) Number) and final payment from the State, and to permit the State or any duly authorized representative, to have access to, examine or audit any pertinent books, documents, papers, and records related to this subcontract agreement and to allow interviews of any employees who might reasonably have information related to such records."

I. A statement that travel reimbursement shall be reimbursed at the rate established by the California Department of Human Resources (CalHR).

605 – Sample Subcontract Agreement

ABC Incorporated
Subcontractor Agreement

I. PARTIES: This Subcontractor Agreement (hereinafter "Agreement") is entered into this **First** day of **July 2020**, by and between ABC Incorporated (hereinafter "ABC Inc."), a California nonprofit, public benefit corporation, and 123 County of Public Health (hereinafter "123 County").

II. RECITALS

A. The California Department of Public Health (CDPH), California Tobacco Control Program (CTCP) awarded ABC Inc. a grant to administer the tobacco control plan which was designed in response to requirements under Request for Applications #20-00000.

B. 123 County has agreed to provide selected services in accordance with the CTCP-funded scope of work and all specified requirements therein.

C. 123 County agrees to comply with all terms and conditions of the ABC Inc. contract with CDPH/CTCP, and all other addenda to this grant and all other applicable state laws.

III. SUBCONTRACTOR'S DUTIES

A. 123 County agrees to complete the Subcontractor specific deliverables and as specified in the Scope of Work. The Scope of Work is hereby referenced

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and attached as Exhibit A and made part of this Agreement.

B. Compliance with all reporting and grant management requirements.

IV. ABC INC'S DUTIES

A. Function as 123 County's sole point of contact for all matters related to this Agreement.

B. Provide project-related data, information, and correspondence as necessary.

V. FEES, COLLECTIONS AND BILLINGS

A. ABC Inc., through CTCP funds, shall make payment to 123 County for charges incurred in providing services under this Agreement.

B. Contingent on funding from CTCP and annual fiscal appropriations as stated in the ABC Inc. contract, the maximum amount payable to 123 County under this Agreement shall not exceed **$125,000.00** for the term of July 1, 2020 through June 30, 2023.

C. 123 County shall submit invoices for payment to ABC Inc., not more frequently than monthly in arrears.

D. 123 County understands and agrees that all activities, deliverables, and objectives as specified in the Scope of Work must be fully and satisfactorily performed in order to receive the maximum amount payable identified in Section V.B. above.

VI. TERMS AND TERMINATION

A. The term of this Agreement shall be from **July 1, 2020 to June 30, 2023**.

B. Both parties agree that if the funds that ABC Inc. utilizes to fund this Agreement are reduced or terminated by the funding source, for any reason, ABC Inc. may terminate this Agreement, with no further amounts due, except for work already completed, upon ten (10) business days advance written notice.

C. Either party may terminate this Agreement upon thirty (30) days advance written notice.

VII. INSURANCE AND INDEMNIFICATION

A. 123 County is responsible for and agrees to pay any amounts due for services rendered under this Agreement, including all payroll taxes, necessary withholding and any employee wage related taxes or costs and expenses including workers' compensation insurance, disability insurance, professional liability insurance and any non-obligation fringe benefit programs 123 County provides for its personnel.

B. ABC Inc. hereby agrees to indemnify, defend, save and hold harmless 123 County from and against any and all liability, losses, damages, claims or causes of action, including any expenses connected therewith, including reasonable attorneys' fees, which directly or indirectly arise out of any negligent act or omission by ABC Inc.

C. 123 County hereby agrees to indemnify, defend, save and hold ABC Inc. harmless from and against any and all liability, losses, damages, claims or

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causes of action, including any expenses connected therewith, including reasonable attorneys' fees, which directly or indirectly arise out of any negligent act or omission by 123 County or its personnel or agents.

D. 123 County shall be solely liable for their wrongful acts or negligence in operating their private vehicle(s) and shall maintain their own vehicle insurance coverage.

VIII. MISCELLANEOUS

A. This Agreement can be amended only by written agreement executed by the parties. No breach of any provision can be waived unless such waiver is in writing and signed by the party waiving the breach.

B. Either party may propose a revision or amendment to this Agreement or scope of work (Exhibit A) associated herewith, provided such revisions or amendments do not alter the overall goals and basic purpose of the grant and such revisions or amendments are requested per guidelines set forth by CTCP and prior written approval is received from ABC Inc.

C. 123 County shall acknowledge the financial support of State funds whenever any findings, data, and materials developed pursuant to this grant are published or whenever 123 County creates a product (e.g., conference brochure, a film, videotape, manual, book, pamphlet, etc.) pursuant to this grant, in the following manner: " This _____ was made possible by funds received from the California Department of Public Health, California Tobacco Control Program, under Grant #20-00000."

D. 123 County agrees to maintain and preserve, until three years after termination of Grant #20-00000 and final payment from the State, and to permit the State or any duly authorized representative, to have access to, examine or audit any pertinent books, documents, papers, and records related to this subcontract agreement and to allow interviews of any employees who might reasonably have information related to such records.

E. 123 County agrees that travel reimbursement shall be at the rate established by the California Department of Human Resources (CalHR).

Exhibit A, Scope of Work

[Insert Subcontractor's Scope of Work]

IN WITNESS WHEREOF, ABC Inc. and 123 County have duly executed this Agreement.

123 County: _____

ABC, Inc.: _____

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700 – Progress Reports and Cost Reports

701 – Overview

A. Progress Reports

The California Department of Public Health (CDPH), California Tobacco Control Program (CTCP) manages a large volume of funded projects. The progress report (PR) is one of the primary communication tools with CTCP and serves as a "snapshot" so that CTCP sees and understands how the Proposition 99 and Proposition 56 funds are being used in each community. CTCP understands that completing the PR is time consuming, but it is one of the most important management and communication tools you have. Additionally, CTCP is subject to Proposition 56 mandated audits conducted by the California State Auditor (CSA) every two years. In the performance of these audits, the CSA randomly selects projects and requests the agreement, progress report, and progress report analysis.

The Program Consultants (PC), or Project Officers (PO), review the PRs to monitor progress on the Scope of Work (SOW). For Local Lead Agencies (LLAs)/Competitive Grantees/Statewide Projects, PRs are also used to identify the degree of program collaboration and coalition participation, identify individual and statewide technical assistance and training needs, recommend resources, and identify outstanding programs and materials that should be scaled up for broader statewide dissemination and use. PR documents may be shared with reporters, State legislators, or staff from other State programs that are looking for good examples of successful program strategies.

Your Progress Reports, survey findings, and evaluation reports also serve as a means for CTCP to have a better understanding of successes and barriers to project implementation. For example, Final Evaluation Reports can help other projects with planning their interventions, and have been used as part of larger studies that have reviewed the most successful tobacco control programs in the world, including California, to identify policies that can lead to reductions in disparities in smoking initiation, cessation, and intensity.

B. Cost Reports – LLAs only

LLAs are required to submit cost reports (CRs) which detail the expenditures incurred in the implementation of the LLA Comprehensive Tobacco Control Plan for the six-month reporting period.

The Procurement Manager (PM) reviews the CRs to ensure the LLA is spending their prospective payments in accordance with the approved LLA Comprehensive Tobacco Control Plan Budget. Since the Budget serves as an expenditure plan, CTCP will use it to review the appropriateness of expenditures as detailed in the

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CRs. Therefore, it is necessary that the Budget accurately reflects costs in accordance with the approved SOW activities.

NOTE: *Detailed accounting records and appropriate accounting procedures are to be maintained based on generally accepted accounting procedures of your county/city. Proper fiscal documentation supporting expenditures must be maintained in the LLA files for audit purposes. It is expected that the LLA will follow the first-in-first-out rule regarding their allocation. This means that the oldest money is to be used first (i.e., fiscal year [FY] 2020-21, then FY 2021-22, etc.). Additionally, Proposition 56 funds are to be liquidated before Proposition 99 funds.*

702 – Submission Requirements

A. Progress Reports

All Progress Reports (PRs) must be submitted electronically by 5:00 p.m., Pacific Time, on the due dates outlined in your agreement. Contact your assigned Program Consultant (PC) or Project Officer (PO) if you have any questions.

1. Local Lead Agencies (LLAs)/Competitive Grantees/Statewide Projects:

   PRs must be submitted electronically through the Online Tobacco Information System (OTIS). The OTIS User Manual contains the instructions and illustrations needed to complete and submit the PRs. Please follow those instructions. Once a PR is approved or disapproved, you will not be able to go back and make changes to it. If a tracking measure or activity progress was inadvertently omitted from a PR, it must be included in a subsequent PR period.

2. Evaluation/Surveillance Contracts:

   PRs are due 30 days after the closing of each six-month period from the start of the contract date. PRs should be emailed directly to your PO. Starting in mid-2021, PRs will be entered into OTIS. The Final Report is due at the end of the contract term.

3. Media Contracts:

   Media progress reports happen on a regular basis per the contract language contained in the Exhibit A Scope of Work (SOW). The contractor is responsible for a project management and monitoring plan for keeping California Department of Public Health (CDPH) apprised of all campaign activities, current personnel and subcontractors responsible for activities, and an evaluation of the effectiveness and cost efficiency of these activities. At a minimum, written semi-monthly status and insight reports and monthly budget summaries will be provided by the Contractor and subcontractors to CDPH, with additional reporting required at the discretion of CDPH during peak activity periods such as weekly hot sheets of priority items. Semi-monthly status reports from the Contractor and subcontractors contain the following information at a minimum:

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a. A list of open work orders, projects, and timelines.
b. Status of progress and accomplishments for each work order and project.
c. Description of steps remaining for completion of each work order and project, and the date each step will be completed.

In addition to regularly scheduled updates, the media contractors are required to provide timely project-specific wrap-up reports for all public relations and advertising activities as requested detailing the effort from implementation to the results, including recommendations for continued leverage of the activity.

a. Media recommendations are made for every quarter. After approval of media, there are launch reports to show proof of placements, scheduled mid-campaign reporting, as well as a wrap up report for each quarter and/or campaign.
b. Research and production projects have scheduled stages of approvals from CTCP.
c. A monthly report summarizing the impact of all advertising and public relations campaign elements on web traffic requires collaboration between the advertising and public relations contractors.
d. Public relations activities have agreed upon touchpoints for each project and an annual report summary is also required.

B. Cost Reports - LLAs Only

All Cost Reports (CRs) must be submitted electronically by 5:00 p.m., Pacific Time, on the due dates noted below through OTIS. The OTIS User Manuals contains the instructions and illustrations needed to complete and submit the CRs. Contact your assigned Procurement Manager (PM) if you have any questions. Once a CR is approved, you will **not** be able to go back and make changes to it. If an expense item was inadvertently omitted from a CR, contact your PM to determine if the CR must be reopened by California Tobacco Control Program (CTCP) to make revisions or if the item(s) can be included in a subsequent CR period.

LLA Six-Month Cost Report Periods	Due Date
July 1–December 31	February 28 (or 29th)
January 1–June 30	August 31

C. Budget Reports–Media Contracts Only

Budgets are tracked by individual work orders with progress billings on a monthly basis. The contractor provides monthly budget reports in addition to the invoice that shows approved work order amounts, billed to date and remaining per work order.

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800 – Equipment Purchases

801 – Overview

This chapter only applies to personal services/consultant contractors using a Standard Agreement (Form STD. 213), that have identified and budgeted for the purchase of major/minor equipment. This chapter does **not** apply to Local Lead Agencies or Competitive Grantees. Wherever the term equipment and/or property are used, the definitions provided in Part A below shall apply.

This chapter provides you with the information you need to report the purchase and inventory of this equipment obtained through your California Department of Public Health (CDPH), California Tobacco Control Program (CTCP) contract.

There are two forms associated with this process, which are: 1) *Contractor Equipment Purchased With CDPH Funds* (Form CDPH 1203) ***(*hereinafter referred to as the purchase form*);*** and 2) *Inventory/Disposition of CDPH-Funded Equipment* (Form CDPH 1204) ***(*hereinafter referred to as the inventory form*)***. Contact your assigned Procurement Manager (PM) for the most current version of these forms.

Carefully read the language contained in your Agreement and your approved budget. Unless otherwise stipulated in the Agreement, all equipment and/or property that are purchased/reimbursed with agreement funds or furnished by CDPH under the terms of the Agreement shall be considered state equipment and the property of CDPH. If your agency received CTCP approval to purchase equipment, please follow the instructions provided below for reporting the purchase and inventory of this equipment.

For those contractors who have an equipment purchase in their approved budget, no equipment purchases billed (invoiced) to the contract will be paid until a purchase form has been submitted and approved by CTCP in accordance with this chapter.

All equipment must be budgeted for in the Equipment Expenses category and reported to CTCP using the purchase form.

The inventory form must be completed annually and at the termination of the contract. All equipment purchased with State funds belongs to the State and may be retrieved upon termination of the contract. Do not dispose of equipment in any manner without obtaining prior written approval from CTCP.

A. Equipment Definitions

All equipment, regardless of type, must be budgeted in the Equipment Expenses category and reported on the purchase and inventory forms.

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1. Major Equipment:
   a. A tangible or intangible item (Software and videos are examples of intangible items that meet this definition).
   b. Having a useful life of at least one year;
   c. Having a base unit price **of $5,000 or more**; and,
   d. Used to conduct State business.

2. Minor Equipment:
   a. A tangible item;
   b. Having a useful life of at least one year;
   c. Having a base unit price **under $5,000**; and,
   d. Used to conduct state business.

B. Types of Equipment

Types of equipment include, but are not limited to, the following:

- Camera
- Cell Phone
- Conference System Bundle (Phone and Camera)
- Conferencing Monitor
- Desktop Computer Monitor
- Computer System
- Copier
- Laptop
- Office Furniture
- Printer
- Projector
- Scanner
- Specialized Software
- Tablet
- Television

802 – Purchase Form

All equipment purchased under this contract must be described in the California Tobacco Control Program (CTCP) approved budget in the Equipment Expenses line item.

The following steps must be completed to report the purchase of this equipment:

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A. When submitting an invoice for payment that reflects equipment purchases, you must complete the purchase form CDPH 1203 and forward to CTCP **with the invoice**. List all equipment purchased during that monthly invoice. Contact your assigned Procurement Manager (PM) for the most current version of the CDPH 1203 form.

When preparing the purchase form CDPH 1203, please keep in mind the following:

1. Exhibit Reference: Enter the exhibit reference as appropriate to your contract.
2. Current Contract Number: Enter your current contract number.
3. Previous Contract Number: If you had a previous contract with CTCP, enter that contract number here ONLY if the equipment was purchased through the previous contract; otherwise, leave it blank.
4. Contractor's Name and Complete Address: Enter your agency's name and complete physical address (do not use post office boxes).
5. Contractor's Contact Person and Contact's Telephone Number: Enter the name of the person within your agency whom CTCP can contact regarding this form and the phone number where they can be reached.
6. Date Current Contract Expires: Enter the termination (ending) date of your current CTCP contract.
7. CDPH Program Name/Contract Manager/Address/Telephone Number: Enter CTCP as the program name; the program contract manager will be the name of your assigned PM; enter CTCP's physical address and your PM's phone number.
8. Date of this Report: Enter the date the report is prepared.
9. State/CDPH Property Tag: If Property ID tags were issued, enter the number assigned to each piece of equipment. Make sure the tag numbers correspond to the serial number of the equipment being listed. If no Property ID tags were issued, enter "N/A."
10. Quantity: This should always be one (1) because you must enter only one item per line.
11. Item Description: Provide the manufacturer's name, model number, type, size and/or capacity.
12. Unit Cost Per Item: Enter the unit cost, before sales tax, per item, (e.g., two Chromebooks cost $500 total, so each must be listed separately and the base price of each is $250).
13. Date Purchased: Enter the date your agency took possession of the equipment.
14. Major/Minor Equipment Serial Number: Enter the manufacturer's serial number from the equipment.
15. Optional Program Use Only: Leave blank–for CTCP use only.

B. Submit the completed purchase form to your assigned PM along with the invoice on which the equipment expense is billed. **DO NOT submit the form directly to Asset**

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Management within CDPH. If this occurs, payment of any invoices pending submission of the purchase form may be delayed.

C. CTCP will review the items listed to ensure the items purchased are included in the CTCP approved budget. If the items are not included in the approved budget, the purchase may be denied or you may be asked to revise or formally amend your budget before the purchase can be approved. If the purchase is denied, the monthly invoice may be adjusted to remove the purchase price of the equipment. If the form is incomplete, it will be returned to you for completion.

D. The contractor is responsible for this equipment throughout the term of the contract. If the equipment is lost/stolen/destroyed at any time, the procedures outlined in Section 803: Lost/Stolen/Destroyed Equipment must be followed.

E. If the equipment becomes inoperative during the contract term, you must complete an inventory form. See Section 804: Inventory Form. Once the inventory form is approved, you will be instructed by your PM on how to dispose of the equipment.

F. The contractor is not to dispose of the equipment in any manner without first obtaining prior written approval from CTCP.

803 – Lost/Stolen/Destroyed Equipment

Whenever equipment is lost/stolen/destroyed, a report must be filed immediately with California Tobacco Control Program (CTCP) via the Online Tobacco Information System (OTIS) Communication Log. The report must contain:

A. A description of the events;
B. A list of the identification tag number(s) of the item(s) stolen;
C. A copy of the police report (not applicable for lost/destroyed equipment);
D. Precautions to be taken to prevent repeat situations; and,
E. Completed purchase form CDPH 1203 for replacement equipment.

Purchasing replacement equipment will most likely require a budget revision to move additional funds into the Equipment Expenses line item.

804 – Inventory Form

Contract language requires a final inventory of all equipment purchased through your contract. Additionally, if the Contractor enters into an agreement with a term of more than twelve months, the Contractor must submit an annual inventory (CDPH 1204) of state equipment and/or property to the assigned California Tobacco Control Program (CTCP) Procurement Manager (PM). In addition, at least sixty (60) calendar days prior to the termination or end of the agreement, the Contractor shall provide a final inventory

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report (CDPH 1204) of equipment and/or property to the assigned CTCP PM. Contact your assigned PM for the most current version of this form.

This form must also include all equipment reported on previously submitted purchase forms. This form must also be completed when equipment has become obsolete/inoperative and needs to be replaced. Do not wait until the end of the contract term

Note: DO NOT include lost/stolen/destroyed equipment information; include only the replacement (i.e., currently existing) equipment.

The following steps must be completed:

A. Complete the inventory form and forward to CTCP. List all equipment purchased. When preparing the inventory form, please keep in mind the following:
   1. Exhibit Reference: Enter the exhibit reference as appropriate to your contract.
   2. Current Contract Number: Enter your current contract number.
   3. Previous Contract Number: If you had a previous contract with CTCP, enter that contract number here ONLY if the equipment was purchased through the previous contract; otherwise, enter N/A.
   4. Contractor's Name and Complete Address: Enter your agency's name, complete physical address (do not use post office boxes).
   5. Contractor's Contact Person and Contact's Telephone Number: Enter the name and phone number for the contact person.
   6. Date Current Contract Expires: Enter the date.
   7. CDPH Program Name/Contract Manager/Address/Telephone Number: Enter CTCP as the program name; the program contract manager will be the name of your assigned PM; enter CTCP's physical address and your PM's phone number.
   8. Date of this Report: Enter the date the report is prepared.
   9. State/CDPH Property Tag: If Property I.D. tags were issued, enter the number assigned to each piece of equipment. Make sure the tag numbers correspond to the serial number of the equipment being listed. If no Property I.D. tags were issued, enter "N/A."
   10. Quantity: This should always be one (1) because you must enter only one item per line.
   11. Item Description: Provide the manufacturer's name, model number, type, size and/or capacity.
   12. Unit Cost Per Item: Enter the unit cost, before sales tax, per item (e.g., two Chromebooks cost $500 total, so each must be listed separately and the base price of each is $250).
   13. Original Purchase Date: Enter the date your agency took possession of the equipment.
   14. Major/Minor Equipment Serial Number: Enter the manufacturer's serial number from the equipment. Separate tags are issued for each piece of equipment.

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15. Optional-Program Use Only: Leave blank–for CTCP use only.
16. Condition: Immediately following the description of the item, provide a brief description of the condition (refer to the sample).

B. Submit the completed inventory form to your assigned PM.

DO NOT submit the form directly to Asset Management within CDPH. If this occurs, payment of any invoices pending submission of the inventory form may be delayed.

C. CTCP will review the inventory form for accuracy and completeness. Forms that are not accurate or are incomplete will be returned to you for correction.

D. After review of the inventory form, CTCP will:

- **For Contract Termination**: Determine if the equipment should be returned to the State based on its condition. You will be notified in writing within 30 days of receipt of the inventory form.
- **For Obsolete/Inoperative Equipment**: Instruct you on how to dispose of the equipment. This review involves other CDPH programs and can take up to two (2) months to complete.

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900 – Completion of Contract Requirements

901 – Overview

The purpose of this chapter is to provide information regarding the close-out of California Tobacco Control Program (CTCP) contracts/agreements.

It is important to carefully and periodically review your contract's current Scope of Work (SOW) and Budget to ensure compliance with the terms and conditions of the agreement. Incomplete/unmet deliverables will ultimately prevent payment by CTCP.

At the appropriate time, in-house revisions may be proposed to substitute acceptable alternative activities, and if accepted, suffice to meet minimum deliverable requirements. A no-cost extension may be possible to allow for completion of key activities if the contract/agreement is less than 60 months in length.

On a case by case basis, CTCP **may consider** an amendment to your contract, including a no-cost extension, if it is sufficiently justified. If you foresee a need to request a no-cost extension, an in-house SOW and/or Budget revision, or an amendment to your SOW and/or budget, please follow the directions in Section 902: Amendment/In-House Revision Procedures/Due Dates.

902 – Amendment/In-House Revision Procedures/Due Dates

A. Procedures

1. If you plan to submit a request for a no-cost extension, an in-house Scope of Work (SOW) and/or Budget revision, or an amendment to your SOW and/or Budget, contact your Program Consultant (PC)/Project Officer (PO) and Procurement Manager (PM) **as early as possible, and no later than six months prior to your contract termination date to discuss your plans.**
2. **No-cost extension requests submitted less than six months prior to your contract termination date will not be considered.** No-cost extension requests shall not include major SOW changes. The work to be performed during the extension period is to be a continuation of existing services or continued effort to meet existing contract deliverables.
3. If it is agreed that an amendment/in-house revision is necessary, submit a formal request in the Online Tobacco Information System (OTIS) Communication Log that includes:
   a. An explanation as to why changes to the SOW and/or Budget are necessary; and,

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b. A revised SOW and/or Budget in the correct format outlined in Chapter 500: In-House Revisions and Formal Amendments to Agreements.

4. The formal request must be submitted in the OTIS Communication Log to your PC/PO and PM by the due dates specified below.

B. Due Dates

1. **Amendments**: The final SOW and/or Budget must be received and approved by California Tobacco Control Program (CTCP) **no later than six months prior to your contract termination date. Amendment documents submitted after this deadline will not be considered.**
2. **In-House Revisions**: The request for an in-house SOW and/or Budget revision must be received and approved by CTCP **no later than ninety (90) days prior to your contract termination date. Requests for in-house revisions after this deadline will not be considered.**

903 – Last Monthly and Final Invoice Dates

A. Last Monthly/Quarterly Invoice

The last monthly/quarterly invoice covers the expenses accrued in the final month or quarter of the contract/agreement term. California Tobacco Control Program (CTCP) will withhold payment of the last regular monthly/quarterly invoice for the contract period (i.e., June invoice) until the final comprehensive progress report and other requirements (see Section 904: Requirements for Contract Close-out) have been received and approved by the CTCP staff.

B. Final Invoice

A final invoice may or may not be the last monthly/quarterly invoice. A final invoice may be a supplemental invoice that captures expenses that were not included in invoices from prior months. The final invoice must be marked in the upper left-hand corner with an "X" next to "Check For Final Invoice."

The Payment Provisions of your contract/agreement states that invoices submitted more than thirty (30), sixty (60), or ninety (90) calendar days after the contract termination date may not be paid unless the Contractor has obtained prior written approval from the State during the contract term to bill after the thirty (30), sixty (60), or ninety (90) day period (refer to your contract/agreement language for the specific timeframe).

You **MUST** either submit a request for an extension **PRIOR** to the contract termination date or submit the final invoice within the required timeframe; **OTHERWISE, CTCP CANNOT PAY THE FINAL INVOICE**. The request must state when the invoices will be submitted. This requirement applies not only to the final

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invoice, but also the last regular monthly invoice and any supplemental invoices for additional expenses incurred during the contract term and not included in the last regular monthly invoice.

904 – Requirements for Contract Close-out

A. Program Deliverables

***Note**: If a no-cost extension is granted as outlined in Section 902: Amendment/In-House Revision Procedures/Due Dates, the subsequent contract amendment will include new due dates for the regular progress reports and the final comprehensive progress report.*

A final comprehensive progress report covering the entire contract/agreement term must be submitted by the date outlined in your agreement (e.g., program deliverables are due June 30, 2021, if the contract terminates on June 30, 2021). Refer to Chapter 700: Progress Reports and Cost Reports for progress report submission requirements.

B. Audit Reports

Please note that audit reports must cover the entire term of the contract/agreement. If the contractor's final audit is scheduled **after** the contract termination date, the contractor must provide a letter that indicates when the final audit will be conducted and when the report will be submitted to California Tobacco Control Program (CTCP) for inclusion in the contractor's file documentation. Please refer to the Financial and Compliance Audit Requirements provision of your contract language and Chapter 300: Fiscal Documentation/Record Keeping and Audit Requirements for more information on audit requirements.

C. Final Equipment Inventory

This requirement only applies to personal services/consultant contractors using a Standard Agreement (Form STD. 213), that have identified and budgeted for the purchase of major/minor equipment. Contractors are reminded to review their contract/agreement language regarding equipment purchases. If your agency received CTCP approval to purchase equipment (either via the prime contract or through subcontractors), you must inventory that equipment using the inventory form, Form CDPH 1204. Contact your assigned Procurement Manager (PM) for the most current version of this form. The inventory form must be completed and submitted to CTCP at least 60 (sixty) calendar days prior to the termination of your contract. Refer to Chapter 800: Equipment Purchases for further instructions.

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D. Subcontract Agreements

If you have not submitted copies of the fully executed subcontract/consultant agreements to your PM, please do so within 60 days of the contract termination date. These documents are required as part of your contract file documentation.

E. Incentives

At the conclusion of the contract/agreement, surplus incentives (e.g., merchandise cards that were not distributed) must be returned to CTCP. If you anticipate having a surplus of incentives at the conclusion of your contract/agreement, notify your assigned PM at least ninety (90) calendar days prior to the termination of your contract.

F. Contractor's Release Form

In accordance with the Timely Submission of Final Invoice provisions of your contract language, some agreement types must submit a Contractor's Release form (CDPH 2352) to CTCP. This form is used by the California Department of Public Health (CDPH) to obtain the contractor's acknowledgment that final payment for services has been submitted. CDPH 2352 is to be completed by the contractor when the final invoice is prepared. **An original copy of the form must be submitted to CTCP along with the final invoice.** Contact your assigned PM for the most current version of this form.

The final invoice cannot be processed without this form. If the invoice is submitted without it, your PM will send you a notification that the invoice will be held until the form is submitted.

G. Return of Funds (Local Lead Agencies Only)

The Local Lead Agency (LLA) Allocation Agreement requires any unspent Proposition 99 or Proposition 56 funds and/or interest earned be returned to the State within ninety (90) days from the expiration date of the agreement. The words "Unexpended Tobacco Control Program (Proposition 99 or Proposition 56 funds) and/or (Proposition 99 or Proposition 56 Interest)" and the agreement number shall be written on the face of the check or warrant issued by the LLA. The checks are to be submitted to your assigned PM at the following address:

Procurement Manager's Name
California Department of Public Health
CHC/California Tobacco Control Program
MS 7206
P.O. Box 997377
Sacramento, CA 95899-7377

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The envelope should be marked “personal and confidential” so the check will not get misdirected to the Cashiers Unit within the Department.

***Note**: CTCP may withhold/claim cut LLA prospective payments to draw down excessive balances to avoid the return of funds to CTCP at the end of the allocation agreement term. Please refer to Chapter 200: Invoice Processing Guidelines, Section 206: LLA Allocation Agreement and Prospective Payment Invoice (PPI) Processing Guidelines for reasons why prospective payments may be withheld/claim cut.*

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1000 – Miscellaneous

1001 – Overview

This chapter of the manual will be used to provide information and instructions on issues that do not fit within any of the other chapters.

1002 – Interest Earned (Local Lead Agencies Only)

The Local Lead Agency (LLA) allocation agreement requires prospective payments to be deposited into **separate** interest bearing, insured trust accounts for Proposition 99 and Proposition 56 funds. The allocation agreement also requires that any interest earned on Proposition 99 or Proposition 56 funds be used for tobacco-related program activities and that you obtain California Tobacco Control Program (CTCP) approval for the use of these funds.

You may use funds from interest earned to purchase items already in the approved Comprehensive Tobacco Control Plan (e.g., incentives, media, campaign materials, etc.) or temporary help (and the fringe benefit expenses associated with the temporary help position) without obtaining additional prior written approval (the approval of the Comprehensive Tobacco Control Plan constitutes prior written approval). These funds cannot be used to supplement fringe benefit expenses for regular staff or for Indirect Cost expenses.

Prior written approval will be required to use these funds for equipment purchases or for purchases of any items not in the approved Comprehensive Tobacco Control Plan (e.g., consultants, new media, etc.). The request for approval must include the following:

1. A request in the Online Tobacco Information System (OTIS) Communication Log to the assigned Procurement Manager (PM) requesting approval to use interest earned to purchase items not in the approved Comprehensive Tobacco Control Plan;
2. A description of how the funds will be used (e.g., purchase office furniture, hire consultants, etc.); and
3. The amount of money to be used from interest earned.

The PM will coordinate approval with the Program Consultant (PC) if necessary. The PM will send an OTIS Communication Log response within approximately seven (7) days after receipt of the request with a decision. If approved, the expense must be reported in the “interest earned” area of the cost report (CR) during the CR period in which the expense was incurred. Include in your comments a description of the approved expenses and the CTCP approval date.

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Unspent Proposition 99 or Proposition 56 interest earned must be returned to the State within ninety (90) days from the expiration date of the agreement. Refer to Chapter 900: Completion of Contract Requirements, Section 904: Requirements for Contract Close-out for more information.

1003 – Generated Revenue

CTCP does not support the use of generated revenue in any contract/agreement to pay for program activities. Refer to the Terms and Conditions of your agreement and the Policy Section of this manual for more information.

1004 – Project Director Changes

Whenever changes occur with project director information such as a new project director, new address/phone and fax numbers, e-mail addresses, etc., please notify the California Tobacco Control Program (CTCP) immediately so that our contact lists can be updated. You must access the Online Tobacco Information System (OTIS) and Partners and use the online forms to provide these changes. Please contact CTCP if technical assistance is needed.

1005 – Indirect Cost Rate

An indirect cost rate (ICR) is the ratio between the total indirect expenses and direct cost base. Every agreement has a maximum ICR allowed, which depends on the type of agency being funded.

- Local Health Department (LHD): LHDs may not claim an ICR that exceeds the ICR rate approved for that LHD by California Department of Public Health.
- Non-LHD Agencies: Agencies not considered LHDs may not exceed a maximum of 25 percent of the Total Personnel Services (Personnel Costs plus Fringe Benefits Cost) or 15 percent of Total Allowable Direct Costs.
- University of California (UC)/California State University (CSU) Interagency Agreements: UCs/CSUs may use the ICR rate agreed upon by the Department of General Services and the UC/CSU. The current ICR rate for a UC/CSU is found on the UC website: https://www.ucop.edu/research-policy-analysis-coordination/policies-guidance/indirect-cost-recovery/state-of-california.html.

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Appendix 4

LOCAL LEAD AGENCY AND COMPETITIVE GRANTEE ADMINISTRATIVE AND POLICY MANUAL POLICY SECTION AUGUST 2020

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TOBACCO CONTROL POLICY SECTION

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101 - Introduction

OVERVIEW OF THE POLICY SECTION

The Policy Section of the Administrative and Policy Manual is provided by the California Department of Public Health (CDPH), California Tobacco Control Program (CTCP) to guide the programmatic and administrative operation and functioning of funded tobacco control programs. This includes Local Lead Agencies (LLAs), competitive grantees, and other funded partners. Except where specifically noted, policies within this section are applicable to all CTCP-funded projects.

In addition to providing programs with programmatic and administrative requirements, this section also contains background information on California's tobacco education campaign, the mission and philosophy statements of CTCP, and principles of strategic planning. This section should be reviewed prior to the development and implementation of interventions, media activities, materials development, evaluation activities, project staffing, and administration of tobacco control programs. As staff turnover occurs within your agency, please provide new staff with access to the entire Administrative and Policy Manual to ensure they are familiar with CTCP program and administrative expectations. The policy manual is housed on the Online Tobacco Information System (OTIS), under the Help Tab and User Manual.

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102 - Introduction

PROPOSITION 99 AND PROPOSITION 56 LEGISLATIVE MANDATES

The California Tobacco Control Program (CTCP) was established in 1989 as a result of **Proposition (Prop) 99, the Tobacco Tax and Health Promotion Act of 1988** which added a 25-cent tax to each pack of cigarettes sold in the state and designated 20 percent of the funds be directed towards preventing and reducing tobacco use.

Proposition 99

In November 1988, California voters approved the Tobacco Tax and Health Protection Act of 1988, also known as Proposition 99. This initiative increased the state cigarette tax by 25 cents per pack and added an equivalent amount and designated a portion of the funds be directed towards preventing and reducing tobacco use. As shown in Table 1, Prop 99 revenues are deposited into six accounts by a formula and are used for specified purposes (Revenue and Taxation Code Section 30122(b), 30123, and 30124):

Table 1: List of Prop 99's Six Accounts

Prop 99 Account	Purpose	Percent
Health Education Account (HEA)	Prevent and reduce tobacco use	20%
Hospital Services Account	Health care services for low income patients served by hospitals	35%
Physician Services Account	Health care services for low income patients served by physicians	10%
Research Account	Tobacco-related disease research	5%
Resources Account	Protect, restore, enhance fish and wildlife habitat; enhance state and local park and recreation resources	5%
Unallocated Account	Available for any of the above purposes	25%

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The HEA funds both community- and school-based health education programs to prevent and reduce tobacco use and is jointly administered by the California Department of Public Health (CDPH), California Tobacco Control Program (CTCP) and the California Department of Education (CDE), Tobacco Use Prevention Education (TUPE) Program. Currently, CTCP receives approximately two-thirds of HEA funds and the TUPE Program receives the other approximately one-third. CTCP is responsible for supporting a statewide comprehensive tobacco control program, one of the largest and most successful public health interventions of its kind ever initiated, nationally or internationally. CTCP provides funding for 61 Local Lead Agencies (LLA), competitively selected community-based organizations, a statewide media campaign, and an extensive evaluation of the entire program.

The enabling legislation for Prop 99 includes Assembly Bill (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) 99 (Chapter 1170, Statutes of 1991), SB 960 (Chapter 1328, Statutes of 1989), SB 493 (Chapter 194, Statutes of 1995); the annual State Budget; Health and Safety Code Sections 104350-104480, 104500-104545; and Revenue and Taxation Code Sections 30121-30130. The enabling legislation, the various codes, and the annual State Budget, provide legislative and funding authority for programs administered by CTCP to

1. Conduct health education interventions and behavior change programs at the state level, in the community and in other non-school settings.
2. Apply the most current research findings and recommendations regarding tobacco use prevention.
3. Give priority to programs that demonstrate an understanding of the role community norm change has in influencing behavioral change regarding tobacco use.

Proposition 56

Almost three decades after Prop 99's passage, in November 2016, the voters of California overwhelmingly passed **Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016**. Prop 56 increased the cigarette tax from $0.87 to $2.87 per pack, taking California's ranking from 37th to 9th in the nation. The initiative increased the tax on other tobacco products by an equivalent amount, including electronic cigarettes for the first time. With 64.4% of voters voting in favor of Prop 56, Californians sent a strong message to end the state's tobacco epidemic. Prop 56 revenues are distributed to state agencies to pay for implementation costs (Table 2), with the remaining revenues distributed to other state agencies by a formula (Table 3), all of which are to be used for specified purposes (Revenue and Taxation Code Section 30130.55 and 30130.57).:

Table 2: Prop 56 Revenue Distribution for Implementation Costs

State Agency	Purpose	Percent or Fixed Dollar Amount
California Department of Tax and Fee Administration(CDTFA)	Reimbursement for expenses incurred in administering the Prop 56 tax	5%

California State Auditor	Biennial audit of agencies receiving Prop 56 funds	$400,000/year
University of California (UC)	To increase the number of physicians trained and working in California	$40,000,000/year
California Department of Public Health (CDPH), Oral Health Program (OHP)	Education, prevention, and treatment of dental diseases, including those caused by tobacco use	$30,000,000/year
Department of Justice/Office of the Attorney General; CDTFA; CDPH, Stop Tobacco Access to Kids Enforcement (STAKE) Program	Funds distributed to three state agencies to be used for tobacco-related law enforcement	$48,000,000/year

Table 3: Prop 56 Distribution of Remaining Revenue After Implementation Costs

State Agency	Purpose	Percent
Department of Health Care Services (DHCS)	Increase funding for health care services by improving payments for Medi-Cal health care, treatment, and services	82%
CDPH/CTCP	Bolster existing comprehensive tobacco control program efforts, established by Prop 99, to prevent and reduce tobacco use At least 15% of funds distributed to CTCP must be used to accelerate and monitor the decline in tobacco-related disparities with the goal of eliminating them	11.05%
CDE	Bolster existing school-based efforts, established by Prop 99, to prevent and reduce tobacco use At least 15% of funds distributed to CDE must be used to accelerate and monitor the decline in tobacco-related disparities with the goal of eliminating them	1.95%
UC	Medical research of cancer, heart and lung tobacco-related diseases	5%

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CALIFORNIA TOBACCO CONTROL PROGRAM GOALS

Social Norm Change Strategy

The ultimate goal of tobacco control work is to reduce and eventually eliminate death, diseases, and illnesses such as cancer, cardiovascular disease, premature births, sudden infant death syndrome, emphysema, and asthma that result from tobacco use and exposure to secondhand smoke (SHS), including marijuana SHS and the aerosol emitted from Electronic Smoking Devices (ESDs). California's approach to protecting the public's health and preventing tobacco-related death, diseases and illnesses is achieved through a social norm change strategy that seeks to impact the diverse and complex social, cultural, economic, and political factors which foster and support continued tobacco use.

California's social norm change strategy is a cost-effective and efficient approach because the strategy involves creating population-level changes such as the adoption of policies that lead to reduced smoking rates and decreased exposure to SHS. The social norm change strategy is based on the premise that as new people or businesses move into the community, they inherit and adopt the established norms about smoking and the promotion and sale of tobacco.

Overall, California's social norm change strategy seeks to create an environment where tobacco use becomes less desirable, less acceptable and less accessible. Through community interventions, the provision of statewide training and technical assistance, and a mass media campaign, the California Tobacco Control Program (CTCP) works to achieve social norm changes, that sum to create a significant decrease in tobacco use at the population level. Community interventions that focus on policy, environmental, and system-level change are the building blocks of social norm change and play a vital role in changing and sustaining community norms.

California Tobacco Control Program Goals

To reduce tobacco use among adults and youth in California and to eliminate exposure to SHS, including marijuana SHS and ESD aerosol, CTCP focuses on four broad goals.

Limit Tobacco Promoting Influences

Tobacco industry advertising and promotions are major social and economic forces aimed at promoting tobacco use. While the 1998 Master Settlement Agreement (MSA) with the tobacco companies mandated changes in the behavior of the industry, including specific prohibitions against advertising and promotional strategies that target youth; eliminating tobacco industry influence in local communities, particularly within the retail environment, remains one of the highest priorities of CTCP. The tobacco industry continues to

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maintain massive expenditures on advertising and promotional campaigns, most significantly within the retail environment at the point-of-sale. Heavy spending on marketing and promotions at the point of sale buys the tobacco companies many things – brand recognition, brand preference, tobacco product cravings and unplanned purchases, fewer successful quit attempts, perceived norms of higher smoking prevalence, and increased initiation and continuation of tobacco use, especially by youth. Direct mail and website advertising are also significant advertising and promotion vehicles. In addition, although tobacco companies consistently report no spending in connection with the production or filming of any motion picture or television shows, the motion picture industry has increasingly dramatized the use of tobacco in movies, thus aiding in recruiting thousands of new adolescent smokers each year. Strategies to limit tobacco-promoting influences include limiting tobacco product advertising, marketing, and glamorization; addressing financial incentives and disincentives to reduce tobacco industry influences and promote non-tobacco use norms; and promoting healthy community physical environments.

Reduce Exposure to SHS, Tobacco Smoke Residue, Tobacco Waste, and Other Tobacco Products

The risks of tobacco use extend beyond the actual smoker. Exposure to SHS increases risk for lung cancer and heart disease. Among children, SHS and thirdhand smoke (THS), or tobacco smoke residue, are also associated with serious respiratory problems, including asthma, pneumonia, bronchitis, sudden infant death syndrome, and low birth-weight. Protecting California workers and the public from the effects of SHS, THS, and ESD aerosol; and helping large numbers of smokers to receive the environmental support they need to quit smoking remains a high priority for CTCP. Strategies include reducing community and individual exposure to SHS, THS, ESD aerosol, and tobacco waste.

Reduce the Availability of Tobacco

Widespread availability of tobacco products reinforces a social norm that promotes tobacco use. This strategy seeks to reduce the availability of tobacco to youth and members of priority populations targeted by the tobacco industry, as well as decrease the overall availability of tobacco products, price discounts, couponing, and sponsorship of adult only events. Strategies to reduce the availability of tobacco products include tobacco retail licensing, limiting the locations and/or types of tobacco products where tobacco can be sold, and/or reducing the types of tobacco products that can be sold in communities.

Promote Tobacco Cessation

Smoking cessation is the desired outcome of all initiatives and activities of CTCP that create new social norm change around the use of tobacco. Since social norms have shifted to tobacco use being less socially acceptable, and tobacco product prices have risen substantially, more smokers than ever are trying to quit. More than three out of every four California smokers say they would like to stop smoking. Past experience has demonstrated that the statewide media campaign, coupled with the California Smokers' Helpline (Helpline) and community-level cessation programs, successfully assists smokers in quitting. Smoking cessation is a complex and often extended process, often requiring several repeated quit attempts until success is achieved. As social norms shift away from the acceptability of smoking, more smokers become aware of health issues related to smoking, the level of motivation to quit across the entire population of smokers increases, and motivation by smokers to quit on their own increases. As such, cessation becomes the outcome, rather than the intervention.

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While recognizing that in California the majority of former smokers report quitting without direct cessation services, the provision of direct cessation is primarily funded through the Helpline, which offers telephone cessation counseling in English, Spanish, Vietnamese, Korean, Mandarin, and Cantonese, and has tailored services for chew tobacco users, the hearing impaired, youth, and pregnant women. In addition, the Helpline offers text and chat services. Many CTCP-funded projects also provide direct cessation services at no cost or for a nominal fee. Additionally, CTCP-funded projects promote system changes that support population-based cessation services, such as introducing cessation in large managed health care plans, coordinating with clinics providing health care to people experiencing homelessness, behavioral health facilities, and university/college health centers that serve priority populations, and providing physicians nurses, dentists, and dental hygienists with training to establish systematized patient education and treatment programs in private offices and clinics.

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LOCAL LEAD AGENCY RESPONSIBILITIES

Each of the 58 California counties, as well as three major California cities, are designated as Local Lead Agencies (LLAs). LLAs include 56 local county health departments, three (3) city health departments (Berkeley, Long Beach, and Pasadena), and one (1) non-profit agency with offices serving both Merced and San Bernardino Counties. Sections 104375, 104380, 104400 104405, 104410, 104415, and 104440 of the California Health and Safety Code (H&S Code) address and outline requirements for LLAs. Per the enabling legislation, LLAs are responsible for planning, implementing, and coordinating a comprehensive tobacco control plan. As the lead tobacco control agency at the community level, the primary legislated responsibilities of LLAs are to:

1. Obtain the involvement and participation of local community organizations with special expertise in tobacco control and representatives of priority populations
2. Provide, or contract for, tobacco control activities at the local level
3. Establish a coordinated information, referral, outreach, and intake system for preventive health education against tobacco for priority populations
4. Coordinate efforts between county service providers, government agencies, and the County Office of Education (COE)
5. Provide technical assistance to tobacco control service providers
6. Establish a uniform data collection system in compliance with standards and guidelines issued by CTCP, and submit audit and fiscal reports as required by the department
7. Develop a local tobacco control intervention plan and appropriate budget
8. Evaluate local program interventions and report back to CTCP
9. Additional activities may be required as defined in specific procurements

Each LLA serves as the backbone agency to a local community coalition to foster collaboration and engage in grassroots community mobilization activities that modify policy, systems, and environments to support social norm change and education to reduce tobacco use and address the tobacco industry strategies that promote tobacco use. LLAs take the lead on local community policy development, the facilitation of the enforcement of tobacco control laws, and the provision of local tobacco cessation services.

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COMPETITIVE GRANTS PROGRAM

Competitive Grants

The California Health and Safety Code (H&S) Section 104385 authorizes the California Tobacco Control Program (CTCP) to award and administer Competitive Grants to agencies to prevent tobacco-related diseases; and to conduct health education and promotion activities targeted to high risk persons and groups to reduce the number of persons beginning to use tobacco, continuing to use tobacco, or developing tobacco-related diseases. The term “tobacco” refers to commercial tobacco products. CTCP does not seek to impinge upon the sacred use of traditional or ceremonial tobacco in American Indian communities.

The Competitive Grants Program funds a variety of statewide, regional, local, and pilot projects. As defined by H&S Code, Section 104355, a grantee is a public or private nonprofit entity. Grantees may include, but are not limited to: hospitals, community clinics, local health departments, voluntary health organizations, American Indian tribes, colleges and universities, County Offices of Education (COE), school districts, health maintenance organizations, professional health associations, and professional health education associations. Pursuant to H&S Code, Section 104440, Local Lead Agencies (LLAs) are ineligible for competitive grant awards unless the LLA is a participant within a consortium of community-based organizations and non-profit agencies.

Statewide Projects

CTCP funds a variety of statewide projects designed to provide specialized support to local tobacco control work. Statewide projects and coordinating centers may be funded through a specific statewide procurement, or through a general competitive grantee process but indicating a statewide focus. These projects provide direct education. technical assistance, and training to build the capacity of local programs, coalitions, and community groups. Statewide Coordinating Centers are a crucial part of CTCP’s continued pursuit of health equity, providing support tailored for working with specific priority populations. Training and support provided by these partners contributes to the implementation of tobacco control activities that are evidence-based.

The following are current **statewide projects**:

Action on Smoking and Health

Action on Smoking and Health (ASH) seeks to lay the groundwork in California to end the tobacco epidemic by phasing out the sale of commercial tobacco products. The project focuses on building public support for cutting-edge policies that address the retail sales environment for tobacco products. ASH will conduct

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educational outreach and engage civic leaders on health equity, environmental action, and human rights issues as they relate to tobacco.

American Nonsmokers' Rights Foundation Policy Evaluation Tracking System

The Policy Evaluation Tracking System (PETS), a project of the American Nonsmokers' Rights Foundation (ANRF), provides analysis, data, tools, and expertise to help support CTCP-funded projects advance local tobacco control policy change, as well as to educate community partners and demonstrate policy trends. The ANR Foundation updates and maintains the PETS tobacco control database by tracking, collecting, analyzing, scoring, and reporting on local ordinances adopted throughout California.

(510) 841-3032

AMPLIFY! Statewide Coordinating Center for African American/Black Communities

AMPLIFY!, a project of the URSA Institute, is a Statewide Coordinating Center which supports CTCP-funded African American/Black regional projects and the greater African American community. AMPLIFY provides technical assistance, capacity building, mutual support, collaboration and LOVE to address the complex issues of tobacco control in the African American/Black community.

(888) 881-6619

California Smokers' Helpline & Center for Tobacco Cessation

The California Smokers' Helpline (1-800-NO-BUTTS, 1-844-8-NO-VAPE, and 1-800-844-CHEW) provides free services to people who want to quit smoking, vaping, or using chew, and for people who want to help others quit. Services include telephone counseling in many languages, as well as text messaging, online chat for Android and iOS mobile apps, and Amazon Alexa Skills: Stop Smoking Coach and Stop Vaping Coach.

The Center for Tobacco Cessation is the training and technical assistance arm of the Helpline and helps healthcare providers increase their capacity in tobacco cessation through live webinars, online trainings, in-person trainings, and phone/email consultation. They can also educate providers on options to securely refer patients and clients to the Helpline.

(858) 300-1051

California Tobacco Endgame Center for Organizing and Engagement

California Tobacco Endgame Center for Organizing and Engagement, a project of the American Heart Association (AHA), provides comprehensive training, technical assistance and resources to California's tobacco control movement. The Tobacco Endgame Center partners with local, regional and statewide tobacco control stakeholders to enhance their organizing and engagement capacity. They also serve as a hub for resources and an information dissemination channel for diverse groups on community organizing, community engagement, and stakeholder outreach.

(916) 446-6505

California Youth Advocacy Network

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The California Youth Advocacy Network (CYAN) changes the tobacco use culture in California schools, colleges and universities, and other youth and young adult communities by providing knowledge, skills, and tools to create local change for healthier communities. CYAN provides training and technical assistance on engaging young people to advocate for tobacco-free communities as well as direct support to youth and young adults dedicated to changing tobacco use norms across the state.

(916) 339-3424

CA Quits

The CA Quits project is a statewide initiative to advance tobacco cessation treatment in safety net health care delivery systems. The project engages in collaborative efforts and builds capacity with three health care sectors: Safety Net Providers, Medi-Cal Managed Care Plans, and Local Lead Agencies. CA Quits convenes statewide tobacco learning collaboratives and workgroups via virtual sessions with participants from each sector to develop and implement best practices for addressing smoking/tobacco use among patient populations. This includes strategies for clinical settings to assess, counsel, and connect patients who smoke to cessation services such as the California Smokers' Helpline.

(916) 734-0136

Hispanic/Latino Statewide Coordinating Center

The Hispanic Latino Coordinating Center (HLCC) is a statewide project of the California Health Collaborative in partnership and University of Southern California, dedicated to reducing tobacco-related disparities among Latinos in California. The HLCC primarily supports Hispanic/Latino Regional Projects with the adoption of policy, systems, and environmental changes by providing tailored assistance. The HLCC facilitates statewide collaboration and partnerships, provides policy strategy recommendations, support and engage in educational activities with local policy makers, provide assistance with materials development and translation, and offer leadership development and training opportunities.

(559) 244-4573

Law and Policy Partnership to End the Commercial Tobacco Epidemic

"The Partnership," a joint initiative of the American Lung Association and the Public Health Law Center (PHLC), engages local and regional priority population projects, as well as local and tribal governments across the state to develop laws and policies designed to end the tobacco epidemic in California. The project brings together legal and policy expertise, technical assistance and training to help tobacco control projects, priority populations, local governments and non-traditional partners to change or permanently eliminate the structural, political, and social dynamics that sustain the tobacco epidemic, in order to end it.

(651) 290-7506

Rural Initiatives Strengthening Equity

The Rural Initiatives Strengthening Equity (RISE) project accelerates the adoption and implementation of policy, system, and environmental change initiatives that are designed to prevent and reduce tobacco use and increase health equity among California's rural residents. RISE provides support and capacity building

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efforts to rural tobacco control projects through learning institutes, an advisory committee, and their policy platform initiatives, in order to facilitate stakeholder engagement and collaborative partnership opportunities among rural communities.

(530) 345-2483

Rover Library

The Rover Library provides library and information services, including reference, literature searches, citation services, and the circulation and dissemination of materials. Rover can help find research studies, educational and advocacy materials, existing materials and sample Final Evaluation Reports, information on proposed interventions, and relevant data and statistics. Rover also publishes topical current awareness lists/bibliographies, a podcast series, and translation research fact sheets, flyers, and other materials.

(530) 752-9719

Sierra Club

The Sierra Club's Environmental Justice in Tobacco Control Project seeks to end the presence of tobacco product waste in local communities across California, with an emphasis on the intersection of tobacco pollution and environmental justice. The Sierra Club serves as the lead agency for the Environmental Justice in Tobacco Control Young Adult Advisory Board, develops and disseminates tobacco product waste educational materials for statewide use, provides technical assistance to local tobacco control coalitions, environmental groups and non-traditional partners, as well as facilitates the adoption of innovative tobacco control policies to end the presence of tobacco product waste in local jurisdictions

(916) 557-1100

Smoking Cessation Leadership Center, California Behavioral Health & Wellness Initiative

The Smoking Cessation Leadership Center (SCLC) provides customized training and technical assistance for behavioral health and community residential behavioral health facilities, providers, and the clients they serve. They also work with Local Lead Agencies to create change in county behavioral health systems. Through the lens of wellness, SCLC guides facilities on how to integrate tobacco use screening, offer smoking cessation services/nicotine addiction treatment, establish a tobacco-free grounds policy, and incorporate other programs such as healthier eating, physical activities, and problem gambling counseling.

(877) 509-3786

Statewide Pacific Asian Resource and Coordinating Center

Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL) serves as the lead organization for the Statewide Pacific Asian Resource and Coordinating Center (SPARC) to address tobacco disparities for the diverse Asian/Pacific Islander (API) communities in California. SPARC's enabling system supports API regional networks to promote social change aimed at preventing and reducing tobacco use.

(510) 350-7169

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The LOOP

The LOOP is a centralized one-stop resource to help tobacco control projects strengthen their capacity to connect, communicate, and collaborate with their local communities, especially those disproportionately burdened by tobacco. The LOOP can assist projects with tailoring approaches and materials to better engage and reach priority populations and identifying activities to improve the capacity to work authentically with local communities, especially those disproportionately burdened by tobacco.

(415) 502-3265

Tobacco Education Clearinghouse of California

The Tobacco Education Clearinghouse of California (TECC) produces and distributes educational materials to support tobacco control initiatives. TECC can provide technical assistance pertaining to educational material development and consumer testing. In addition, TECC monitors existing tobacco-related educational materials to assess current needs for tobacco-related educational material development.

(800) 258- 9090

Tobacco Control Evaluation Center

The Tobacco Control Evaluation Center (TCEC) provides evaluation training and specialized evaluation technical assistance services to local tobacco control program evaluators and programs. TCEC can assist with writing evaluation activities, plans, and methods; and data collection, analysis, interpretation, visualization, and reporting, as well as accessing the TCEC data collection instrument database. TCEC maintains an evaluators' community of practice and assists in statewide retail environment campaigns.

(530) 752-9951

Tribal Community Coordinating Center

Through the guidance of a Tribal Advisory Council, the statewide Tribal Community Coordinating Center (TCCC) addresses the impact of non-ceremonial tobacco by providing culturally appropriate assistance to California Indian Tribes to assess and implement tobacco related programs.

(916) 642-1186

UCSF Project for Endgame Planning - upEND Tobacco

The University of California, San Francisco's upEND Tobacco project is a resource for communities developing local approaches to help California meet its goal of ending the tobacco epidemic for all population groups by 2035. upEND Tobacco helps CTCP-funded projects develop endgame-oriented policy approaches. Services include provision of literature and argumentation handouts, assistance developing action plans, workshops for local advocates, and individual consultations.

(415) 476-3273

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WE BREATHE - Statewide Coordinating Center for LGBTQ Communities

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WE BREATHE is the Statewide Coordinating Center for the Lesbian, Gay, Bi-Sexual, Transgender, and Queer (LGBTQ) serving tobacco control projects. They focus on the facilitation, coordination, and collaborative flow of information between LGBTQ regional projects and other CTCP-funded projects. They engage new voices in tobacco control efforts to assist in accelerating the adoption of regional LGBTQ tobacco control efforts by educating and engaging LGBTQ influencers, developing tailored messaging for LGBTQ audiences, and educating LGBTQ individuals to advocate to reduce tobacco-related health disparities.

(916) 497-0923

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STATEWIDE MEDIA CAMPAIGN

The California Tobacco Control Program's (CTCP) media campaign, a key component in the nation's longest running anti-tobacco program, consists of advertising and public relations (PR) campaigns. Both campaigns reach California's diverse populations in six languages—Spanish, English, Cantonese, Mandarin, Vietnamese and Korean. The advertising campaign utilizes cutting-edge messages to communicate the dangers of tobacco use including Electronic Smoking Devices (ESD), the environmental impact of tobacc, and expose the tobacco industry's marketing ploys. The PR campaign's efforts include communications planning and implementation, facilitating media relations and advocacy, conducting social media activities, providing technical assistance to local programs, conducting news conferences, issuing media alerts and press releases, and coordinating media monitoring. Together, the advertising and PR campaigns work to deliver clear, powerful messages with the broadest reach, educating and furthering the cause. To learn more, visit TobaccoFreeCA.com or the Media and Communications page on the Partners website.

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EVALUATION

The California Tobacco Control Program (CTCP) is a data-driven program. Telephone, web-based, observational, and in-school surveys are used to track adult and youth tobacco knowledge, attitudes, and tobacco use behaviors. These surveys monitor progress and illustrate emerging challenges (e.g., new tobacco product use). Observational surveys are conducted to monitor tobacco retail marketing practices and tobacco product sales to persons under 21 years of age. Additionally, program evaluation is conducted to determine which strategies are most effective. Collectively, these surveillance and evaluation studies are used to tailor and improve educational and media outreach; determine which intervention strategies are most effective at reducing tobacco use; and monitor progress towards reaching CTCP goals and objectives.

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200 - Program Operating Principles

PROGRAM OPERATING PRINCIPLES

The following are operating principles for tobacco use prevention and reduction activities funded by the California Department of Public Health (CDPH), California Tobacco Control Program (CTCP).

CTCP is committed to providing leadership and resources to achieve a 100 percent reduction in tobacco use in California by 2035. CTCP advocates a social norm change that creates a tobacco-free lifestyle and environment for all Californians. Toward these ends, CTCP encourages projects to:

1. Empower local decision-making through broad-based community participation.
2. Recognize diversity and maintain respect for differences.
3. Encourage innovative and multi-dimensional models for health education.
4. Create a partnership among communities, schools, worksites, health care organizations, and government.
5. Recognize individual and community rights to self-determination.
6. Anticipate community needs and prepare for major shifts in program emphasis as conditions change.
7. Recognize the critical importance of using interventions that focus on involving the family and community rather than individuals. Instead, programs must tap into the social context of individual behavior. Individuals, whether they are young people or adults, interact within a vast complex of relationships, organizations, work, peer and reference groups, and participate in a variety of personal growth, religious, and recreational activities.
8. Recognize the paramount importance of program cost-effectiveness. In order for programs to be replicable throughout California, they must be financially feasible. There are a number of ways cost-effectiveness can be enhanced:
    a. Institutionalize interventions into worksites, schools, community networks, and health care systems through broad frameworks such as Community Health Needs Assessments (CHNA) and General Plans.
    b. Emphasize interventions that create generational change. This is particularly important when considering young people. We know, for example, that youth are more likely to use tobacco if their parents use tobacco. Therefore, reaching parents and other intermediaries such as trusted adults in their lives, can help break the chain and reduce program costs over time.
    c. Emphasize interventions that last. Policy development is of key importance to changing community norms about tobacco. Social norm change occurs through organizational, community, and business policies. Community ordinances ensure access to tobacco-free workplaces, post-secondary schools, and smoke-free housing. Supportive integration of healthy changes to the retail landscape, incorporation of cessation into behavioral health practices, and

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the reduction of access to tobacco eliminates its impact on our environment and creates a lasting impact on the lives of millions of Californians.

d. Priority populations must be major audiences for tobacco use prevention and reduction efforts since they are major targets of the tobacco industry. Priority populations are groups that have higher rates of tobacco use than the general population, experience greater secondhand smoke exposure at work and at home, are disproportionately targeted by the tobacco industry, and have higher rates of tobacco-related disease compared to the general population. The tobacco industry maintains persistent and prolific advertisement efforts to direct individuals who are part of priority populations to their products.

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301 - Program Requirements

TOBACCO CONTROL COALITION/ADVISORY COMMITTEE REQUIREMENTS

Purpose of Community Involvement: The goal of the California Tobacco Control Program (CTCP) is to change the social norms surrounding tobacco use. One way funded projects participate in efforts to create social norm change in relation to tobacco use is through community interventions that focus on policy, system, and environmental change. To change policies, systems, or environments, community involvement is a required and essential component to long-term success. When a community affected by a problem, such as tobacco use, and it is able to define the problem and solutions to that problem, it is on a path to overcome the problem. By taking ownership of the problem and solution, lasting social norm change is created.

Local Lead Agency Coalitions: In order to shape change in communities to produce social norm change, all funded local lead agencies (LLAs) are required to establish a community-based tobacco control coalition or 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. 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.

Advisory Boards: In addition to LLA community-based coalitions, competitive grantees may opt to recruit and maintain an advisory board to advise them on their own scope of work. Advisory boards may function in similar ways to community-based coalitions, and their membership should be just as diverse. However, their role is to advise the specific project how to do its work, rather than problem solving for the community as a whole. Members of advisory boards are strongly encouraged to participate on one or more LLA coalitions.

Campaign or Issue Committees/Workgroups: Coalitions, Advisory Boards, and funded projects may establish campaign committees or workgroups to focus on specific, time-limited work. Campaign committees and workgroups operate as extensions of an existing coalition or advisory board, and do not require their own operating rules and procedures, unless desired.

Role of Coalitions and Advisory Boards: Whether a community-based coalition or an advisory board, the following information applies. Projects that are required to form and maintain a community-based coalition/advisory board are to organize these bodies in such a way that they:

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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.

Organizational Structure: The organizational structure of the community-based coalition is flexible and may include:

1. Forming a centralized coalition that serves the entire health jurisdiction, region, or state;
2. Integrating tobacco control issues into an existing community-based coalition or advisory committee;
3. Creating campaign committees to focus on the passage of specific policies or the implementation of existing polices.

The requirements for all community-based coalitions are as follows:

1. **Constituency Representation**: Community-based coalition staff are to recruit a diverse membership that includes representation from those that work or have a stake in tobacco control issues as well as non-traditional partners beyond traditional health, education and social service organizations (i.e., environmental, economic development, housing, and community planning groups). Outreach should be made by the backbone agency to include representatives of the other area CTCP-funded projects on the coalition. These various constituencies include, but are not limited to:

Traditional Constituency Representation	Non-Traditional Constituency Representation
LLA / Health Departments	Business and Community Organizations
CTCP Grantees	Environmental Organizations
Alcohol and Drug Programs	Faith Representation
Education [including Tobacco Use Prevention Education (TUPE) Programs]	Labor and Union Organizations
Hospitals, Clinics and Health Care Providers	Law Enforcement
Social Service Organizations	Media and Communications-related Agencies
Voluntary Health or Tobacco Control Organizations	Military and Veteran Organizations
Other Tobacco Control Funded Agencies	Worksite/Employee

2. **Population Representation**: Community-based coalition membership should be geographically balanced and include priority population representation comparable to the demographics of the area. Tobacco-related priority populations are groups that have higher rates of tobacco use than the general population, experience greater secondhand smoke exposure at work and at home, are disproportionately targeted by the tobacco industry, and have higher rates of tobacco-related disease

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compared to the general population. Individuals may be members of more than one priority population. California's tobacco-related priority populations of focus are determined by the Tobacco Education and Research Oversight Committee (TEROC) and are identified in the most current version of their Master Plan, available on **TEROC's website**.

3. **Compensation**: Community-based coalition, advisory board, and other volunteer committee members serve without compensation.
4. **Reimbursement**: Any volunteer members who are not currently funded by CTCP may be reimbursed for necessary travel expenses incurred in the performance of their duties on behalf of the coalition/advisory board. Travel expenses will be reimbursed at the current rate identified by the California Department of Human Resources (CalHR). Any large reimbursement costs (e.g., a training or conference registration fee where the coalition member is representing the the project), must be pre-approved by CTCP. Please contact your program consultant and procurement manager for additional questions.
5. **Operating Rules and Procedures**: Commmunity-based coalitions should be independent decision-making bodies and are required to have formalized operating rules and procedures (e.g., by-laws) that include:
    a. A description of the organizational structure;
    b. A mission statement;
    c. A definition of the roles and responsibilities of individual and/or organizational members, leadership roles and terms of service, the method of joining, membership expectations, and meeting frequency;
    d. A defined process for new member orientation;
    e. A detailed process for how the coalition makes decisions and elects leadership;
    f. An annual evaluation survey that assesses coalition functioning, member satisfaction, and diversity utilizing assessment instruments created and/or modified by the LLA. (CTCP recommends using the Tobacco Control Evaluation Center's Annual Coalition Member Survey, which can be modified as appropriate based on coalition feedback); and;
    g. The creation of a standing recruitment sub/committee, charged with recruiting new and retaining current membership, that meets a minimum of two times a year to determine and fulfill the coalition's membership goals.
6. **Coalition Chair**: A community-based coalition chair is 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. The Coalition Chair should be able to serve as a spokesperson for the coalition.
    a. If a community-based coalition determines there is a need for *two co-chairs*, at least one co-chair must not be from the administrative agency that functions as the facilitator of the community-based coalition or another agency, including subcontractors, funded by dollars obtained through a California tobacco tax initiative.
7. **Membership Recruitment:** Agencies responsible for facilitating the community-based coalition are to develop a process for recruiting and orienting new members in coordination with the standing recruitment subcommittee (See Chapter 301.5.g).
8. **Training:** Agencies responsible for facilitating the community-based coalition/advisory board are to

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periodically provide training for and review operational procedures with members.

9. **Communications:** Agencies responsible for facilitating the community-based coalition/advisory board are to develop communication systems to keep members fully informed for both urgent (rapid response) and routine communication needs.
10. **Resources:** The LLA responsible for facilitating the community-based coalition shall provide staff, 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.

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302 - Program Requirements

HEALTH EDUCATION PROGRAM REQUIREMENTS

The following are health education program requirements which are to be utilized by the California Tobacco Control Program (CTCP) funded projects and their subcontractors to design and implement tobacco-related health education strategies. Programs are to:

1. Focus on social norm strategies which are likely to be institutionalized and apply current and evidence-based research findings to ensure the effectiveness of policy, media, and program strategies.
2. Focus the greatest effort and resources toward the priorities of 1) limiting tobacco promoting influences; 2) reducing exposure to secondhand smoke, tobacco smoke residue, tobacco waste, and other tobacco products; and, 3) reducing the availability of tobacco.
3. Be comprehensive in nature and use community education, paid media, earned media, policy, training, technical assistance, collaboration, surveys, and other activities to work in a coordinated and focused fashioned to achieve outcome-oriented objectives.
4. Reflect coordination and collaboration with the efforts of Local Lead Agencies (LLA), competitive grants, statewide projects, regional projects, pilot projects, and statewide initiatives.
5. Reach out to and include groups with access to, knowledge of, and experience with priority populations of focus, but who are not currently involved in or receive tobacco tax funding. Such groups include, but are not limited to environmental organizations, faith-based organizations, housing organizations, law enforcement agencies, living wage groups, professional organizations, early childhood development, youth groups, schools, chambers of commerce, business groups, and unions.
6. Collaborate with representatives of priority populations of focus, policymakers, and intervention groups. They shall be conducted with the participation or support of organizations or individuals from the priority populations of focus or from representatives from organizations serving priority populations.
7. Mobilize the community to demonstrate support for educational, policy, and enforcement activities. This may include conducting letter writing campaigns, press conferences, community forums, obtaining resolutions from community groups, obtaining organizational endorsements, generating opinion editorials, meeting with key community leaders or agencies, creating new alliances with groups such as civil rights organizations, chambers of commerce, women’s groups, community beautification groups, law enforcement agencies, land use planning, transportation, alcohol and drug professionals, mental health organizations, etc.
8. Build the capacity of communities to address tobacco issues through offering opportunities for training, conducting surveying efforts, participation in community-based coalition/advisory

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committees, facilitating educational presentations to policymakers, providing leadership opportunities for youth, and/or media opportunities (e.g., spokesperson training), etc.

9. Identify, document, and publicize the presence of tobacco-related problems and demonstrate public support for tobacco control interventions through the media. Documentation of the problem may include publicizing the results of the Healthy Stores for a Healthy Community (HSHC) survey, Young Adult Tobacco Purchase Survey (YATPS), surveys of tobacco advertising, Key Informant Interviews (KII) summaries, Public Opinion Poll/Public Intercept Surveys, Photovoice, telephone surveys, etc.
10. Utilize paid media, Public Service Announcements (PSA) and earned media opportunities in a coordinated fashion to support national, state, regional, and local policy and educational activities.
11. Provide education and materials that are culturally responsive and linguistically appropriate for the priority populations of focus and to intended intervention groups.
12. Incorporate program evaluation into tobacco control activities and meet at least the minimum percentage of deliverables required, as defined by the procurement. Evaluation activities are to be focused on outcomes, but also may include process evaluation and formative research.

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303 - Program Requirements

DEVELOPMENT AND USE OF EDUCATIONAL, INCENTIVE, AND MEDIA MATERIALS

The following requirements apply to using California Department of Public Health/California Tobacco Control Program (CDPH/CTCP) funds to develop, produce and disseminate educational, media (advertising and public relations), and incentive materials.

1. Examples of Materials
    a. "Incentives" are used to motivate and/or reinforce positive behavior, participation, or involvement in activities related to a project's Scope of Work (SOW) (e.g., completing a survey or participating in a focus group). If used, materials must be consistent with Program Letter 18-01: Incentive Materials. "Behavior Modification Materials (BMM)" are known as "Incentives" as of January 2018.
    b. "Educational Materials" are items such as brochures, infographics, books, booklets, curricula, tip sheets, fact sheets, posters, videos, and non-campaign related social media posts.
    c. "Advertising (Ad) Materials" are items such as TV/video, radio, out-of-home (e.g., billboards, bus shelters/transit, cinema, etc.), print, or digital advertisements.
    d. "Public Relations (PR) Materials" are items such as press releases, key messages, images, video, podcasts, social media graphics, opinion editorials, bylined articles, Letters to the Editor, and press packets provided to media for announcements, media events, or news conferences.
2. Approved Scope of Work Activities
    a. Development, modification and/or dissemination of any educational, advertising, public relations, and/or incentive materials cannot be conducted by the project unless there is an approved activity in the SOW describing the purpose, intended audience, format, consumer/focus group testing (as appropriate), and dissemination of the product. Materials must be consistent with the approved SOW and must be developed to support SOW activities (e.g., for use during educational outreach events in tandem with educational efforts with the public, assisting with evaluation training or dissemination, use and distribution during educational presentations to policymakers, etc.).
3. Formative Research Requirement Prior to Developing Materials
    a. Prior to developing any educational materials, a funded project must check with the Rover Library and Tobacco Education Clearinghouse of California (TECC) to identify if an existing material is already available or could be adapted to fill the project's need. This is a mandatory requirement to ensure non-duplication of efforts and statewide coordination.

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b. Prior to developing any advertising materials, a funded project must check the Media & Communications Section of the Partners website to identify any existing materials that have previously been developed and tested for target audience effectiveness. The Media & Communications Section on the Partners website provides a description of the advertising assets available and a form is available to request advertising materials and technical assistance from the Media & Communications Unit. For more information on requirements, see (5) *Technical Assistance to Develop Media Materials* below. This is a mandatory requirement to ensure non-duplication of efforts and statewide coordination.

c. Prior to the development of any educational, media or incentive materials, the funded project must obtain and incorporate the most recent evidence-based research to substantiate messaging. Assistance is available from the Rover Library. This is a mandatory requirement to ensure that all materials are factually accurate, current, and evidence-based.

4. Technical Assistance to Develop Educational Materials

a. Throughout the material development process, it is highly recommended the project contact TECC for technical assistance with developing the intended educational material. TECC is available to provide assistance with content, design, readability, accessibility (ensuring access for people with disabilities or special needs), customization for the intended audience, format, guidance on conducting consumer/focus group testing, and production, to ensure that all educational materials are high quality, cost-effective, and appropriate for the intended audience.

5. Technical Assistance to Develop Media Materials

a. Prior to the development of advertising materials, the funded project is required to contact CTCP's Media & Communications staff by filling out the Media Materials and Technical Assistance Request Form in the Media & Communications Section of the Partner's website, to discuss advertising development, including content, intended audience, intended target markets, media formats, testing, production, and time period for advertising placement. Staff is available to assist funded projects in communications strategy development. Media & Communications staff are also available to provide strategy and messaging feedback for PR-related efforts.

6. Process to Request Use and/or Adapt Educational or Advertising Materials Produced by projects using CTCP funds

a. The State of California, CDPH owns the copyright on educational and advertising materials developed with funds provided by CDPH/CTCP except for materials developed through a University of California or California State University (UC/CSU) interagency agreement, where the UC/CSU retains the copyright for the materials.

b. Following is the procedure for CTCP-funded projects to request the use of and/or adaptation of a material created by another CTCP-funded project.

i. For education materials, contact TECC for assistance with this procedure and to ensure that there are no copyright restrictions associated with the material.

ii. For advertising and media materials developed by a CTCP-funded project (not CDPH/CTCP), contact the agency responsible for developing the material to ensure that there are no copyright or other restrictions.

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c. Following is the procedure for non-CTCP-funded Agencies/Organization to request the use of and/or adaptation of material produced by CTCP-funded projects:
    i. The funded project should receive and maintain on record a written request to modify materials, including specifications of what will be modified about the piece (e.g. an agency in another state wishes to swap out 1-800-NO-BUTTS with their Quitline number).
    ii. Agencies are permitted to grant these requests for original materials they have created at their own discretion and in guidance with their own agency policies, while maintaining written records for review by CTCP if necessary.
    iii. Any agency/organization granted permission to use or modify educational or advertising materials developed by CTCP-funded projects is to bear the cost associated with the permitted use or modification of the material.

7. Requests for Use of CTCP Statewide Media Campaign Advertising Materials
    a. On the Media & Communications Section of the Partners website, there is a library of recent and historic ads developed by the CTCP Statewide Media Campaign, as well as ads developed by many tobacco control organizations throughout the state and country. Most CTCP advertising materials are available at no cost to funded projects.
    b. Requests from CTCP Funded Projects:
        i. All funded projects who wish to use or modify media materials produced by CTCP must complete the Media Materials and Technical Assistance Request Form located in the Media & Communications area of the Partners website (located under the “Resources” section) and provide a completed Communications Plan to outline the strategy and need for the media. Any requests to modify media materials produced by CTCP (beyond customizing the “tag” or minor resizing) must be approved in writing by CTCP. If the proposed changes alter the meaning of the ad or message, additional consumer testing will be required.
        ii. Projects must make their own arrangements to “tag” (e.g. add the funded project’s name, logo, web address and/or tagline) the media materials.
        iii. Tagging costs are to be incurred by the project and negotiated directly with the vendor who is engaged to place the advertising.
    c. Requests from non-CTCP Funded Agencies/Organizations:
        i. Requests from local county programs (e.g., County Alcohol and Drug Program, County Environmental Health Program) should be forwarded to the appropriate Local Lead Agency (LLA) to ensure coordination of local efforts. The CTCP Media Unit will forward all local program media-related requests to the appropriate LLA for follow-up and coordination as deemed necessary.
        ii. Written requests from all other non-CTCP funded agencies/organizations will be reviewed by the CTCP's Chief of the Media & Communications Section. The request should describe the product, how it will be used and distributed, cost if applicable, and any modification the requestor would like to make.
        iii. The appearance of a gift of public funds for the profit or benefit of an agency will be considered and avoided in any request.

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iv. Requests for materials for use by a CTCP-funded project's subcontractors or consultants must be submitted to CTCP by the primary funded project.
v. Any agency/organization granted permission to use or modify advertising materials from CTCP is to bear the cost associated with the permitted use or modification of the material.

8. Contract and Administrative Issues Related to Educational and Media Materials Development
   a. When utilizing subcontract or consulting services of an artist, writer, designer, advertising, and/or public relations agency for the development of materials, all agencies must indicate "Work Made for Hire" on contracts and invoices. Please include in all subcontract and consultant agreements, the language found in item "(8) (d) (i)" below. This will ensure that the copyright belongs to CDPH/CTCP, that CTCP has the authority to make derivative works, and that no residual costs will be incurred by CTCP for additional printing or use.
   b. The funded project is responsible for ensuring that any selected services from a subcontract or consultant carry no conflicts of interest (e.g., no connection to the tobacco industry, subsidiaries, electronic smoking/vaping companies, or other related industries that work against the intended interests and mission of CTCP).
   c. The funded project is responsible for ensuring that a subcontract or consultant has the expertise for the type of services being sought, an understanding of health or social issue campaigns, and the ability to respond appropriately to industry or political criticism.
   d. Include the following provision in all agreements for a material development subcontract or consultant:
      i. "The subcontractor grants the State of California copyright interest in any Works created, provided, developed, or produced under the agreement and ownership of any Works not fixed in any tangible medium of expression and agrees to assign those rights to the State. For any Works for which the copyright is not granted to the State, the State shall retain a royalty-free, non-exclusive and irrevocable license throughout the world to reproduce, to prepare derivative Works, to distribute copies, to perform, to display, or otherwise use, duplicate or dispose of such Works in any manner for government purposes, and to have or permit others to do so."
      ii. Print the following statement on any invoices for duplication services of materials:
         1. "All___ (e.g.: artwork, type, electronic files, or photographic film or video/audio recording) created or submitted for reproduction is the property of the California Department of Public Health (CDPH), California Tobacco Control Program (CTCP). Acceptance of this order indicates agreement of these terms."
   e. If any material to be developed involves any copyright limitations (g., talent fees, limits on distribution or term, stock photography royalties), the project must get CTCP approval prior to the development of the material.
   f. When using the image or likeness of an individual in an educational or media material agencies must ensure that the individual has signed a consent form or photo or talent release. Projects shall obtain an additional consent form from the parent or legal guardian of individuals under 18 years of age.
   g. Subcontract and consultant agreements and/or photo or talent releases must be completed

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and include the required CDPH/CTCP copyright language even if no monetary payment is part of the transaction.

h. Projects are not allowed to profit from the sale of materials created with CTCP funds or utilize materials for non-tobacco control related purposes.
i. No CTCP video, ad, or portion of one can be edited and incorporated into another educational video without the express written permission from the CTCP

9. Educational, Media, and Incentive Material Standards
   a. Materials are consistent with the approved SOW and support SOW activities (e.g., for use during educational outreach events, use and distribution during educational presentations to policymakers, etc.).
   b. Materials do not duplicate existing materials found on Partners, Rover or TECC.
   c. Incentive Materials (incentives) must be consistent with Program Letter 18-01: Incentive Materials.
   d. Materials are scientifically and factually accurate and cite original sources using a recognized standard format (e.g. the American Psychological Association, 6th Edition [APA] style).
   e. Messages are based on research shown to be effective in discouraging tobacco use among the intended audience(s).
   f. Materials comply with the requirements of the ADA and are accessible to individuals with disabilities (e.g., materials utilize san serif fonts, utilize appropriate color contrast for text and backgrounds, colors alone are not used to convey meaning, etc.)
   g. Materials do not contain offensive or misleading language, visuals or messages, and do not put down, stigmatize or otherwise blame tobacco users or other groups (e., messages do not focus on smokers as “losers”).
   h. Materials do not promote or inhibit any religious ideology.
   i. Materials do not feature the image, voice, or identifiable views of any elected public official or candidate for public office.
   j. Materials are free of grammatical, punctuation, and spelling errors.
   k. The reading level of the material is appropriate for the intended audience as verified through literacy testing.
   l. The material is appropriate for the intended audience, as verified through consumer testing.
   m. Materials convey messages that are consistent with other health or public health messaging (e.g., visuals with people on bicycles include the use of helmets, and visuals of consumption food and beverages depict healthy options).
   n. Materials are visually appealing without the use of excessive production costs.
   o. Permission to use copyrighted material and artistic, photograph, talent, and model releases are obtained in advance and retained on file.
   p. Acknowledgement of the funding source is included on the piece.
   q. Educational materials and consumer testing documentation are to be submitted to TECC via MatTrack: https://www.tecc.org/about-mattrack/
   r. Advertising, educational material, and consumer testing documentation are to be submitted to CTCP with the funded project progress report. The funded project agrees to allow CTCP and TECC to review the educational material for possible statewide distribution and to adapt

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material as appropriate for free distribution through the TECC website.

s. The funded project agrees to allow CTCP to review advertising material for possible statewide distribution and to adapt these materials as appropriate for free distribution through the Partners website.

t. The funded project retains the following information on file and makes it available to CTCP and TECC upon request:
    i. Results of consumer testing for literacy level and cultural responsiveness for educational material;
    ii. Results of consumer testing, including an assessment of message comprehension, emotional impact, and overall reactions to concepts for advertising material;
    iii. Field test, pilot test, and/or expert review evaluation findings, as appropriate;
    iv. Signed Copyright Release Forms for all subcontractors including writers, designers, talent, photographers and artists
    v. Signed Model/Talent Release Forms for anyone who is recognizable in material produced.

u. For educational and media material that are print, out-of-home and digital, retain:
    i. Receipts/invoices for any stock photos or graphics purchased;
    ii. A copy of the original file from the page layout or design program (e.g., the original QuarkXPress; Adobe PageMaker, InDesign, Photoshop or Illustrator; MS Publisher; Word files) in editable/layered form;
    iii. All original illustrations and photos (including .jpg, .tif, .eps, .psd/Photoshop, and/or.ai/Illustrator files);
    iv. All fonts used, even if they are converted to outlines.

v. For educational and media material that are television (TV)/Video digital file masters – generic taggable versions, retain content in the following formats:
    I. Apple ProRes 422 (HD), Uncompressed, Broadcast Quality Master with Split VO & Music Tracks;
    II. Apple ProRes 422 (HD), Uncompressed, Broadcast Quality Master.

w. For educational and media material that are Radio/audio digital file masters – generic taggable versions, retain content in the following formats:
    i. WAV format, Broadcast Quality Master with Split VO & Music Tracks;
    ii. WAV format, Broadcast Quality Master

x. Provide English translations of material submitted in languages other than English

y. Quit kits are considered educational material, and should be tailored to the audience. Quit kits may include printed materials such as: Take Control Guide booklet, Decide Guide booklet, Take Charge Gold Card, and in-language cessation rack cards (bulk quantities may be obtained from TECC), as well as local cessation class flyers, and information on local cessation resources. Other items that are helpful to a person making a quit attempt may also be included in the quit kit, such as rubber bands, a quitter's journal, or individually-wrapped toothpicks.

10. Acknowledgement of Funding Source

a. Educational Material: All educational material (e.g. brochures, fact sheets, infographics,

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posters, reports, published documents, or materials) developed with CTCP funds must include the following statement:

i. "© [current year]. California Department of Public Health. Funded under contract # XX-XXXXX."

b. Advertising Material: It is a standard best practice for advertising assets (e.g. TV, digital video, radio, out of home, digital banner, print) to acknowledge the agency that is placing (paying for) the advertising with an attribution statement or 'tag.' It is required for some mediums by the Federal Communications Commission (FCC). Certain media outlets make this a requirement. As a general rule of thumb and to avoid any delays in launching your ads, CTCP recommends that one of the following statements is used to tag your ads:

i. "Sponsored by [Your Project/Agency/Coalition's Name]

ii. "This message paid for by [Your Project/Agency/Coalition's Name]

1. Please see below for more specific requirement information per media channel:

a. TV: one of the statements above (i or ii) is required. Since your agency is paying to place the ads, list your agency's name and not the California Department of Public Health

b. Radio: identifying the advertiser is required. In most cases, driving listeners to a website that identifies the advertiser is sufficient and preferred due to the limited time afforded by :30 radio spots. Funded projects can drive listeners to an appropriate site of their own, TobaccoFreeCA.com or one of CTCP's landing pages. The website selected should contain relevant content that matches the issues being addressed in the ads

c. Print/Out-of-Home: when possible, the advertiser should be identified. In some cases, driving consumers to a website that identifies the advertiser is sufficient. This determination is made by the media outlet. To avoid delays, it is safest to tag your ads with your organization's name upfront. Funded projects can drive consumers to an appropriate site of their own, TobaccoFreeCA.com or one of CTCP's landing pages. The website selected should contain relevant content that matches the issues being addressed in the ads

d. Digital: connecting digital ads to a website that identifies the advertiser is sufficient. Funded projects can drive consumers to an appropriate site of their own, TobaccoFreeCA.com or one of CTCP's landing pages. The website selected should contain relevant content that matches the issues being addressed in the ads.

2. We have heard from several funded partners that they would like to use their coalition's name in their tag. To date, CTCP has not heard of any of these funded partners being questioned by the media outlet regarding the accuracy of this statement. Utilizing the coalition name in the tag does not violate any CTCP rules.

3. For all advertising materials, do not modify, add or remove the copyright information when it is already included.

c. Social Media Materials: Social media images, infographics, or gifs provided by CTCP, TECC,

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or downloaded from CTCP's Facebook profile or those that can be found in TECC's Social Media Image Gallery are not to be modified.

d. Incentive Materials: As appropriate, incentive materials should contain the following statement:
    i. "This material made possible by funds received from the California Department of Public Health, under contract # XX-XXXXX."
    ii. Projects may omit the acknowledgement if there is a space limitation or the attribution interferes with the image of the piece. Consult with the funded project's Program Consultant for additional guidance

11. Use of Incentive Materials
    a. Funded projects may use incentives to reinforce or motivate a change in behavior. Incentives are only to be given to participants attending a pre-determined effort or activity. Incentives may be awarded to individuals, businesses, or groups for making a positive behavior or policy change (e.g., participating in a cessation program, adopting a smoke-free housing policy, creating, and promoting a smoke-free/tobacco-free event). They may also be awarded to adult and youth volunteers to reinforce participation in the project's scope of work (e.g. participation in the Communities of Excellence [CX] Needs Assessment process, beach cigarette litter clean-ups, data collection for a Young Adult Tobacco Purchase Surveys [YATPS], or completion of significant service to the project's coalition).
        i. *Please note: A 2015 Cochrane Database of Systematic Reviews on the use of incentives for smoking cessation programs concluded that six months or more after the beginning of the trial, people receiving incentives were more likely to have quit than those in the control groups were; however, only three trials reported prolonged success beyond the close of the program. Tobacco cessation programs using incentives and competitions should consider how to incorporate these findings.*
    b. Non-Consumable (Non-Food/Refreshments) incentives can be both tangible and intangible in nature. A mix of both forms of incentives are permitted. For example, if a funded project wishes to reward a participant for involvement with a behavior change:
        i. Intangible Incentives: Writing a letter of recommendation for a student applying to college detailing their participation in program activities.
        ii. Tangible Incentives: Giving a participant in data collection activities a merchandise card and/or transportation voucher, following the completion of activities. The California Department of Public Health requires that the distribution of incentives be based on scientific evidence of behavior change, a distribution plan, an incentive tracking log, and reporting of distribution and client outcomes.
    c. Limitations to non-consumable incentives, include, but are not limited to:
        i. The cost of the incentives may not exceed $50 in value, per person, per year, and shall not include merchandise cards that can be used to purchase tobacco, alcohol, and/or cannabis products. The funded project is responsible for the possession, security (e.g. will keep under lock and key), and accountability of the merchandise cards. The funded project is responsible for maintaining a log sheet to track and identify each merchandise card, its value, the date the card was transferred, and the recipient of the merchandise card. The funded project will be required to submit the Bi-Annual incentive log sheet with

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the December and June invoice for each fiscal year. At the conclusion of the agreement, surplus incentives must be returned to CTCP.

ii. The $50 per person, per year limit may not be pooled to exceed the $50 per person, per year limit; however, awards over the $50 limit may be provided by soliciting donations from the community, which are not associated with CTCP funding.

iii. Cash awards are not permitted as incentives.

iv. The value of the incentive must be commensurate with the degree of behavior change sought. As such, a significant behavior change, such as quitting tobacco use and remaining tobacco-free for a six-month period, may merit a large award (e.g. $40). A less significant behavior change, such as attending individual cessation classes may be rewarded with incentives of more modest value (e.g., $5) per class. No total can exceed the $50 per person, per year limit.

d. Consumable (Food/Refreshment) incentives are allowable. These items may be purchased and made available at coalition or advisory committee meetings, or to volunteers who participated in tobacco control-related events and activities, such as Young Adult Tobacco Purchase Survey or beach litter clean-ups, specific to the funded project's SOW.

i. Food is an appropriate item that acknowledges appreciation of people's participation in meetings, events, and activities. Moreover, it is recognized that the provision of food or refreshments is a cultural expectation in many of the communities that tobacco control projects work with and that the provision of refreshments at planning meetings with these communities will facilitate the development of positive relationships.

ii. Limitations to consumable incentives, include, but are not limited to:

1. The value of the incentive should be reasonable and budgeted overall at no more than $50 per person, per year. For example: yogurt, muffins, coffee, and juice for a morning event; sandwiches, fruit, and bottled water for lunch events; or pizza, fruit, and bottled water for evening events.
2. The $50 per person, per year limit may not be pooled to exceed the $50 per person, per year limit; however, awards over the $50 limit may be provided by soliciting donations from the community, which are not associated with CTCP funding.
3. Cash awards are not permitted as incentives.

iii. Food incentives may be awarded in addition to the other non-consumable incentives that may be awarded for reinforcing a positive behavior change or for recognizing and reinforcing community participation in tobacco control activities

iv. This incentive policy does not permit the purchase of meals for staff of CTCP-funded projects, nor local health department employees. These individuals are subject to the rules and policies for meal and per diem reimbursement required by the CTCP agreement language or their agency's personnel policies.

e. Recommendations on Utilizing Incentives:

i. It is best to provide a series of small incentives for the initiation of incremental changes, which could be for the reduction of smoking and given on the selected quit date. Incentives of more significance should be awarded after the intervention is concluded,

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and in the case of cessation, when the behavior change can be documented (e.g., smoke-free one month after the conclusion of the cessation program).

ii. Incentives may be used to motivate or reinforce institutional change (e.g., plaques given to businesses or worksites that support non-smoking policies, certificates to businesses that reduce the amount of tobacco advertising in their stores, signage to help educate the public about the policy).

iii. It is important to reinforce the behavior change or maintenance of positive behavior by clearly stating how the person earned the incentives when it is given.

iv. Consider leveraging incentives by reinforcing other healthy behaviors (e.g., a pass to a recreational activity, healthy food options, or cultural event), reinforcement of other tobacco education efforts in the community (e.g., a gift card to a store that has stopped selling tobacco products), or providing healthy consumable incentives (e.g. fruit trays, vegetable platters, non-sugar sweetened beverages).

v. The value that the target population places on the incentive should be considered. Youth may be more likely to value iTunes gift cards, amusement park or movie tickets, while adults may value coffee shop or restaurant gift cards.

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304 - Program Requirements

USE OF CTCP FUNDS FOR TOBACCO CESSATION

The following requirements pertain to the provision of tobacco cessation interventions by the California Tobacco Control Program (CTCP) funded projects, and should be taken into account when designing and implementing tobacco cessation strategies.

1. CTCP-funded projects may:
    a. Engage in secondhand smoke and retail policy campaigns designed to decrease accessibility and availability of tobacco products are to include culturally competent and linguistically appropriate education outreach activities to promote the availability of cessation services through paid and social media, earned media, community outreach, and collaboration with the health care community.
    b. Administer tobacco cessation programs utilizing self-help, group, community, web-based, and media strategies;
    c. Train health care and behavioral health professionals or others to provide tobacco cessation services and/or to adopt and implement tobacco use assessment and cessation counseling policies;
    d. Work with and provide technical assistance to organizations to ensure that priority populations as defined in the Tobacco Education and Research Oversight Committee (TEROC) Master Plan, are served by the cessation efforts of those organizations;
    e. Conduct efforts to motivate people who use tobacco to quit using tobacco products;
    f. Conduct efforts to educate and inform people who use tobacco about the cessation benefit available to them through either publicly-funded (g., Medi-Cal or Medicare) or privately-funded (e.g., employment-based or individual) insurance programs.
    g. Incorporate cessation referrals and/or media activities into policy objectives that limit access to and/or use of tobacco products in order to support quitting.
2. CTCP-funded projects may expend CTCP funds on the purchase and distribution of incentives for tobacco cessation-classes only if all of the factors listed below apply:
    a. the CTCP-funded project may not subcontract with the California Smokers' Helpline to provide incentives on behalf of the project or to provide nicotine replacement therapy (NRT) to callers; and
    b. the CTCP-funded project has an approved cessation class activity in their SOW; and
    c. the CTCP-funded project has an approved incentive activity in their SOW that is tied to the cessation class activity; and
    d. the incentives are provided to participants enrolled in the cessation classes to encourage

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completion of the class and/or to acknowledge completion of the class; and

e. the incentives purchased and distributed by the CTCP-funded project conform to CTCP's policy on incentives as outlined in the Administrative and Policy Manual, Policy Section, Chapter 303 – Development and Use of Educational, Incentive, and Media Materials; and

f. the cost of the incentive does not exceed $50 per person per year.

3. Local Lead Agency (LLA) tobacco control projects may use no more than 10 percent of their cumulative budget for the provision of direct cessation services. Competitive grant funded tobacco control projects are limited to the portion of their budget that may be applied to the delivery of direct cessation services through the procurement under which the project was funded.
4. Tobacco cessation methodologies are to incorporate the following:
    a. Elements focusing on the health and social consequences of tobacco use;
    b. Strategies and exercises aimed at quitting;
    c. Relapse prevention;
    d. Evaluation of quit status at three months, six months, and one year, and an annual determination of the cost effectiveness of cessation activities.
5. Tobacco cessation methodologies MAY also incorporate pharmacological interventions (when used as an adjunct to an educational intervention meeting the tobacco cessation criteria described above) however, CTCP funds MAY NOT be used to purchase or reimburse the cost of medications.
6. Funds MAY NOT be used to fund health care professionals or lay professionals to provide individual tobacco cessation counseling or tobacco use prevention counseling, unless expressly permitted in the procurement under which the project was funded.
7. Funds MAY NOT be used to develop, promote, or administer intensive telephone or texting tobacco cessation counseling without explicit written authorization from California Tobacco Control Program (CTCP) in order to avoid duplication of services with the California Smokers' Helpline.
8. Tobacco cessation methodologies MAY NOT incorporate:
    a. Hypnosis techniques;
    b. Acupuncture;
    c. Aversion therapy;
    d. E-cigarettes.

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305 - Program Requirements

SUBCONTRACT AGREEMENT REQUIREMENTS

Subcontracts may be used when the prime agency funded by the California Tobacco Control Program (CTCP) requires a level of service or expertise that extends beyond what is available within the funded agency, or when the work may be more appropriately done by another organization. The following definitions, requirements, and guidance are applicable when using CTCP funds for subcontracts. The requirements described below apply to different types of agreements between CTCP and its funded projects [e.g., Local Lead Agency (LLA) Allocation Agreements, grants, contracts, and Interagency Agreements with state universities and colleges]. Subcontracting requirements vary based upon the type of agreement used to fund the prime agency. The variations are described below.

Definitions

1. **Subcontract Agreement**: A subcontract agreement is between the prime agency funded by CTCP (e.g., LLA, grantee, contractor, university) and a third party (e.g., subcontractor or consultant) to perform a component of the Scope of Work (SOW) approved by CTCP. In general, subcontracts are to be awarded via a competitive bid process unless there is a legally authorized basis for bid exemption. The subcontract agreement must contain a detailed SOW that clearly identifies the services/activities to be performed by the subcontractor and a detailed budget/budget justification.
2. **Subcontractor**: A subcontractor is an individual or agency qualified to:
    a. Complete component(s) or task(s) directly related to the SOW.
    b. Perform a service or activity on a limited term basis, such as translation services or website development.
3. **Consultant Agreement**: A consultant agreement is a type of subcontract agreement awarded to an individual or agency (the consultant) qualified to:
    a. Provide a service or expertise that is advisory in nature (a product of the mind) versus the completion of a mechanical or physical task.
    b. Offer services such as: conduct a workshop or seminar; provide an answer to a specific question; and/or advise on programmatic issues (e.g., evaluation; program design and development; group facilitation; and, in-service training).
4. **Community Engagement Agreement**: A community engagement agreement is a type of subcontract (see definition above), 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 SOW of the prime agency. A CEA may not be used to fund

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activities that do not directly relate to the approved SOW. Community engagement activities may include providing funds to an agency to participate in data collection, educational outreach, advocacy activities, and trainings. During the entire project term, a prime agency may not award a subcontractor a single or multiple CEA award(s) totaling $5000 or more. Community Engagement Agreement(s) to a single subcontractor totaling $5,000 or more require utilization of a competitive bid process.

5. **Competitive Bid Process**: A competitive bid seeks to obtain at least three competitive bids and prohibits the drafting of a competitive bid document (e.g., Invitation for Bid or Request for Proposal) in a manner that limits bidding directly or indirectly to any single bidder. If three bids are not able to be obtained, additional justification is required.

Requirements

1. **Duplication of Services**: A prime agency, funded by CTCP (e.g. an LLA or Competitive Grantee), may enter into a subcontract with another agency funded by CTCP when the services provided by the subcontractor do not overlap or supplant the funding for similar services provided by the other agency under their original CTCP-funded agreement.
2. **Competitive Bid Process Requirements**: When the amount of the subcontract agreement is $5,000 or more, the prime agency must utilize a competitive bid process before making an award. When the prime agency is an LLA, Tribal Government, or Tribal Government Agency, the following also applies:
    a. The LLA, Tribal Government, or Tribal Government Agency is to follow its own required competitive bid process, policies, and procedures for awarding a subcontract or community engagement agreement or explains why another process was used.
    b. When a LLA, Tribal Government, or Tribal Government Agency subcontracts 60 percent or more of their total award to another entity, CTCP must approve a detailed line-item budget for the subcontractor in the Online Tobacco Information System (OTIS).
3. **Documentation**: When the subcontract agreement is $5,000 or more and the subcontractor was not pre-identified in the “application review/award process,” the prime agency is responsible for submitting to CTCP the following: (1) “Subcontract Agreement Transmittal Form” through OTIS for each subcontract agreement; (2) subcontractor agreement (including agreement, scope of work, budget, and terms/conditions); and, (3) explanation of the award process. The prime agency must retain a copy of the competitive bid process and subcontract agreement that includes a detailed SOW and Budget/Budget Justification for their files. This requirement does not apply to LLAs, Tribal Governments, or Tribal Government Agencies when their own competitive bid process is applied. Please note: CTCP reserves the right to request documentation for any subcontract, subcontractor, and/or consultant regardless of cost or agreement type. CTCP may invalidate any subcontract if required documentation is not submitted, or if CTCP is unable to verify a legitimate competitive bid process was implemented.

Interagency Agreements with other Governmental Entities and Public Universities

Subcontracts within an Interagency Agreement are subject to restrictions on subcontracting. In general, the total of all subcontracts does not exceed $50,000 or 25 percent of the total contract, whichever is less, and

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subcontracting must not circumvent competitive bidding requirements. If the total of all subcontracts exceeds $50,000 or 25 percent of the total contract, whichever is less, then higher levels of subcontracting might be permissible if the subcontract is justified and awarded through a competitive process.

Subcontracts At a Glance					
CDPH/CTCP Award (Agreement) Typr [1]	Subcontract Must Not Duplicate Services [2]	Competitive Bid Process Required [3]	Subcontracting Dollar Limits [4]	Are CEAs [5] Allowed?	OTIS Documentation Required [6]
Consultant/Personal Services Contracts Grants	Yes	Yes	None	Yes	Yes
Tribal Government/Tribal Governmental Agency	Yes	Yes [7]	none	Yes	No [8]
Interagency Agreements	Yes	Yes [7]	No more than $50,000 or 25% of the total contract, whichever is less [9]	yes [10]	No
Local Lead Agency (LLA) Allocation	Yes	Yes [7]	None	Yes	No [11]

[1] Please contact your assigned Procurement Manager if you are not sure which type of agreement you have.

[2] Services provided by the subcontractor do not overlap or supplant the funding for similar services provided by the Prime agency under their original CTCP-funded agreement.

[3] For agreements of $5,000 or more. If the subcontractor is named and approved during the application review/award process a competitive bid process is not required.

[4] Please refer to the Solicitation to which your agency applied to see if there are any additional subcontracting limitations. For example, some Solicitations indicate that a media subcontract may not exceed $99,999.

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[5] A Community Engagement Agreement (CEA) is a subcontract, less than $5,000. Awardees should be selected in a fair and unbiased manner to eliminate any real or perceived allegation of nepotism or inappropriate activity. During the entire project term, a prime agency may not award a subcontractor a single or multiple CEA award(s) totaling $5000 or more.

[6] For subcontract agreements $5,000 and higher.

[7] Must follow their own competitive bid process, policies, and procedures for awarding a subcontract or explain why another process was used.

[8] When a Tribal Government or Tribal Governmental Agency subcontracts 60 percent or more of their award to another entity, CTCP must approve a detailed line-item budget in OTIS.

[9] Higher levels of subcontracting is permissible in certain instances, contact your assigned Procurement Manager for details.

[10] Within the subcontracting dollar limits allowed.

[11] When an LLA subcontracts 60 percent or more of their award to another entity, CTCP must approve a detailed line-item budget in OTIS.

Guidance For Hiring Evaluation Subcontractors

Subcontracting for Local Program Evaluator services is a common type of subcontract agreement that CTCP-funded agencies use. The solicitation under which an agency applies for CTCP funding provides guidance about the evaluation activities to be performed and the minimum qualifications of the Local Program Evaluator who will guide implementation of the evaluation activities and evaluation reporting.

The number and complexity of the evaluation activities in the approved SOW will determine both the expertise needed to perform the tasks and the amount of time required to complete them. The evaluation subcontract may be with an individual or an agency. For an evaluation consultant, the Budget Justification is to include the Local Program Evaluator's hourly rate, number of hours of work to be performed, and a description of the services to be performed. For evaluation services that are with an agency, the description may include a multi-category budget (e.g., salary, fringe benefits, travel, and indirect expenses).

1. **Evaluator Qualifications:** Minimum education and experience levels required for the project's evaluator are listed below. Evaluators must certify they meet these qualifications when setting up their directory profile at the CTCP Tobacco Control Funding Opportunities and Resources (TCFOR) website, under the Local Program Evaluator Directory, which also identifies the complete list of required minimum education and experience levels. Minimum education and experience requirements for an evaluator include:
    a. Completion of at least one course in study design or at least one year of experience in determining the study design for an evaluation;
    b. Have intermediate or higher proficiency in calculating sample size, developing a sampling

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scheme, and determining appropriate data collection methods;
   c. Completion of one course in program evaluation or one year of planning and implementing a program evaluation;
   d. Have intermediate or higher proficiency in evaluating behavior change, policy, or media intervention;
   e. Completion of at least two intermediate courses in statistics;
   f. Have intermediate or higher expertise in using statistical software packages to analyze and interpret quantitative data.

2. **Typical Evaluation Activities:** The approved evaluation components of the plan will dictate the funding level and time to determine overall costs. The goal is to find an evaluator with skillsets comparable to the approved evaluation components. The components completed by the evaluator will determine the funding amount and hours. Typical evaluation activities include:
   a. Brief Evaluation Reports
   b. Data Analysis Reports
   c. Education/Participant Surveys
   d. Final Evaluation Reports
   e. Focus Groups
   f. Key Informant Interviews
   g. Media Activity Records
   h. Observation Surveys
   i. Public Opinion Polls/Intercept Surveys
   j. Policy Record Reviews
   k. Youth Tobacco Purchase Survey
   l. Other Evaluation Activities as Needed
3. **Estimating Appropriate Evaluation Budgets:** The State of California has classifications, comparable titles, and salaries for positions responsible for evaluation work. State classifications and salaries vary but provide examples of salary levels for knowledge, skills, and abilities needed for minimum to maximum evaluation components. More information about these classification qualifications are located on the CalHR website.

Comparable Evaluator Salaries for the State of California (as of 6/1/2020)		
State Classification Title	**Comparable Title**	**Comparable Monthly Salary (based on 40-hour work weeks)**

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Research Data Analyst I	Research Analyst I	$3,635.00 - $5,629.00
Research Data Analyst II	Research Analyst II	$5,406.00 - $6,771.00
Research Data Specialist I	Geographic Information System Specialist I	$5,656.00 - $7,080.00
Research Data Specialist II	Geographic Information System Specialist II	$6,213.00 - $7,777.00
Research Data Specialist III	Geographic Information System Specialist II	$6,826.00 - $8,543.00
Research Scientist I	Epidemiologist/Statistician I	$6,050.00 - $7,519.00
Research Scientist II	Epidemiologist/Statistician II	$6,645.00 - $8,259.00
Research Scientist III	Epidemiologist/Statistician III	$7,257.00 - $9,084.00
Research Scientist IV	Epidemiologist/Statistician IV	$8,343.00 - $10,445.00
Research Scientist Supervisor I	Epidemiologist/Statistician Supervisor I	$8,114.00 - $10,149.00
Research Scientist Supervisor II	Epidemiologist/Statistician Supervisor II	$9,622.00 - $11,987.00
Research Scientist Manager	Epidemiology/Statistician Manager	$11,299.00 - $12,830.00

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To assist projects with budgeting for their evaluation plan, the table below lists average hours needed to help projects estimate their evaluation costs based on common evaluation activities, at the quantity of sample sizes (n=) listed. This chart is intended to help projects consider their evaluation scope of work and corresponding budget needs; it is not meant to substitute for negotiation with a project's evaluation subcontractor or consultant. These numbers are averages, and projects may need lower or exceed the hours listed, due to a number of factors, including, but not limited to:

1. Evaluator experience
2. Need for data collector training and number of collectors to train
3. Need for pre- and/or post-evaluation data
4. Number of jurisdictions worked in per objective
5. Number of waves for data collection needed per activity
6. Required travel for evaluator, if not built into hourly cost
7. Sample size for evaluation activity
8. Whether objective requires process and/or outcome evaluation
9. Use of pre-developed and pre-tested instruments

Note: Please refer to Section I, Administrative Section of the Competitive Grantees Administrative and Policy Manual, Chapter 600, Subcontract and Community Engagement Agreements Requirements for additional instructions.

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Average Hours for Completion of Evaluation Activities (by hours needed to complete the five inputs for common activities)					
Activity	**Developing an Instrument (Piloting, field testing, setting up collection system, etc.)**	**Training Data Collectors**	**Collecting Data**	**Data Entry/ Raw Data Summary/ Data Cleaning**	**Data Analysis & Report Writing**
Education/Participant Survey n=25	2-6 hours	0-1	0-1	1-3	2-4
Focus Groups (based on two groups per activity) n=6-10 (adults) n=5-7 (youth)	4-8	1-2	2-5	Summary: 2-8 Transcription: 8-18	10-12
Key Informant Interviews n=5-10	2-3	1-2	In-person: 10-20 Phone: 5-10	4-6	10-12
Public Intercept Survey n=100	12-20	1-2	20-30	12-25	15-25
Store Observation Survey n=50	2-3	Training: 3-6 Prep: 8-16	50-100	--	15-20
Brief Evaluation Report (For Non-Primary Objectives)	--	--	--	--	10-30
Final Evaluation Report (For Primary Objectives)	--	--	--	--	20-40
Summary Reports (Policy Record Review or Media Activity Record)	1-2	--	5-15	2-4	4-8

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Evaluation Plan Development (including negotiations and revisions)	--	--	--	--	15-30
New Evaluation Plan Review & Certification Only (minor edits)	--	--	--	--	4-12
Evaluation Plan Monitoring, Scheduling, Implementation & Data Discussion Regular meetings with Project Director/ Internal Evaluation Project Manager	--	--	--	--	1-4 hours per month 12-48 hours per year

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306 - Program Requirements

YOUNG ADULT TOBACCO PURCHASE SURVEY REQUIREMENTS

The following requirements shall be followed by agencies when conducting young adult tobacco purchase surveys:

1. Projects are required to use California Department of Public Health, California Tobacco Control Program (CDPH/CTCP) approved protocols and procedures for conducting young adult tobacco purchase surveys. Projects may use either consummated or unconsummated buys for conducting young adult tobacco purchase surveys. A list of the approved protocols can be found on Partners in the Community Engagement Focus Area. Please be sure to weigh your options before deciding which protocol to use.
2. You may not need to obtain letters of immunity. Due to changes in Penal Code 308, underage individuals are no longer penalized for the purchase, use or possession (PUP) of tobacco products. However, you need to check with the local jurisdictions that you will be working in to ensure that they do not have a local PUP law. If there is a local PUP law, you should obtain letters of immunity and coordinate with local law enforcement to ensure underage individuals participating in the study are not penalized under local law for purchase or possession. If there is no local PUP law, as a courtesy and for safety purposes, you may want to get support from and coordinate with local law enforcement.
3. Projects should notify one another and coordinate underage tobacco purchase surveys conducted in the region with Local Lead Agencies, other competitive grantees, California Department of Justice grantees, and the California State University, Sacramento Institute for Social Research as appropriate to avoid conducting multiple surveys in a jurisdiction and confusing local law enforcement agencies and the media.
4. Underage individuals participating in the purchase survey should preferably be between 18 and 20 years of age and include an approximately equal gender representation. Efforts must be made to ensure appropriate ethnic and racial representation that matches the demographics of the communities being surveyed.
5. YATPS participants must receive a minimum of one hour of training on the survey protocol.
6. Safety of all the participants must always be placed first and appropriate safety measures must be followed at all times. Please see the YATPS protocol document on Partners that details specific safety tips.
7. Informed consent and a liability waiver must be obtained from all YATPS participants prior to their participation in any survey activities. Documentation of a valid California driver license is required for

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all drivers.

8. Projects must develop a random sample of retailers (to include grocery stores, gas/convenience stores, liquor stores, convenience stores, drug stores/pharmacies, gas stations only, restaurants, and others) for the self-selected geographic area to be surveyed. The Tobacco Control Evaluation Center (TCEC) may be contacted for assistance in generating random lists, and for sample size technical assistance. Stores may be contacted prior to the survey to confirm their correct address and that they sell tobacco; however, precautions must be taken not to alert the store of an upcoming purchase survey. Any deviation from this requirement will need prior approval from CTCP.
9. Results of the purchase survey should be disseminated to policymakers, including local elected officials and community leaders, through media channels (press conferences, news releases, press kits), and other appropriate mechanisms to generate support for action to decrease underage access to tobacco.
10. Stores surveyed may be contacted two weeks following the purchase survey to provide them with the results (letters of congratulations or disappointment). The project should notify other projects working in the jurisdiction of your intent to notify stores after the purchase survey and come up with a plan that does not interfere and/or influence purchase surveys being conducted by other agencies. Educational activities directed to merchants whose store illegally sold tobacco to an underage individual following a purchase survey include the distribution of educational materials for merchants and staff, in-store visits to cover any questions, and online merchant education training.

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307 - Program Requirements

USE OF PROPOSITION 99 AND 56 FUNDS FOR ENFORCEMENT ACTIVITIES

The following are requirements and restrictions when utilizing California Department of Public Health, California Tobacco Control Program (CDPH/CTCP) funds:

1. CTCP funds may not be used to conduct law enforcement activities. They can only be used for purposes specified in CDPH/CTCP's enabling legislation, commencing with Health and Safety Code Section 104375.
2. CTCP funds may not be used to support any interventions, tobacco laws or enforcement actions that penalize an individual for purchase, use or possession (PUP) of tobacco products.
3. CTCP funds may be used to conduct educational outreach to the community, policymakers, and law enforcement agencies to support the repeal of PUP law provisions and to discourage their adoption, which includes providing information on the known negative consequences of PUP laws and data collection and monitoring of who is cited under PUP laws.
4. Law enforcement activities which MAY NOT be funded include, but are not limited to:
    a. Inspections or stings conducted for the purpose of determining compliance with local, State, or Federal law and issuing a penalty or fine (this should not be construed to mean that Prop 99-funded programs cannot conduct surveys or evaluation activities to determine compliance with tobacco-related laws)
    b. Legal fees
    c. Fees associated with due process, court hearings, or administrative hearings
    d. Efforts that seek to unfairly punish and stigmatize tobacco users.
5. CTCP funds MAY be used to:
    a. Motivate appropriate agencies to conduct enforcement activities
    b. Train enforcement agency staff
    c. Educate businesses that violate tobacco-related laws on the negative consequences of tobacco use
    d. Provide educational warning letters, educational materials, and signs describing tobacco-related laws
    e. Train business owners and employees
    f. Generate or demonstrate public support for enforcement of tobacco-related laws.

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308 - Program Requirements

COMMUNICATIONS SYSTEM REQUIREMENTS

California Tobacco Control Program (CTCP) funded agencies are responsible for coordinating information, referral, and outreach efforts. The following guidance is to be utilized by CTCP projects to meet these minimum communication requirements. Programs are to:

1. Utilize the Partners website, a statewide password-protected electronic communication system used by CTCP-funded agencies to share information and resources related to day-to-day tobacco use reduction and prevention efforts.
2. Agencies are required to subscribe to CTCP's Partners website and at least one staff member is required to **log onto Partners on a weekly basis**.
3. Agencies are required to post or respond to questions on the Partners **InfoHub forum at least one time per month**.
4. Agencies are required to **annually submit a Partners' Spotlight On** article highlighting a major success, preferably related to a policy, system or environmental change outcome.
5. Agencies are to use the CTCP calendar available through the Online Tobacco Information System (OTIS) to post major trainings, conferences or events that may be of interest to California's tobacco control community or that may facilitate efforts to coordinate events statewide.
6. Agencies are to use the electronic project directory available through OTIS for purposes of coordination, collaboration, and to avoid duplication of effort when planning, implementing, and evaluating tobacco control projects.
7. Agencies are required to submit the educational materials they develop and the results from evaluating those materials to the Tobacco Education Clearinghouse of California (TECC) using the Materials Submission page on the TECC website. Educational materials will be reviewed by TECC and its Materials Advisory Team for consideration for possible statewide dissemination.
8. Agencies providing direct cessation services are to provide information to the California Smokers' Helpline (Helpline) about the type, availability of the services, and enrollment information on an annual basis. This information will be shared with Helpline callers who prefer to participate in local cessation services.
9. Agencies are to widely publicize and promote the California Smokers' Helpline to the public, health care providers, worksites, schools, and others.
10. Agencies are to include the Helpline telephone number or texting information, as appropriate, on educational and media materials. Contact the Helpline prior to any mass media promotion utilizing the Helpline telephone number so that the Helpline can plan ahead for an increase in calls resulting from promotional efforts.

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11. Agencies are encouraged to incorporate hyperlinks to the TobaccoFreeCA website on their project's website, and include TobaccoFreeCA in local advertisements, flyers, banners, and other print materials.
12. Local Lead Agencies (LLA) should develop an electronic resource directory of tobacco education and control resources within the local health jurisdiction and provide this information to the public on the agency's webpage. Agencies should send annual updates regarding these local resources to the Helpline and to TobaccoFreeCA for inclusion of the LLA's local resources on these sites.

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TRAINING AND TECHNICAL ASSISTANCE REQUIREMENTS

California Tobacco Control Program (CTCP) funded projects and their subcontractors should utilize the following training and technical assistance (TAT) requirements as appropriate to their scope of work:

1. CTCP funded projects may provide TAT on a variety of topics including, but not limited to: adoption and implementation of policies to reduce exposure to secondhand and thirdhand smoke, limiting youth access to tobacco, reducing youth exposure to tobacco advertising and promotions, spokesperson and leadership development, grant writing, program planning, evaluation, developing the capacity to manage tobacco control programs, data collection, legal education, community and grassroots organizing.
2. A key goal of TAT should be to build the capacity of the agency, organization, individual, or institution to plan, implement, and evaluate tobacco use prevention and reduction activities.
3. TAT activities and services provided by local and regional projects, as well as priority population coordinating centers, may not duplicate those provided by CTCP-funded statewide TAT providers.
4. Local Lead Agencies (LLAs) are responsible for providing TAT to agencies, organizations, businesses, worksites, cities, law enforcement agencies, retail groups, and others involved or interested in tobacco use prevention and reduction activities. LLAs may also be called upon to assist CTCP-funded grantees with both programmatic and administrative concerns.

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USE OF PAID, EARNED, AND SOCIAL MEDIA

The following requirements apply to using California Tobacco Control Program (CTCP) funds for media interventions.

1. **Media Interventions to Support Project Objectives**
    a. Media plays a key role in project interventions, such as policy adoption, implementation, education, and community engagement. Media strategies include earned media (e.g. public relations activities to generate news coverage), social media, paid advertising, and paid media sponsorships. Projects should align media interventions to support the objectives in their scope of work (SOW).
    b. All projects are expected to coordinate their media interventions with other funded projects and coalition partners in their geographic area or community of interest in order to avoid a duplication of efforts, inundation of similar messaging, and to maintain synergy in the media market(s) they work within.
    c. Unless otherwise allowed in the funding solicitation, paid media interventions may not exceed $99,999 for the agreement term. In order to comply with Government Code section 14615 and Department of General Services Management Memo 12-07, any agreement with a paid media budget exceeding $99,999 must be approved by CTCP and the California Health and Human Services Agency prior to any expenditures.
2. **Communications Planning Tool for Media**
    a. A Communications Plan is a tool developed by CTCP to help funded partners map out coordinated media efforts for paid advertising, earned media, and/or social media activities. The Communications Plan helps funded partners to outline how media will be used to support their project objectives. It also helps to ensure that media efforts are planned strategically and can assist in coordinating media with other funded projects in the same media market(s) to avoid an oversaturation of advertising messages.
    b. The definitions for types of media that can be included in SOWs include:
        i. *Paid Advertising* (including paid media is any kind of advertising that a funded project pays to run or air on a medium, including TV/video, radio, out-of-home (e.g., billboards, bus shelters/transit, cinema, etc.), print, and/or digital advertisements. Advertising may be purchased directly from media outlets (e.g., cable company) or through advertising agencies or other communications contractors (e.g., media planners or buyers) who typically plan and negotiate with multiple media outlets to achieve key metrics to reach the target audience(s) (e.g., targeted rating points, impressions, or click-through-rates).

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ii. *Earned Media* refers to the practice of working with news media outlets to deliver your messages by packaging them in a way that is useful or newsworthy to the outlet's users. Earned media is also referred to as media relations, word-of-mouth, public relations, or publicity. This media type includes unpaid mentions or recognition (e.g. news article or news segment, published interview, or online review by a third-party).

iii. *Social Media* refers to websites and applications that enable users to create and share content or to participate in social networking online. Common social media platforms include, but are not limited to Facebook, Twitter, Instagram, YouTube, Periscope, Snapchat, Pinterest, and LinkedIn. Social media can have both paid advertising (e.g. boosting or promoted) and unpaid advertising components (e.g. word-of-mouth, shared, or viral).

c. Communications Plan requirements vary by CTCP funding opportunity (e.g., Local Lead Agency Guidelines or Request For Application). Please refer to the funding opportunity for your project requirements and deadlines.

i. The Communications Plan form template and instructions are available on the Tools page of the Media & Communications Section of the Partners website. Technical assistance to review and complete the Communications Plan is available from CTCP's Media Unit by submitting a request for technical assistance from within the Media & Communications Section of the Partners website.

3. **Using Paid Sponsorships to Support Project Objectives**

a. Acceptable paid sponsorships may be used to promote a pro-health/anti-tobacco message, and event policies should be consistent with tobacco control program goals and objectives (e.g., the project should not sponsor an event where smoking is allowed) and target audiences. Paid sponsorships may include (but are not limited to):

i. Paid sponsorship through TV, radio, print, digital, or social media placement for an outdoor event (e.g. health fair, street fair, County Fair or festival), in which the project will be participating and includes at a minimum the project logo, tagline and/or coalition logo, and tobacco-free messaging;

ii. Paid sponsorship/promotion for a tobacco-free local film festival or art exhibit with an anti-tobacco submission category;

iii. Signage or digital displays with tobacco-free messaging at an event, advertising in an event program or materials, booth space to distribute tobacco educational materials and/or engage the public;

iv. Public announcements at and during the event and/or cross-promotions with other sponsors.

b. Paid sponsorships must be added as separate line item, titled "Paid Sponsorships", under the Other Costs category in the budget and are reported in the Subcontracts section of the Progress Report in OTIS. Sponsorships deemed to be an inappropriate use of state taxpayer monies will be denied and are not reimbursable.

4. **Media Tracking and Evaluation**

a. To help evaluate the effectiveness of media, all earned media related to the funded project's SOW and tobacco issues at-large within the project's territory, including media generated by

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the project and other organic coverage, must be tracked on a Media Activity Record form. The completed form is to be submitted as a tracking measure with the progress report. A Media Activity Record template is available from the Tobacco Control Evaluation Center (TCEC) website. For assistance with this tool, contact TCEC.

b. All dollars spent by the project on paid advertising must be tracked on the Paid Media Tracking Form, and submitted as a tracking measure with the Media Activity Record evaluation activity (an activity required for all objectives with media activities) to track and measure placement, cost and key performance indicators (KPIs) of the advertising placed, and is to be submitted with each progress report regardless of whether media was employed during that reporting period. The Paid Media Tracking Form template and instructions are available on the Tools page in the Media & Communications Section of the Partners website. For assistance with this tool, contact the CTCP Media Unit by submitting a request for technical assistance from within the Media & Communications Section of the Partners website.
c. All paid boosting/promoting on social media should be reported on the Paid Media Tracking Form.
d. All social media posting (e.g., Facebook, Instagram; program or coalition-based) should be tracked and analyzed via the tools available within the social media site(s) as to the reach, views, engagement, likes/follows, etc., and should be analyzed and developed as a report to submit with each progress report social media was an active activity for a funded project. This report is intended to summarize the findings of your paid social media activities, quantify the number of paid social media posts vs. organic posts, and indicate the frequency, timing and type of post, target audience(s), how many users saw the posts, engaged with the posts, and summarize reactions, comments, or link clicks. For assistance with developing a summary report for social media analytics and insights, contact TCEC for examples.

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LOBBYING AND POLITICAL ACTIVITIES POLICY

The California Tobacco Control Program (CTCP) engages in and funds policy activities which are legitimate tools of health education, health promotion, and public health. It is CTCP policy that CTCP funds (including funds from Proposition 99 and Proposition 56) **may not** be used to support lobbying and political activities.

Lobbying and political activities are defined as any attempt to promote or influence support or opposition on a specific piece of legislation, local ordinance, ballot measure, or to promote any candidate for an elective public office through any oral, written, or other form of communication. This includes direct communication with legislators, their staff, or government employees that participate in the formulation of legislation or encouraging the general public to contact these individuals to influence policy of any type. Other examples of lobbying include making a donation to a political action committee, developing and placing advertising that references ballot measures and/or legislation and either taking a position regarding them or urging the public to take a position, writing and publishing an op-ed calling for elected officials to support or oppose a piece of legislation, submitting copies of legislative amendment or ballot measure as an action alert, or posting a call to action supporting or opposing a piece of legislation on an organization's social media page.

Educating legislators, their staff, government employees, or the general public about a tobacco control program or about tobacco-related issues is **NOT** considered lobbying. However, expressing an opinion on a specific piece of legislation is considered lobbying and is not permitted.

These regulations apply to all employees of an project funded by Proposition 99 and Proposition 56. An individual may participate in personal lobbying activities during lunch or outside of work hours on personal time and property. Voluntary organizations such as the American Cancer Society or the American Lung Association can approach an elected official to seek the initiation or formulation of legislation under their organizational authority.

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COLLABORATING WITH SCHOOL DISTRICTS AND SCHOOLS

The California Tobacco Control Program (CTCP) and the California Department of Education's (CDE) Tobacco-Use Prevention Education (TUPE) Program both receive funding from tobacco tax initiatives to provide tobacco-focused health interventions and behavior change programs. Enabling legislation for Propositions 99 and 56 stipulates:

1. CTCP programs will provide interventions at the state level, in the community, and in other non-school settings.
2. TUPE programs will provide youth-focused, school-based interventions.

The TUPE Program provides funding for in-school programs for grades six (6th) through twelve (12th) through a competitive application process, tobacco-specific student instruction, reinforcement activities, special events, and intervention and cessation programs for students. All County Offices of Education (COE) receive Technical Assistance and Leadership Funding (CTALF) from TUPE. CTALF funds are provided to California counties to plan, develop, and implement capacity building, technical assistance and training, evaluation, program improvement services, and coordination activities for TUPE activities on behalf of local school districts and schools

It is mandated by enabling legislation that CTCP Local Lead Agencies (LLAs), COEs, and TUPE programs coordinate efforts to deliver comprehensive tobacco prevention programs that target youth ages 13-18 years of age in the school setting, as well as youth and young adults in community, non-school settings.

The following requirements apply to the use of CTCP funds in K-12 schools:

1. CTCP funds cannot be used to develop or to provide in-classroom education in public K-12 schools or Charter schools ("Charter schools" are public schools).
2. In K-12 private schools, CTCP funds cannot be used to directly benefit the school or assume the school's responsibility to provide tobacco control education.
3. CTCP funds may not be used to support any interventions, tobacco laws or enforcement actions, including mandatory recidivism education, that penalize an individual for purchase, use or possession (PUP) of tobacco products (see Policy 307, Enforcement Activities), on or outside school grounds.
4. CTCP funded projects may work with school-aged youth during non-school hours (i.e. before or after school).
5. CTCP funded projects may subcontract with existing TUPE funded school districts and/or schools to support community level policy-related Scope of Work (SOW) objectives and activities or to provide extra-curricular activities related to tobacco control for which CDE funding is not available (see

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specific examples of acceptable efforts below).

Examples of opportunities to enhance partnerships with CDE include:

1. Develop a communication system and partnership with the local COE and/or school districts.
2. Designate a staff member to serve as a liaison to the COE TUPE Program Coordinator. It is recommended that CTCP funded projects work closely with the COE to ensure effective coordination of local school and non-school tobacco prevention and reduction efforts.
3. Collaborate with COE's on the following types of tobacco control activities, during non-school hours (during lunchtime or after school), as they pertain to and support the SOW:
    a. **Coordination/Collaboration Activities**
        i. Invite the COE and/or TUPE Program Coordinator to participate in the local tobacco control community-based community coalition/advisory committee.
        ii. Participate in the COE/TUPE Program's grant advisory committee.
        iii. Engage the COE and/or TUPE Program in the Local Lead Agency (LLA) Communities of Excellence (CX) Needs Assessment process and participate in Local Educational Agency (LEA) Needs Assessment.
        iv. Review and recommend improvements to proposed county school districts plans for tobacco prevention and reduction for Wellness Plans. Prepare a letter for the local COE recommending changes based upon the review.
        v. Promote adoption of science-based tobacco use prevention curricula by submitting comments to CDE during the Health Education Curriculum Framework revision period.
    b. **Training/Technical Assistance Activities**
        i. Provide technical assistance to the COE and school districts via phone calls, email, or through workgroup participation on relevant tobacco prevention and reduction topics.
        ii. Coordinate surveillance activities on youth tobacco use (i.e. Young Adult Tobacco Purchase Surveys (YATPS), youth access to tobacco, and tobacco advertising and promotional cues in the community targeting youth.
        iii. Offer training, consultation, support, and continuing education to local school policymakers to help create a tobacco-free school environments.
        iv. Promote the use of the California Smokers' Helpline services in schools for parents, faculty members, and administrators.
        v. Conduct out-of-classroom and after-school education as it supports and pertain to the SOW and tobacco prevention, during non-school hours.
        vi. Jointly conduct a county youth conference on tobacco control topics to support SOW objectives.
        vii. Provide training on speaking to policymakers and recruit youth to participate in a speakers' bureau.
        viii. In partnership with the COE and/or TUPE Program Coordinator, provide a collaborative training for teachers, parents, and youth serving community based organizations on tobacco control topics, during non-classroom hours.
        ix. Encourage youth development and empowerment by sending students to attend state and local advocacy networking opportunities (e.g., YouthQuest).

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c. **Paid Media Activities**

i. Purchase advertising space in high school yearbooks or newspapers, as appropriate to the SOW and target audience.

ii. Provide paid advertisement of the local COE/TUPE program's film festival, art exhibit, or speech contest in line with CTCP's "experiential media" policies (see Policy 310 – Use of Paid, Earned, and Social Media) for an anti-tobacco submission category.

iii. Purchase advertising space on school scoreboards or in school sporting event calendars.

d. **Earned Media Activities**

i. Coordinate a special edition of the school newspaper covering tobacco issues and provide recognition (a.k.a., "Pulitzer prize") for the best story and/or photojournalism editorial.

ii. Provide tobacco prevention and reduction content for school newsletters or weekly email blasts, to promote education and awareness related to SOW activities.

e. **Community Education Activities**

i. Provide educational presentations to school administrators on the need to implement tobacco-free policies in schools.

ii. Provide presentations to parent groups (e.g. Parent/Teachers Associations), School Site Councils, County Boards of Education, and/or Local Control and Accountability Plan (LCAP) meetings to provide education to decision makers on relevant SOW tobacco prevention and reduction activities and to move objectives forward.

iii. Provide educational presentations to parents on the dangers of secondhand (SHS) and thirdhand smoke (THS) exposure in the home.

iv. Participate in tabling outreach during school-sponsored health fairs and events to provide tobacco prevention education and cessation resources (e.g., information on accessing the Helpline) to students (13-18) and faculty.

v. Link school community service or service-learning requirements and activities with community youth tobacco control interventions by coordinating community service events:

1. Recruit students for participation in tobacco-related survey and compliance check activities.
2. Collect and tabulating tobacco product-related litter.

vi. Collaborate on youth tobacco advocacy activities (e.g., letter writing campaigns, newspaper letters to the editors/opposite the editorial page [LTE/op-eds], educational presentations to policymakers, media activities, etc.)

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PARTNERS COMPUTER NETWORK SYSTEM

Partners is an exclusive website for California Tobacco Control Program (CTCP) programs, found at TCSPartners.org. The goal of Partners is to provide efficient and timely communication for CTCP to communicate with its contractors and for projects to share resources and expertise in program development, policy adoption, and implementation.

In addition, Partners provides a forum for planning and strategizing across the state, maximizing resources, avoiding duplication of effort, and enhancing agency capability. The system allows CTCP-funded projects throughout California to share information, educational materials, program and training resources, and planning strategies. **All CTCP-funded projects are required to participate in the network and log onto the website at least once per week**. Technical assistance is provided to assist users with Partners via e-mail at partners.webmaster@cdph.ca.gov.

There are many features on the Partners website that projects will benefit from accessing regularly, including the following:

1. **Updates**: ***CTCP Update*** is a weekly newsletter with news and announcements, published on the first workday of each week. Past issues of the CTCP Update are also archived on the site. In addition to the Update, the ***Spotlight On*** section is where the latest and greatest policy achievements around California are shared with the field and the ***California Tobacco Matters blog*** is where Branch Chief April Roeseler regularly posts entries on CTCP's vision and provides comments on funded-projects activities and achievements in the field.
2. **Resources:** Policy manuals, guidelines, tools for contractors, media and communications materials, statewide project information and more are made available in the **Resources** sections for projects to access as needed. The Policy Evaluation Tracking System (PETS) is a linked and searchable system under this menu and provides a longitudinal policy surveillance database of tobacco control policies in local jurisdictions throughout California.
3. **Focus Areas:** New or experienced projects can find pages devoted to resources, trainings, and information on common policies and campaigns in the Focus Area section. The Focus Area includes information on the Healthy Stores for a Healthy Community (HSHC) campaign, health equity topics, secondhand smoke, tobacco cessation, environmental tobacco waste, smoke-free housing, electronic smoking devices (ESD), and marijuana secondhand smoke.
4. **Training:** An archive of digital and in-person trainings conducted by CTCP, including webinars, presentations at conferences, and other trainings can be found in the Training section of Partners.
5. **Member Directory:** Member Directory is a resource for agencies to find and connect with colleagues

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throughout California who can share input, experiences ,and feedback.

Subscription (Membership) Requirements

Partners is a password-protected website. Only staff from projects funded by the CDPH CTCP and related subcontractors are eligible to create applications for new Partners memberships. There is no cost to the project for enrollment in the Partners network, and **any number of users** per project may be enrolled.

Only Project Directors can request new user accounts. To request a new user account in Partners:

1. Go to the Partners Account Request Form .
2. Enter the Project Director's Security PIN, a four (4) digit number. If the user does not currently have a Project Director Security PIN, they can create a four (4) number pin code in the requested field.
3. Click "Agree and Submit" to be taken to the "Partners Account Request Form" page to request a new account for the new staff member.
4. Enter the requested information in the Registrant Entry Form.
5. Accept the Terms and Conditions.
6. Click "Submit".

Users are assigned a unique username and password and notified by e-mail once they are approved for an account. **Usernames and passwords are specific to the individual and must not be transferred, reassigned, or shared**.

Closing a Partners Account:

When staff leave their CTCP-funded projects, it is the responsibility of the project to inform CTCP so that the account may be closed. Project Directors are to request removal of old user accounts by sending an email with the user name(s) to be removed to Partners.webmaster@cdph.ca.gov.

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PC 308(a) OPERATIONS GUIDELINES

The following minimum standards shall apply to all decoys working with members of designated agencies engaged in undercover activities pertaining to California Penal Code (PC) 308(a) enforcement. For further information on conducting PC 308(a) operations, consult the Healthy Stores for a Healthy Community Campaign Web page on Partners.

1. All decoys shall be less than 21 years of age at the time of any undercover decoy operation. The decoy shall display an appearance consistent with their age (less than 21 years of age) and environment.
2. A photograph or video recording will be taken immediately prior to or at the time of the operation for the purpose of recalling the decoys appearance at this time. The photograph and/or video recording will be retained by the agency supervising the decoy operation.
3. A decoy shall carry his or her own identification showing their correct date of birth or not carry any identification. A decoy who carries identification shall present it upon request to any seller of tobacco products.
4. Enforcement agencies require decoys to respond truthfully to the seller if verbally asked their age.
5. A decoy shall be supervised by a regularly employed adult peace officer or other authorized statutory adult authority at all times during the operation.
6. The designated agency may use recording equipment, including video, audio, photographic, and other audio/visual recording equipment, to record and document an operation.
7. Upon completion of the decoy operation, the designated agency may notify the owner or owner's agent of the operations results.

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NON-ACCEPTANCE OF TOBACCO COMPANY FUNDS

1. A non-profit or for-profit Agency, Corporation, Organization, or Tribal Nation requesting funding from the California Department of Public Health, California Tobacco Control Program (CDPH/CTCP) must certify at the time an application or agreement is submitted that it:
    a. Will not accept funding from nor have an affiliation, contractual relationship, or engage in a corporate responsibility program with the Commercial Tobacco, Electronic Cigarette, or Cannabis Industries, any of their subsidiaries or any company involved in the production, distribution or marketing of commercial tobacco and electronic cigarette products, cannabis products, and related industries during the term of the contract with CTCP; and,
    b. Acknowledges that if funded, acceptance of any paid, voluntary, or in-kind relationship with the Commercial Tobacco, Electronic Cigarette or Cannabis Industries, including engagement in a corporate responsibility program during the term of the contract, is grounds for CTCP to terminate the funding agreement.

2. For a Tribal Nation, having a tobacco retail outlet on tribal land is not considered a conflict of interest. However, the manufacture of commercial tobacco products does constitute a conflict of interest.

3. For an application or agreement with a university or college, The Principal Investigator named in the application must certify that in the past five years neither the Principal Investigator, nor any investigator associated with the application or agreement has:
    a. Had a paid, voluntary, or in-kind relationship with the Commercial Tobacco, Electronic Cigarette, or Cannabis Industries;
    b. Accepted funding from nor had an affiliation, contractual relationship, or engaged in corporate responsibility program activities with the Commercial Tobacco, Electronic Cigarette, or Cannabis Industries; and,
    c. Acknowledges that if funded, acceptance of any paid, voluntary, or in-kind relationship with the Commercial Tobacco, Electronic Cigarette, or Cannabis Industries including engagement in corporate responsibility by the Principal Investigator or any investigator associated with the CTCP-funded project, is grounds for CTCP to terminate its funding agreement.

4. The above types of agencies are required to sign and submit to CTCP the “Certification of No Conflict

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of Interest with Commercial Tobacco, Electronic Cigarette, or Cannabis Industries" form as part of their funding application/proposal and the resulting agreement, if awarded funding.

5. No entity funded by CTCP may use CTCP funding or provide in-kind support to the development and maintenance of an Extended Producer Responsibility (EPR) policy that engages the Commercial Tobacco, Electronic Cigarette, or Cannabis Industries.
    a. EPR is a strategy in waste management that makes manufacturers responsible for disposal of products they make, forcing them to incorporate the cost of disposal into products that are environmentally harmful. EPR treats product manufacturers as a stakeholder and creates public-private partnerships to collect and manage waste. EPR also seeks to use policy and economics to force manufacturers to change their manufacturing practices to make their products more sustainably. Commercial tobacco control practitioners should be leery of any system that empowers the Tobacco Industry to clean up its own mess, and local jurisdictions generally do not have legal authority to change how commercial tobacco products are made. Local jurisdictions are likely to not have sufficient resources to manage and oversee a trade organization made up of multiple tobacco companies that have extensive resources, a history of conspiring with other companies, and that advocate for the interests of Commercial Tobacco, Electronic Cigarette or Cannabis Industries over public health.
    b. CTCP's policy is aligned with Article 5.3 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), which states that "*In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the Tobacco Industry in accordance with national law* ." Article 5.3 of the WHO FCTC includes guiding principles that ensure efforts to protect tobacco control from commercial and other interests of the Tobacco Industry are comprehensive and effective. These include:
        i. Principle 1: There is a fundamental and irreconcilable conflict between the Tobacco Industry's interests and public health policy interests.
        ii. Principle 2: Parties, when dealing with the Tobacco Industry or those working to further its interests, should be accountable and transparent.
        iii. Principle 3: Parties should require the Tobacco Industry and those working to further its interests to operate and act in a manner that is accountable and transparent.
        iv. Principle 4: Because their products are lethal, the Tobacco Industry should not be granted incentives to establish or run their businesses.

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CERTIFICATION OF NO CONFLICT OF INTEREST WITH COMMERCIAL TOBACCO, ELECTRONIC CIGARETTE, OR CANNABIS INDUSTRIES

_____

Name of Applicant/Proposer (Agency/Corporation/Organization/Tribal Nation/Other/University-College)

Please check one of the following:

___ **Agency/Corporation/Organization/Tribal Nation/Other**

The applicant/proposer named above hereby certifies that it will not accept funding from nor have an affiliation, contractual relationship, or engage in a corporate responsibility program with a commercial tobacco, electronic cigarette, or cannabis company, any of its subsidiaries, or any company involved in the production, distribution or marketing of commercial tobacco and electronic cigarette products, cannabis products, and related industries during the term of the agreement with the California Department of Public Health, California Tobacco Control Program. Acceptance of such funds during the term of the agreement is grounds for immediate termination.

___ **University or College**

The Principal Investigator of the university or college named above hereby certifies that the Principal Investigator, and any investigator associated with this agreement (either paid, voluntary, or in-kind), have not received funding from, have an affiliation or contractual relationship with, or have engaged in corporate responsibility activities with a commercial tobacco company, electronic cigarette, or cannabis company, any of its subsidiaries, or any company involved in the production, distribution or marketing of commercial tobacco and electronic cigarette products, cannabis products, and related industries within the last five (5) years prior to the start date of the contract period. In addition, the Principal Investigator of the university or college named above hereby certifies that the Principal Investigator, and any investigator associated with this agreement, will not accept funding from nor have an affiliation or contractual relationship with a commercial tobacco, electronic cigarette, or cannabis company, any of its subsidiaries, or any company involved in the production, distribution or marketing of commercial tobacco and electronic cigarette products, cannabis products, and related industries during the term of the agreement with the California Department of Public Health, California Tobacco Control Program. Acceptance of such funds during the term of the agreement is grounds for immediate tern

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CERTIFICATION

I, the official named below, hereby swear that I am duly authorized to legally bind the applicant/proposer to the certification selected above. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California.

_____

Signature Date

_____

Print Name and Title

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ONLINE TOBACCO INFORMATION SYSTEM (OTIS)

The Online Tobacco Information System (OTIS) is a web-based business management portal that incorporates California Department of Public Health, California Tobacco Control Program (CTCP) business management systems with information-communication systems. It provides a single uniform interface for recipients of tobacco control funding to access contract and grant-related documents and networking-collaboration tools from any computer, 24 hours a day, 7 days a week. As a database, OTIS is searchable, provides access to real-time data, and the ability to aggregate data for reports.

Overall, OTIS provides an efficient means for CTCP and applicants to manage its contracting processes. These include the:

1. Submission and approval of Comprehensive Tobacco Control Plans and competitive grant applications;
2. Submission and approval of progress reports;
3. Submission and approval of fiscal documents;
4. Submission and approval of other contract related documents such as subcontracts; and
5. Serves as an official communication database between CTCP and funded projects.

Communication systems within OTIS include a personal and shared calendar that provides access to national, state, regional, and local event information; a task management system for personal and project use; a contact directory with a master list of agency contacts; a searchable project directory that provides access to the scopes of work of all projects within OTIS; and a Local Program Evaluator Registry that provides contact information and the qualifications of registered local program evaluators.

Major benefits to using this Web-based business management portal include:

1. Data entry and terminology are standardized and consistent across procurements.
2. The budget justification and other areas requiring calculations are totaled for the applicant by OTIS.
3. Common terminology facilitates the linkage of activities described in the Scope of Work (SOW) to budgeted expenses (providing Behavior Modification Materials, placing media, educational materials development, printing, etc.).
4. Agency contact information only has to be submitted once regardless of the number of applications the agency has funded by CTCP.
5. Other CTCP funded projects' SOWs can be searched in order to identify agencies working with similar target audiences, interventions, and evaluation activities. This can facilitate networking,

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marketing trainings, identification of programming gaps, or collaborating on advertising and educational materials development.

6. Generates usable reports that track who, what, where, and how much funding is going toward particular programs, and what projects are working on specific interventions or with specific target populations.
7. Integrates any communication and business applications into a single website for improved access to timely information. System applications include statewide calendar, project directory, local program evaluator directory, application/proposal/plan submission, application/proposal/plan approval, progress report submission, progress report approval, and cost report/invoice submission and approval.
8. Promotes management of local project materials development by Tobacco Education Clearinghouse of California (TECC).
9. The review and approval of documents submitted by contractors is streamlined (e.g., no more losing paper, and the ability to track where documents are in the approval process).
10. Logs all communications for increased continuity and accountability.

OTIS Account Requirements

OTIS is a password-protected website for CTCP-funded projects. Users will be issued an individual user identification and password. These may not be transferred, reassigned, or shared with anyone else. New OTIS accounts can only be requested by the Project Director through OTIS.

To request a new user account:

1. Log into OTIS at https://OTIS.catcp.org
2. From "Welcome" in the upper right top of screen, mouse over your name, and select "My Agency" from the drop-down.
3. My Agency page appears. Click "Request a New User" link at top.
4. Request New Account page appears. Complete new user form, filling in new user information.
5. For "Access Type Desired" select "Applicant" or "Subcontractor" and in the "Give Account Access To" field, select your procurement(s) holding down the Ctrl key to select.
6. In "Reason for Request" field, enter OTIS/Rover account, or Rover only account, and any additional information specific to the new user.
7. Click "Save Information" to submit.

Project Directors are also required to notify CTCP immediately about staff changes in order to deactivate an account. Only Project Directors can request removal of user accounts by sending an email with the list of user names to be removed to Partners.webmaster@cdph.ca.gov and specify if it is an OTIS/Rover removal or Partners Removal.

Maintaining and updating OTIS user accounts is essential and required in order to facilitate project functionality and provide optimal customer service. Agency administration and supervisory staff can have access to OTIS without being listed as the Project Director. This gives agency administration access to OTIS functions and project information, but does not hold them accountable for important project messages, inquiries, and updates that often require a timely response. Please use best practices when assigning

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contact information in OTIS.

1. Project Director: Receives all program and administrative updates from OTIS. This person should be able to distribute this information to project staff and subcontractors in a timely manner (i.e. 48 hours).
2. Primary Contact: Conduct day-to-day operations within the project. The person listed in this role should differ from the Project Director.

OTIS Usage Requirements

1. CTCP funded projects, most of which have access to OTIS, are required to submit all application/proposal/plan documents, progress and fiscal reports via OTIS.
2. Project Directors are responsible for ensuring all staff with OTIS accounts participate in OTIS related trainings, and has access to user guides, and online training resources.
3. Project Directors are responsible for reporting OTIS errors or access issues to CTCP in a timely manner.

System Requirements

The system requirements for OTIS are the same as the system requirements for Partners; see CTCP Policy Manual Chapter 300 Policy #13 PARTNERS COMPUTER NETWORK SYSTEM.

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317 - Program Requirements

NICOTINE MAINTENANCE AND HARM REDUCTION POLICY

Nicotine maintenance and harm reduction are strategies in which people who use tobacco will substitute, in place of conventional combustible cigarettes, the long-term use of another, perceived less dangerous nicotine-delivery product that satisfies and sustains the user's addiction. The California Tobacco Control Program (CTCP) believes that the nicotine maintenance and harm reduction strategies undermine public health efforts aimed at reducing the burden of tobacco-related disease and death.

The promotion of nicotine maintenance and harm reduction implies that continued addiction to nicotine is acceptable. Legitimizing nicotine maintenance and harm reduction strategies undermines the ability of state and local governments to implement and sustain evidence-based effective tobacco use prevention and cessation strategies. Furthermore, there is insufficient evidence that nicotine maintenance or harm reduction strategies produce a sufficient health benefit at the individual and population levels which would warrant inclusion in tobacco control approaches. As such, CTCP prohibits its funded projects from using funds to promote or sanction any nicotine maintenance or harm reduction strategy.

Products commonly associated with nicotine maintenance and harm reduction strategies include:

1. modified cigarettes and cigarette-like products
2. smokeless tobacco, snus, and dissolvable tobacco products
3. electronic smoking devices (ESDs)
4. emerging tobacco products such as heated tobacco products

Medications which are approved by the U.S. Food and Drug Administration (FDA) for tobacco cessation, including the nicotine patch, gum, lozenge, and other such products are not considered nicotine maintenance or harm reduction strategies by CTCP. These products are considered evidence-based interventions for tobacco cessation, and are not restricted by this policy.

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COPYRIGHT POLICIES FOR THE ROVER TOBACCO CONTROL LIBRARY

OVERVIEW

This document clarifies the library policies and procedures related to copyright, user access, reproduction, and library dissemination of library materials, specifically journal articles related to the Rover Tobacco Control Library, a California Tobacco Control Program (CTCP) statewide technical assistance provider. The document is organized into the following topic areas:

1. Definitions
2. Rover Tobacco Control Library Collection
3. Distribution of Journal Articles
4. Sources for Unrestricted Access
5. Licensing Agreements Requirements
6. Appendices

1. **Definitions**
    a. **Copyright:** U.S. Copyright Law (U.S. Code, Title 17) includes exclusive rights for copyright holders (creators, publishers) to reproduce or to authorize others to reproduce their works. It also includes exemptions for libraries and their users. One of the most important exemptions covers “fair use”, making copies, and classroom use. Copyright law also covers the dissemination of materials/information by libraries and their users. See Appendix A for more information on U.S. Copyright. Note: All journal articles added to the Rover Library collection include a copyright statement stamped on the first page. The statement reads, “NOTICE: This material may be protected by Copyright Law (Title 17 U.S. Code).”
    b. **Licensing:** The Rover Library acquires some library materials, specifically journal subscriptions, through licensing agreements with publishers. In the case of these licensed materials, issues related to reproduction and distribution are defined in the publisher “terms and agreements” contract. Libraries are required to limit access to registered users to the extent technologically feasible and reasonably prevent unauthorized copying and further distribution.
    c. **Reproduction:** Reproduction refers photocopying or creating portable document formats (PDF) of library materials
    d. **Distribution/Dissemination:** Distribution/Dissemination refers to library staff sending

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hardcopy or e-mailing PDFs of library materials to patrons. It can also refer to materials that are faxed to patrons. These are materials that patrons can keep.

e. **Patrons:** CTCP staff and CTCP-funded projects and their evaluators are considered Patrons for Rover library usage. Patrons can borrow/request copies of materials, ask for information services, and suggest items for purchase.

2. **The Rover Library Collection:** The Rover Tobacco Control Library is a virtual library, with most resources available to download from the password protected library website (https://rover.catcp.org). Patrons with OTIS/Rover or Rover-ONLY accounts must review the library's *Borrowing and Dissemination Policies and Procedures,* as well as submit a *Borrower's Agreement* to download some of the full-text resources available on the website. Full-text downloadable resources include materials produced by CTCP and funded projects, government publications, and other copyright-free publications, including Open Access (OA) titles and the PubMed Central free digital archive (http://www.pubmedcentral.nih.gov/). In addition, the library provides links to other websites/online sources where full-text can be accessed. Through a journal subscription license, patrons also have access to all *Tobacco Control* content (username/password required).
3. **Distribution of Journal Articles:** Many studies/journal articles are copyrighted and have distribution restrictions.
    a. **Requests for copies of full-text journal articles** Requested titles are confirmed with the requestor, as needed, usually via e-mail. Depending on availability, confirmation is handled in one of two ways:
        i. If a journal article is available *without restriction*, patrons are directed to download the title from a website/other online source; or access the Rover Library Catalog and download full-text e-holding (Rover Catalog record - Availability "Holdings") or full-text through a provided URL (Rover Catalog record - Availability "Other Sources" Holdings") . See also *4. Sources for Unrestricted Access* below.
        ii. If the full-text article is not freely available without restrictions for full-text download/distribution, library staff will confirm the title request with the requestor via an e-mail that also includes the following availability statement. These confirmation e-mails could be auto-generated and sent from the Rover Library website to the requestor, or a personal e-mail sent by library staff to the requestor. **Availability Statement**: U.S. Federal Copyright law and journal license agreements regulate the use and limit use and distribution of copies of journal articles. These conditions include, but are not limited to, restrictions on copying, republishing, altering, redistributing, and reselling the information contained therein. Copies of journal articles are for your personal use (private study, scholarship, or research) only. Please do not reproduce or redistribute this material, or post in on websites or other online sites. You may be liable for copyright infringement for photocopying or reproducing this material for purposes in excess of "fair use." Depending on the context of the request there may be other text added to the e-mail or discussed in person.
    b. **Distribution of full-text journal articles to Patrons**
        i. After the Availability Statement is e-mailed to the requestor, the requestor is e-mailed a PDF of the article with copyright statement printed on each page [e.g., "NOTICE: This

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material may be protected by Copyright Law (Title 17 U.S. Code).”].

ii. This e-mail also includes a WARNING OF COPYRIGHT RESTRICTIONS statement (e.g., “WARNING CONCERNING COPYRIGHT RESTRICTIONS: The Copyright Law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement. Details on copyright laws may be viewed at http://www.copyright.gov/title17.”

4. **Sources for Unrestricted Access:** See the Rover Library paper, *Sources for Unrestricted Access*, for more information on the availability of free full text resources, including copyright-free government publications and sources, which provide unrestricted web access to peer reviewed scholarly journal articles. This document is available from the Rover Library.
5. **Licensing Agreement Requirements**
   a. Conditions of Use and Licensing Restrictions for Electronic Resources

   The library subscribes to journals for use by **authorized users**. The terms and conditions for using these resources are set out in electronic resource license agreements with each publisher. It is the responsibility of individual users to ensure their use of electronic resources does not breach the terms and conditions specified in the license agreements. Licenses vary from publisher to publisher; however, the general principles are:

Generally Permitted	Not Permitted
• viewing, downloading, copying, printing, and saving a copy of search results	• systematic downloading or printing of entire journal issues or volumes, or large portions of other e-resources is not permitted
• viewing, downloading, copying, printing, and saving individual articles	• using e-resources for commercial gain is not permitted (i.e. reselling, redistributing, or republishing licensed content)
• using e-resources for scholarly, educational or scientific research, teaching, private study, and clinical purposes	• transmitting, disseminating, or otherwise making online content available to unauthorized users (i.e. sending to mailing lists or electronic bulletin boards) is not permitted
• sending a copy of an article to another authorized user	• posting the publisher’s version or PDF of an article to an open-class website is not permitted (instead, post the URL to the article which will allow only authorized users access)

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6. **Appendices Appendix A: U.S. Copyright**
    a. **US. Copyright Law**: The full-text of U.S. Copyright Law (Title 17) is available on the U.S. Copyright Office website: http://www.copyright.gov/title17/
    b. **Fair Use**: The following provides background information on fair use issues related to U.S. Copyright Law (Title 17, Chapter 1, Section 107): http://www.copyright.gov/title17/92chap1.html#107 Notwithstanding the provisions of sections 106 and 106A, the fair use of a copyrighted work, including such use by reproduction in copies or phono records or by any other means specified by that section, for purposes such as criticism, comment, news reporting, teaching (including multiple copies for classroom use), scholarship, or research, is not an infringement of copyright. In determining whether the use made of a work in any particular case is a fair use the factors to be considered shall include:
        i. the purpose and character of the use, including whether such use is of a commercial nature or is for nonprofit educational purposes;
        ii. the nature of the copyrighted work;
        iii. the amount and substantiality of the portion used in relation to the copyrighted work as a whole; and
        iv. the effect of the use upon the potential market for or value of the copyrighted work. The fact that a work is unpublished shall not itself bar a finding of fair use if such finding is made upon consideration of all the above factors.
    c. **Library/Archives Rights for Reproduction**: The following provides information on exclusive rights for reproduction by libraries and archives issues related to U.S. Copyright Law (Title 17, Chapter 1, Section 108): http://www.copyright.gov/title17/92chap1.html#108.
        i. Except as otherwise provided in this title and notwithstanding the provisions of section 106, it is not an infringement of copyright for a library or archives, or any of its employees acting within the scope of their employment, to reproduce no more than one copy or phono record of a work, except as provided in subsections (b) and (c), or to distribute such copy or phono record, under the conditions specified by this section, if—
            1. the reproduction or distribution is made without any purpose of direct or indirect commercial advantage;
            2. the collections of the library or archives are
                a. open to the public, or
                b. available not only to researchers affiliated with the library or archives or with the institution of which it is a part, but also to other persons doing research in a specialized field; and
            3. the reproduction or distribution of the work includes a notice of copyright that appears on the copy or phono record that is reproduced under the provisions of this section, or includes a legend stating that the work may be protected by copyright if no such notice can be found on the copy or phono record that is reproduced under the provisions of this section.
        ii. The rights of reproduction and distribution under this section apply to three copies or phono records of an unpublished work duplicated solely for purposes of preservation and security or for deposit for research use in another library or archives of the type

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described by clause (2) of subsection (i), if:

1. the copy or phono record reproduced is currently in the collections of the library or archives; and
2. any such copy or phono record that is reproduced in digital format is not otherwise distributed in that format and is not made available to the public in that format outside the premises of the library or archives.

iii. The right of reproduction under this section applies to three copies or phono records of a published work duplicated solely for the purpose of replacement of a copy or phono record that is damaged, deteriorating, lost, or stolen, or if the existing format in which the work is stored has become obsolete, if:

1. the library or archives has, after a reasonable effort, determined that an unused replacement cannot be obtained at a fair price; and
2. any such copy or phono record that is reproduced in digital format is not made available to the public in that format outside the premises of the library or archives in lawful possession of such copy. For purposes of this subsection, a format shall be considered obsolete if the machine or device necessary to render perceptible a work stored in that format is no longer manufactured or is no longer reasonably available in the commercial marketplace.

iv. The rights of reproduction and distribution under this section apply to a copy, made from the collection of a library or archives where the user makes his or her request or from that of another library or archives, of no more than one article or other contribution to a copyrighted collection or periodical issue, or to a copy or phono record of a small part of any other copyrighted work, if:

1. the copy or phono record becomes the property of the user, and the library or archives has had no notice that the copy or phono record would be used for any purpose other than private study, scholarship, or research; and
2. the library or archives displays prominently, at the place where orders are accepted, and includes on its order form, a warning of copyright in accordance with requirements that the Register of Copyrights shall prescribe by regulation.

v. The rights of reproduction and distribution under this section apply to the entire work, or to a substantial part of it, made from the collection of a library or archives where the user makes his or her request or from that of another library or archives, if the library or archives has first determined, on the basis of a reasonable investigation, that a copy or phono record of the copyrighted work cannot be obtained at a fair price, if:

1. the copy or phono record becomes the property of the user, and the library or archives has had no notice that the copy or phono record would be used for any purpose other than private study, scholarship, or research; and
2. the library or archives displays prominently, at the place where orders are accepted, and includes on its order form, a warning of copyright in accordance with requirements that the Register of Copyrights shall prescribe by regulation.

vi. Nothing in this section:

1. shall be construed to impose liability for copyright infringement upon a library or

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archives or its employees for the unsupervised use of reproducing equipment located on its premises: *Provided,* That such equipment displays a notice that the making of a copy may be subject to the copyright law;

2. excuses a person who uses such reproducing equipment or who requests a copy or phono record under subsection (iv) from liability for copyright infringement for any such act, or for any later use of such copy or phono record, if it exceeds fair use as provided by section 107;
3. shall be construed to limit the reproduction and distribution by lending of a limited number of copies and excerpts by a library or archives of an audiovisual news program, subject to clauses (1), (2), and (3) of subsection (i); or
4. in any way affects the right of fair use as provided by section 107, or any contractual obligations assumed at any time by the library or archives when it obtained a copy or phono record of a work in its collections.

vii. The rights of reproduction and distribution under this section extend to the isolated and unrelated reproduction or distribution of a single copy or phono record of the same material on separate occasions, but do not extend to cases where the library or archives, or its employee:

1. is aware or has substantial reason to believe that it is engaging in the related or concerted reproduction or distribution of multiple copies or phono records of the same material, whether made on one occasion or over a period of time, and whether intended for aggregate use by one or more individuals or for separate use by the individual members of a group; or
2. engages in the systematic reproduction or distribution of single or multiple copies or phono records of material described in subsection (vi): *Provided,* That nothing in this clause prevents a library or archives from participating in interlibrary arrangements that do not have, as their purpose or effect, that the library or archives receiving such copies or phono records for distribution does so in such aggregate quantities as to substitute for a subscription to or purchase of such work.

viii.

1. For purposes of this section, during the last 20 years of any term of copyright of a published work, a library or archives, including a nonprofit educational institution that functions as such, may reproduce, distribute, display, or perform in facsimile or digital form a copy or phono record of such work, or portions thereof, for purposes of preservation, scholarship, or research, if such library or archives has first determined, on the basis of a reasonable investigation, that none of the conditions set forth in subparagraphs (a), (b), and (c) of paragraph (2) apply.
2. No reproduction, distribution, display, or performance is authorized under this subsection if:
    a. the work is subject to normal commercial exploitation;
    b. a copy or phono record of the work can be obtained at a reasonable price; or
    c. the copyright owner or its agent provides notice pursuant to regulations

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promulgated by the Register of Copyrights that either of the conditions set forth in subparagraphs (a) and (b) applies.

3. The exemption provided in this subsection does not apply to any subsequent uses by users other than such library or archives.
    a. The rights of reproduction and distribution under this section do not apply to a musical work, a pictorial, graphic or sculptural work, or a motion picture or other audiovisual work other than an audiovisual work dealing with news, except that no such limitation shall apply with respect to rights granted by subsections (ii), (iii), and (viii), or with respect to pictorial or graphic works published as illustrations, diagrams, or similar adjuncts to works of which copies are reproduced or distributed in accordance with subsections (iv) and (v).

d. **The Digital Millennium Copyright Act of 1998** (DMCA) spells out some copyright exemptions for non-profit libraries and archives: http://www.copyright.gov/legislation/dmca.pdf Section 404 of DMCA amends the exemption for nonprofit libraries and archives in Section 108 of DMCA to accommodate digital technologies and evolving preservation practices. Prior to enactment of DMCA, Section 108 permitted such libraries and archives to make a single facsimile (i.e., not digital) copy of a work for purposes of preservation or interlibrary loan. As amended, Section 108 permits up to three copies, which may be digital, provided that digital copies are not made available to the public outside the library premises. In addition, the amended section permits such a library or archive to copy a work into a new format if the original format becomes obsolete--that is, the machine or device used to render the work perceptible is no longer manufactured or is no longer reasonably available in the commercial marketplace.

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401 - Administrative Requirements

DATA COLLECTION AND REPORTING REQUIREMENTS

1. Funded projects shall conduct surveillance activities, collect and maintain data, submit reports, and conduct evaluations in accordance with California Department of Public Health (CDPH), California Tobacco Control Program (CTCP) requirements.
2. Funded projects shall allocate a minimum percentage of their total CTCP budget toward evaluation components. This component should support staff designated to oversee evaluation, data collection, surveillance, evaluation, and reporting requirements. For the minimum percentage required, refer to the procurement to which your agency responded.
3. Funded projects shall designate one staff person as the lead on evaluation activities. Agencies shall allocate the minimum percentage of a staff person's time, as required in the procurement to which the agency responded, to be dedicated toward overseeing evaluation activities, coordinating evaluation activities with CTCP, and any evaluation consultant or subcontractor who may be hired. For the minimum percentage required, refer to the procurement to which your agency responded.
4. Funded projects may subcontract with an external evaluator to design evaluation activities and analyze the collected data. Refer to the procurement to ensure if this is a mandatory requirement.
5. The document, Tell Your Story: Guidelines for Preparing Useful Evaluation Reports is to be used as the standard for preparing final evaluation reports.
6. Progress Reports shall be submitted bi-annually to CTCP via the Online Tobacco Information System (OTIS). The content of the Progress Reports shall be in accordance with CTCP instructions and the required forms shall be used. Funded projects should maintain back-up documentation, such as activity logs, sign-in sheets, press releases, etc. to verify all information provided in the progress reports. Documentation is to be submitted as identified in the progress report instructions and kept on file with the project.
7. If timely and accurate progress reports and evaluation reports are not received by CTCP, funded projects may be subject to administrative sanctions. Dependent on the type of contract, these may include payments being withheld until delinquent or deficient reports are up-to-date or evaluation requirements are satisfied, the contract award being reduced, the contract being terminated, and/or being exempted from participating in future contracts with CTCP. Contractors shall be given a time-certain date by which to re-submit unsatisfactory reports.
8. Each funded project shall cooperate with and participate in evaluation activities conducted by agencies that are under contract with CTCP for the purpose of evaluation or surveillance activities. Refer to the procurement to which your agency responded for specific obligations that may only apply

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to your project.

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402 - Administrative Requirements

EQUIPMENT PURCHASES

Vehicles:

California Tobacco Control Program (CTCP) does not allow the lease or purchase of vehicles. This includes the lease of, lease with the option to purchase, or rental plans with purchase options of vehicles. CTCP will reimburse the usage of agency-owned vehicles or personally-owned staff vehicles, at mileage rates approved by CTCP, for travel to/from approved Scope of Work activities.

Mobile Phones:

Purchase must be based on sufficient justification with prior CTCP approval, and must be budgeted in the equipment line item in the budget justification. Mobile phones or cellular (cell) phone service fees are limited to five devices and may not exceed $3,900 annually. Exceptions, with a detailed justification, are considered on a case-by-case basis.

All devices purchased or utilized must be encrypted. Refer to Chapter 405, for more information.

Desktop and Laptop Computers:

With sufficient justification and prior CTCP approval, funded projects may be authorized to purchase computer equipment, including appropriate hardware and software that meets agency minimum requirements. Refer to Chapter 405 for more information.

Computer Hardware

1. The funded project shall have equipment for the purposes of producing CTCP-mandated progress reports, completing statewide independent evaluation instruments and reports, and participating in Partners and Online Tobacco Information System (OTIS). Agencies should have access to high-speed broadband internet access, or local area network (LAN) access. Purchasing approvals should follow the appropriate CTCP budget process in OTIS. Computer equipment requests are to be justified by demonstrated programmatic or administrative need. After approval, the contractor shall follow the CTCP procedures for purchase and inventory of the equipment. Refer to Section I, Chapter 800 of the Competitive Grantees Administrative and Policy Manual for procedures and format. Equipment purchases not in the approved budget will be disallowed.
2. Funded projects shall conform to the CTCP Information Security Requirements in Chapter 405 for computer security and storing of confidential data.
3. Equipment purchases not in the approved budget will be disallowed unless a prior written request is submitted to the assigned CTCP Procurement Manager (PM) for review and approval, and a written

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approval is given.

Computer Software

1. Contract language prohibits the use of state funds for the acquisition, operation, or maintenance of computer software in violation of licensing and copyright laws. By signing the contract award, the contractor has certified that it has appropriate systems and controls in place to ensure that violations do not occur.
2. For Competitive Grantees, purchasing approval will follow the appropriate CTCP budget process in OTIS. After approval, the contractor shall follow the CTCP procedures for purchasing and inventory of the equipment. Software purchases not in the approved budget will be disallowed unless a prior written request is submitted to the assigned CTCP PM for review and approval, and a written approval is given.
3. Computer software must meet agency minimum requirements.

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403 - Administrative Requirements

STAFFING, ADMINISTRATIVE AND TRAVEL REQUIREMENTS

Staffing Requirements:

1. The funded project shall designate one staff person as the lead on evaluation activities. Agencies must allocate the minimum percentage of a staff person's time, as required in the procurement to which the agency responded, to be dedicated toward overseeing and coordinating evaluation activities with CTCP, and working with the required evaluation consultant or subcontractor. See your procurement for specific staff time requirements.
2. The agency is required to have a minimum of one 100 percent full-time equivalent (FTE) staff on the project unless specifically stated otherwise in your procurement. This does not have to be the Project Director or Project Coordinator; however, the time-base of the designated Project Director or Project Coordinator (PC) must be sufficient to provide overall programmatic management and administrative oversight to the project. This includes administrative activities associated with hiring or contracting with qualified professional staff to perform the duties described above and supervising their performance; ensuring that the all SOW intervention and evaluation activities are completed satisfactorily, on time, and in accordance with CTCP policies; ensuring that progress reports are accurate, complete, and submitted on time; ensuring that the budget is expended according to the approved budget and that appropriate fiscal documentation is maintained for expenditures; ensuring that all cost reports or invoices are accurate, complete, and submitted on time; and ensuring that appropriate staff, consultants, and subcontractors attend all required trainings and any optional trainings and conferences that are relevant to the SOW.
3. An individual employee or subcontract employee may not exceed more than 100 percent FTE on an individual contract/grant or across multiple contracts/grants without prior written approval from the Program Consultant and Program Manager. A position that is 100 percent FTE is defined as 2080 hours annually, including paid leave.

Project Director and Fiscal Officer Roles and Responsibilities

1. **Project Director is responsible for:**
    a. The technical, administrative, and fiscal management of the project, including primary responsibility for financial management and control of project funds in accordance with the agency and sponsor policies and procedures.
    b. Being knowledgeable, at the proposal stage, about appropriate agency guidelines and

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restrictions relative to the conduct of research, training, and public service programs and adhere to such guidelines and restrictions.

c. Conducting the work supported by the grant or contract in a timely manner.
d. Complying with the specific terms and conditions of each award as stated in the contract or grant documents and with all administrative requirements described in sponsoring agency and agency policies.
e. Assuring that expenditures made prior to the receipt of the fully executed contract or grant award are incurred only after obtaining specific authorized approval, that expenditures do not exceed the total amount of funds awarded, and that specific budget category expenditure limits are adhered to.
f. Maintaining appropriate budgetary control.
g. Proper monitoring and control of budgetary funds is necessary for accurate and timely invoicing of the sponsoring agency.
h. Assuring that all required certifications of effort are performed in accordance with agency policy.
a. Complying with the reporting requirements of each contract and grant, which may include progress reports, cost reports, reports of major items of equipment acquired, and financial reports.
j. Monitoring sub-award performance.
k. Reviewing invoices for consistency with sub-recipient performance and authorizing payment.
l. Conducting closeout review 90 days prior to the award end date and ensuring expenditures are fully recorded appropriately after the award end date.

2. **Fiscal Officer is responsible for:**
   a. Fiscal officers must follow separation of duties policy. No one person shall have complete control of a financial transaction.
   b. Maintaining records of expenditures for contract and grant funded projects.
   c. Reviewing non-payroll expenditures for conformance to sponsor and agency policies.
   d. Approving and submitting invoices and reports of expenditures.
   e. Expenses must be allowable, allocable, reasonable, and specifically benefit the project.
   f. Closing out contract and grant accounts and, when necessary, transferring expenditures as described.
   g. Providing the Project Director with a listing of all final financial reports filed with sponsors during the month, if applicable.
   h. Coordinating responses to audit reports or recommendation of disallowances of expenditures under contract and grant awards.
   a. Providing assistance to departments experiencing difficulties in the management of contract and grant funds.
   j. Monitoring sub-award payment requests for proper authorization by the Project Director before approving payments.

Administrative Requirements:

1. Agencies will prepare either cost reports (LLAs) or monthly invoices (Competitive Grantees) in arrears, which detail the actual program expenditures incurred within the period of service specified

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on the invoice in accordance with the format prescribed by CTCP.

2. Agencies are required to have separation of duties policy in place to ensure a minimum of two employees have access to OTIS and can approve/review information submitted to CTCP.
3. Payments to agencies are contingent upon receipt and approval of their SOW and budget and upon receipt and approval of other contractual deliverables such as progress reports and cost reports or invoices.
4. If a LLA subcontracts out 60 percent or more of the tobacco control allocation to one agency to implement the comprehensive tobacco control plan, then the subcontractor will be required to develop a sub-budget, following the same guidelines applicable to the LLA.
5. Agencies shall comply with administrative and contractual requirements as provided to them in the form of the Administrative Manual updates and Program Letters throughout the procurement term.
6. The funded project shall employ or contract with professional staff with the education, training, experience, and qualifications necessary to:
    a. Coordinate and collaborate with community agencies, organizations, and targeted population;
    b. Implement principles and practices of community health education;
    c. Coordinate community assessments;
    d. Conduct educational, media, policy activities, and evaluation;
    e. Collect and tabulate required data;
    f. Perform program planning and evaluation activities;
    g. Fiscally and administratively manage the tobacco control program; and,
    h. Comply with reporting and record keeping requirements of the State.
7. The funded project must have on file and provide to CTCP upon request descriptions and duty statements for positions listed in the budget, including subcontract personnel. Timesheets are to include either the employee's actual time worked in the project or time studies that calculate the amount of the employee's time required to complete the SOW, and are consistent with the needs of the SOW. Timesheets must be completed, signed and dated by the employee, and approved, signed and dated by an authorized agency's official.
8. Personnel classifications and/or professional disciplines shall be appropriate for the completion of the scope of work (SOW) and fiscal requirements.
9. The funded project is responsible for updating their contact information on OTIS in a timely manner to notify the CTCP of any staff changes.
10. If CTCP determines that the Project Director or Project Coordinator does not have the education, training, experience and qualifications necessary or that the individual's time-base is insufficient to satisfactorily perform the management and oversight functions associated with this project, then CTCP reserves the right to require that a qualified individual be appointed as the Project Director or Project Coordinator at a time-base it deems sufficient to fulfill these functions.

Travel and Training Requirements:

1. Travel and training expenses are to support the needs of the project and directly support SOW activities. Travel expenses will be reimbursed at the current rate identified by the California Department of Human Resources (CalHR/DPA) or county rates (for LLAs only).
2. Includes airfare, meals, lodging, mileage, and incidental expenses which are essential to complete

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the SOW activity. It may include registration fees for staff development or any other additional training events for professional, clerical, administrative personnel, etc., necessary for the completion of activities in the SOW.

3. Required CTCP Travel and Training:
    a. Project Directors or their designees are required to budget for and attend the Tobacco-Free California Projects' Meeting (previously knowing as the Project Directors' Meeting), typically held every 18 months. Most funded projects are also required to attend Capitol Information & Education Days (I&E Days) on an alternate year schedule (refer to the project's Guidelines or Request for Applications' for the appropriate schedule).
    b. In addition, there may be other trainings, meetings, or conferences required by the Guidelines, Request for Applications, or funding renewal instructions under which the agency was funded. The funds budgeted for CTCP-required trainings, meetings, or conferences cannot be used for any other purpose. If a required training, meeting, or conference is not attended by a project representative, the funds budgeted for it will remain in the line item unspent and will be disencumbered at the close of the contract.
4. Out-of-State Travel:
    a. Agencies may budget for Out-of-State Travel (OST) if sufficient funds are available and the State and Agency will benefit. Additionally, OST for LLAs must be consistent with county guidelines. The OST approval process consists of the following two stages:
        i. During the negotiation process: Projects may identify possible out-of-state trips OST and available details, including:
            1. Purpose of the OST
            2. Who will attend
            3. Expenses associated with the OST for each applicable fiscal year
            4. Related/Applicable SOW activity number
            5. Role of the attendee, if applicable (e.g. presenter, panel member, speaker, trainee, etc.)
            6. Benefit to the state and/or agency
        ii. After the contract has been approved, final approval is contingent on:
            1. Agency being up-to-date on progress in the SOW and current with submission of progress/cost reports
            2. Submission of the OST request (via OTIS) with the following details:
                a. Purpose of the OST
                b. Who will attend
                c. Expenses associated with the OST for each applicable fiscal year
                d. Related/Applicable SOW activity number
                e. Role of the attendee, if applicable (e.g. presenter, panel member, speaker, trainee, etc.)
                f. Benefit to the state and/or agency
                g. Applicable documentation (e.g., copy of agenda, conference brochure, invitation to speak, etc.)
        iii. The requirements in this section also apply to a "salary-only" OST request in which

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another agency is paying for travel and per diem and CTCP is only paying for the attendee's salary.

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INTEREST EARNED AND GENERATED REVENUE REQUIREMENTS

Interest Earned:

Local Lead Agencies (LLAs), and Non-Profit Agencies serving as an LLA, are required to deposit their Proposition (Prop) 99 and Prop 56 prospective payment(s) into separate interest bearing, insured trust accounts. The allocation agreement requires that the interest accruing from these prospective payment(s) must be used for state-approved tobacco control program-related activities and shall be used to defray costs incurred by the program, measurably expand the program, or improve the quality of services above the level of services already funded under the allocation agreement.

Some contracts and grants may have earned interest by obtaining an advance payment on the first fiscal year amount of their contract award. Specific provisions of the contract did not allow for the use of interest earned to defray program costs, measurably expand the program, or improve the quality of services above the level of services already funded under their contract. If you obtained an advance payment, any interest accruing from this advance payment is to be returned to the state prior to the contract expiration or termination date. Refer to the advance payment provisions of your contract (if applicable) for more information.

1. Local Lead Agencies (LLAs)

LLAs may use funds from interest earned to purchase items in the approved comprehensive tobacco control plan Scope of Work (SOW) (i.e., incentives, media, educational materials, operating expenses, etc.) or temporary help (and the fringe benefit expenses associated with the temporary help position) without obtaining additional prior written approval.

These funds cannot be used to supplement Personnel Salaries and Fringe Benefit expenses for regular staff or for Indirect Cost expenses.

Prior written approval will be required to use these funds for equipment purchases or for purchases of any items not in the approved SOW (e.g., consultants, media, etc.).

The LLA must comply with the following:

a. Obtain prior written approval from CTCP to use interest earned money from the trust accounts to purchase items/services not in the approved SOW. Refer to Section I, Administrative Section of this manual, for the procedures and format to follow in obtaining approval.

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b. Funds from the interest earned must first be spent in full from the Prop 56 trust account prior to spending funds from the interest earned in the Prop 99 trust account.
c. Maintain adequate documentation of the receipt and use of such interest. Once approval is obtained to use interest earned money, the LLA must report the use of these monies during the cost report period in which they were spent. Refer to Section I, Administrative Section of this manual, for the procedures and format to follow in submitting cost reports.
d. Return to the State any unexpended interest remaining in the trust accounts, if funding authority for this allocation agreement expires or the agreement is canceled. Refer to your signed allocation agreement for more information. CTCP will provide detailed instructions for returning unexpended interest when the agreement is closed out.

2. Contracts and Grants

CTCP does not currently provide advance payments to competitively awarded contracts and grants; therefore, interest cannot be earned.

Generated Revenue:

CTCP does not allow funded agreements to generate revenue to pay for program activities.

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INFORMATION SECURITY REQUIREMENTS

Information Security Policy:

Funded projects must adhere to their own agency's information security policies. In addition, the contractor must follow the California Department of Public Health (CDPH) Public Health Administrative Manual (PHAM). This policy outlines CDPH requirements established to address information security and extends to all CDPH personnel, contractors, employees, vendors, clients, and customers.

Classification of Data:

Automated files and databases should be given appropriate protection from loss, inappropriate disclosure, and unauthorized modification. Files, databases, and any other means of storing data can contain the following types of information listed below.

Employees must notify their manager or supervisor and their California Tobacco Control Program (CTCP) Procurement Manager immediately.

1. **Confidential**: Under the Information Practices Act (Civil Code, Sections 1798-1798.70), personal information may not be disclosed in a manner that identifies that individual unless authorized by law. Confidential data needs to be protected from unauthorized access or disclosure.
    a. **Confidential-Critical**: Privileged data that has the most limited access and requires the highest degree of integrity. This is data that will do the most damage to the organization should it be disclosed.
    b. **Confidential-Private**: Data essential to the ongoing operation of the organization and its subsidiaries. It allows the organization to conduct its internal business and maintain support of its applications and business processes.
    c. **Confidential-Restricted**: Data that is intended for internal use within an organization. This data must be protected from unauthorized access, modification, or deletion. Restricted data should only be provided to individuals with a need to know and they must be authorized to access the information.

Sensitive Information: May be either public or confidential and requires special precautions to protect it from unauthorized modifications or deletions.

Information Security Practices:

Listed below are examples of security practices contractors should be following.

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1. Good security practices are expected of each contractor, including using due care to preserve data integrity and confidentiality.
2. Contractors are responsible for the security of their computer and their data. Steps should be taken to protect computer equipment from theft and unauthorized use.
3. Computer and equipment resources shall only be used for business purposes.
4. Desktop systems should be kept in a secure area. Confidential data should not be stored on a personal computer unless adequate precautions have been taken.
5. Network passwords and password protected screen savers should be used. Passwords should not be shared. Use an unusual combination of eight (8) characters or more for a secure password. Passwords should not be written down, posted where they may be accessed or included in a data file, log-on script, or macro. Passwords should be changed immediately if revealed or compromised.
6. Computer software should be acquired from reputable sources that will ensure the integrity of the software.
7. Software license agreements, terms and condition, and copyright laws shall be strictly followed.
8. All computers should have anti-virus and security patches up to date.
9. Back-up and recovery procedures should be in place with each agency.

Mobile Computing Policy:

For the purposes of this Policy, mobile devices are defined as tablets, laptops, and notebook computers, or removable storage, such as compact disk (CD), USB storage device or flash drive, flash memory (thumb drives, memory sticks and cards), smartphones, or other devices that have the ability to store information. As a reminder, all mobile devices remain the property of CTCP. CTCP will require proper State identification labels and will provide procedures for tagging, reporting, and retrieving equipment.

1. Competitive Grantees must follow the CDPH mobile computing policy.
2. Local Lead Agencies (LLA) must adhere to their own local agency mobile computing policy. However, if the LLA does not have a mobile computing policy, those agencies must adhere to the CDPH mobile computing policy..

Below are some of the agency's responsibilities for the security of their mobile devices.

1. Confidential information containing names, social security numbers, driver's license number or California Identification card number, physical description, credit or debit card number, in combination with any required security code, access code or password that would permit access to financial account, medical or financial information should not be downloaded or stored on mobile devices unless absolutely necessary for program operations. Employees must use an encryption product when storing confidential information
2. In cases where use of mobile devices for downloading or storage of confidential information has been determined to be absolutely necessary, contractors are required to delete information from their mobile device if it is clearly no longer needed or potentially useful. Use of an "erase" feature (e.g., putting a document in a virtual recycle bin) is not sufficient for confidential information because the information may still be recoverable. Confidential data must be deleted via an overwriting (zeroization) program or other such approved procedure.
3. Mobile devices must be protected by a power-on password and contractors must use an approved

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encryption product when storing confidential information.

4. Mobile devices must not be left unattended at any time and precautions should be taken to ensure other persons cannot view on-screen data in public places.
5. Contractors should make available laptops to their LAN Administrator monthly for regular maintenance (e.g. update anti-virus, updated application and system patches).
6. When an employee is allocated a mobile device, the mobile device remains the property of the agency and CTCP, and upon termination of employment, the individual must return the mobile device to their LAN administrator or supervisor.
7. If a mobile device is lost or stolen, employees must notify their manager or supervisor and their CTCP PM immediately.

Internet/Electronic Mail (E-mail):

Contractors who access the Internet and/or e-mail are to follow these guidelines to conduct official CTCP-related business... Any confidential information sent through the Internet and/or E-mail could be intercepted, modified, misdirected, or destroyed by unauthorized persons if adequate access controls are not in place. Encryption, authentication, and/or any other security schemes should be used to ensure that data is secure and made available only to the appropriate and intended recipients.

The intentional use of CTCP resources for personal advantage, gain, or profit is inconsistent, incompatible, and in conflict with the duties of officers, contractors, and employees. Examples of inappropriate use include, but are not limited to, viewing, sending, creating, and/or downloading any information that:

1. Violates or infringes on the rights of any other person, including the right to privacy.
2. Contains defamatory, false, abusive, obscene, pornographic, profane, sexually oriented, threatening, racially offensive, or otherwise biased, discriminatory, or illegal material.
3. Violates agency or departmental regulations prohibiting sexual harassment, and/or discrimination.
4. Conduct, engage, or solicit the performance of any activities in violation of any federal, state. or local laws, regulations, rules, executive orders or agency or departmental regulations, policies, or directives.
5. Conduct any political activity.
6. Engage in any activity for personal gain or personal business transactions.
7. Make any unauthorized purchases.
8. Use data for private gain, or divulge confidential departmental information or records unless officially authorized to do so.
9. Restricts or inhibits other users from using the system or the efficiency of the computer systems.

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AUDIT OVERVIEW

The following provides an overview of the audit requirements for California Department of Public Health (CDPH), California Tobacco Control Program (CTCP)-funded projects.

1. All CTCP funded agencies should have policies and procedures to adequately:
    a. Record, compile, and report CTCP-funded activities, expenditures, and the allocation of funds received.
    b. Assign General Ledger Account codes for transactions to ensure CTCP-funded activities are recorded accurately.
    c. Retain documentation and internal financial records that support the expenditures reported in the CTCP Scope of Work (SOW), progress reports, budget, budget justifications, and cost reports.
    d. Ensure the work reported in the Agency's SOW, progress reports, budget, budget justification, and cost reports are completed using only CTCP funds, and not with other fund sources. If non-CTCP funds are used to complete the SOW activities, the Agency must expand upon the SOW to describe the source and use and identify the Personnel, Subcontracts, Other Costs, etc. that are externally funded. Additionally, the *Additional Tobacco Control Funding Declaration* form must be completed and expand upon the source of the funds and their use. The budget justification must list all non-CTCP funds as an in-kind contribution. Progress reports are to describe accomplishments made with CTCP-funds.
    e. Agency agrees that, at a minimum, its fiscal control and accounting procedures will be sufficient to permit tracking of all funds to a level of expenditure adequate to establish that such funds have not been used in violation of any applicable state or federal law, or the provisions of the contract, grant and/or Inter-Agency Agreement (IAA). Agency further agrees that it will retain its fiscal records in accordance with generally accepted accounting principles (GAAP).
    f. Ensure other control activity policies and procedures are used which help ensure that management directives are carried out. Control activities, whether within IT or manual systems, have various objectives and are applied at various organizational and functional levels. Examples of specific control activities include those relating to the following:
        i. Authorization: Authorization and approval are control activities that mitigate the risk of inappropriate transactions. They serve as fraud deterrents and enforce segregation of duties. Thus, the authorizer and the approver should generally be two separate people.
        ii. Performance reviews: These control activities include reviewing and analyzing actual performance versus budgets, forecasts, and prior period performance; relating different

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sets of data – operating or financial – to one another, together with analyses of the relationships and investigative and corrective actions; comparing internal data with external sources of information; and reviewing functional or activity performance, such as a bank's consumer loan manager's review of reports by branch, region, and loan type approvals and collections.

iii. Information processing: A variety of controls are performed to check accuracy, completeness, and authorization of transactions.

iv. Physical controls: Physical controls relate primarily to the safeguarding of assets.

v. Segregation of Duties: Certain duties should be performed by separate individuals to reduce the risk or concealment of errors, and no one individual should have responsibility for all aspects of a transaction. The functions of authorization, recording or reconciling, and maintaining custody of assets should be segregated. When designing policies and procedures to address control activities, the agency should keep in mind that the cost of implementing certain control activities should not exceed the benefit derived from the control activities. Agency financial administrative duties must be separated so that one person's work routinely serves as a complementary check on another's work, and no one person has complete control of a financial transaction. Clear role delineations must be established by each agency; the Project Director and the Fiscal Agent cannot be the same person.

2. Independent Audit and Disclosure Requirements for Prop 56 funded agencies:
   a. An independent financial audit of the state and local agencies receiving funds pursuant to the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 shall be conducted at least biennially.
   b. The independent audit report shall detail the California State Auditor's review and include any recommendations for improvements. The Report shall be made available to the public.

3. Audit Requirement for non-IT Services Contracts except Interagency Agreements, General Terms and Conditions (GTC 04/2017) except IAAs:
   a. Exhibit C, Section 4:
      i. Audit: *Contractor agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Agency agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code*

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§10115 et seq., CCR Title 2, Section 1896).

4. Audit Requirements for IAA's General Terms and Conditions (SCM Section 3.03; GIA-610):
    a. GIA-610, Section 2:
        i. Audit: *The agency performing work under this Agreement agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement if it exceeds $10,000. The agency performing work agrees to maintain such records for possible audit for a minimum of three(3) years after final payment, unless a longer period of record retention is stipulated.*

5. Audit Requirements for University Terms & Conditions for Universities of California and California State Universities Interagency Agreement:
    a. Exhibit C, UTC-319, Section 16:
        i. Audit*: The University agrees that the awarding State agency, the Department of General Services, the California State Auditor, or their designated representative shall have the right to audit and/or review, and copy any records and supporting documentation pertaining to the performance of this Agreement if it exceeds $10,000. The University agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of record retention is stipulated in Exhibit D. If any litigation, claim, or audit begins prior to the expiration of the retention period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved and final action taken. University agrees to refund to the State any amounts claimed for reimbursement and paid to University which are later disallowed by the State after audit or inspection of records.*

6. Audit Requirements using Federal funds for IAA's, Grants, Subvention/Local Assistance Agreements, and Consultant/Personal Services Standard Agreements:
    a. Refer to each specific Exhibit F. Federal Terms and Conditions for the referenced contractual types.

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Appendix 5

CORE AND RECOMMENDED INDICATORS AND ASSETS 2022-2025
LLA COMPREHENSIVE TOBACCO CONTROL PLAN

CORE INDICATORS AND ASSETS

The **core** indicators and assets used in the Communities of Excellence (CX) Needs Assessment conducted in 2021 as part of the 2022-2025 Comprehensive Tobacco Control Plan period are as follows:

CORE INDICATORS

Limit Tobacco Promoting Influences
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.

Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste, and Other Tobacco Products
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). Note: Do not use this indicator, if the outdoor non-recreational public area is one of the following areas: health care campus (2.2.10), K-12 school (2.2.17), and faith community campus (2.2.20).
2.2.13* Smokefree Multi-Unit Housing: The number of jurisdictions with a policy prohibiting smoking in the individual units of multi-unit housing including balconies and patios.
2.2.29 Eliminate Tobacco Product Sales to Address Tobacco Waste: The number of jurisdictions with a policy that eliminates the sale and distribution of classes of tobacco products, or product packaging, that demonstrably contribute to tobacco product pollution, create single-use plastic waste, or create e-waste, including but not limited to: cigarette filters, cigarette pack waste, plastic cigar tips, cigar packaging sleeves, chew canisters, single use electronic cigarettes, and single use nicotine cartridges.
2.2.35 Smokefree Outdoor Public Places: The number of jurisdictions with a comprehensive policy eliminating smoking in outdoor recreational and non-recreational public places (including beaches, parks, sidewalks, dining, entryways, worksites, event sites, bike lanes/paths, alleys, parking structures) without designated smoking areas or distances.

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CORE INDICATORS (cont.)

Reduce the Availability of Tobacco
3.2.1 Tobacco Retail Licensing: The number of jurisdictions with a policy requiring retailers that sell, give, or furnish tobacco products to be licensed, designate a portion of the license fee for enforcement, prohibit police harassment of persons who purchase, use or possess tobacco, and exclude any provision that criminalizes a person for the purchase, use, or possession of tobacco products.
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.
3.2.4 Tobacco Industry Sampling, Coupons/Discounts/Gifts: The number of jurisdictions with a policy restricting the redemption of coupons, coupon offers, gift certificates, gift cards rebate offers, loyalty and discount programs, buy-downs, multi-pack offers, and retail-value added promotions for free, low-cost, or reduced-cost tobacco products or other similar offers for tobacco and ESD products consistent with the First Amendment and federal law.
3.2.7 Tobacco-free Pharmacies and Health Care Providers: The number of jurisdictions with a policy eliminating the sale and distribution of tobacco products from places where pharmacy and/or other health care services are provided by a licensed health care professional (e.g., hospital, vision screening, blood pressure screening).
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).
3.2.17 No Sale of Tobacco Products: The number of jurisdictions with a policy prohibiting the sale and distribution of any tobacco products or emerging nicotine products not approved by the Food and Drug Administration (FDA) for cessation purposes.

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CORE ASSETS

Social Capital Assets
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.
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.

*These core indicators/assets are in line with California Tobacco Control Program's (CTCP) 2013 Health Equity Summit findings and the Statewide Coordinating Center Policy Platforms that have been identified as the top most promising strategies to reduce tobacco-related disparities and promote health equity in California.

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RECOMMENDED INDICATORS AND ASSETS

The **recommended** indicators and assets for the CX Needs Assessment 2022-2025 Comprehensive Tobacco Control Plan period are as follows:

RECOMMENDED INDICATORS

Limit Tobacco Promoting Influences
1.1.2 Content Neutral Signage Restriction: The number of jurisdictions with a policy restricting or eliminating outdoor window signage or other exterior signage such as hanging signs, wall signs attached to the outside of the building, or sidewalk signs consistent with the First Amendment and federal law.
1.2.4 Tobacco Product Hazardous Waste: The number of jurisdictions with a policy establishing hazardous waste (including household hazardous waste) or hazardous materials (Hazmat) standards on tobacco products, retailers, distributors, or manufacturers that may include, but are not limited to point-of-sale warning sign requirements, application of Hazmat business plan requirements to e-cigarette businesses consistent with Health and Safety Code Chapter 6.95, or policies for schools and other government entities on the management of hazardous waste tobacco products, in a manner consistent with the California Constitution and California law.

Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste, and Other Tobacco Products
2.2.6 Smokefree Outdoor Dining/Bars/Service Areas: The number of jurisdictions with a policy designating the outdoor dining, beverage, and service areas of restaurants, bars, nightclubs, and mobile catering businesses as smokefree.
2.2.10* Smokefree 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, 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).

Reduce the Availability of Tobacco
3.2.20 Removing Exemption(s) Clause(s): The number of jurisdictions with a policy eliminating the sale and distribution of any tobacco product currently exempt from existing policy language (e.g. smokeless tobacco products, menthol products, hookah, etc.).

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RECOMMENDED INDICATORS (cont.)

Promote Tobacco Cessation
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.
4.1.3 Cessation Pharmacotherapy: The extent to which people who use tobacco have barrier-free access to all evidence-based smoking cessation medications, including monotherapy and combination therapies.
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.

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RECOMMENDED ASSET

Cultural Diversity and Cultural Competency
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.

*These recommended indicators/assets are in line with California Tobacco Control Program's (CTCP) 2013 Health Equity Summit findings and the Statewide Coordinating Center Policy Platforms that have been identified as the top most promising strategies to reduce tobacco-related disparities and promote health equity in California.

Attachment: Appendix_5_Core and Recommended Indicators and Assets (RES-2022-619 : Approve California Tobacco Control Program

Appendix 6



Communities of Excellence in Tobacco Control

Communities of Excellence Needs Assessment Guide

California Department of Public Health
California Tobacco Control Program

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Communities of Excellence in Tobacco Control

A Communities of Excellence Needs Assessment Guide

California Department of Public Health
California Tobacco Control Program

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Suggested Citation:
Communities of Excellence in Tobacco Control, A Communities of Excellence Needs Assessment Guide. 2020. Sacramento, CA: California Department of Public Health, California Tobacco Control Program

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Communities of Excellence in Tobacco Control: A Framework for Assessing Community Tobacco Control Needs

Introduction

This manual provides information about the California Tobacco Control Program's (CTCP) social norm change strategy and how the Communities of Excellence (CX) needs assessment framework supports this strategy. It describes the historical context for developing CX, its evolution, and updated tools and instructions for exploring your community's tobacco control-related needs.

The term "tobacco" used in this manual refers to commercial tobacco products. CTCP does not seek to impinge upon the sacred use of traditional or ceremonial tobacco in American Indian communities.

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. Through leadership, experience, and research, CTCP empowers community and statewide grantees and local health agencies to promote health and quality of life by creating social norms that keep tobacco products out of the hands of youth, help tobacco users quit, and ensure that all Californians can live, work, play and learn in tobacco-free environments.

California's approach to protecting the public's health and preventing tobacco-related diseases and illnesses, such as cancer,[1] cardiovascular disease,[2] premature births, sudden infant death syndrome, emphysema, and asthma, 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.

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California's social norm change strategy[3] is a cost-effective and efficient approach because the strategy involves creating population-level changes, such as the adoption of policies, that lead to reduced tobacco use rates;[4] decreased exposure to secondhand smoke, thirdhand smoke and tobacco marketing; and promote tobacco cessation.[5] The social norm change strategy works on the premise that as new people or businesses move into the community, they inherit and adopt the established norms about tobacco use (e.g., no smoking on restaurant patios) and promotion and sale of tobacco (e.g., not being able to sell tobacco products without a license).

Overall, California's social norm change strategy seeks to create an environment where tobacco use becomes less desirable, less acceptable, and less accessible. Through community interventions, the provision of statewide training and technical assistance, and mass media campaigns, CTCP works to achieve social norm changes that add up to a significant decrease in tobacco use at the population level. Community interventions that focus on policy, environmental, and system-level change are the building blocks of social norm change and play a vital role in changing and sustaining social norms.

California's social norm change strategy relies on a comprehensive and cross-cutting population approach. It seeks to create changes that impact every member of the community and social structure to achieve health equity. The social norm change strategy recognizes that people do not live in silos and that community-wide changes impact all the groups in that community, provided that the policies and system changes adopted do not allow for exemptions, which can create inequities.

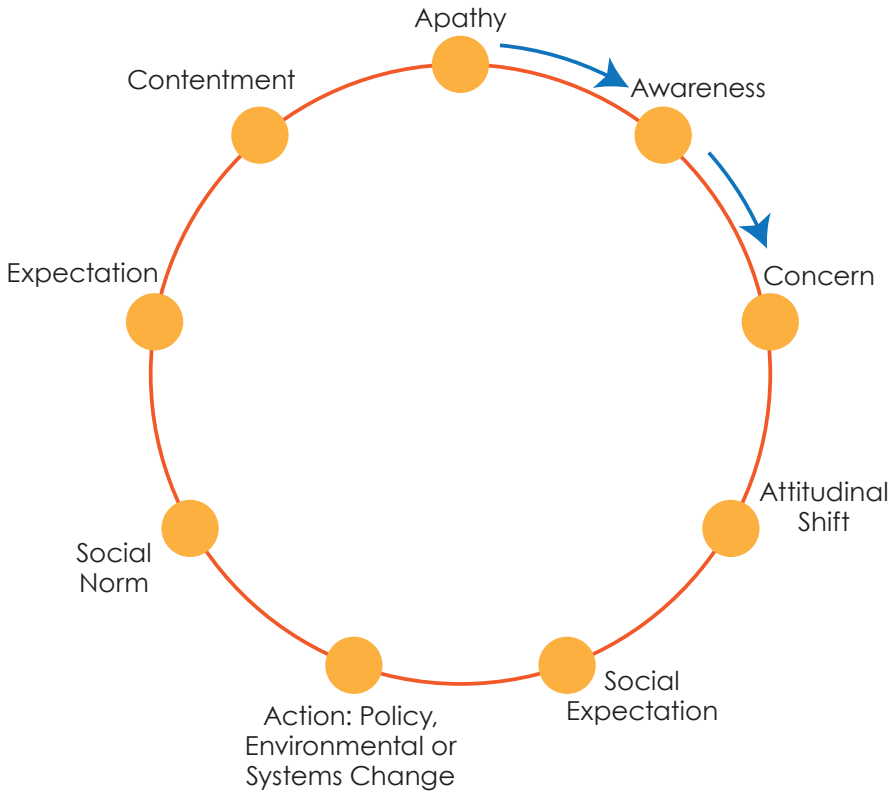
California's social norm change strategy also recognizes that adults are an important audience for education and awareness-raising efforts, as adults exert considerable influence and control over a community's tobacco use norms. It is adults who make decisions to:

- Raise taxes on tobacco products and designate a portion of that revenue for tobacco use prevention and cessation;
- Enact laws to protect the public and workers from exposure to secondhand and thirdhand smoke;
- Dedicate funding for smoking cessation services and other tobacco control efforts;
- Prioritize enforcement of tobacco laws;
- Advocate and vote for policies which protect children from tobacco exposure, protect communities from inequities in tobacco marketing practices, and limit the influence of the tobacco industry;
- Model a tobacco-free lifestyle and social norms to youth and young adults.

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

Figure 1: Social Issue Cycle



The Social Issue Cycle is not static. It is constantly evolving. One example of the Social Issue Cycle in action in California concerns secondhand smoke exposure. When CTCP was launched in 1989, smoking was permissible on airplanes, in hospitals, and in most workplaces. Through statewide media and community interventions, communities became aware and concerned about secondhand smoke exposure in enclosed spaces. This concern led to changes in attitudes about the acceptance of exposure to secondhand smoke, which

created support for policies restricting smoking on airplanes, at worksites and in bars. As local and statewide clean indoor air policies were adopted, the social norm changed and people began to expect smokefree environments. While initially controversial, today there is a wide-spread contentment with clean indoor air policies. In California, the expectation for protection from secondhand smoke exposure has moved to a similar expectation in outdoor settings. This expectation has also launched additional clean air laws in California, including making state-owned beaches and parks smokefree.[6] In addition, numerous sport venues, amusement parks, community trails, fairs and festivals, and even downtown streets now restrict smoking.

Development of CX

What are the requirements for needs assessments and local planning?

In November 1988, California voters approved the Tobacco Tax and Health Promotion Act of 1988 (Proposition 99) which raised the tobacco tax in California by 25 cents and earmarked that 20 percent of the funds collected be allocated to a comprehensive tobacco control program jointly administered by the California Department of Public Health (CDPH) and the California Department of Education.[7] The enabling legislation that established California's comprehensive tobacco control program designated the 61 health departments that serve 58 counties and three cities as Local Lead Agencies (LLAs).[8,9]

Almost three decades after Proposition 99's passage, in November 2016, the voters of California overwhelmingly passed Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016.[10] Proposition 56 increased the state cigarette tax from $0.87 to $2.87 per pack, taking California's ranking from 37th to 9th in the nation for highest cigarette tax. The initiative also increased the tax on other tobacco products, including electronic cigarettes, by an equivalent amount for the first time. With 64.4 percent voting in favor of Proposition 56, Californians sent a strong message of their support to end the tobacco epidemic.[11]

The enabling legislation also requires LLAs to periodically submit a comprehensive tobacco control plan to CDPH and to obtain the involvement of local community organizations in the development of that plan.[9,10] The legislation requires that the plan provide demographic information; local data on smoking and tobacco use; a description of program goals and objectives, target populations, activities, evaluation, and budget cost estimates for program activities; and budget information including staffing configurations

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and computer hardware and software needs. Additionally, local health departments are required to use a uniform data and information management system, which permits comparisons of workload, unit costs, and outcome measurements on a statewide basis.

Why did CTCP develop the CX needs assessment process?

Development of the CX framework was stimulated by several factors. After a decade of funding local tobacco control programs, CTCP believed it was important for local health departments to take a critical look at their communities to determine what had been accomplished and what remained to be done. At this time, two major events occurred; the 1998 Master Settlement Agreement (MSA)[12] and enactment of the 1998 California Children and Families (CCF) Act (Proposition 10)[13] which raised the cigarette excise tax by 50 cents per pack beginning in January 1999. These events had the potential to dramatically alter California's tobacco control landscape with additional funding and new tobacco control partners that may not have previously been involved in tobacco control activities.

Collaboration in the Development of CX

It was within this context of the enactment of the MSA and CCF Act in the late 1990's that CTCP formed a workgroup to design a uniform needs assessment process. The workgroup included representatives from local health departments, networks representing priority populations, regional community linkage projects, community-based organizations, and voluntary health organizations.

The workgroup's efforts were informed by several local, regional, and national activities. Individually, multiple organizations had identified specific tobacco control benchmarks and were using ratings to compare and contrast progress on each. Similarly, the U.S. Centers for Disease Control and Prevention and others were developing community cardiovascular disease prevention indicators.[14]

Simultaneous to CTCP's steps to standardize local tobacco control assessment practices, the American Cancer Society (ACS) embarked on its Communities of Excellence Initiative.[15] This initiative involved development of a comprehensive tobacco control training tool to guide communities through mobilizing a coalition to develop a local tobacco control strategy. Because of the similarities in the work being done by ACS and CTCP, the two efforts were merged. ACS implemented CX in more than 40 states to promote strong comprehensive tobacco control program planning and development. Evaluation of the CX process in both California and across the nation has shown that local programs using the CX process develop better workplans, have a larger

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impact, and more effectively engage local participants in their tobacco control work.[16] CTCP has continued to update, revise, and utilize the CX process to assess and to measure needs, opportunities, and successes across the evolving tobacco control movement in California.[17-22]

CTCP combined the concepts of community engagement, community indicators, and rating systems to develop the CTCP CX needs assessment framework.

The Standardized Framework

Prior to the adoption of the CX framework for needs assessments, each agency that was planning tobacco control work would conduct its needs assessments independently of each other and the state. There was a lack of consistency from one agency to the next in the types of data collected or the way in which the data were coalesced and shared. Thus, the workgroup sought to design a needs assessment which was uniform yet flexible enough for use in diverse communities. This model needed to be accessible and feasible for communities that vary greatly in terms of needs, size, barriers, and capacity.

Goals

The goals for developing the CX needs assessment framework were to:

- Broaden the involvement of the community in local tobacco control planning;
- Standardize the assessment of community needs and assets across all 61 local health departments;
- Ground the development of the comprehensive tobacco control plan in the needs assessment findings and focus the resulting plans on community norm change versus individual behavior change; and
- Strengthen and improve local program evaluation efforts as a result of using a uniform nomenclature and standardized evaluation requirements.

CX Framework: The Four-legged Stool

The resulting CX needs assessment framework consists of a four-legged stool which supports CTCP's overarching social norm change strategy:

1. Community engagement in assessing needs, prioritizing, and planning;
2. Rating community capacity to address social disparities;

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3. Standardized tobacco control indicators and assets; and,
4. Uniform needs assessment tools.

Community Engagement in Assessing Needs, Prioritizing, and Planning

CTCP is motivated by the guiding principle that identifying tobacco problems and their solutions should be a community-led process. When communities participate in identifying the problems, then invest in the solutions during the CX needs assessment process, that ownership will lead to effective implementation and enforcement to the change they choose to create. When people who are impacted by tobacco use and disease are asked to define the problem, CTCP projects provide the expertise to define possible solutions and support the community's ability to reach a solution by providing education, training, collaboration, evaluation, and media resources. That solution is the basis for policy, system, and environmental change issue campaigns. Table 1. *Problems, Solutions, and Issues* provides examples of how problems and their solutions can define the issues communities work on.

Table 1. Problems, Solutions, and Issues

Problem	Solution	Issue
Too many youth can buy tobacco products directly from local retailers	Put a mechanism in place to ensure retailers comply with age-of-sale laws	Tobacco Retail Licensing
Many apartment dwellers report secondhand smoke (SHS) drifting into their homes through walls and windows	Eliminate smoking within a multi-unit housing dwelling and within so many feet of any external doors and windows	Smokefree Multi-unit Housing
Smoking is visible and SHS is encountered in outdoor public spaces, including sidewalks, outdoor dining, parks, and recreational areas	Prohibit smoking in outdoor spaces designated as public places	Comprehensive Secondhand Smoke

When identifying issues, they must be widely felt (many people feel that the issue is important and agree with the solution), deeply felt (people feel strongly enough to do something about the issue), and easy to understand (a good issue does not require lengthy and difficult explanations). The CX process is at the core of measuring how widely your community feels about an issue

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and how deeply they feel the need to pursue that issue, with the community represented at the decision-making table. [23]

CX seeks to engage community members to assess tobacco-related problems using readily available data and identify the solutions that are a best fit for the community at the time of assessment. Community members are necessary at all stages of the CX and plan-writing process, including setting priorities, developing a work plan, and helping to mobilize the community to activate the plan. Engagement of the community is an essential element of the CX framework as it brings together a variety of expertise, influence, and connections. It gives credibility to program efforts since community members were involved in identifying priorities and developing the plan of action. Additionally, community engagement amplifies the program's messages by multiplying the channels through which messages are promoted, increasing the likelihood that target audiences will come into contact with the messages. Through involvement of the community and its leaders, the community is mobilized to address tobacco-related problems as they are experienced at the community level.

At the heart of CX is the idea that communities can achieve excellence in tobacco control by engaging a motivated and diverse group of people to assess where their community is now in terms of tobacco control, determine where it needs to go, and how it will get there.

Local agencies who are leading the CX needs assessment are highly encouraged to develop relationships with and involve groups who are disproportionately affected by tobacco use, exposure to secondhand/thirdhand smoke, and/or who represent the diverse populations and sectors of the community being assessed. These sectors include, but are not limited to health care providers/systems, education, law enforcement, business, housing, tourism, human services, religion, community planning, community activist and volunteer groups, service/fraternal organizations, culture, and the environment. CX is an opportunity to engage individuals and organizations that are impacted by tobacco, but have not previously participated in the efforts of the tobacco control program.

The CX process should provide a variety of ways to engage numerous community members in a process that is both inclusive and equitable. This may include providing opportunities to participate in meetings virtually, providing in-language or translation options, and hosting meetings outside of normal

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working hours. See Table 2. *How to be More Inclusive and Equitable in Community Engagement Efforts* for specific examples of ensuring your community engagement efforts are inclusive and equitable.

Table 2. How to be More Inclusive and Equitable in Community Engagement Efforts

Engagement: How to be…	…More Inclusive	…More Equitable
Provide space for introductions and ice breakers, both in-person and in virtual environments	• Require everyone to speak up early in the gathering through introductions/ice breakers to build investment in the session and CX process and get more comfortable with each other in discussion mode	• Create a "level-set" by ensuring everyone has an opportunity to introduce themselves and identify what experiences or knowledge they bring to the table and can contribute to the assessment process
Host CX partially or entirely online using conference software (e.g. Zoom, Teams, Meet)	• Ensure the length of the meeting suits community member needs and the technology is easy to use, without any added expense to the participants • Overcome geography, location, and/or travel costs that may prevent participation by offering online engagement	• Ensure there are phone-in or in-person options for those without adequate internet connections • Mail materials to those who may not have the ability to print or join online so they can also offer feedback
Use Digital Engagement Tools to Create an Interactive Experience	• Using online tools like Kahoot or Mentimeter to poll your participants on their thoughts and conduct online priority setting • Use Google Docs or digital workspaces like Slack to organize your data packets, notes, and resources for participants to access	• Ensure digital tools are available in multiple languages (if needed); and are accessible by cell phone, if internet access is an issue • Ensure documents, infographics, and reports are ADA compliant for use by people in-person or online

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Shared responsibilities with diverse partners to conduct CX assessment tasks and responsibilities	• Build time into your CX process to provide train-the-trainer trainings, to engage additional partners who can facilitate parts of the conversation and assessment process, so that facilitation is shared	• To ensure issues proposed are assessed equitably, partners representing and/ or connected to populations most impacted by the problem should be at the table and helping to lead the discussion
Provide CX assessment sessions in languages beyond English as needed in your community, with translators and/or sign-language interpreters, when appropriate	• When trying to address health disparities in specific priority populations, conducting the assessments in multiple languages may be necessary	• To ensure issues proposed are assessed equitably, partners representing and/ or connected to populations most impacted by the problem should be at the table and helping to lead the discussion

Rating Community Capacity to Address Social Disparities

CX recognizes that certain populations use tobacco products at a higher rate, experience greater secondhand smoke exposure at work and at home, are disproportionately targeted by the tobacco industry, and/or have higher rates of tobacco-related disease compared to the general population. These populations in California include, but are not limited to:[24]

- African Americans, American Indian and Alaska Natives, Native Hawaiians and Pacific Islanders, Asian American men, Latinx
- People of low socioeconomic status;
- People with limited education, including high school non-completers;
- Sexual and gender minorities, including lesbian, gay, bisexual, transgender, and queer (LGBTQ) people;
- Rural residents;
- Current members of the military and veterans;
- Individuals employed in jobs or occupations not covered by smokefree workplace laws;

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- People with substance use disorders or behavioral health issues;
- People with disabilities; and
- School-age youth.

This leg of the CX stool assesses the use of tobacco-related disparity data in planning and conducting tobacco control interventions; developing a specific plan of action for reducing tobacco-related disparities; collaborating with community efforts that address social determinants of health; multicultural media engagement; and using evaluation tools to capture, understand and communicate social and tobacco-related inequities. To understand and communicate these social and tobacco-related inequities, here is a list of terms and definitions.

Glossary[25]

Term	Definition
Disparity	A disparity is a difference in outcome between population groups. Disparities are not always due to inequities, but can be. An inequity is a difference in outcomes that is unfair and unjust.
Equality	Equality describes circumstances in which each individual or group is given the same or equal treatment, including the same resources, opportunities, and support. However, because different individuals or groups have different histories, needs, and circumstances, they do not have equal positions in society or starting points. Providing the same resources, supports, or treatment does not guarantee that everyone will have fair or equal outcomes.
Equity	Equity recognizes that because different individuals or groups have different histories and circumstances, they have different needs and unequal starting points. Using an equity approach, individuals and groups receive different resources, opportunities, support, or treatment based on their specific needs. By providing what each individual or group needs, they can have equal or fair outcomes.
Health disparity	A health disparity is a difference in physical or mental health status or outcomes between groups. A health equity analysis can help determine whether a health disparity—such as a difference in disease burden—is also a health inequity.

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Inequity	An Inequity is a difference in outcome between population groups that is unfair or unjust. This term is separate from, but related to, the term disparity in that inequities are generally disparities—differences between groups—that are avoidable or warrant moral criticism and condemnation.

Standardized Tobacco Control Indicators and Assets

Indicators

Community indicators represent environmental or community-level measures which ask to what extent a certain condition exists in the community. Indicators are focused at the community, organization, or agency level and are observational in nature. They focus on aspects related to tobacco marketing, promotion and distribution; economic factors, secondhand smoke exposure, the environmental impact of tobacco waste, accessibility of tobacco products, and availability of cessation support.

Example:

Indicator 2.2.13	**Smokefree Multi-Unit Housing**: The number of jurisdictions with a policy prohibiting smoking in the individual units of multi-unit housing including balconies and patios.

Assets

Community assets represent factors that promote and sustain tobacco control efforts in the community by facilitating tobacco control work. They address such things as funding for tobacco control activities, community engagement and inclusivity, capacity building, and cultural competence.

Example:

Asset 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.

Uniform Needs Assessment Tools

The CX needs assessment involves a focused inquiry facilitated by a local agency who engages coalition members, advisory group members and others in rating indicators and assets. The process uses existing local, regional, state,

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and national data, discusses the meaning of that data, and then rates how well the community is doing with respect to an indicator or asset. Quantitative data, qualitative data, and the expertise of community members are taken into consideration and a rubric is used to guide selection of the rating. A consensus rating is recorded on standardized forms along with comments to substantiate the rating. Based on the needs assessment, priorities are identified and a workplan with specific objectives, activities, timelines, responsible parties and evaluation measures is developed.

Evolution of CX

Since CX was introduced in 2001, the indicators and assets are periodically revised to reflect changes in tobacco control priorities and solutions, with new indicators added and existing indicators modified if needed. Indicators that no longer serve community needs are retired. California's tobacco control community participates in this process in the months prior to the release of an updated CX manual. This current manual, published in 2020, serves as an update to the 2016 CX manual.

With the availability of additional funding for tobacco control in California through community grants, CX also provides a useful framework for local health jurisdictions to help plan and guide the work being done in order to ensure it meets community needs and priorities. LLAs are encouraged to share CX results with community members and organizations who may apply for new funding opportunities, in order to ensure that all communities and populations are reached, and that there is not a duplication of work.

Conclusion

Since the inception of the CX needs assessment framework in the late 1990s, CTCP has sought to keep the process relevant by regularly updating the CX indicators and assets. CTCP believes that the resulting revisions provide a needs assessment framework that is highly relevant to today's environment and that these tools will help make major progress in reducing tobacco-related disparities.

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2020 Communities of Excellence Indicators and Assets List

Communities of Excellence Indicators

The term "tobacco" used in this list refers to commercial tobacco products. CTCP does not seek to impinge upon the sacred use of traditional or ceremonial tobacco in American Indian communities.

Priority Area: Limit Tobacco Promoting Influences (1) Tobacco Marketing and Deglamorization Indicators (.1)	
Definition: These indicators address: 1) advertising and marketing tactics used to promote the use of tobacco products including electronic smoking devices (ESD), 2) the glamorization of tobacco (including ESD) through entertainment and social media venues, 3) the public image of tobacco (including ESD) companies, and 4) other environmental factors and industry influences that promote or decrease tobacco product use (including ESD). ESD includes heated tobacco products. Outcome objectives based on these indicators may address the continuum of policy change and compliance including voluntary or legislated policy change, resolutions, policy implementation, or promotion of enforcement/ compliance, as appropriate to the indicator (e.g., for some indicators a voluntary policy may be the only legally viable option).	
1.1.1	**Store Interior Marketing**: The number of jurisdictions with a policy restricting or eliminating time, place, and manner, in-store tobacco product advertising, promotions, or product displays (e.g., "power walls") consistent with the First Amendment and federal law.
1.1.2	**Content Neutral Signage Restriction**: The number of jurisdictions with a policy restricting or eliminating outdoor window signage or other exterior signage such as hanging signs, wall signs attached to the outside of the building, or sidewalk signs consistent with the First Amendment and federal law.
1.1.3	**Media Outlet Advertising Policies**: The proportion of print and digital media outlets (e.g., magazines, newspapers, social media) that have adopted a voluntary policy to refuse tobacco product advertising.

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Priority Area: Limit Tobacco Promoting Influences (1) Tobacco Marketing and Deglamorization Indicators (.1)	
1.1.4	Retired
1.1.5	**Enforcement of the Master Settlement Agreement (MSA)/Smokeless Tobacco Master Settlement Agreement (STMSA)/Federal Tobacco Marketing Restrictions**: The number and type of violations by tobacco manufacturers or retailers for advertising, sponsorship, promotional, or other marketing requirements identified in the MSA, STMSA, or federal law.
1.1.6	**Sponsorship**: The number of jurisdictions with a policy restricting or eliminating time, place, and manner of tobacco company sponsorship and marketing at public, entertainment, and sporting venues (e.g., county fair, rodeo, motor sports, sporting events, parade, concert, museum, dance, festival, business forum) consistent with the First Amendment and federal law.
1.1.7	**Adult-Only Facility Marketing**: The number of jurisdictions with a policy restricting or eliminating time, place, and manner of tobacco product marketing and sponsorship at adult-only facilities (e.g., bars and night clubs) consistent with the First Amendment and federal law.
1.1.8	**College/Trade School Marketing**: The number of colleges, universities, trade/technical schools with a policy restricting or eliminating tobacco company product marketing and sponsorship consistent with the First Amendment and federal law.
1.1.9	**Corporate Giving**: The number of professional groups, community groups, and institutions (e.g., education, research, public health, women's, cultural, entertainment, fraternity/sorority groups, social service) with a voluntary policy that prohibits partnering with and acceptance of funds from both tobacco and ESD companies for any purpose.
1.1.10	**Political Contributions**: The number of elected officials or political caucuses that have signed a voluntary pledge to refuse tobacco and ESD company contributions.
1.1.11	**Smoking in the Movies**: The number of elected officials, parent organizations, health groups, entertainment entities or other groups that have adopted resolutions and voluntary policies that support: 1) an "R" rating for movies that depict smoking, 2) certifying no payments for depicting tobacco use, 3) an end to the depiction of tobacco brands, 4) requiring the placement of strong anti-smoking ads prior to airing any film with any tobacco presence, and 5) limiting government supported movie subsidies to tobacco-free movies.

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Priority Area: Limit Tobacco Promoting Influences (1) Tobacco Marketing and Deglamorization Indicators (.1)	
1.1.12	**Candy Tobacco Look-Alike Products**: The number of jurisdictions with a policy eliminating the sale of edible products packaged to resemble tobacco products (e.g., candy cigarettes, bubble gum cigars, chewing gum).
1.1.13	**Anti-Industry Media Coverage**: The number and quality of news media stories, blogs, or social media efforts highlighting the harmful impact of tobacco and ESD industry practices and/or political lobbying on health and/or the environment.
1.1.14	Retired
1.1.15	Retired
1.1.16	Retired
1.1.17	**Anti-tobacco Advertising Placement**: The number of jurisdictions covered by a public policy that mandates a 1:1 or 3:1 placement of anti-tobacco advertising in prime retail locations to counter pro-tobacco and ESD advertisements, buydowns or other promotional offers consistent with the First Amendment and federal law.
1.1.18	Retired
1.1.19	**Point-of-Sale Graphic Health Warning Signs About Tobacco Use**: The number of jurisdictions with a policy requiring tobacco retailers to display graphic health warning signs that raise awareness about risks of tobacco use consistent with the First Amendment and federal law.
1.1.20	**Search Engine Promotion of Smokefree and Tobacco-free Environments**: The number of online publications and online databases with search engines that include smokefree and/or tobacco-free categories among search selections/features for businesses to select and promote to the organization's target audience.

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Priority Area: Limit Tobacco Promoting Influences (1) Economic Indicators (.2)	
Definition: These indicators address financial incentives and disincentives to reduce tobacco and/or ESD industry influences, and promote non-tobacco use norms. ESD includes heated tobacco products. Outcome objectives based on these indicators may address the continuum of policy change and compliance including voluntary or legislated policy change, resolutions, policy implementation, or promotion of enforcement/ compliance, as appropriate to the indicator (e.g., for some indicators a voluntary policy may be the only legally viable option).	
1.2.1	**Divestment of Stocks**: The number of public (e.g., county, city or tribal government, public university) and private institutions (e.g., union, private university) with a policy divesting and prohibiting reinvestment in tobacco or ESD stock.
1.2.2	**Health Insurance Discounts for Non-tobacco Users**: The number of public and private employers that offer discounted health insurance premiums to non-tobacco users.
1.2.3	Retired
1.2.4	**Tobacco Product Hazardous Waste**: The number of jurisdictions with a policy establishing hazardous waste (including household hazardous waste) or hazardous materials (Hazmat) standards on tobacco products, retailers, distributors, or manufacturers that may include, but are not limited to point-of-sale warning sign requirements, application of Hazmat business plan requirements to e-cigarette businesses consistent with Health and Safety Code Chapter 6.95, or policies for schools and other government entities on the management of hazardous waste tobacco products, in a manner consistent with the California Constitution and California law.
1.2.5	**Conflict of Interest**: The number of public (e.g., county, city or tribal government, public university) or privately funded agencies with a voluntary policy or contract language prohibiting awardees from accepting funding from tobacco, ESD, and cannabis companies during the grant/contract period.
1.2.6	Retired
1.2.7	Retired

Priority Area: Limit Tobacco Promoting Influences (1) Economic Indicators (.2)	
1.2.8	**Healthy Community Incentives**: The number of jurisdictions offering incentives in the form of financial aid, tax credits, a lower local tobacco retail license fee, technical assistance (e.g., business planning) or other tangible goods and services in exchange for adopting meaningful and sustainable health promoting practices (e.g., healthy retail programs, building smokefree multi-unit housing) that support tobacco free living and non-nicotine dependence.
1.2.9	**American Indian Commercial Tobacco Excise Tax**: The number of American Indian tribal governments with a tribal excise tax on commercial tobacco products designating a portion of the revenue for a comprehensive tobacco control program to prevent and reduce commercial tobacco use. Note: This indicator is tribal government specific as tribal governments are sovereign nations and have authority to enact tobacco taxes or enter into agreements with the State to collect state tobacco taxes.
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.

Priority Area: Limit Tobacco Promoting Influences (1) School and Community-based Prevention Indicators (.3)	
Definition: These indicators address the availability and provision of tobacco use prevention education that impacts youths in school and youth-serving programs, such as the Scouts or 4-H.	
1.3.1	Retired
1.3.2	Retired
1.3.3	Retired
1.3.4	Retired

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Priority Area: Limit Tobacco Promoting Influences (1) Physical Environment Indicators (.4)	
Definition: These indicators address the integration of tobacco-free living elements into community planning, economic development, and redevelopment. See Tobacco Control Planning Assets (4).	
1.4.1	Retired
1.4.2	Retired
1.4.3	Retired

Priority Area: Limit Tobacco Promoting Influences (1) Global Movement Indicators (.5)	
Definition: These indicators address countering the national and international promotion and distribution of tobacco and ESD products, including in other states and countries. ESD includes heated tobacco products. Outcome objectives based on these indicators may address the continuum of policy change and compliance including voluntary or legislated policy change, resolutions, policy implementation, or promotion of enforcement/ compliance as appropriate for the indicator (e.g., for some indicators a voluntary policy may be the only legally viable option).	
1.5.1	**International Marketing Accountability**: The number of local resolutions in support of policies to hold U.S. tobacco companies accountable for consistent marketing and product distribution standards across their U.S. and international business operations.
1.5.2	Retired
1.5.3	Retired
1.5.4	Retired
1.5.5	**Global Governance for Tobacco Control**: The extent to which global governance mechanisms on tobacco, health, racial discrimination, human rights, economics and social justice are strategically used to promote a culture of health and decrease the marketing, availability, and use of tobacco products, especially among populations where tobacco use prevalence remains high.

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Priority Area: Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste, and Other Tobacco Products (2) Policy Indicators (.2)	
Definition: These indicators address the impact of tobacco, ESD, and cannabis use on people, other living organisms, and the physical environment resulting from exposure to: 1) secondhand smoke emissions from combustibles and aerosols, 2) tobacco smoke residue, 3) tobacco waste, and 4) tobacco products. ESD includes heated tobacco products. Outcome objectives based on these indicators may address the continuum of policy change and compliance including voluntary or legislated policy change, resolutions, policy implementation, or promotion of enforcement/ compliance as appropriate for the indicator (e.g., for some indicators a voluntary policy may be the only legally viable option).	
2.2.1	**Household Smoking**: The proportion of households with a voluntary policy that does not allow smoking in the home (e.g., single dwelling house, mobile home, apartment, condominium, boat).
2.2.2	Retired
2.2.3	**American Indian Smokefree Worksites (Non-Gaming Worksites)**: The number of American Indian tribal governments with a policy eliminating smoking of commercial tobacco products within indoor worksites on tribal lands, not including casino/leisure complexes. Note: This indicator is not intended to apply to ceremonial, religious or sacred use of tobacco products.
2.2.4	**Labor Code Section 6404.5 Exemptions**: The number of jurisdictions with a policy eliminating indoor worksite smoking in those areas that are exempted by the state smokefree workplace law (e.g., tobacco shops and private smokers' lounges, 20 percent of hotel guest rooms, cabs of motor trucks or tractor trucks, theatrical production sites, and long-term health care facilities).
2.2.5	Retired
2.2.6	**Smokefree Outdoor Dining/Bars/Service Areas**: The number of jurisdictions with a policy designating the outdoor dining, beverage, and service areas of restaurants, bars, nightclubs, and mobile catering businesses as smokefree.

Priority Area: Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste, and Other Tobacco Products (2) Policy Indicators (.2)	
2.2.7	**Smokefree Outdoor Worksites**: The number of jurisdictions with a policy designating outdoor worksite premises as smokefree (e.g., agricultural worksites, construction sites, logging operations, fishing operations). Note: Do not use this indicator for the following types of worksites: outdoor dining areas (2.2.6), non-recreational outdoor public areas (2.2.9), health care campuses (2.2.10), outdoor recreational areas (2.2.16), K-12 schools (2.2.17), and faith community campuses (2.2.20).
2.2.8	**Smokefree Entryways**: The number of jurisdictions with a policy eliminating smoking within 20 feet or more of all entryways, windows, vents, and openings of public and private worksites.
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). Note: Do not use this indicator, if the outdoor non-recreational public area is one of the following areas: health care campus (2.2.10), K-12 school (2.2.17), and faith community campus (2.2.20).
2.2.10	**Smokefree 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, 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).
2.2.11	Retired
2.2.12	Retired
2.2.13	**Smokefree Multi-Unit Housing**: The number of jurisdictions with a policy prohibiting smoking in the individual units of multi-unit housing including balconies and patios.
2.2.14	Retired

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Priority Area: Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste, and Other Tobacco Products (2) Policy Indicators (.2)	
2.2.15	Retired
2.2.16	**Smokefree Outdoor Recreational Areas**: The number of jurisdictions with a policy eliminating smoking on the premises of outdoor recreational facilities and venues including their parking lots, (e.g., amusement parks, beaches, fairgrounds, parks, parades, piers, playgrounds, sporting venues, tot lots, zoos).
2.2.17	**Tobacco-free Schools**: The number of public and private kindergarten, elementary, middle, high schools, including charter schools that designate their campuses and school-sponsored events on or off school property as tobacco-free inside and outside at all times.
2.2.18	**Smokefree Licensed Home Childcare and Foster Homes**: The number of jurisdictions with a policy eliminating smoking on the premises of licensed home childcare and foster homes, inside and outside, at all times.
2.2.19	Retired
2.2.20	**Smokefree Faith Community Campuses**: The number of faith community organizations (e.g., churches, synagogues, mosques, temples) with a voluntary policy designating outdoor areas as smokefree except when tobacco is used for ceremonial or religious purposes.
2.2.21	Retired
2.2.22	Retired
2.2.23	Retired
2.2.24	**Secondhand Smoke Designated as a Nuisance**: The number of jurisdictions with a policy declaring exposure to secondhand smoke as a nuisance.
2.2.25	**American Indian Smokefree Gaming**: The number of American Indian/tribal owned casino/leisure complexes with a policy eliminating smoking of commercial tobacco products within all indoor areas of casino/leisure complexes. Note: This indicator is not intended to apply to ceremonial, religious or sacred use of tobacco products.
2.2.26	Retired

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Priority Area: Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste, and Other Tobacco Products (2) Policy Indicators (.2)	
2.2.27	Retired
2.2.28	Retired
2.2.29	**Eliminate Tobacco Product Sales to Address Tobacco Waste**: The number of jurisdictions with a policy that eliminates the sale and distribution of classes of tobacco products, or product packaging, that demonstrably contribute to tobacco product pollution, create single-use plastic waste, or create e-waste, including but not limited to: cigarette filters, cigarette pack waste, plastic cigar tips, cigar packaging sleeves, chew canisters, single use electronic cigarettes, and single use nicotine cartridges.
2.2.30	Retired
2.2.31	Retired
2.2.32	**Smokefree Multi-Unit Housing Incentives**: The number of jurisdictions that implement a program offering incentives to encourage private adoption of smokefree multi-unit housing through such means as tax incentives (e.g., income tax credit, property tax credit), technical assistance/signage assistance/free advertising) that includes a formal application review and monitoring process.
2.2.33	**Smoking and Tobacco Products Definition**: The number of jurisdictions with a policy defining "smoking" to include the burning or heating of tobacco products, other plant products, other natural or synthetic products and defining "tobacco products" to include cigarettes, smokeless tobacco, cigars, pipe tobacco, hookah tobacco, and any product containing nicotine or any product used to introduce nicotine into the body, including but not limited to such things as dissolvable tobacco products and any ESD, whether or not it delivers nicotine, but excluding products specifically approved by the FDA for use in treating nicotine or tobacco dependence. ESDs do not include any battery or battery charger when sold separately.
2.2.34	**Tobacco Product Waste Designated as a Nuisance**: The number of jurisdictions with a policy declaring exposure to or accumulation of tobacco waste as a nuisance for which tobacco businesses or property owners bear responsibility.

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Priority Area: Reduce Exposure to Secondhand Smoke, Tobacco Smoke Residue, Tobacco Waste, and Other Tobacco Products (2) Policy Indicators (.2)	
2.2.35	**Smokefree Outdoor Public Places**: The number of jurisdictions with a comprehensive policy eliminating smoking in outdoor recreational and non-recreational public places (including beaches, parks, sidewalks, dining, entryways, worksites, event sites, bike lanes/paths, alleys, and parking structures) without designated smoking areas or distances.

Priority Area: Reduce the Availability of Tobacco (3) Policy Indicators (.2)	
Definition: These indicators address the sale, distribution, sampling, or furnishing of tobacco products and ESD. ESD includes heated tobacco products. Outcome objectives based on these indicators may address the continuum of policy change and compliance including voluntary or legislated policy change, resolutions, policy implementation, or promotion of enforcement/ compliance as appropriate for the indicator (e.g., for some indicators a voluntary policy may be the only legally viable option).	
3.2.1	**Tobacco Retail Licensing**: The number of jurisdictions with a policy requiring retailers that sell, give, or furnish tobacco products to be licensed, designate a portion of the license fee for enforcement, prohibit police harassment of persons who purchase, use or possess tobacco, and exclude any provision that criminalizes a person for the purchase, use, or possession of tobacco products.
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.
3.2.3	**Self Service Displays**: The number of jurisdictions with a policy prohibiting the sale of tobacco products through self-service displays and requiring them to be in a locked or covered case.

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Priority Area: Reduce the Availability of Tobacco (3) Policy Indicators (.2)	
3.2.4	**Tobacco Industry Sampling, Coupons/Discounts/Gifts**: The number of jurisdictions with a policy restricting the redemption of coupons, coupon offers, gift certificates, gift card rebate offers, loyalty and discount programs, buy-downs, multi-pack offers, and retail-value added promotions for free, low-cost, or reduced-cost tobacco products or other similar offers for tobacco and ESD products consistent with the First Amendment and federal law.
3.2.5	Retired
3.2.6	Retired
3.2.7	**Tobacco-free Pharmacies and Health Care Providers**: The number of jurisdictions with a policy eliminating the sale and distribution of tobacco products from places where pharmacy and/or other health care services are provided by a licensed health care professional (e.g., hospital, vision screening, blood pressure screening).
3.2.8	Retired
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).
3.2.10	Retired
3.2.11	Retired
3.2.12	Retired
3.2.13	Retired
3.2.14	**Healthy Retail Standards**: The number of jurisdictions with healthy retail standards to decrease the availability of tobacco marketing and products and increase the availability and marketing of products that promote and protect health including healthy foods and beverages, condoms, and vaccines.
3.2.15	Retired

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Priority Area: Reduce the Availability of Tobacco (3) Policy Indicators (.2)	
3.2.16	**American Indian Tobacco 21**: The number of American Indian tribal governments implementing a policy for the legal minimum age of commercial tobacco sales on tribal lands to be 21 years of age. (Note: this indicator is implementation only due to Federal age of tobacco sale and is tribal government specific as tribal governments are sovereign nations and have authority to implement and enforce age of tobacco sale laws.)
3.2.17	**No Sale of Tobacco Products**: The number of jurisdictions with a policy prohibiting the sale and distribution of any tobacco products or emerging nicotine products not approved by the Food and Drug Administration (FDA) for cessation purposes
3.2.18	**Tobacco Only Store Sales**: The number of jurisdictions with a policy restricting the sale of all tobacco products to tobacco-only stores.
3.2.19	**Adult Only Venue Tobacco Sales**: The number of jurisdictions with a policy restricting the sale of tobacco products to adult-only venues not accessible to persons under 21 years of age.
3.2.20	**Removing Exemption(s) Clause(s)**: The number of jurisdictions with a policy eliminating the sale and distribution of any tobacco product currently exempt from existing policy language (e.g. smokeless tobacco products, menthol products, hookah, etc.).

Priority Area: Reduce the Availability of Tobacco (3) Behavior Indicators (.3)	
Definition: These indicators address the sale, distribution, sampling, or furnishing of tobacco products and other nicotine containing products that are not specifically approved by the FDA as a treatment for nicotine or tobacco dependence (e.g., social sources of tobacco, shoulder tapping).	
3.3.1	Retired

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Priority Area: Promote Tobacco Cessation (4) Cessation Service Indicators (.1)	
Definition: These indicators address the direct provision of culturally, linguistically, and age appropriate cessation services and cessation pharmacotherapy access.	
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.
4.1.2	Retired
4.1.3	**Cessation Pharmacotherapy**: The extent to which people who use tobacco have barrier-free access to all evidence-based smoking cessation medications, including monotherapy and combination therapies.
4.1.4	Retired

Priority Area: Promote Tobacco Cessation (4) Policy Indicators (.2)	
Definition: These indicators address the availability of behavior modification and cessation pharmacotherapy services provided through health care plans, the health care system, and employers.	
4.2.1	**Health Insurance Coverage for Cessation Benefits**: The number of health plans providing comprehensive coverage of nicotine dependence treatment with no barriers to behavioral health counseling and cessation pharmacotherapy, consistent with the U.S. Public Health Service Clinical Practice Guidelines, Treating Tobacco Use and Dependence (2015 Update).
4.2.2	Retired
4.2.3	Retired
4.2.4	Retired
4.2.5	Retired
4.2.6	Retired
4.2.7	**Bi-Directional Electronic Medical Referral to the Quitline**: The number of health care practices and systems that have implemented bi-directional tobacco use treatment referral to the California Smokers' Helpline.

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Priority Area: Promote Tobacco Cessation (4) Policy Indicators (.2)	
4.2.8	**Nicotine Addiction Treatment Incorporated into Health Care Professional Curricula**: The number of medical, nursing, dental, pharmacy, and other allied health professional schools or local societies that provide curricula on tobacco cessation and policy issues, such as: assessment and treatment for nicotine or tobacco dependence, the history of the tobacco epidemic, and/or the role of the tobacco industry as a social determinant of health.
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.

Tobacco Control Funding Assets (1)	
Definition: These assets address the availability of funding to support tobacco control efforts.	
1.1	**Tobacco Control Funding**: The local jurisdiction's annual per capita funding dedicated to tobacco control for both community and school programs, from various sources, including tobacco taxes (e.g., Propositions 99, 10, 56), Master Settlement Agreement, and other public or private sources is $6.54 to $9.15, consistent with the Centers for Disease Control and Prevention Best Practices, 2014 recommendations for California.
1.2	**MSA Funding**: The amount of MSA funds that are appropriated for the purpose of tobacco control activities.
1.3	**Proposition 10 Funding**: The amount of local Proposition 10 funds that are appropriated for cessation and secondhand smoke education targeting pregnant women and families with young children.
1.4	Retired

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Social Capital Assets (2)	
Definition: These assets address the extent to which people and organizations work collaboratively in an atmosphere of trust to accomplish goals of mutual interest.	
2.1	**Training and Skill Building**: The extent our program provides technical assistance and support to diverse community groups to enable them to effectively engage in tobacco control activities and activities to reduce tobacco-related social determinants of health.
2.2	**Coalition/Advisory Committee Satisfaction**: The degree coalition/ advisory committee members are satisfied with group functioning, ability to recruit and engage diverse partners, and member involvement in intervention activities that focus on policy, system, and environmental change.
2.3	**Key Opinion Leader Support**: The extent of support among local key opinion leaders for tobacco related community norm change strategies.
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.
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.
2.6	Retired
2.7	Retired

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Cultural Diversity and Cultural Competency (3)	
Definition: These assets address behaviors, attitudes, and policies that enable effective work in cross-cultural situations within the work environment and community. Culture refers to patterns of human behavior that include the languages, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, sexual orientation and gender identity, or social groups. Competency refers to having the capacity to function effectively as an individual or organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and the community.	
3.1	**Coalition/Advisory Committee Diversity**: The degree our program engages a coalition or advisory committee in designing and implementing tobacco control activities that includes diversity across race/ethnicity, culture, sexual orientation and gender identity, geography, and non-traditional partners (e.g., housing, employee development, law enforcement, parks and recreation, environmental groups).
3.2	Retired
3.3	**Cultural Competence Assessment**: The degree our program conducts organizational cultural competence assessments
3.4	**Tailored Educational and Outreach Materials**: The degree our program makes culturally appropriate educational, outreach and media materials easily available and appropriate for the languages and literacy levels of commonly encountered groups in the service area.
3.5	Retired
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.
3.7	Retired

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Tobacco Control Planning Assets (4)	
Definition: These assets address participating in or leading community planning processes to integrate tobacco use prevention and reduction strategies and/or development of a focused time-limited strategic plan to address an evolving or emerging tobacco-related issue.	
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.
4.2	**Affordable Care Act Community Health Needs Assessment Participation**: The number of local tobacco control advocates who actively participate in the Community Health Needs Assessment, which is required to be conducted by non-profit hospitals every three years pursuant to the Affordable Care Act*, for the purpose of promoting the inclusion of indicators and interventions that support tobacco-free living (e.g., physical environment and housing improvements, economic development, community support, leadership development, coalition development, community health improvement and advocacy, workforce development, other community development activities to build health and safety). *SEC. 9097: Additional Requirements for Charitable Hospitals and as defined in Internal Revenue Service, Schedule H instructions (Form 990), 2011.

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Social Disparities Capacity Assessment Instructions

Background

CTCP has successfully reduced the smoking prevalence of Californians across all demographic groups. However, large differences in smoking prevalence persist among population groups by race/ethnicity, sexual orientation and gender identity, socioeconomic status, educational attainment, occupation, geography, and behavioral health conditions. People in these groups represent, "priority populations" who have higher rates of tobacco use than the general population, experience greater secondhand smoke exposure at work and at home, are more targeted by the tobacco industry, and/or have higher rates of tobacco-related disease compared to the general population. As a result, they suffer disproportionately from tobacco-related death and disease also known as tobacco-related disparities. CTCP is committed to accelerating the rate of change in priority population groups disproportionately impacted by tobacco use and secondhand smoke exposure, and to eliminating tobacco-related disparities.

The CX planning framework helps agencies to systematically assess their communities and then to design tobacco control plans that focus on substantive, long-lasting social norm change in order to reduce tobacco use and exposure to secondhand smoke. To reduce tobacco-related disparities, it is vitally important that tobacco control interventions reach the populations most impacted by tobacco use. Current social norms in California which exacerbate tobacco-related health disparities include: a lack of tobacco-free policies in alternative settings such as hospitals, skilled nursing facilities, and behavioral health facilities; permissive smoking policies within tribal gaming facilities and worksites; a lack of full health insurance coverage for tobacco cessation counseling and pharmaceutical support; tobacco pricing policies that support ready access to low-cost cigarettes and other tobacco products; aggressive marketing of flavored tobacco products, including menthol; and saturation of environments with tobacco marketing, particularly in low-income and African American neighborhoods.

Addressing these and other social norms which promote tobacco use requires that we engage priority population communities in a manner that is effective and relevant. Doing so requires becoming familiar with these communities, including their specific cultural, linguistic, and social characteristics. It

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also requires developing an understanding of strategies for addressing the interconnectedness between tobacco use and other social and environmental issues. The Social Disparities Capacity Assessment is designed to help agencies: 1) review how tobacco use impacts priority populations in their community, 2) identify program strengths which can be leveraged, and 3) identify weaknesses that can be improved through the addition of scope of work activities that reach out to and engage priority population groups in an effective and culturally relevant manner.

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1. **Community Area(s) Assessed**: Identify the community name(s) that best reflects the geographical area assessed. In general, county health departments should use a countywide perspective and city health departments should use a citywide perspective. However, there may be times when it is appropriate to use a different frame of reference for the assessment.

   OTIS: In OTIS there are four types of drop-down menus for communities: 1) countywide, 2) incorporated cities, 3) unincorporated communities, and 4) American Indian tribal lands.

2. **Completion Date**: Identify the month, day, and year your agency completed the Social Disparities Capacity Assessment.

   OTIS: A calendar is provided in OTIS to select the date.

3. **Data Sources, References, and Citations**: Use local, regional, state, and/or national data to assess the item. List the title and year of data sources used in the assessment. Qualitative data sources, such as key informant interviews, focus group findings, and completer discussions are acceptable data sources.

   OTIS: A drop-down menu of common data sources is in OTIS, but you are encouraged to identify additional local data or other references and citations.

4. **Who completed the assessment?** List the coalition name, organization names, and/or the names of individuals who reviewed data, discussed, and completed the Social Disparities Capacity Assessment.

   Record Keeping: For audit and record keeping purposes, it is recommended that you maintain a file with the data documents used to complete the Social Disparities Capacity Assessment along with the completed worksheet. Do not submit these documents to CTCP.

Social Disparities Capacity Rating - Worksheet A

Purpose: The Social Disparities Capacity Assessment should be used to: 1) inform how you are reaching priority populations in your tobacco control work, 2) identify strengths you can leverage in scope of work activities to address tobacco-related disparities, and 3) identify weaknesses that can be improved through the addition of scope of work activities that reach out to and engage priority population groups in an effective and culturally relevant manner.

1. **Assessment and Rating Process**: The Social Disparities Capacity Assessment should be based on your completers' knowledge of Social Disparities within your community and a discussion of relevant quantitative and qualitative data reviewed. Refer to the Social Disparities Capacity Rating Rubric to help guide the discussion. In addition to completing the rating for each item on the worksheet, you will write a brief narrative summary (limited to 500 words) which describes the program's overall strengths and weaknesses in relation to the five items that make up the Social Disparities Capacity Assessment.

2. **Social Disparities Capacity Assessment Measure**: The Social Disparities Capacity Measure is composed of five areas: 1) Tobacco-related Data Profile, 2) Tobacco Disparity Strategic Plan, 3) Social Determinants of Health Considerations, 4) Media Engagement, and 5) Evaluation Inclusion.

3. **Rating Scale**: Each item is rated on a six-point (0 to 5) Likert scale of *Strongly Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, and Strongly Agree*. Check the most appropriate rating in response to each item.

4. **Rating Rubric**: The Social Disparities Capacity Rating Rubric provides a general description for each item on the Likert scale. Refer to it to help you select the most appropriate rating for each of the 5 items on the Social Disparities Capacity Rating Worksheet.

5. **Capacity to Address Social Disparities Score**: To facilitate comparisons, the ratings given to each item on the Social Disparities Capacity Assessment will be converted into a "score."

   OTIS: OTIS will automatically calculate the Social Disparities Capacity Assessment score once the data are entered and saved.

   If not using OTIS: To manually calculate the Social Disparities Capacity Assessment Score use the formula provided at the bottom of the Worksheet

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A, Box A-1.
- Sum the individual ratings.
- Multiply the results by 100 and divide the sum by the total possible score (25)
- Display the score as a percentage.

Example: If the rating for the Social Disparities items totaled 20, the score would be
20 × (100/25) = 80 percent.

6. **Narrative Summary**: Complete the Social Disparities Capacity Assessment Narrative Summary (limited to 500 words) to describe the program's strengths and weaknesses in relation to the five items assessed above. Make sure that the description helps to substantiate the rating given to each of the five items.

7. **CX Needs Assessment Overview Report-Worksheet I**: Transfer the individual ratings and score from the Social Disparities Capacity Assessment to Worksheet I to manually create a report that summarizes your assessment conclusions.

   OTIS: This report will be created automatically in OTIS once data from the Social Disparities Capacity Rating Worksheet are entered and saved in OTIS.

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Community Area(s) Assessed:

Social Disparities Capacity Assessment Completion Date:

Which quantitative and qualitative data sources, references, and citations were used to complete the Social Disparities Capacity Assessment ratings? (Title and Year)

Who was engaged in discussing and completing the Social Disparities Capacity Assessment rating? (List the coalition name, organizational names, and/or the names of individuals.)

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Social Disparities Capacity Assessment Rating-Worksheet A

Instructions: Please indicate your level of agreement with each of the 5 items below.

Social Disparities Question	Strongly Disagree (0)	Somewhat Disagree (1)	Neither Agree nor Disagree (2)	Somewhat Agree (3)	Agree (4)	Strongly Agree (5)
1. **Tobacco-related Data Profile**. Our tobacco control program maintains a current demographic and epidemiological profile of the community to prioritize, plan, and implement activities to reduce tobacco-related health disparities in a culturally and linguistically appropriate manner.	☐	☐	☐	☐	☐	☐
2. **Tobacco Disparity Strategic Plan**. Our tobacco control program has a written strategic plan that outlines a vision, clear objectives and strategies to reduce tobacco-related disparities in a culturally and linguistically appropriate manner within the service area.	☐	☐	☐	☐	☐	☐

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Social Disparities Question	Strongly Disagree (0)	Somewhat Disagree (1)	Neither Agree nor Disagree (2)	Somewhat Agree (3)	Agree (4)	Strongly Agree (5)
3. Social Determinants of Health Considerations (SDOH). Our tobacco control program collaborates with community programs that address the following SDOH factors that may contribute to tobacco-related health disparities: • Availability of quality housing • Community safety and violence prevention • Recreation opportunities, parks and open space • Land use and community planning • Quality public education • Community economic development (e.g., job creation, business development) • Racial/social injustice • Arts and culture • Transportation planning and availability • Environmental justice • Food security • Early childhood development and education • Youth development and leadership	☐	☐	☐	☐	☐	☐

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Social Disparities Question	Strongly Disagree (0)	Somewhat Disagree (1)	Neither Agree nor Disagree (2)	Somewhat Agree (3)	Agree (4)	Strongly Agree (5)
4. Media Engagement.* Our tobacco control program regularly works with multicultural media through traditional and social media channels to raise awareness about the impact of tobacco use on diverse populations in our service area. *Media Engagement includes both paid and earned media.	☐	☐	☐	☐	☐	☐
5. Evaluation Inclusion. Our tobacco control program routinely collects data that can be used to communicate and understand social inequities in health including using methods such as Photovoice, digital storytelling, key informant interviews, focus groups, listening sessions, and demographics analysis.	☐	☐	☐	☐	☐	☐

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Box A- 1

Social Disparities Capacity Assessment Score:	Add lines 1 through 5		x	$\frac{100}{25}$	=	%

Social Disparities Capacity Assessment Narrative Summary: Overall, describe the program's strengths and weaknesses in relation to the 5 items assessed (limited to 500 words).

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Social Disparities Capacity Assessment Rating Rubric

Worksheet A

Social Disparities Question	Strongly Disagree 0	Somewhat Disagree 1	Neither Agree nor Disagree 2	Somewhat Agree 3	Agree 4	Strongly Agree 5
1. **Tobacco-related Data Profile.** Our tobacco control program maintains a current demographic and epidemiological profile of the community to prioritize, plan, and implement activities to reduce tobacco-related health disparities in a culturally and linguistically appropriate manner.	Our tobacco control program **never reviews or uses** demographic and epidemiological data for priority setting, planning, and implementation activities.	Our tobacco control program **rarely reviews and uses** demographic and epidemiological data for priority setting, planning, and implementation activities.	Our tobacco control program occasionally reviews and incorporates demographic and epidemiological data into priority setting, planning, and implementation activities.	Our tobacco control program **frequently reviews** demographic and epidemiological data and **incorporates** these data into priority setting, planning, and implementation activities.	Our tobacco control program **regularly seeks out** demographic and epidemiological data and **usually incorporates** these data into priority setting, planning, and implementation activities.	Our tobacco control program **actively collects, maintains, and tracks** a core data set that comprises a Tobacco-related Data Profile for our service area and **always incorporates** these data into priority setting, planning, and implementation activities.

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Social Disparities Question	Strongly Disagree 0	Somewhat Disagree 1	Neither Agree nor Disagree 2	Somewhat Agree 3	Agree 4	Strongly Agree 5
2. **Tobacco Disparity Strategic Plan.** Our tobacco control program has a written strategic plan that outlines a vision, clear objectives and strategies to reduce tobacco-related disparities in a culturally and linguistically appropriate manner within the service area. *Strategies addressed by the plan include: 1. Improve data collection and analyses to identify disparities and drive interventions. 2. Increase awareness among disparately impacted populations regarding the impact of tobacco use and secondhand smoke exposure. 3. Integrate representatives of disparate populations in key decision-making bodies and processes. 4. Reduce the impact of tobacco industry targeting of diverse populations through policy, environmental, and system changes.	Our tobacco control program **does not have** a tobacco-specific disparity plan -or- a chronic disease disparity strategic plan.	Our tobacco control program **does not have** a tobacco-specific disparity strategic plan, -but- our agency has a **non-tobacco specific** chronic disease disparity strategic plan.	Our tobacco control program **has** a tobacco-specific disparity strategic plan that is **more than three years old.**	Our tobacco control program **has** a tobacco-specific disparity strategic plan that was **prepared within the last 3 years,** -but- it **does not address each of the four strategies*.**	Our tobacco control program **has** a tobacco-specific dispaity strategic plan that was **prepared within the last three years,** that **addresses each of the four strategies*,** -but- it **has been minimally implmented.**	Our tobacco control program **has** a tobacco-specific dispaity strategic plan that was **prepared within the last 3 years,** that **addresses each of the four strategies*** -and- it is **actively being implemented and evaluated** across all elements.

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Social Disparities Question	Strongly Disagree 0	Somewhat Disagree 1	Neither Agree nor Disagree 2	Somewhat Agree 3	Agree 4	Strongly Agree 5
3. **Social Determinants of Health Considerations[1, 2].** Our tobacco control program collaborates with community programs that address the following SDOH factors that may contribute to tobacco-related health disparities: • Availability of quality housing • Community safety and violence prevention • Recreation opportunities, parks and open space • Land use planning • Quality public education • Community economic development (e.g., job creation, business development) • Racial/social injustice • Arts and culture • Transportation planning and availability • Environmental justice • Food security • Early childhood development and education • Youth development and leadership.	In the past three years, our tobacco control program has collaborated with community programs that address **3 or fewer** SDOH factors that may contribute to tobacco-related health disparities.	In the past three years, our tobacco control program has collaborated with community programs that address **at least 4** SDOH factors that may contribute to tobacco-related health disparities.	In the past three years, our tobacco control program has collaborated with community programs that address **at least 6** SDOH factors that may contribute to tobacco-related health disparities.	In the past three years, our tobacco control program has collaborated with community programs that address **at least 8** SDOH factors that may contribute to tobacco-related health disparities.	In the past three years, our tobacco control program has collaborated with community programs that address **at least 10** SDOH factors that may contribute to tobacco-related health disparities.	In the past three years, our tobacco control program has collaborated with community programs that address **more than 10** SDOH factors that may contribute to tobacco-related health disparities.

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Social Disparities Question	Strongly Disagree 0	Somewhat Disagree 1	Neither Agree nor Disagree 2	Somewhat Agree 3	Agree 4	Strongly Agree 5
4. **Media Engagement*.** Our tobacco control program regularly works with multi-cultural media through traditional and social media channels to raise awareness about the impact of tobacco use on diverse populations in our service area. *Media Engagement includes both paid and earned media.	Our tobacco control program **never** engages multi-cultural media through traditional or social media channels to raise awareness about the impact of tobacco use on diverse populations in our service area.	**At least one time per year**, our tobacco control program engages multi-cultural media through traditional and social media channels to raise awareness about the impact of tobacco use on diverse populations in our service area.	**At least two times per year**, our tobacco control program engages multi-cultural media through traditional and social media channels to raise awareness about the impact of tobacco use on diverse populations in our service area.	**At least four times per year**, our tobacco control program engages multi-cultural media through traditional and social media channels to raise awareness about the impact of tobacco use on diverse populations in our service area.	**At least six times per year**, our tobacco control program engages multi-cultural media through traditional and social media channels to raise awareness about the impact of tobacco use on diverse populations in our service area.	**At least eight times per year**, our tobacco control program engages multi-cultural media through traditional and social media channels to raise awareness about the impact of tobacco use on diverse populations in our service area.

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Social Disparities Question	Strongly Disagree 0	Somewhat Disagree 1	Neither Agree nor Disagree 2	Somewhat Agree 3	Agree 4	Strongly Agree 5
5. **Evaluation Inclusion.** Our tobacco control program routinely collects data that can be used to communicate and understand social inequities in health including using methods such as Photovoice, digital storytelling, key informant interviews, focus groups, listening sessions, and demographics analysis.	Our tobacco control program **never** collects data that can be used to communicate and understand **social inequities** in health including using methods such as: Photovoice, digital storytelling, key informant interviews, focus groups, listening sessions, and demographics analysis.	**At least one time per year**, our tobacco control program collects and discusses data that can be used to communicate and understand **social inequities** in health including using **one** of the following methods: Photovoice, digital storytelling, key informant interviews, focus groups, listening sessions, and demographics analysis.	**At least two times per year,** our tobacco control program collects and discusses data that can be used to communicate and understand **social inequities** in health including using **two** of the following methods: Photovoice, digital storytelling, key informant interviews, focus groups, listening sessions, and demographics analysis.	**At least two times per year,** our tobacco control program collects and discusses data that can be used to communicate and understand **social inequities** in health including using **three** of the following methods: Photovoice, digital storytelling, key informant interviews, focus groups, listening sessions, and demographics analysis.	**At least two times per year,** our tobacco control program collects and discusses data that can be used to communicate and understand **social inequities** in health including using **four** of the following methods: Photovoice, digital storytelling, key informant interviews, focus groups, listening sessions, and demographics analysis.	**At least two times per year,** our tobacco control program collects and discuses data that can be used to communicate and understand **social inequities** in health including using **five or more** of the following methods: Photovoice, digital storytelling, key informant interviews, focus groups, listening sessions, and demographics analysis.

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1. Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Healthy People 2020. Office of Disease Prevention and Health Promotion. Social Determinants of Health. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health, 2020

2. Question is adapted from Bay Area Regional Health Inequities Initiative. Local health department organizational self-assessment for addressing health inequities. Oakland, CA, 2010

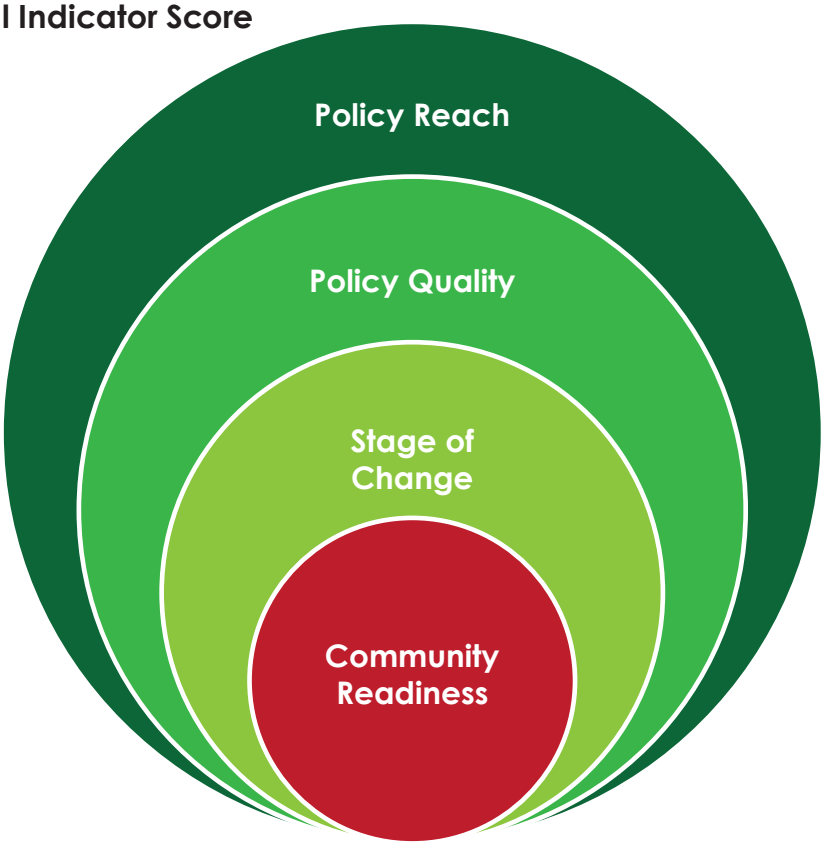
Indicator Assessment Instructions

Background

The Indicator Assessment consists of two parts: 1) rating Community Readiness (Worksheet B); and 2) rating Policy/System Status (Worksheets C, D, and E). Each indicator will be reviewed and rated based on these two assessments.

To facilitate comparisons of the ratings, the ratings will be converted into "scores" and a Total Indicator Score (Worksheet F) will be generated for each indicator. As demonstrated in Figure 2. Total Indicator Score, the assessment of policy reach, policy quality, stage of change, and community readiness will comprise the Total Indicator Score.

Figure 2. Total Indicator Score



In addition to completing the rating worksheets, you will write the Narrative Summary (Worksheet G). The Narrative Summary provides information to support the indicator assessment ratings and the resulting Total Indicator Score.

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Table 3, *Summary of Indicator Worksheets*, provides a brief description of the worksheets you will use to rate each indicator, manually calculate the overall Indicator Score, and manually record key information from the indicator assessment onto an overview report.

Table 3. Summary of Indicator Worksheets

Summary of Indicator Worksheets		
Worksheet	**Title**	**Description**
Worksheet B	Community Readiness	This worksheet is used to assess the community's readiness to work on a policy or system change in terms of a) adopting a change, b) implementing a change, or c) facilitating acceptance and compliance with a change.
Worksheet C	Stage of Change	This worksheet is used to assess the stage of change that a community is at along the six-stage change continuum.
Worksheet D	Policy Quality	This worksheet is used to assess the quality of legislated policies against a pre-defined public health quality standard.
Worksheet E	Policy Reach	This worksheet is used to assess the proportion of the population within the local health jurisdiction that is protected by a specific legislated policy.
Worksheet F	Total Indicator Score	This worksheet is used to manually calculate preliminary indicator scores prior to entering assessment findings into OTIS. Once data are entered and saved into OTIS, these scores will be automatically generated in OTIS.
Worksheet G	Indicator Narrative Summary	This worksheet is used to summarize quantitative and qualitative information which explains and supports the Community Readiness and Policy/ System Status scores.
Worksheet I	Needs Assessment Overview Report	This worksheet is used to organize all of the ratings, scores, and narrative explanations from your CX needs assessment from the Social Disparities Capacity Assessment, Indicator Assessment (Community Readiness, Stage of Change, Policy Quality, Policy Reach), and the Asset Assessment prior to entering the assessment information into OTIS. Once all of the assessment data is entered and saved into OTIS, this report will be automatically created by OTIS.

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Community Readiness-Worksheet B

This worksheet is used to assess the community's readiness to work on a policy or system change in terms of a) adopting a change, b) implementing a change, or c) facilitating acceptance and compliance with a change. The Community Readiness assessment consists of the five items listed below. Each of these items is rated on a six-point (0 to 5) Likert scale of None, Poor, Fair, Good, Very Good, and Excellent.

1. Scope of the Problem
2. Community Awareness
3. Community Support
4. Decision Maker Support
5. Earned Media

Policy/System Status

This assessment describes the status of tobacco-related policy and systems within the community. It consists of three measures: 1) Stage of Change, 2) Policy Quality, and 3) Policy Reach.

1. Stage of Change-Worksheet C

This worksheet is used to assess the stage of change that a community is at along a six stage change continuum: *No Formal Activities, Planning/ Advocating, Policy/System Change Proposed, Policy/System Change Adopted, Policy Implemented, and Compliance/ Enforcement.*

2. Policy Quality-Worksheet D

This worksheet is used to assess the quality of **legislated policies** against a pre-defined public health quality standard.[1] This standard was established for legislated policies adopted by a county board of supervisors or city council for the following types of policies:

- Content Neutral Signage
- Minimum Retail Price/Package/Volume Size
- Outdoor Dining SHS
- Outdoor SHS

1 The standard was created by the California Tobacco Control Program, California Department of Public Health (CTCP,CDPH) as a result of reviewing the literature, and working with Public Health Law Center, American Nonsmokers' Rights Foundation, and local, state and national public health practitioners.

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- Multi-Unit Housing (MUH)
- Tobacco Product Sales to Address Tobacco Waste
- Smokefree Outdoor Public Places
- Tobacco Retail Licensing (TRL)
- Tobacco Retailer Density/Zoning
- Tobacco Industry Sampling, Coupons/Discounts/Gifts
- Tobacco-Free Pharmacies
- Menthol and Other Flavored Tobacco Products
- No Sale of Tobacco Products

The Quality Rating will be calculated for the entire local health jurisdiction by CTCP for indicators listed in Table 4. *Summary of Indicator Rating Data*.

- The Quality Rating is a composite rating for the entire health jurisdiction. It is computed by calculating the quality rating for each ordinance adopted within the local health jurisdiction, summing the individual quality ratings for "like" types of ordinances and then dividing the sum by the total possible points for the local health jurisdiction.
- A zero will be assigned for indicators that have no CTCP-assigned quality rating (e.g., legislated policies not rated by CTCP, voluntary policies, resolutions, and systems changes).
- Significant updates to the policy quality rating formula were made between the 2016 and 2020 CX Processes. Results may not be comparable between these years.

3. Policy Reach - Worksheet E

This worksheet is used to assess the proportion of the population within the local health jurisdiction that is protected by a specific legislated policy. A local health jurisdiction-wide Reach Rating will be calculated by CTCP for indicators listed in Table 4. *Summary of Indicator Rating Data*.

- The Reach Rating is calculated by summing the populations of the jurisdictions where a legislated policy has been enacted and then dividing the sum by the total population of the local health jurisdiction (i.e., county population or city population for Berkeley, Long Beach, and Pasadena).
- A zero will be assigned for indicators that have no CTCP-assigned reach rating (e.g., legislated policies not rated by CTCP, voluntary policies, resolutions, and systems changes).
- Significant updates to the policy reach formula were made between the 2016 and 2020 CX Processes. Results may not be comparable between these years.

Table 4. *Summary of Indicator Rating Data*, summarizes the source of the rating information for different types of policy and system changes.

Table 4. Summary of Indicator Rating Data

		Policy/System Status			
Indicator	**Type of Policy/System Change**	**Community Readiness**	**Stage of Change**	**Policy Quality**	**Policy Reach**
1.2.10	**Minimum Retail Price/ Package/ Volume Size**	Coalition Rates	Coalition Rates	CTCP Provides Composite Rating	CTCP Provides Composite Rating
2.2.6	**Smokefree Outdoor Dining/ Bars/ Service Areas**	Coalition Rates	Coalition Rates	CTCP Provides Composite Rating	CTCP Provides Composite Rating
2.2.9	**Smokefree Outdoor Non-recreational Public Areas**	Coalition Rates	Coalition Rates	CTCP Provides Composite Rating	CTCP Provides Composite Rating
2.2.13	**Smokefree Multi-Unit Housing**	Coalition Rates	Coalition Rates	CTCP Provides Composite Rating	CTCP Provides Composite Rating
2.2.29	**Eliminate Tobacco Product Sales to Address Tobacco Waste**	Coalition Rates	Coalition Rates	CTCP Provides Composite Rating	CTCP Provides Composite Rating
2.2.35	**Smokefree Outdoor Public Places**	Coalition Rates	Coalition Rates	CTCP Provides Composite Rating	CTCP Provides Composite Rating
3.2.1	**Tobacco Retail License Ordinance**	Coalition Rates	Coalition Rates	CTCP Provides Composite Rating	CTCP Provides Composite Rating

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3.2.2	**Tobacco Retailer Density/ Zoning Ordinance**	Coalition Rates	Coalition Rates	CTCP Provides Composite Rating	CTCP Provides Composite Rating
3.2.4	**Tobacco Industry Sampling, Coupons/ Discounts/ Gifts**	Coalition Rates	Coalition Rates	CTCP Provides Composite Rating	CTCP Provides Composite Rating
3.2.7	**Tobacco-Free Pharmacies and Healthcare Providers Ordinance**	Coalition Rates	Coalition Rates	CTCP Provides Composite Rating	CTCP Provides Composite Rating
3.2.9	**Menthol and Other Flavored Tobacco Products Ordinance**	Coalition Rates	Coalition Rates	CTCP Provides Composite Rating	CTCP Provides Composite Rating
3.2.17	**No Sale of Tobacco Products**	Coalition Rates	Coalition Rates	CTCP Provides Composite Rating	CTCP Provides Composite Rating
	Other Ordinances	Coalition Rates	Coalition Rates	0	0
	Voluntary Policy	Coalition Rates	Coalition Rates	0	0
	Resolution	Coalition Rates	Coalition Rates	0	0
	System Change	Coalition Rates	Coalition Rates	0	0

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Cover Page

1. **Indicator Number and Title**: List the indicator number and brief title.

   OTIS: A drop-down menu is provided in the Online Tobacco Information System (OTIS).

2. **Core Indicator**: A "core" indicator is one that every agency must assess. Refer to the funding guidelines for a list of the core indicators. Indicate "yes" if the indicator is listed as a core indicator. Indicate "no" if it is not listed as a "core" indicator in the funding guidelines.

   OTIS: In OTIS, this field will be pre-populated.

3. **Community Area(s) Assessed**: Identify the community name(s) that best reflects the geographical area assessed. In general, county health departments should use a countywide perspective and city health departments should use a citywide perspective. However, there may be times when it is appropriate to use a different frame of reference for the assessment.

   OTIS: In OTIS there are drop-down menus for four types of communities: 1) countywide, 2) incorporated cities, 3) unincorporated communities, and 4) American Indian tribal lands.

4. **Completion Date**: Identify the month, day, and year your agency completed the Indicator Assessment.

   OTIS: A calendar is provided in OTIS to select the date.

5. **Data Sources, References, and Citations**: Use local, regional, state, and/or national data to assess the indicator. List the title and year of data sources used in the assessment. In addition to quantitative data, qualitative data sources, such as key informant interviews, focus group findings, and coalition discussions are acceptable data sources.

   OTIS: A drop-down menu of common data sources is in OTIS, but you are encouraged to identify additional local data or other references and citations used in your assessment.

6. **Who completed the assessment?** List the coalition name, organization names, and/or names of the individuals who reviewed, discussed, and rated the indicator.

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7. **Record Keeping**: For audit and record keeping purposes it is recommended that you maintain a file with the data documents used to rate each indicator along with a copy of the completed worksheet. Do not submit these documents to CTCP.

Community Readiness - Worksheet B

Purpose: This worksheet is used to assess the community's readiness to work on a policy or system change relevant to the indicator in terms of 1) adopting a change, 2) implementing a change, or 3) facilitating acceptance and compliance with a change.

1. **Community Readiness Measure**: Community Readiness is composed of five items: 1) Scope of the Problem, 2) Community Awareness, 3) Community Support, 4) Decision Maker Support, and 5) Earned Media. Table 5, *Community Readiness Assessment*, describes the assessment question for each item and the rating scale.

2. **Rating Rubric**: The *Community Readiness Rating Rubric* provides a general description for each item on the Likert scale. Refer to it to help you select the most appropriate rating for each of the five items on the Community Readiness Worksheet.

Table 5. Community Readiness Assessment

Community Readiness Assessment		
Item	**Assessment Question**	**Rating Scale See Rating Rubric**
Scope of the Problem	To what extent do local, regional, state or national data demonstrate the existence of a public health problem?	0-5 None to Excellent
Community Awareness	How much awareness is there among community members that a public health problem exists?	0-5 None to Excellent
Community Support	To what extent have community members demonstrated support for action?	0-5 None to Excellent
Decision Maker Support	To what extent have decision makers and community leaders demonstrated support for action (political will)?	0-5 None to Excellent
Earned Media	To what extent has there been unpaid neutral or positive media coverage in the past year relevant to this indicator?	0-5 None to Excellent

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3. **Assessment and Rating Process**: For each indicator, tobacco control project staff, coalition members, and additional community participants are to review and discuss quantitative and qualitative data relevant to that indicator. Based on this review and discussion of data, consult the rating rubric and assign a rating for each of the five Community Readiness items.

4. **Community Readiness Score**: To facilitate comparisons, the rating from each assessment form is being converted into a "score."

   OTIS: OTIS will automatically calculate the Community Readiness Score once the data are entered and saved

   If not using OTIS: To manually calculate the Community Readiness Score use the formula provided on the bottom of Worksheet B, Box B-1.

   - Sum the individual ratings.
   - Multiply the results by 100 and divide the sum by the total possible score (25).
   - Display the score as a percentage.

   Example: If the rating for an indicator totaled 15, the score would be 15 x (100/25) =60 percent.

5. **Total Indicator Score-Worksheet F**: Transfer information from Worksheet B to Worksheet F (Total Indicator Score) in order to manually calculate the Total Indicator Score.

   OTIS: These calculations will be automatically performed in OTIS once data from individual worksheets are entered and saved.

6. **Complete Narrative Summary-Worksheet G**: See Worksheet G Instructions.

7. **Complete CX Needs Assessment Overview Report-Worksheet I**: Use Worksheet I to manually create a report that summarizes the Community Readiness Score and narrative justification.

Policy/System Status

Purpose: This assessment describes the status of tobacco-related policy and systems within the community. It consists of three measures: 1) Stage of Change, 2) Policy Quality, and 3) Policy Reach. Each of these measures is rated on a six item continuum.

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1. Stage of Change is a measure that describes where a community is at along the continuum of policy/system change.
2. Quality is a measure of the strength—or the extent of public health protection provided by the policy.
3. Reach describes the proportion of the population covered by legislated policies enacted to date.

Policy/System Status Stage of Change-Worksheet C

Purpose: This assessment describes the stage of change that a community is at along a six stage change continuum: No Formal Activities, Planning/ Advocating, Policy/System Change Proposed, Policy/System Change Adopted, Policy Implemented, and Compliance/Enforcement.

1. **Assessment and Rating Process**: The Stage of Change assessment and rating should be based on your completers' knowledge and their discussion of quantitative and qualitative data relevant to the indicator in consultation with the definitions in Table 6, *Policy/System Change Stages*. The rating assigned should reflect the highest level of Stage of Change achieved within the community area assessed. See Table 7, *Rating Tips*, for guidance on handling mixed policy situations.

2. **Stage of Change Measure**: The Stage of Change measure consists of six discrete stages along a continuum of change: *1) No Formal Activities, 2) Planning/Advocating, 3) Policy/ System Change Proposed, 4) Policy/System Change Adopted, 5) Policy Implemented, and 6) Compliance/ Enforcement*. See Table 6, *Policy/System Change Stages*, for the definition of each stage.

3. **Rating Scale**: Each Stage of Change is assigned a rating of 0 to 5. Select one stage to represent the stage of change for the **entire** community assessed. See Table 6, *Policy/System Change Stages*, for a definition of each Stage of Change and the corresponding rating for each stage.

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Table 6. Policy/System Change Stages

Policy/System Change Stages		
No Formal Activities	In this stage, general information gathering and fact finding are underway, but no formal activities specific to the indicator have been completed.	0
Planning/ Advocating	In this stage, partnership development, strategy development (e.g., Midwest Academy Strategy Chart completed), specific data collection, and/ or the provision of information and education to key opinion leaders are underway.	1
Policy/System Change Proposed	In this stage, a policy or system change has been drafted or proposed; a resolution may have been enacted; education and media activities are underway; and recruitment of partners beyond core supporters is underway.	2
Policy/System Change Adopted	In this stage: A. A voluntary policy or system change has been adopted and may be implemented **OR** B. A legislated policy has been adopted but not yet implemented. A ***legislated policy*** is one adopted by a government or a board authorized to set formal rules (e.g., county, city, tribe, housing authority, school board, transit board, fair board, hospital board, parks and recreation board, planning commission).	3
Policy Implemented	In this stage, a legislated policy(s) has been enacted and implementation is underway which may include: provision of training, communication to stakeholders notifying them of the policy and expectations, posting signage, collecting fees, and conducting compliance checks.	4
Compliance/ Enforcement	In this stage, a high degree of compliance has been achieved with a legislated policy(s). Progressive action is taken to address non-compliance and cessation support initiatives are in place.	5

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4. **Rating Tips**: See Table 7, *Rating Tips*, for an explanation on how to handle situations where you have a mixture of systems level, resolutions, voluntary policies, and legislated policies.

Table 7. Rating Tips

Rating Tips	
Situation	**How to Rate**
Mixed stages of change	• If the area assessed is comprised of multiple jurisdictions (e.g., cities, tribes) or multiple organizational entities (e.g., hospitals, college campuses) which are at different stages of policy or system change, give yourself "credit" for the highest level of policy or system change achieved within the community area assessed. • For example, if one legislated smokefree multi-unit housing policy has been adopted and implemented in the county and ten voluntary smokefree policies have been adopted, then rate the stage as "Policy Implemented." • On the Indicator Narrative Summary (Worksheet G) you will describe the mix of stages and approximate the number of voluntary and legislated policies adopted within the assessment area.
A resolution has been adopted, but no voluntary or system changes have been adopted	If the strongest policy/system change adopted to-date is one or more resolutions, then the highest rating possible is a two (2) rating.
Voluntary policies or administrative system changes have been adopted	If only voluntary policies or administrative system changes (e.g., adoption of EMR to assess smoking status) then the highest rating possible is a three (3) rating.

5. **Stage of Change Rating**: Circle the rating for the Stage of Change which best fits the community area assessed.

6. **Stage of Change Score**: To facilitate comparisons, the rating from each assessment form is being converted into a "score."

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OTIS: OTIS will automatically calculate the Stage of Change Score once the data are entered and saved.

If not using OTIS: To manually calculate the Change of Stage Score use the formula provided on the bottom of Worksheet C, Box C-1.

- Multiply your Stage of Change rating by 100.
- Divide the results by five.
- Display the score as a percentage.

Example: If the Stage of Change rating was 3, the score would be 3 × (100/5) = 60 percent.

7. **Total Indicator Score-Worksheet F**: Transfer information from Worksheet C to Worksheet F (Total Indicator Score) in order to manually calculate the Total Indicator Score.

   OTIS: These calculations will be automatically performed in OTIS once data from individual worksheets are entered and saved.

8. **Complete Narrative Summary-Worksheet G**: See Worksheet G Instructions.

9. **Complete CX Needs Assessment Overview Report-Worksheet I**: Use Worksheet I to manually create a report that summarizes the Stage of Change rating, score, and narrative justification.

   OTIS: This report will be created automatically in OTIS once data from individual worksheets are entered and saved.

Policy/System Status Policy Quality-Worksheet D

Purpose: Quality is a measure of the strength—or the extent of public health protection provided by the policy. This worksheet is used to record the quality of legislated policies adopted against a pre-defined public health standard. A standard has been established for TRL, MUH, Outdoor SHS, Tobacco Retailer Density/Zoning, Minimum Package/Volume Size, Outdoor Dining (SHS), Tobacco Free Pharmacies, and Menthol and Other Flavored Tobacco Products polices adopted by a county board of supervisors or city council.

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1. **Assessment and Rating Process**: CTCP collects and rates TRL, MUH, Outdoor SHS, Tobacco Retailer Density/Zoning, Minimum Package/Volume Size, Outdoor Dining (SHS), Tobacco Free Pharmacies, and Menthol and Other Flavored Tobacco Products adopted by county boards of supervisors and city councils according to a pre-determined standard.

    - For the CX Needs Assessment, CTCP will calculate a composite local health jurisdiction-wide Policy Quality rating for the indicators listed in Table 4. Summary of Indicator Rating Data using information in the Policy Evaluation Tracking System (PETS).
    - The composite rating is computed by calculating the quality rating for each ordinance adopted within the local health jurisdiction, summing the individual quality ratings for "like" types of ordinances and then dividing the sum by the total number of jurisdictions in the local health jurisdiction.
    - Agencies will be able to modify the quality rating calculated by CTCP, but must provide an explanation on the Narrative Summary (Worksheet G) if they do so. For example, if one or more strong policies have been enacted that have not yet been rated by CTCP, the agency may raise the rating, but would need to provide an explanation.
    - When no Policy Quality rating is available, the rating given will be zero.

2. **Rating Scale**: The quality scale is composed of a six item continuum, rated on a scale of 0 to 5. See Table 8, Policy Quality Rating Scale, for a definition of each item and the corresponding rating.

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Table 8. Policy Quality Rating Scale

Policy Quality Rating Scale		
Items	**Definition**	**Rating Scale**
None	No policies relevant to the indicator have been adopted in the community area assessed.	0
Poor	On average, the legislated policies in the community area assessed meet 1% to 20% of the established standard.	1
Fair	On average, the legislated policies in the community area assessed meet 21% to 40% of the established standard.	2
Good	On average, the legislated policies in the community area assessed meet 41% to 60% of the established standard.	3
Very Good	On average, the legislated policies in the community area assessed meet 61% to 80% of the established standard.	4
Excellent	On average, the legislated policies in the community area assessed meet 81% to 100% of the established standard.	5

3. **Policy Quality Rating**: Circle the score for the Policy Quality which best fits the community area assessed.

4. **Policy Quality Score**: To facilitate comparisons, the rating from each assessment form is being converted into a "score."

   OTIS: OTIS will automatically calculate the Policy Quality score once the data are entered and saved.

   If not using OTIS: To manually calculate the Policy Quality Score use the formula provided on the bottom of Worksheet D, Box D-1.

   - Multiply your Policy Quality rating by 100.
   - Divide the results by five.
   - Display the score as a percentage.

   Example: If the Policy Quality rating was 3, the score would be 3 × (100/5) = 60 percent.

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5. **Total Indicator Score-Worksheet F**: Transfer information from Worksheet D to Worksheet F (Total Indicator Score) in order to manually calculate the Total Indicator Score.

   OTIS: These calculations will be automatically performed in OTIS once data from individual worksheets are entered and saved.

6. **Complete Narrative Summary-Worksheet G**: See Worksheet G Instructions.

7. **Complete CX Needs Assessment Overview Report-Worksheet I**: Use Worksheet I to manually create a report that summarizes the Policy Quality rating, score, and narrative justification.

   OTIS: This report will be created automatically in OTIS once data from individual worksheets are entered and saved.

Policy/System Status Policy Reach-Worksheet E

Purpose: This worksheet is used to record the reach of **legislated policies** adopted by describing the proportion of the population within the local health jurisdiction that is protected by a specific policy change.

1. **Assessment and Rating Process**: CTCP will calculate the reach rating for indicators listed in Table 4. *Summary of Indicator Rating Data*.

   - The rating is based on information in the PETS and population data. It is calculated by summing the populations of the jurisdictions where a specific policy has been enacted and dividing that sum by the total population of the community area assessed.

   - Agencies will be able to modify the rating provided by CTCP, but must provide a narrative explanation if they do so. For example, if one or more policies have been enacted after CTCP provided the Policy Reach rating; an agency may raise the rating, but would need to provide an explanation.

   - When no Policy Reach rating is available, the rating given will be zero.

2. **Rating Scale**: The reach scale is composed of a six item continuum, rated on a scale of 0 to 5. See Table 9. *Policy Reach Rating Scale* for a definition of each item and the corresponding rating.

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Table 9. Policy Reach Rating Scale

Policy Reach Rating Scale		
Items	**Definition**	**Rating Scale**
None	No legislated policies have been adopted in the community area assessed.	0
Poor	1% to 20% of the population is protected by the policy change(s).	1
Fair	21% to 40% of the population is protected by the policy change(s).	2
Good	41% to 60% of the population is protected by the policy change(s).	3
Very Good	61% to 80% of the population is protected by the policy change(s).	4
Excellent	81% to 100% of the population is protected by the policy change(s).	5

3. **Policy Reach Rating**: Circle the rating for Policy Reach which best fits the community area assessed.

4. **Policy Reach Score**: To facilitate comparisons, the rating from each assessment form is being converted into a "score."

   OTIS: OTIS will automatically calculate the Policy Reach score once the data are entered and saved.

   If not using OTIS: To manually calculate the Policy Reach Score use the formula provided on the bottom of Worksheet E, Box E-1.

   - Multiply your Policy Reach rating by 100.
   - Divide the results by five.
   - Display the score as a percentage.

   Example: If the Policy Reach rating was 3, the score would be 3 × (100/5) = 60 percent.

5. **Total Indicator Score-Worksheet F**: Transfer information from Worksheet E to Worksheet F (Total Indicator Score) in order to manually calculate the Total Indicator Score.

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OTIS: These calculations will be automatically performed in OTIS, once data from individual worksheets are entered and saved.

6. **Complete Narrative Summary-Worksheet G**: See Worksheet G Instructions.

7. **CX Needs Assessment Overview Report-Worksheet I**: Use Worksheet I to manually create a report that summarizes the Policy Reach rating, score, and narrative justification.

   OTIS: This report will be created automatically in OTIS, once data from individual worksheets are entered and saved.

Total Indicator Score Calculation Instructions-Worksheet F

Purpose: The purpose of the Total Indicator Score Worksheet is to help you manually calculate preliminary indicator scores prior to entering assessment findings into OTIS. The Total Indicator Score is based on the rating of Community Readiness and Policy Status (Stage of Change + Quality + Reach). Once data is submitted and saved into OTIS, this data will be calculated for you.

Instructions: Prior to entering your ratings into OTIS, it is likely that you will want to calculate the Total Indicator Score manually in order to give your completers instant feedback.

1. Record the indicator number and brief title.

2. Record the Community Readiness Rating and Score from Box B-1 of the Community Readiness: Worksheet B.

3. Record the Stage of Change Rating from Box C-1 of the Stage of Change: Worksheet C.

4. Record the Quality Rating from Box D-1 of the Policy Quality: Worksheet D.

5. Record the Reach Rating from Box E-1 of the Policy Reach: Worksheet E.

6. Add lines 2a, 2b, and 2c and record the number. Divide that number by 15. This is your **Total Policy/System Status Score**.

7. Add the lines 1 and 3 and record the number. Divide that number by 40. This is your **Total Indicator Score**.

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Indicator Narrative Summary Instructions-Worksheet G

Purpose: The purpose of the narrative is to summarize quantitative and qualitative information which explains and supports the Community Readiness and Policy/System Status scores.

Instructions: In a narrative format provide a descriptive summary response to each of the questions listed on Worksheet G.

1. **Community Readiness Status–Scope of the Problem and Support**: Summarize key quantitative and qualitative data from the discussion about the Scope of the Problem, Community Awareness, and Community/Decision Maker Support (limited to 300 words). Include the following information in the summary:

    - Awareness of the problem and support/opposition for addressing this indicator
    - Highlight any subpopulations or geographical communities for which there are unique factors related to community readiness for policy/system change

2. **Community Readiness Status–Outreach**: Summarize and record the history of intervention activities related to the indicator (limited to 300 words). Include the following information in the summary:

    - Partnership development activities
    - Educational outreach to community decision makers
    - Media activities
    - Policy and system change activities
    - Enforcement and compliance activities

3. **Voluntary Policy Status**: Estimate the approximate number of voluntary policies or resolutions that have been adopted related to the indicator or check "Don't Know" (limited to 100 words).

4. **Legislated Policy Status**: Estimate the approximate number of legislated policies that have been adopted which are relevant to the indicator (limited to 100 words).

5. **Modification of Policy Quality or Reach Scores**: If the Policy Quality or Policy Reach scores were modified from that provided by CTCP, provide an explanation that supports the change (limited to 300 words).

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Indicator #:	Indicator Title:

Core Indicator? (Circle one) Yes No

Community Area(s) Assessed:

Indicator Assessment Completion Date:

Which quantitative and qualitative data sources, references, and citations were used to complete the Indicator rating? (Title and Year)

Who was engaged in discussing and completing the Indicator rating? (List the coalition name, organizational names, or names of individuals.)

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Community Readiness - Worksheet B

Instructions: What is the community's readiness for working on policy/system change adoption, implementation, or compliance and enforcement relevant to this indicator? Check a single box for each item.

	None (0)	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
1. **Scope of the Problem.** To what extent do local, regional, state, or national data demonstrate the existence of a public health problem?	☐	☐	☐	☐	☐	☐
2. **Community Awareness.** How much awareness is there among community members that a public health problem exists?	☐	☐	☐	☐	☐	☐
3. **Community Support.** To what extent have community members demonstrated support for action?	☐	☐	☐	☐	☐	☐
4. **Decision Maker Support.** To what extent have decision makers and community leaders demonstrated support for action (political will)?	☐	☐	☐	☐	☐	☐
5. **Earned Media.** To what extent has there been unpaid neutral or positive media coverage in the past year relevant to this indicator?	☐	☐	☐	☐	☐	☐

Box B-1 **Community Readiness Score:** Add lines 1 through 5 ☐ x $\frac{100}{25}$ = ☐ %

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Policy/System Status Stage of Change - Worksheet C

Instructions: For this indicator, what is the overall stage of policy/system change adoption in the community area assessed? Circle the most applicable rating.

Policy/System Change Stage: Refers to the policy adoption stage of the assessed area.	**Rating**
No Formal Activities. In this stage, general information gathering and fact finding are underway, but no formal activities specific to the indicator have been completed.	0
Planning/Advocating. In this stage, partnership development, strategy development (e.g., Midwest Academy Strategy Chart completed), specific data collection, and/or the provision of information and education to key opinion leaders are underway.	1
Policy/System Change Proposed. In this stage, a policy or system change has been drafted or proposed; a resolution may have been enacted; education and media activities are underway; and recruitment of partners beyond core supporters is underway.	2
Policy/System Change Adopted. In this stage: A. A voluntary policy or system change has been adopted and may be implemented **OR** B. A legislated policy has been adopted but not yet implemented. A ***legislated policy*** is one adopted by a government or a board authorized to set formal rules (e.g., county, city, tribe, housing authority, school board, transit board, fair board, hospital board, parks and recreation board, or planning commission).	3
Policy Implemented. In this stage, a ***legislated policy(s)*** has been enacted and implementation is underway which may include: provision of training, communication to stakeholders notifying them of the policy and expectations, posting signage, collecting fees, and conducting compliance checks.	4
Compliance/Enforcement. In this stage, a high degree of compliance has been achieved with a ***legislated policy(s)***. Progressive action is taken to address non-compliance.	5

Box C-1 **Policy/System Change Stage Score:** Insert rating from above [ ] x $\frac{100}{5}$ = [ ] %

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Policy/System Status Policy Quality - Worksheet D

Instructions: For this indicator, what is the overall quality of the policies adopted in the community area assessed? CTCP will provide an established standard using PETS. Circle the most applicable rating.

Quality Rating: Refers to how well the requirements in a legislated policy meet an established standard.	**Rating**
None. No policies relevant to the indicator have been adopted in the community area assessed.	0
Poor. On average, the legislated policies in the community area assessed meet 1% to 20% of the established standard. A ***legislated policy*** is one adopted by a government or a board authorized to set formal rules (e.g., county, city, tribe, housing authority, school board, transit board, fair board, hospital board, parks and recreation board, planning commission).	1
Fair. On average, the legislated policies in the community area assessed meet 21% to 40% of the established standard.	2
Good. On average, the legislated policies in the community area assessed meet 41% to 60% of the established standard.	3
Very Good. On average, the legislated policies in the community area assessed meet 61% to 80% of the established standard.	4
Excellent. On average, the legislated policies in the community area assessed meet 81% to 100% of the established standard.	5

Box D-1

Policy Quality Score: Insert rating from above [ ] x $\frac{100}{5}$ = [ ] %

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Policy/System Status Policy Reach - Worksheet E

Instructions: For this indicator, what is the overall population reach of the policies adopted in the community area assessed? Circle the most applicable rating.

Reach: Refers to the percentage of the population in the area assessed (e.g. county, city) that is covered by a legislated county or city policy.	**Rating**
None. No legislated policies have been adopted in the community area assessed.	0
Poor. 1% to 20% of the population is protected by the policy change(s).	1
Fair. 21% to 40% of the population is protected by the policy change(s).	2
Good. 41% to 60% of the population is protected by the policy change(s).	3
Very Good. 61% to 80% of the population is protected by the policy change(s).	4
Excellent. 81% to 100% of the population is protected by the policy change(s).	5

Box E-1

Policy Reach Score: Insert rating from above [ ] x $\frac{100}{5}$ = [ ] %

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Total Indicator Score - Worksheet F

Instructions: OTIS will calculate a Total Score for each indicator based on your Community Readiness and Policy Status. The OTIS Communities of Excellence in Tobacco Control Overview Report (OTIS CX Overview Report) will compile the Total Score, sub scores, and narrative comments for each indicator.

To manually calculate the total score for an indicator, use this form:

Indicator #	Indicator Title:	Rating	Score
		#	%
Community Readiness	**1. Transfer the rating sum and score from Worksheet B, Box B-1**	_____	_____
Policy System Status	**2a. Stage of Change** Transfer the rating and score from Worksheet C, Box C-1	_____	_____
	2b. Policy Quality Transfer the rating and score from Worksheet D, Box D-1	_____	_____
	2c. Policy Reach Transfer the rating and score from Worksheet E, Box E-1	_____	_____
	3. Total Policy/System Status Add lines 2a+2b+2c. Record that number. Divide the sum of (2a+2b+2c) by 15 to get the percentage	**(2a+2b+2c)=** _____ **Total**	**(Line 3 Total) ÷ 15** _____
Total Indicator Score	**4. Total Indicator Score** Add lines 1 and 3. Record that number. Divide the sum of lines (1 + 3) by 40 to get the percentage.	**(1 + 3)=** _____ **Total**	**(Line 4 Total) ÷ 40** ☐

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Indicator Narrative Summary-Worksheet G

Purpose: The purpose of the narrative is to provide information which explains and supports the Community Readiness and Policy/System Status scores.

Instructions: In a narrative format provide a descriptive summary which includes the following information:

1. Summarize key data and findings related to the status of the indicator, including awareness of the problem and support/opposition for addressing this indicator. Highlight any subpopulations or geographical communities for which there are unique factors related to community readiness for policy/system change related to the indicator (limited to 300 words).

2. Summarize partnership development activities, educational outreach to community decision makers, media activities, policy/system change implementation activities, enforcement activities, and/or compliance activities conducted by your agency or other agencies in the local health jurisdiction related to the indicator (limited to 300 words).

3. Estimate the approximate number of voluntary policies or resolutions that have been adopted related to the indicator or check "Don't Know" (limited to 100 words).

   ☐ Don't Know

4. Estimate the approximate number of legislated policies related to the indicator that have been adopted (limited to 100 words).

5. If the Policy Quality or Policy Reach scores were modified from that provided by CTCP, provide an explanation that supports the change (limited to 300 words).

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Community Readiness Rating Rubric

Worksheet B

	Community Readiness Question	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
1.	**Scope of the Problem:** To what extent do local, regional, state or national data demonstrate the existence of a public health problem relevant to this indicator?	**No** national, state, regional, or local data exists relevant to the indicator.	**National, state, regional, or local** data relevant to the indicator are available. Data are **more than 5** years old.	**Only state OR national** data relevant to the indicator are available. Data were collected **within the last 5** years	**State AND regional** data relevant to the indicator are available. Data were collected **within the last 5** years. Together these data describe who is impacted by the problem and the health or social impact of the problem.	**Local** data relevant to the indicator are available. Data were collected **within the last 3** years. The local data describe who is impacted by the problem, the health or social impact of the problem, and **community awareness about the problem**.	**Robust local** data relevant to the indicator are available. Data were collected **within the last 3** years. The data describe who is impacted by the problem, the health or social impact of the problem, community awareness about the problem, **community support for addressing the problem, and decision-maker support for addressing the problem**

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	Community Readiness Question	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
2.	**Community Awareness:** How much awareness is there among community members that a public health problem exists relevant to this indicator?	The community is generally **not** aware that a problem exists.	There is **vague** awareness that a problem exists.	There is **general** awareness that a problem may exist, but it is not perceived as a local problem.	There is **clear** awareness that a **local** problem exists; **50% or less** of the population is aware of the problem. Awareness **may be lower in many** geographic areas or among specific racial/cultural groups.	There is **high** awareness that a **local** problem exists; **Greater than 50% but less than 75%** of the population is aware of the problem. Awareness **may be lower in a few** geographic areas or among specific racial/cultural groups.	There is **extremely high** awareness that a **local** problem exists; **75% or more** of the population is aware of the problem. Awareness is **generally good across all** geographic areas and racial/cultural groups.

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Community Readiness Question	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
3. **Community Support:** To what extent have community members demonstrated support for action relevant to this indicator?	There is **no** community support for action relevant to the issue. In fact, **strong opposition** may have been expressed.	In general, the community is **indifferent** to the issue.	There is **passive** support for the issue. In general, **few** community members or organizations have **considered** taking action such as forming a committee, collecting local data, conducting awareness raising and education programs, or seeking funding.	There is **active** community support for the issue. Planning and preparation activities have been **initiated** such as forming a committee, collecting local data, conducting awareness raising and education programs, strategic planning, or applying for funding to address the issue. State or local attitudes, beliefs, opinion polls, and intercept surveys demonstrate that **50% or less** of the population supports various intervention strategies to support the issue.	**Active** community support for the issue has moved from planning and preparation activities among core supporters to **engaging** additional people through conducting educational and media outreach. State or local attitudes, beliefs, opinion polls, and intercept surveys demonstrate that **greater than 50% but less than 75%** of the population supports various intervention strategies to support the issue.	Informal and formal community leaders have demonstrated their support by **offering** tangible assistance with policy or system change or compliance/ enforcement efforts. State or local attitudes, beliefs, opinion polls, and intercept surveys demonstrate that **75% or more** of the population supports various intervention strategies to support the issue.

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	Community Readiness Question	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
4.	**Decision Maker Support:** To what extent have decision makers and community leaders demonstrated support for action (political will) relevant to this indicator?	There is **no** decision maker support for action relevant to the issue. In fact, **strong opposition** may have been expressed.	In general, the decision makers are **indifferent** to the issue.	There is **passive support** for the issue among decision makers. Decision makers have not been motivated to take any action beyond fact finding to address the problem.	There is **active support** for the issue expressed by **one or more** influential decision makers. **Exploration** of various solutions is **underway**.	**One or more** decision makers have publicly identified themselves as a **champion** for the issue.	A **majority** of decision makers who have the authority to take action on a policy or system change or compliance/ enforcement effort have **publically voiced support** for specific action relevant to the issue.

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Community Readiness Question	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
5. **Earned Media**: To what extent has there been unpaid neutral or positive media coverage in the past year relevant to this indicator? The focus of this assessment is on the amount of earned media related to the indicator, rather than on who generated the earned media. The earned media may have been generated as a result of local, regional, state, or national efforts. Earned media refers to unpaid publicity and press coverage through either mainstream outlets like television, radio, print, talk shows, editorials, or letters to the editor, traditional web publishers, or social media outlets like blogs, community forums, and podcasts. Earned media does not include paid marketing such as advertising and sponsorships.	In the past three years, **no** earned media items relevant to the indicator have appeared in the community from local, regional, state, or national sources.	**At least 1 unpaid earned media item per year** relevant to the indicator has appeared in the community from local, regional, state, or national sources, in the past three years.	**At least 2 unpaid earned media items per year** relevant to the indicator have appeared in the community from local, regional, state, or national sources, in the past three years.	**At least 3 unpaid earned media items per year** relevant to the indicator have appeared in the community from local, regional, state, or national sources, in the past three years.	**At least 4 unpaid earned media items per year** relevant to the indicator have appeared in the community from local, regional, state, or national sources, in the past three years.	**At least 5 unpaid earned media items per year** relevant to the indicator have appeared in the community from local, regional, state, or national sources, in the past three years. Additionally, earned media is **routinely used to increase** awareness about this issue and to set an agenda.

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Asset Assessment Instructions

Purpose: The Asset Worksheet findings will be used to help identify factors that promote and sustain tobacco control efforts in the community by facilitating tobacco control work. You will be able to determine "how much" or "to what extent" an issue is being addressed in your community.

Assessment and Rating Process: The assessment and rating of Assets should be based on your completers' knowledge of the assets and a discussion of all relevant quantitative and qualitative data collected and reviewed. Refer to the Assets Rating Rubric to help guide the discussion. In addition to rating the assets, you will write a brief narrative summary (limited to 500 words) which explains and supports the rating given to each asset.

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1. **Asset Numbers and Titles**: List the number and brief title for each asset rated.

   OTIS: A drop-down menu is provided in OTIS.

2. **Core Asset**: A "core" asset is one that every agency must assess. Refer to the funding guidelines/procurement for a list of the core assets. List the number for each core asset rated.

   OTIS: In OTIS, this field will be pre-populated.

3. **Community Area(s) Assessed**: Identify the community name(s) that best reflects the geographical area assessed. In general, county health departments should use a countywide perspective and city health departments should use a citywide perspective. However, there may be times when it is appropriate to use a different frame of reference for the assessment.

   OTIS: In OTIS there are drop-down menus for four types of communities: 1) countywide, 2) incorporated cities, 3) unincorporated communities, and 4) Indian tribal lands.

4. **Completion Date**: Identify the month, day, and year your agency completed the Asset Assessment.

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OTIS: A calendar is provided in OTIS to select the date.

5. **Data Sources, References and Citations**: Use local, regional, state and/or national data to assess the assets. List the title and year of data sources used in the assessment. Qualitative data sources, such as key informant interviews, focus group findings, and coalition discussions are acceptable data sources.

   OTIS: A drop-down menu of common data sources is in OTIS, but you are encouraged to identify additional local data or other references and citations.

6. **Who completed the assessment**? List the coalition name, organization names, and/or the names of individuals who reviewed data and rated the assets.

7. **Record Keeping**: For audit and record keeping purposes, it is recommended that you maintain a file with the data documents used to rate each asset along with a copy of the completed worksheet. Do not submit these documents to CTCP.

Asset Rating-Worksheet H

1. **Rating Scale**: Each asset is rated on a six point (0 to 5) Likert scale of *None, Poor, Fair, Good, Very Good, and Excellent*. You are not required to rate every asset. A "Not Rated" (NR) response is provided for those assets you do not rate.

   OTIS: In OTIS, a drop-down menu is provided.

2. **Rating Rubric**: Refer to the *Asset Rating Rubric* to help you with the assessment. The rubric provides a general definition or meaning for each measure on the Likert scale and will help guide your rating of each asset.

3. **Core Assets**: You are required to complete any Asset which is identified as a "Core" Asset in the funding document (e.g., Local Lead Agency Guidelines, Request for Application, or Request for Proposal).

   OTIS: In OTIS, this field will be pre-populated.

4. **Non-Core Assets**: Completion of non-core assets is optional. However, in order to include an objective and activities related to a specific asset, you must have assessed the asset.

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5. **Rating Assets**: Assign a rating of None to Excellent for each asset rated. For assets that are not rated, circle "NR" for not rated.

6. **Comments**: A "Comments" field is provided following each asset. Completion of this field is mandatory (limited to 500 words.) Use this field to record information that justifies and supports the rating. It is important that your comments substantiate and/or explain the rating given in order to provide context and background to the reviewers of your funding application.

7. **Complete CX Needs Assessment Overview Report Worksheet I**: Transfer the individual assets ratings to Worksheet I to manually create a report that summarizes your assessment conclusions.

   OTIS: This report will be created automatically in OTIS once data from the Asset Rating Worksheet is entered and saved in OTIS.

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Asset Assessment Cover Page

Asset #:	Asset Title(s):

Which were Core Assets? (Provide Asset Numbers)

Community Area(s) Assessed:

Asset Assessment Completion Date:

Which quantitative and qualitative data sources, references, and citations were used to complete the Asset ratings? (Title and Year)

Who was engaged in discussing and completing the Asset ratings? (List the coalition name, organizational names or the names of individuals.)

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Asset Rating - Worksheet H

Instructions: Based on your review and discussion of data, circle the most appropriate rating. Circle "NR" (not rated) for those assets which you are not rating.

	Community Asset	None	Poor	Fair	Good	Very Good	Excellent	
1.1	**Tobacco Control Funding:** The local jurisdiction's annual per capita funding dedicated to tobacco control for both community and school programs, from various sources, including tobacco taxes (e.g., Propositions 99, 10, 56), Master Settlement Agreement, and other public or private sources is $6.54 to $9.15, consistent with the Centers for Disease Control and Prevention Best Practices, 2014 recommendations for California.	0	1	2	3	4	5	NR
	Comments:							
1.2	**Master Settlement Agreement (MSA) Funding:** The amount of MSA funds that are appropriated for the purpose of tobacco control activities.	0	1	2	3	4	5	NR
	Comments:							

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	Community Asset	None	Poor	Fair	Good	Very Good	Excellent	
1.3	**Proposition 10 Funding:** The amount of local Proposition 10 funds that are appropriated for cessation and secondhand smoke education targeting pregnant women and families with young children.	0	1	2	3	4	5	NR
	Comments:							
2.1	**Training and Skill Building**: The extent our program provides technical assistance and support to diverse community groups to enable them to effectively engage in tobacco control activities and activities to reduce tobacco-related social determinants of health.	0	1	2	3	4	5	NR
	Comments:							

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	Community Asset	None	Poor	Fair	Good	Very Good	Excellent	
2.2	**Coalition/Advisory Committee Satisfaction**: The degree coalition/ advisory committee members are satisfied with group functioning, ability to recruit and engage diverse partners, and member involvement in intervention activities that focus on policy, system, and environmental change.	0	1	2	3	4	5	NR
	Comments:							
2.3	**Key Opinion Leader Support**: The extent of support among local key opinion leaders for tobacco related community norm change strategies.	0	1	2	3	4	5	NR
	Comments:							

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	Community Asset	None	Poor	Fair	Good	Very Good	Excellent	
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.	0	1	2	3	4	5	NR
	Comments:							
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.	0	1	2	3	4	5	NR
	Comments:							

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	Community Asset	None	Poor	Fair	Good	Very Good	Excellent	
3.1	**Coalition/Advisory Committee Diversity**: The degree our program engages a coalition or advisory committee in designing and implementing tobacco control activities that includes diversity across race/ ethnicity, culture, sexual orientation and gender identity, geography, and non-traditional partners (e.g., housing, employee development, law enforcement, parks and recreation, environmental groups).	0	1	2	3	4	5	NR
	Comments:							
3.3	**Cultural Competence Assessment**: The degree our program conducts organizational cultural competence assessments.	0	1	2	3	4	5	NR
	Comments:							

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	Community Asset	None	Poor	Fair	Good	Very Good	Excellent	
3.4	**Tailored Educational and Outreach Materials:** The degree our program makes culturally appropriate educational, outreach and media materials easily available and appropriate for the languages and literacy levels of commonly encountered groups in the service area.	0	1	2	3	4	5	NR
	Comments:							
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.	0	1	2	3	4	5	NR
	Comments:							

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	Community Asset	None	Poor	Fair	Good	Very Good	Excellent	
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.	0	1	2	3	4	5	NR
	Comments:							

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	Community Asset	None	Poor	Fair	Good	Very Good	Excellent	
4.2	**Affordable Care Act Community Health Needs Assessment Participation**: The number of local tobacco control advocates who actively participate in the Community Health Needs Assessment, which is required to be conducted by non-profit hospitals every three years pursuant to the Affordable Care Act*, for the purpose of promoting the inclusion of indicators and interventions that support tobacco-free living (e.g., physical environment and housing improvements, economic development, community support, leadership development, coalition development, community health improvement and advocacy, workforce development, other community development activities to build health and safety). *SEC. 9097: Additional Requirements for Charitable Hospitals and as defined in Internal Revenue Service, Schedule H instructions (Form 990), 2011.	0	1	2	3	4	5	NR

Comments:

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Assets Rating Rubric

Worksheet H

	Tobacco Control Funding Assets	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
1.1	**Tobacco Control Funding:** The local jurisdiction's annual per capita funding dedicated to tobacco control for both community and school programs, from various sources, including tobacco taxes (e.g., Propositions 99, 10, 56), Master Settlement Agreement, and other public or private sources is $6.54 to $9.15, consistent with the Centers for Disease Control and Prevention Best Practices, 2014 recommendations for California.	**No** local funding, including Propositions 99, 56, and 10, is appropriated for tobacco control. Proposition 99, is appropriated for tobacco control.	Per capita appropriation for tobacco control in the community area assessed from all sources, including, but not limited to, monies from Propositions 99, 56, and 10 (including TUPE and Department of Justice); MSA; federal funds, foundations, and lawsuits is: **Less than $3**	Per capita appropriation for tobacco control in the community area assessed from all sources, including, but not limited to, monies from Propositions 99, 56, and 10 (including TUPE and Department of Justice); MSA; federal funds, foundations, and lawsuits is: **At least $4.50**	Per capita appropriation for tobacco control in the community area assessed from all sources, including, but not limited to, monies from Propositions 99, 56, and 10 (including TUPE and Department of Justice); MSA; federal funds, foundations, and lawsuits is: **At least $6.54**	Per capita appropriation for tobacco control in the community area assessed from all sources, including, but not limited to, monies from Propositions 99, 56, and 10 (including TUPE and Department of Justice); MSA; federal funds, foundations, and lawsuits is: **About $7.50**	Per capita appropriation for tobacco control in the community area assessed from all sources, including, but not limited to, monies from Propositions 99, 56, and 10 (including TUPE and Department of Justice); MSA; federal funds, foundations, and lawsuits is: **About $9 Or more**

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Tobacco Control Funding Assets	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
1.2 **Master Settlement Agreement (MSA) Funding:** The amount of MSA funds that are appropriated for the purpose of tobacco control activities.	**No** city or county MSA funds are appropriated for the purpose of tobacco control activities.	Annual MSA appropriation is **>0% but ≤ 25%** of the health department's annual Propositions 99 and 56 LLA allocation.	Annual MSA appropriation is **>25% but ≤ 50%** of the health department's annual Propositions 99 and 56 LLA allocation.	Annual MSA appropriation is **>50%, but ≤75%** of the health department's annual Propositions 99 and 56 LLA allocation.	Annual MSA appropriation is **>75%, but ≤ 100%** of the health department's annual Propositions 99 and 56 LLA allocation.	Annual MSA appropriation is **greater** than the health department's annual Propositions 99 and 56 LLA allocation.

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Tobacco Control Funding Assets	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
1.3 **Proposition 10 Funding**: The amount of local Proposition 10 funds that are appropriated for cessation and second-hand smoke education targeting pregnant women and families with young children.	The local Proposition 10 Commission Plan **does not** address cessation and second-hand smoke education targeting pregnant women and families with young children.	The local Proposition 10 Commission Plan **includes** goals and objectives addressing cessation and secondhand smoke education targeting pregnant women and families with young children, -but- **no** specific projects or activities are identified.	The local Proposition 10 Commission Plan **includes** goals and objectives addressing cessation and secondhand smoke education targeting pregnant women and families with young children -but- **less than 1%** of the health jurisdiction's Proposition 10 allocation is for these activities.	The local Proposition 10 Commission Plan **includes** goals and objectives addressing cessation and secondhand smoke education targeting pregnant women and families with young children -and- appropriates **1%** of the health jurisdiction's Proposition 10 allocation for these activities.	The local Proposition 10 Commission Plan **includes** goals and objectives addressing cessation and secondhand smoke education targeting pregnant women and families with young children -and- appropriates **greater than 1% and less than 5%** of the health jurisdiction's Proposition 10 allocation for these activities.	The local Proposition 10 Commission Plan **includes** goals and objectives addressing cessation and secondhand smoke education targeting pregnant women and families with young children -and- **appropriates 5% or more** of the health jurisdiction's Proposition 10 allocation for these activities.

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Social Capital Assets	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
2.1 **Training and Skill Building**: The extent our program provides technical assistance and support to diverse community groups to enable them to effectively engage in tobacco control activities and activities to reduce tobacco-related social determinants of health.	**No** tobacco control training and skill building activities were provided by our project to diverse community groups in the **past 12 months** to enable them to effectively engage in tobacco control activities and activities to reduce tobacco-related social determinants of health.	**One** tobacco control advocacy training or skill building activity was provided to diverse community groups in the **past 12 months** to enable them to effectively engage in tobacco control activities and activities to reduce tobacco-related social determinants of health.	**Two** tobacco control advocacy training or skill building activities were provided to diverse community groups in the **past 12 months** to enable them to effectively engage in tobacco control activities and activities to reduce tobacco-related social determinants of health.	**Three** tobacco control advocacy training or skill building activities were provided to diverse community groups in the **past 12 months** to enable them to effectively engage in tobacco control activities and activities to reduce tobacco-related social determinants of health.	**Four** tobacco control advocacy training or skill building activities were provided to diverse community groups in the **past 12 months** to enable them to effectively engage in tobacco control activities and activities to reduce tobacco-related social determinants of health.	**Five or more** tobacco control advocacy or skill building activities were provided to diverse community groups in the **past 12 months** to enable them to effectively engage in tobacco control activities and activities to reduce tobacco-related social determinants of health.

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	Social Capital Assets	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
2.2	**Coalition/ Advisory Committee Satisfaction**: The degree coalition/ advisory committee members are satisfied with group functioning, ability to recruit and engage diverse partners, and member involvement in intervention activities that focus on policy, system, and environmental change.	**No** satisfaction survey was disseminated in the last 12 months to assess satisfaction with program planning, involvement of the community, implementation activities, quality of services, or progress made.	A satisfaction survey was disseminated in the last 12 months. **No to very low satisfaction** was expressed by members on **3 or more** of the following measures: program planning, involvement of the community, implementation of activities, quality of services, or progress made.	A satisfaction survey was disseminated in the last 12 months. Members expressed **fairly low** satisfaction on **2** of the following measures, but others were rated somewhat satisfied to very satisfied: program planning, involvement of the community, implementation of activities, quality of services, and progress made.	A satisfaction survey was disseminated in the last 12 months. Members were **somewhat satisfied** with regard to: program planning, involvement of the community, implementation of activities, quality of services, and progress made.	A satisfaction survey was disseminated in the last 12 months. Members expressed **satisfaction** with regard to: program planning, involvement of the community, implementation of activities, quality of services, and progress made.	A satisfaction survey was disseminated in the last 12 months. Members expressed **high to very high satisfaction** with regard to: program planning, involvement of the community, implementation of activities, quality of services, and progress made.

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Social Capital Assets	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
2.3 **Key Opinion Leader Support**: The extent of support among local key opinion leaders for tobacco related commu-nity norm change strategies.	There is **no** support for tobacco-related community norm change strategies among local key opinion leaders as evidenced by surveys, key informant interviews, policy votes, statements in the media, etc. Statements are made by policy makers to not accept Prop 99 or 56 funding.	There is **minimal** support for tobacco-related community norm change strategies among local key opinion leaders as evidenced by surveys, key informant interviews, policy votes, statements in the media, etc. Support is generally tied to youth-only initiatives.	There is **some** support for tobacco-related community norm change strategies among local key opinion leaders as evidenced by surveys, key informant interviews, policy votes, statements in the media, etc. Support is generally tied to youth-only initiatives	There is **consistent** support for tobacco-related community norm change strategies among local key opinion leaders as evidenced by surveys, key informant interviews, policy votes, statements in the media, etc. There is support for initiatives that go beyond a youth focus.	There is **progressive** support for tobacco-related community norm change strategies among local key opinion leaders as evidenced by surveys, key informant interviews, policy votes, statements in the media, etc. Local key opinion leaders initiate community norm change strategies.	There is **consistent** and **progressive** support for tobacco-related community norm change strategies among local key opinion leaders as evidenced by surveys, key informant interviews, policy votes, statements in the media, etc. Local key opinion leaders initiate community norm change strategies.

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Social Capital Assets	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
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.	Our tobacco control program **does not have** participatory collaborative partnerships with diverse youth and youth-serving organizations.	Our tobacco control program has participatory collaborative partnerships with diverse youth and youth-serving organizations. **At least 1 time** per year, we engage them to support tobacco control-related activities that focus on policy, system, and environmental change; mobilize their involvement in community assessments; and participate in activities that address tobacco-related determinants of health.	Our tobacco control program has participatory collaborative partnerships with diverse youth and youth-serving organizations. **At least 2 times per year**, we engage them to support tobacco control-related activities that focus on policy, system, and environmental change; mobilize their involvement in community assessments; and participate in activities that address tobacco-related determinants of health.	Our tobacco control program has participatory collaborative partnerships with diverse youth and youth-serving organizations. **At least 3 times per year**, we engage them to support tobacco control-related activities that focus on policy, system, and environmental change; mobilize their involvement in community assessments; and participate in activities that address tobacco-related determinants of health.	Our tobacco control program has participatory collaborative partnerships with diverse youth and youth-serving organizations. **At least 4 times per year**, we engage them to support tobacco control-related activities that focus on policy, system, and environmental change; mobilize their involvement in community assessments ; and participate in activities that address tobacco-related determinants of health.	Our tobacco control program has participatory collaborative partnerships with diverse youth and youth-serving organizations. **At least 5 times per year**, we engage them to support tobacco control-related activities that focus on policy, system, and environmental change; mobilize their involvement in community assessments; and participate in activities that address tobacco-related determinants of health.

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Social Capital Assets	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
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	Our tobacco control program **never** has collaborative partnerships with diverse organizations and individuals (not including CTCP and TUPE), to engage them to support tobacco control-related activities that focus on policy, system, and environmental changes such as community assessments, data collection, education of community	Our tobacco control program has participatory collaborative partnerships with diverse organizations and individuals. **At least 1 time per year**, our tobacco control program has collaborative partnerships with diverse organizations and individuals (not including CTCP and TUPE), to engage them to support tobacco control- related activities that focus on policy, system, and	Our tobacco control program has participatory collaborative partnerships with diverse organizations and individuals. **At least 2 times per year**, our tobacco control program has collaborative partnerships with diverse organizations and individuals (not including CTCP and TUPE), to engage them to support tobacco control-related activities that focus	Our tobacco control program has participatory collaborative partnerships with diverse organizations and individuals. **At least 3 times per year**, our tobacco control program has collaborative partnerships with diverse organizations and individuals (not including CTCP and TUPE), to engage them to support tobacco control-related activities that focus	Our tobacco control program has participatory collaborative partnerships with diverse organizations and individuals. **At least 4 times per year**, our tobacco control program, has collaborative partnerships with diverse organizations and individuals (not including CTCP and TUPE), to engage them to support tobacco control-related activities that focus	Our tobacco control program has participatory collaborative partnerships with diverse organizations and individuals. **At least 5 times per year**, our tobacco control program has collaborative partnerships with diverse organizations and individuals (not including CTCP and TUPE), to engage them to support tobacco control-related activities that focus on

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2.5	makers, and media events.	members and decision makers, and media events.	environmental changes such as community assessments, data collection, education of community members and decision makers, and media events.	on policy, system, and environmental changes such as community assessments, data collection, education of community members and decision makers, and media events.	on policy, system, and environmental changes such as community assessments, data collection, education of community members and decision makers, and media events.	on policy, system, and environmental changes such as community assessments, data collection, education of community members and decision makers, and media events.	policy, system, and environmental changes such as community assessments, data collection, education of community members and decision makers, and media events.

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	Cultural Diversity and Cultural Competence Assets	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
3.1	**Coalition/Advisory Committee Diversity**: The degree our program engages a coalition or advisory committee in designing and implementing tobacco control activities that includes diversity across race/ethnicity, culture, sexual orientation and gender identity, geography, and non-traditional partners (e.g., housing,	Our tobacco control program has **not built and engaged** a diverse coalition or advisory committee in designing and implementing tobacco control activities.	Our tobacco control program **has built and engaged** a coalition or advisory committee in which **a few** of the groups from our demographic profile or non-traditional partners are represented among the membership and the executive leadership of the group.	Our tobacco control program has **built and engaged** a coalition or advisory committee in which **some** of the groups from our demographic profile or non-traditional partners are represented among the membership and are engaged in the executive leadership of the group.	Our tobacco control program has **built and engaged** a diverse coalition or advisory committee in which **most** of the groups from our demographic profile or non-traditional partners are represented among the membership and are engaged in the executive leadership of the group.	Our tobacco control program has **built and engaged** a diverse coalition or advisory committee in which **almost all** groups from our demographic profile or non-traditional partners are represented among the membership and are engaged in the executive leadership of the group.	Our tobacco control program has **built and engaged** a highly diverse coalition or advisory committee in which **all** groups from our demographic profile or non-traditional partners are represented among the membership and engaged in the executive leadership of the group.

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3.1	employee development, law enforcement, parks and recreation, environmental groups).		Members are **rarely involved** in designing and implementing tobacco control activities.	Members are **sometimes involved** in designing and implementing tobacco control activities.	Our tobacco Members are **usually involved** in designing and implementing tobacco control activities.	Members are **almost always involved** in designing and implementing tobacco control activities.	Members are **always highly involved** in designing and implementing tobacco control activities.

Cultural Diversity and Cultural Competence Assets		None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
3.3	**Cultural Competence Assessment**: The degree our program conducts organizational cultural competence assessments.	Our tobacco control program **has no current plans to perform** a self-assessment of cultural competence.	Our tobacco control program **has discussed or planned** self-assessments of cultural competence -but- has not completed one.	Our tobacco control program **performed** self-assessments of cultural competence in the past -but- has not done so in more than 4 years.	Our tobacco control program **performed** self-assessments of cultural competence within the past 3 years -but- has done so on an **as needed basis or inconsistently over time**.	Our tobacco control program **follows** a cultural competency model but **has not** used the results to make project improvements.	Our tobacco control program **follows** the competency model and **uses** the results to make project improvements.

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Cultural Diversity and Cultural Competence Assets	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
3.4 **Tailored Educational and Outreach Materials**: The degree our program makes culturally appropriate educational, outreach and media materials easily available and appropriate for the languages and literacy levels of commonly encountered groups in the service area.	Educational and media materials used by our tobacco control program **do not reflect** the major cultural, ethnic, and language needs of the communities served, relative to the demographics of the community.	Educational and media materials used by our tobacco control program **currently do not reflect** the major cultural, ethnic, and language needs of the communities served, relative to the demographics of the community. However, there are materials that are **being developed and/or being revised** to work toward meeting this gap.	Educational and media materials used by our tobacco control program **reflect a few** of the major cultural, ethnic, and language needs of the communities served, relative to the demographics of the community, -but- there are **major gaps** in terms of the populations and/or breadth of subject matter.	Educational and media materials used by our tobacco control program **reflect several** of the major cultural, ethnic, and language needs of the communities served, relative to the demographics of the comunity, -but- there are **some gaps** in terms of the populations and/or breadth of subject matter.	Educational and media materials used by our tobacco control program **reflect most** of the major cultural, ethnic, and language needs of the communities served, relative to the demographics of the community, -but- there are **minor gaps** in terms of the populations and/or breadth of subject matter.	Educational and media materials used by our tobacco control program **reflect all** of the major cultural, ethnic, and language needs of the communities served, relative to the demograpics of the community. There are **no gaps** in terms of the populations and/or breadth of subject matter.

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	Cultural Diversity and Cultural Competence Assets	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
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.	**No** culturally and ethnically diverse organizations are funded to implement community norm change-focused tobacco control efforts in the community.	**No** culturally and ethnically diverse organizations are funded to implement community norm change-focused tobacco control efforts in the community. **However, at least one** mainstream organization such as the local health department or voluntary health organization is funding a specific community norm change-focused tobacco control effort within a culturally or ethnically diverse community.	**One** culturally or ethnically diverse organization, in proportion to the demographics of the community, is funded to implement community norm change-focused tobacco control efforts.	**Two or three** culturally or ethnically diverse organizations, in proportion to the demographics of the community, are funded to implement community norm change-focused tobacco control efforts.	**Four or five** culturally or ethnically diverse organizations, in proportion to the demographics of the community, are funded to implement community norm change-focused tobacco control efforts.	**More than five** culturally or ethnically diverse organizations, in proportion to the demographics of the community, are funded to implement community norm change-focused tobacco control efforts.

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Tobacco Control Planning Assets	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
4.1 **Tobacco-Related Recommend-ations in Commu-nity Plans**: The extent our program participates in local planning to integrate tobacco-related interventions recom-mendations into local and regional general plans, community health/health equity frameworks, Adverse Childhood	In the **past three years**, our tobacco control program **has not participated** in any plan-ning process to integrate tobacco-related interventions into local and regional general plans, commu-nity health/ health equity frameworks, Adverse Childhood Experience protocols,	In the **past three years**, our tobacco control program **has participated** in **at least one planning process** where we have provided tobacco-related intervention contributions for local and regional general plans, community health/ health equity frameworks, Adverse Childhood Experience protocols,	In the **past three years**, our tobacco control program **has participated** in **two (2) planning pro-cesses** where we have provided tobacco-related intervention contributions for local and regional general plans, community health/health equity frameworks, Adverse Childhood Experience	In the **past three years**, our tobacco control program **has participated** in **three (3) planning processes** where we have pro-vided tobac-co-related intervention contributions for local and regional general plans, commu-nity health/ health equity frameworks, Adverse Childhood Experience protocols,	In the **past three years**, our tobacco control program **has participated** in **four (4) planning processes** where we have pro-vided tobac-co-related intervention contributions for local and regional general plans, commu-nity health/ health equity frameworks, Adverse Childhood Experience protocols,	In the **past three years**, our tobacco control program **has participated** in **five (5) or more planning processes** where we have provided tobacco-relat-ed intervention contributions for local and regional general plans, community health/health equity frame-works, Adverse Childhood Experience protocols, health depart-ment accredi-tations,

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4.1	Experience protocols, health department accredita-tions, and/or other similar evidence-informed, commu-nity planning processes.	health department accredita-tions, and/or other similar evidence-informed, commu-nity planning processes.	health department accreditations, and/or other similar evidence-informed, community planning processes.	protocols, health department accredita-tions, and/or other similar evidence-informed, commu-nity planning processes.	health department accredita-tions, and/or other similar evidence-informed, commu-nity planning processes.	health department accredita-tions, and/or other similar evidence-informed, commu-nity planning processes.	and/or other similar evidence-informed, community planning pro-cesses.

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Tobacco Control Planning Assets	None 0	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
4.2 **Affordable Care Act Community Health Needs Assessment (CHNA) Participation**: The number of local tobacco control advocates who actively participate in the Community Health Needs Assessment, which is required to be conducted by non-profit hospitals every three years pursuant to the Affordable Care Act*, for the purpose of promoting the inclusion of indicators and interventions that support tobacco-free living (e.g., physical environment and housing improvements, economic development, community support, leadership development, coalition development, community health improvement	Tobacco control advocates **have not approached local hospitals** about participating in the CHNA **-and- none participated** in the development of the most recent CHNA.	Tobacco control advocates **have approached local hospitals** about participating in the CHNA, **-but- none were active participants** in the most recent CHNA.	**At least 1** tobacco control advocate **participated in the most recent CHNA, -but- the needs assessment plan did not address interventions** that support tobacco free living. *	**At least 1** tobacco control advocate **participated in the most recent CHNA -and- the plan explicitly addressed interventions** that support tobacco free living. *	**More than 1** tobacco control advocates **actively participated in the most recent CHNA -and- the resulting plan includes at least 1** explicit tobacco control indicator **-and- at least 2** measures that support tobacco free living. *	Tobacco control advocates **actively participated in the most recent CHNA -and- the resulting plan includes more than 1** explicit tobacco control indicator **–and- at least 3 measures** that support tobacco free living.*

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4.2 and advocacy, work-force development, other community development activities to build health and safety).
*SEC. 9097: Additional Requirements for Charitable Hospitals and as defined in Internal Revenue Service, Schedule H instructions (Form 990), 2011.

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Needs Assessment Overview Report Instructions

Purpose: The purpose of the Needs Assessment Overview Report Worksheet I is to display and organize on one worksheet all of the scores and narratives for your CX needs assessment, prior to viewing this information in OTIS. This report will be created automatically in OTIS, once data from individual worksheets are entered and saved.

Instructions: Once individual worksheet data are entered and saved in OTIS, this information will automatically populate the Needs Assessment Overview Report. However, if you are completing worksheets on paper and want to give your completers instant feedback, you will need to transfer the information from the individual worksheets onto the Needs Assessment Overview Report Worksheet.

1. **Cover Page Information**

   Write down your agency name, community area(s) assessed, and date the CX assessment was completed.

2. **Record the Social Disparities Score**

   - Transfer the ratings from the Social Disparities Capacity Rating- Worksheet A (Items 1 through 5) to Worksheet I
   - Transfer the score from Box A-1 of the Social Disparities Capacity Rating- Worksheet A to Worksheet I
   - Record important facts from the Social Disparities Capacity Narrative Summary on Worksheet I

3. **Record the Indicator Ratings and Score**

   - Record the indicator number and brief title on Worksheet I, column 1.
   - Transfer the score from Box B-1 of the Community Readiness- Worksheet B to Worksheet I, column 2.

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- Transfer the score from Box C-1 of the Stage of Change- Worksheet C to Worksheet I, column 3.

- Transfer the score from Box D-1 of the Policy Quality- Worksheet D to Worksheet I, column 4.

- Transfer the score from Box E-1 of the Policy Reach - Worksheet E to Worksheet I, column 5.

- Transfer the score from Line 3 of the Total Indicator Score- Worksheet F to Worksheet I, column 6.

- Transfer the score from Line 4 of the Total Indicator Score- Worksheet F to Worksheet I, column 7.

- Transfer important facts from the Narrative Summary- Worksheet G to Worksheet I, column 8.

4. **Record the Asset Score**

- Record the asset number and brief title on Worksheet I, column 1.

- Transfer the rating circled for each of the assets rated in the Asset Rating- Worksheet H to Worksheet I, column 2.

- Transfer important comments for each of the assets rated in the Asset Rating - Worksheet H to Worksheet I, column 3.

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Needs Assessment Overview Report

Needs Assessment Overview Report - Worksheet I

Agency Name:

Community Area(s) Assessed:

Date CX Assessment Completed:

Social Disparities Capacity Assessment Overview - Worksheet I

Item	Rating	**Social Disparities Narrative Summary**: Overall, describe the program's strengths and weaknesses in relation to the 5 items assessed.
1. Tobacco-related Data Profile		
2. Tobacco Disparity Stategic Plan		
3. Social Determinants of Health Considerations		
4. Media Engagement		
5. Evaluation Inclusion		
RATING SUM		
Social Disparities Score (Rating Sum x 100/25)	**(%)**	

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Indicator Assessment Overview - Worksheet I

1 Indicator (# and Brief Title)	2 Community Readiness Score %	3 Stage of Change Score %	4 Policy Quality Score %	5 Policy Reach Score %	6 Total Policy/ System Status Score %	7 Total Indicator Score %	8 Indicator Narrative Summary: Items 1-5 (Worksheet G)

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Asset Assessment Overview - Worksheet I

1 Asset (# and Brief Title)	2 Rating	3 Comments

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Priority Setting Following a CX Needs Assessment

Creating a Balanced Workplan

A priority setting process will help determine which of the assessed indicators and assets will lead to the greatest community impact and should ultimately become workplan objectives. Prioritizing the indicators and assets involves narrowing the list to those that are most important to work on during the workplan period. Once the priority indicators and assets have been determined, the LLA will create a workplan that reflects those priorities. CTCP recommends that community members and tobacco control partners be involved in identifying priorities while LLA staff and the local program evaluator take responsibility for writing the objectives. The prioritization decisions can also help non-LLA tobacco control partners identify other work that may be needed in the jurisdiction.

There are many models available to assist with priority setting, and each agency has the flexibility to choose their preferred method. This section contains examples of priority setting methods; how to utilize the results of priority setting to create a LLA workplan; and why you should share the prioritization results with other community partners.

Priority Setting: An Overview

Priority setting involves consideration of a variety of factors, from funding limitations to the political climate. Keep in mind that the CX Needs Assessment scores are a starting point for the discussion on priority setting and should not form the sole basis of your prioritization decisions. In general, the lower overall score an indicator or rating an asset receives, the greater the need to work on that indicator or asset. Indicators are scored using a scale of 1 to 100. A score of 85 percent or above would be considered high, a score of between 70 percent and 85 percent would be fair, and a score below 70 percent would be low. Thus, a score of 69 percent or lower would indicate a high need to work on a particular indicator. Assets are rated on a zero to five Likert scale, with zero

The lower overall score or rating an indicator or asset receives, the greater the need to work on that indicator or asset.

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indicating a low score and five indicating a high score. Similar to indicators, the lower the score, the greater the need to work on a particular asset.

Creating a balanced workplan in terms of comprehensiveness, effort, community participation and engagement, and meaningful community norm change for tobacco control is the overall goal. Factors besides the overall scores or ratings should be considered when selecting priorities for the greatest impact in a community. For example, consider the following questions when prioritizing indicators and assets:

- Will this issue align with CTCP requirements?
- Does the issue advance health equity in my community?
- Will addressing the issue result in long-term, sustainable community change?
- Is there political will among decision-makers to address the issue? Can political will be obtained?
- Do community members feel enthusiastic about the issue? Is there community momentum around the issue? Can community momentum be created?
- Do agency staff, coalition members, and/or community partners have the resources needed to work on the issue? If not, can the resources be acquired?
- Will this issue address emerging needs and challenges facing the community?

This is not an exhaustive list, but rather, examples of factors to consider when selecting indicators and assets as priorities. The degree of importance assigned to each of these and other questions depends on the unique needs of each agency and/or community.

Many different voices and perspectives should be at the decision-making table. Involving key stakeholders in the priority setting process supports community buy-in, which is important to achieving success and may also give you political justification if a controversial area is selected as a priority for your workplan. Determine who should be part of the priority setting process early, invite participants, and ensure you have a committed group that represents your community.

Decide how much input the participants will have in terms of final decisions. Will community participants votes count toward a final decision, or will their identified priorities be recommendations for consideration by the LLA? Setting expectations for participation at the beginning, and reaffirming roles throughout will help the priority setting process be collaborative and constructive. Following the priority setting process, maintain engagement by

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periodically updating participants on progress toward finalizing the workplan and starting to work on the new objectives.

Priority Setting Processes

There are four main steps in the priority setting process. The four steps are outlined below and examples of how you might complete the priority setting process are included for reference.

Step 1: Choose a Process for Priority Setting

There is no correct or incorrect process, but it is important that the method be clear and easy to understand for everyone participating. The examples in this manual have been successful in the past, and can be adapted for in person or virtual meetings.

Step 2: Choose Criteria for Priority Setting

Select criteria that will help you compare each indicator and asset. The criteria must be fair and consistent across each indicator or asset. In general, three to five criteria is recommended. Consider criteria that will assist in measuring the impact of an indicator or asset, or that have particular importance for your community. You can choose from the list below, Options for Prioritization Criteria, or develop your own.

Options for Prioritization Criteria

1. **Coalition Enthusiasm/Engagement**: The issue would be fun, enjoyable, and exciting to address. There is community momentum around the issue. If this criteria is utilized, it is important that the coalition represents broad community diversity (e.g., age, race/ethnicity, education level, organizational and community sector representation, and/or personal interest) within your LLA jurisdiction.

2. **Cost Benefit**: Working on the issue will result in an outcome that is greater than the human and financial resources needed to achieve the change (i.e., an assessment of how much "bang for the buck" you will receive).

3. **Data-driven**: There is research or evaluation data that indicate addressing the issue is effective at achieving the desired outcome. Different issues and communities may need different approaches based on the diversity within the community.

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4. **Area of Need**: The overall CX rating indicates a low score, there is an under-served population with tobacco-related disparities, or a geographic area that has a high need related to the indicator or asset.

5. **Long-Term**: Addressing the issue will result in a policy, system, or environmental change or social norm change that is sustained and becomes a community norm.

6. **Meaningful**: Addressing the issue will make a real impact in terms of the problem addressed. The amount of change that can be created may be different for various communities, especially populations with tobacco-related disparities, and this should be accounted for.

7. **Political Will**: There is political will or enough community support to create political will among decision-makers to address the issue.

8. **Practical**: The community has the expertise, time, and resources to address the issue. Partners can support the case for practicality.

9. **Public Support**: Support by the public and/or influential community leaders for the issue is fair to excellent.

10. **Reach**: A large segment of the community with tobacco-related health disparities will be reached or impacted by the issue/intervention or an especially vulnerable population will be reached or impacted.

11. **Stretch**: The issue reflects new ground for the group and may involve tapping into new skills and partnerships that involve building the capacity of the group, including organizations that serve vulnerable populations or local leaders or champions.

12. **Winnable**: It is likely that the group will succeed in achieving the action.

13. **Equitable**: The issue allows a community to advance equity or address an inequity in the community.

14. **Upstream approach**: The issue is tackling the structure or system, such as social and political injustices, that is enabling inequities related to race, class, gender, or economic status, or contributes to tobacco-related health disparities.

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15. **Power**: This issue allows us work with new partners and sectors, including communities experiencing inequities, to innovate solutions and intentionally share power and decision making, which can help promote community ownership of the issue.

16. **Mobilizing**: This issue allows us to investigate, collect, and share data that promotes awareness about root causes of inequities to improve health outcomes for priority populations.

Step 3: Rate, Score, or Rank Indicators and Assets

Rating, scoring, or ranking the indicators and assets can be a challenging endeavor so it is important to have a clear process laid out. You can use one of the examples highlighted in this manual or a different process, but it must be clear and equitable. Example 1 shows how to use a priority setting chart, and Example 2 shows how to use a score chart comparison. Use scores and narrative information from completed indicator and asset worksheets to populate the charts.

Group charts by focus areas for indicators (i.e., Area 1: Limit Tobacco Promoting Influences, Area 2: Reduce Exposure to Secondhand Smoke, Tobacco Waste, and Other Tobacco Products, Area 3: Reduce the Availability of Tobacco, Area 4: Promote Tobacco Cessation). Also, group assets together when organizing rating charts. This will assist you in understanding what indicators and assets you can utilize to meet CTCP requirements for workplan development.

Depending on the number of indicators and assets to be rated, and the number of people working on priority setting, you may decide to break into smaller groups for this step, then reconvene to discuss, or you could decide to complete the process with the full group.

Step 4: Vote for Priorities

After rating, scoring, and ranking indicators, select a method for voting to help determine which assets and indicators to prioritize for the workplan. Example 1 shows a dot voting method, and Example 2 demonstrates a multi-voting method. You can use one of the voting methods highlighted in this manual or a different method.

Virtual Voting:

Sometimes an in-person meeting is not possible, or may not be the best way to involve all of the people you want to contribute to your CX priority setting process. The rating and voting processes can also be

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completed virtually. Use a virtual meeting platform such as WebEx or Zoom to conduct priority setting meetings. These platforms often have collaborative features such as whiteboards and instant polling that you can use to facilitate priority setting decisions. You can also gather input from different groups or individuals separately and incorporate all the feedback into the process.

Priority Setting Process Example 1: Indicator/Asset Priority Setting Chart and Dot Voting Method

Step 1: Choose a Process for Priority Setting

Example 1 demonstrates how to use an overall chart of indicators and assets for priority setting. This chart begins with the first three columns filled in with results from the indicator and asset worksheets, and the last two columns open for additional feedback to solicit during the priority setting meeting. Table 10. *Sample Indicator/Asset Priority Setting Chart* shows the indicator or asset name (column 1), overall score/rating (column 2), and key findings/needs (column 3).

Use scores and narrative information from the indicator and asset overview forms (Worksheet I) to populate the chart.

Table 10. Sample Indicator/Asset Priority Setting Chart

Indicator/ Asset	Overall Score/ Rating	Key Findings/ Needs	Prioritization Criteria/ Rating	Intervention Goal
2.2.13 Smokefree Multi-Unit Housing	50%	Policies have been adopted and imple-mented, but only 30% of the population is protected by the policies		

Step 2: Choose Criteria for Priority Setting

In this example, Coalition Enthusiasm/Engagement, Area of Need, Public Support, and Winnable were selected as prioritization criteria.

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Step 3: Rate, Score, or Rank Indicators and Assets

Through discussion and consensus, rate each criteria on a scale of zero to five with zero being lowest, and five being highest. Note what the intervention goal would be if it was ultimately selected as a priority and became an objective. Indicators can have intervention goals such as voluntary policy, legislated policy, or resolutions. Assets may address attitudes, beliefs, or process measures such as training or the amount of participation in local advocacy activities.

Write the consensus score for each criteria in the Prioritization Criteria/ Rating section (column 4). Determine an overall score for each indicator by calculating an average and rounding. Note the intervention goal (column 5) for each indicator. Scores and intervention goals for this example are included in Table 11. *Complete Indicator/Asset Priority Setting Chart.*

Table 11. Complete Indicator/Asset Priority Setting Chart

Indicator	Overall Score/ Rating	Key Findings/ Unique Factors	Prioritization Criteria/Rating	Intervention Goal
3.1 Coalition/ Advisory Committee Diversity	2	Several ethnic groups are underrep-resented in relation to their proportion in the community.	Coalition Ratings: Enthusiasm: 5 Area of Need: 4 Public Support: 4 Winnable: 2 Overall: 4	Organi-zational Policy (Voluntary)
2.2.13 Smokefree Multi-Unit Housing	50%	Policies have been adopted and implement-ed, but only 30% of the popula-tion is protected by the policies.	Coalition Ratings: Enthusiasm: 2 Area of Need: 4 Public Support: 0 Winnable: 2 Overall: 2	Legislated Policy
4.1.1 Cessation Services	75%	Cessation services are available, but not in Spanish.	Coalition Ratings: Enthusiasm: 3 Area of Need: 2 Public Support: 3 Winnable: 5 Overall: 3	Voluntary Policy

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Step 4: Vote for Priorities

Now that the indicators and assets have been rated, it is time for the group to vote for which will be priorities for the workplan. This example demonstrates a dot voting method.

Give participants dot stickers or utilize electronic symbols and ask them to vote for their top priorities based on their individual impression of the information on the chart. Each member places dot stickers next to their choices. To determine the number of dots per person, use the "1/4 rule"—if 20 indicators and assets were rated and are being considered, give each member 1/4 of 20, or five dots. Stickers may not be torn in half, and multiple stickers may not be placed on the same indicator or asset. Table 12. *Dot Voting Method* shows what a dot voting chart would look like. In this example, Indicator 2.2.13, Smokefree Multi Unit Housing received the most votes, and is considered a priority.

Table 12. Dot Voting Method

Indicator	Overall Score/ Rating	Key Findings/ Unique Factors	Prioritization Criteria/Rating	Intervention Goal	Votes
3.1 Coalition/ Advisory Committee Diversity	2	Several ethnic groups are underrepresented in relation to their proportion in the community.	Coalition Enthusiasm: 5 Area of Need: 4 Public Support: 4 Winnable: 2 Overall: 4	Organizational Policy (Voluntary)	
2.2.13 Smokefree Multi-Unit Housing	50%	Policies have been adopted and implemented, but only 30% of the population is protected by the policies.	Coalition Enthusiasm: 2 Area of Need: 4 Public Support: 0 Winnable: 2 Overall: 2	Legislated Policy	
4.1.1 Cessation Services	75%	Cessation services are available, but not in Spanish.	Coalition Enthusiasm: 3 Area of Need: 2 Public Support: 3 Winnable: 5 Overall: 3	Voluntary Policy	

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Priority Setting Process Example 2: Score Chart Comparison and Multi-Voting Method

Step 1: Choose a Process for Priority Setting

Example 2 demonstrates how to use a score chart comparison method to compare indicators and assets for priority setting. This method uses scores and narrative information from the indicator and asset overview forms (Worksheets B and H) to populate the charts. Table 13. *Sample Indicator Score Data* shows fictional indicator scores that will be used throughout this example.

Table 13. Sample Indicator Score Data

Indicator 1-(3.2.1) Tobacco Retail Licensing (TRL)	
Community Readiness	76%
Scope of the Problem-Very Good	
Community Awareness-Excellent	
Community Support-Good	
Decision Maker Support-Good	
Earned Media-Very Good	
Policy Status	
Stage	60%
Quality	40% - Fair
Reach	60% - Good
Total Policy Status Score	53%
Total Indicator Score	**68%**

Indicator 2-(2.2.13) MUH	
Community Readiness	76%
Scope of the Problem-Excellent	
Community Awareness-Very Good	
Community Support-Good	
Decision Maker Support-Poor	
Earned Media-Fair	
Policy Status	
Stage	80%
Quality	80% - Very Good
Reach	80% - Very Good
Total Policy Status Score	80%
Total Indicator Score	**68%**

Using the sample indicator score data as a basis for the score chart comparison discussions, populate only the first column with the indicator to be rated, and blank columns for the group to add findings (column 2), examination of findings (column 3) and the intervention goal (column 4) during the priority setting meeting.

Table 14. *Sample Score Chart Comparison Table* shows how to organize the chart. It's a good idea to group indicators by each priority area and assets all together. This will assist you in understanding what indicators and assets you can utilize to meet CTCP requirements for workplan development.

While the sample shows indicators, this chart can also be used for priority setting with assets.

Table 14. Sample Score Chart Comparison Table

Indicator/Asset	Findings	Examination of Findings	Intervention Goal
1.1.2: Content Neutral Signage Requirements			
2.2.13: Smokefree Multi-Unit Housing			
3.2.1: Tobacco Retail Licensing			
3.2.9: Menthol and Other Flavored Tobacco Products			
4.1.1: Tobacco Cessation Services			

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Step 2: Choose Criteria for Priority Setting

In this example, Community Readiness and Policy Status scores (e.g., Scope of the Problem, Community Support, Decision Maker Support, and Policy Reach and Quality) are criteria for discussion.

Step 3: Rate, Score, or Rank Indicators and Assets

Column 2, Findings

Discuss the scores that were established for each indicator and record key findings related to the criteria in column 2, Findings. Note areas of strength and weakness related to the selected criteria, and state current policy status. In this example, three tobacco retail license policies have passed in the LLA, but none have been implemented, and two multi-unit housing policies exist in the county, but only one is a legislated policy and it has been adopted and implemented. These factors are noted in Table 15. *Completed Score Chart Comparison Table*, column 2 for the indicators discussed in this example.

When examining the indicators in Table 13. *Sample Indicator Score Data*, note that there are differences in the criteria ratings, but the overall score for both indicators is 68 percent. Recall that an overall indicator score of 69 percent or below indicates a high need to work on a particular indicator. In this example, a more in-depth examination of the indicator findings is needed to select the priority.

Column 3, Examination of Findings

The CX priority setting group uses "insider knowledge," past experience, and quantitative or qualitative data to take a closer look at the rating criteria. After more closely examining the findings, record key observations in column 3, Examination of Findings. Consider these nuanced factors from the fictional example, and see how the information was included in Table 15. *Completed Score Chart Comparison Table*.

Even though Indicator #2, MUH scored fairly high on the Total Policy Status score (80 percent), the Decision Maker support was rated as poor and thus, Community Readiness was rated at only 60 percent. This outcome is possible, because the CX Needs Assessment addresses an entire community, rather than just one jurisdiction in the county. It is possible that there may be several jurisdictions in which the political will for an issue may be low, while also having a very strong policy passed on that issue in another jurisdiction.
In comparing the two indicators, Indicator #1, TRL may be more feasible and

practical to work on, given that Community Readiness scored higher for that indicator. Conversely, you may feel that although Community Readiness scored lower for MUH, that this is an area you can and want to address in your workplan. Perhaps you have knowledge and confidence that although political will may not be present right now, it can be obtained for this issue.

Column 4, Intervention Goal

Note what the intervention goal would be if it was ultimately selected as an objective. Indicators can have intervention goals such as voluntary policy, legislated policy, or resolutions. Assets may address attitudes, beliefs, or process measures such as training or the amount of participation in local advocacy activities.

Table 15. *Completed Score Chart Comparison Table* shows an example of intervention goals for this example.

Table 15. Completed Score Chart Comparison Table

Indicator/Asset	Findings	Examination of Findings	Intervention Goal
1.1.2: Content Neutral Signage Requirements			
2.2.13: Smokefree Multi-Unit Housing	Two policies, only one policy is legislated (adopted and implemented).	Very strong political will for MUH policy in City X	Go for adoption and implementation in City X
3.2.1: Tobacco Retail Licensing	Three policies, none implemented.	Need to focus on policy implementation, especially in City Y.	Go for countywide adoption and implementation, or do implementation only in City Y.
3.2.9: Menthol and Other Flavored Tobacco Products			
4.1.1: Tobacco Cessation Services			

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Step 4: Vote for Priorities

Now that the indicators and assets have been rated, it is time for the group to vote and narrow down priorities. This example demonstrates a multi-voting method.

In this method, multiple votes are taken consecutively. People can do this by marking their vote on a chart, by written ballots, or an electronic platform. Generally the more items on a list, the more votes each voting member should be allotted; five to ten votes is common, but the number of votes and how options are eliminated may vary. Reduce the number of votes each person has as the list narrows. With each round, eliminate lower-scoring options until the list is narrowed to the desired number of priorities.

Table 16. *Multi Voting Method* shows a scenario with results of the votes in this example. At any point if the decision is clear and you have arrived at the desired number of priorities, stop the voting process. If the list needs to be narrowed down more, hold additional rounds of voting. Keep in mind that for a comprehensive tobacco control plan, you will need to meet requirements outlined in the procurement with respect to the number of objectives, the number of policy objectives, the number and type of priority areas to be addressed, and any special campaign requirements. Be sure to identify at least one priority in each priority area and for assets to ensure flexibility when creating a workplan that meets community identified needs and CTCP requirements.

Round 1

In this example, ten participants each vote for their three priorities. Votes from this round are tallied, and items receiving the most votes continue, while others drop off. In this vote, 1.1.2: Content Neutral Signage Requirements and 4.1.1: Tobacco Cessation Services received the lowest number of votes and are dropped from the list.

Round 2

Each participant votes for their top two priorities from the condensed list of indicators or assets. In this round, 3.2.9: Menthol and Other Flavored Tobacco Products was dropped from the list.

Round 3

In the final round of voting, participants are allotted one vote each for their top priority from the condensed list of indicators or assets. 3.2.1: Tobacco Retail Licensing is identified as the priority.

Table 16. Multi-Voting Method

Indicator/ Asset	Findings	Examination of Findings	Intervention Goal	Vote 1	Vote 2	Vote 3
1.1.2: Content Neutral Signage Require-ments				**3 votes**	**n/a**	**n/a**
2.2.13: Smokefree Multi-Unit Housing	Only one policy passed in the entire county.	Very strong political will for MUH policy in City X.	Go for adoption and imple-mentation in City X.	**6 votes**	**7 votes**	**3 votes**
3.2.1: Tobacco Retail Licensing	No implment-ed policies in the county.	Need to focus on policy imple-mentation, especially in City Y.	Go for countywide adoption and imple-mentation, or do imple-mentation only in City Y.	**10 votes**	**9 votes**	**6 votes**
3.2.9: Menthol and Other Flavored Tobacco Products				**7 votes**	**4 votes**	**n/a**
4.1.1: Tobacco Cessation Services				**4 votes**	**n/a**	**n/a**

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Making Final Decisions for the Workplan

Once the priority setting process has been completed, you are ready to consider what goes into the workplan. In prioritizing for the workplan, you should consider not just the overall score, but the Community Readiness and Policy/System Status scores, as well as the jurisdiction(s) in which it makes the most sense to focus the effort. The prioritization process guides the final decisions for your workplan and creates a foundation for non-LLA partners to understand local tobacco control priorities.

An important consideration to factor into final decision-making is the creation of a balanced and comprehensive workplan. A balanced workplan meets the needs of the community, involves coalition members and community partners, is comprehensive, staggers efforts over the entire plan period, has objectives of varying intensity of effort, and addresses CTCP priorities as defined in the funding opportunity.

The number of objectives that go into a scope of work depends on CTCP's procurement requirements, the complexity of the issues, community readiness, community partnerships, the human resources available to complete the activities (both by staff and coalition/advisory committee members), and the budget available to finance various program, media, and evaluation activities. Your priority setting has helped you to determine some of these factors for the indicators and assets you selected for your CX Needs Assessment.

Creating a balanced workplan may mean that some indicators and/or assets that were identified as high priorities may need to be put off for future efforts. Working on the implementation of a previously passed policy to ensure that it becomes a community norm (e.g., a multi-unit housing indicator that scored in the mid-range) might be paired with a more intensive effort designed to raise community awareness and involvement in a new arena (e.g., a retail environment indicator that scored as a high priority). It is also advantageous to consider how the new workplan builds upon existing efforts, previous work, and work currently being done by other community partners.

There are several ways decisions around objectives can be made. Community members can narrow the indicators and assets down to a specified number. Project staff can then create objectives around those indicators and assets and bring them back to the community for a further consideration and final vote. This can be done in person, through an online meeting platform, or via e-mail. Another option is for the community members to narrow down the indicators

and assets to the exact number of objectives to be in the workplan by coming to a consensus during the priority setting meeting. Project staff can later create the objectives and share them with the community.

Whatever decision-making process is used, it is important to communicate the final workplan objectives to all of those that participated in the CX Needs Assessment process so that everyone knows the final outcome. It's also a great opportunity to invite CX participants to become actively engaged in the new workplan activities and help move the objectives forward.

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Using the CX Needs Assessment Findings to Write Meaningful Workplan Objectives and Activities

1. **Social Disparities Capacity Assessment**: Use the findings from the Social Disparities Capacity assessment to inform how you do your work and to identify strengths that you can leverage and weaknesses that can be strengthened through activities written into your scope of work. For example: if your program has a tobacco disparity strategic plan, but it does not address any of the four strategies listed in the Social Disparities Capacity Rubric, you may want to revise your disparity plan to incorporate those strategies.

2. **Community Readiness Assessment**: Use the findings from the Community Readiness assessment to identify activities to include in the scope of work. For example:

    a. If there is a lack of quantitative evidence, then data collection activities should be planned.

    b. If awareness is low, then media and educational outreach activities should be developed to raise awareness about the issue, that a problem exists in the community, and that the community can do something to address the problem.

3. **Stage of Change Assessment**: Use the findings from the Stage of Change assessment to inform whether you should work on voluntary or legislated policy/system change approaches and to identify activities to include in the scope of work. For example:

    a. If the community is in the Planning/Advocating stage, then activities should include concrete action steps such as recruiting supporters, media activities, and developing model policy language in order to move into the next stage.

    b. If the community is in the Policy Implemented stage, then activities need to focus on short-term interventions that increase the

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institutionalization of business practices and education for enforcement to ensure compliance (but do not directly support enforcement efforts).

4. **Policy Quality and Reach Assessments**: Use the findings from the Policy Quality and Reach assessments to guide the development of objectives and whether objectives should focus on strengthening the quality of existing policies and/or extending the proportion of the population protected by legislated policies. For example: if on average, the legislated policies in the community area assessed meet only 50 percent of the established standard, you will want to strengthen the quality of those policies.

5. **Priority Setting**: Use information from the Social Disparities Capacity, Community Readiness, and Policy/System Status assessments to set priorities and develop objectives for the workplan. Typically, the top three to five priorities will be developed into objectives. The number of objectives to be developed will depend on funding guidelines, resources, and the complexity or difficulty of the objectives.

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Coalition Guide to Communities of Excellence

What is CX?

- The goal of CX is to provide a "snapshot" of where the community is at in terms of tobacco control progress and determining which direction to go next.
- The CX process requires local community members and organizations coming together to define tobacco-related problem(s), to define the solutions, and then enter into a dialogue with tobacco control programs about how to achieve those solutions by developing a plan of action.

Why do we conduct a CX Needs Assessment?

- To ensure diverse sectors of our community have a voice in our work
- To identify meaningful tobacco control plans that emphasize community norms (e.g. values, beliefs, attitudes, and behaviors shared by most people in a "group") and develop change strategies that will have community buy-in.
- To strengthen local programs abilities to evaluate their work.
- To obtain funding from the CTCP and allow the state to identify the factors that contribute to excellence and achievement in tobacco control work.

What is being analyzed during the CX Needs Assessment?

- CX uses a specific list of measures for assessing needs and strengths in a community. These measures are called "indicators" and "assets."
    - Indicators focus on what is happening locally at the community level around tobacco control issues and needs. The Indicator assessment is based on two measures: "Community Readiness" to support tobacco control work, and "Policy/System Change Status" to tackle specific policy recommendations and best practices.

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    - Assets look at community factors or resources that will help promote, support, and sustain local tobacco control efforts with additional support or resources provided by the funded agencies.

- In addition to analyzing indicators and assets, each county will conduct a Social Disparities Capacity assessment. This assessment looks at how tobacco use impacts specific populations most impacted by tobacco use and illness in a community, including those populations identified in California's Tobacco Education and Research Oversight Committee's (TEROC) Master Plan, entitled New Challenges, New Promises for All 2018-2020. This assessment is also designed to identify program strengths which can be leveraged and identify weaknesses that can be improved through the addition of scope of work activities that reach out to and engage priority population groups in an effective and culturally relevant manner.

- CTCP will provide instructions, worksheets, and data to help with completion of the needs assessment.

Attachment: Appendix_6_CX Guide (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation Agreement Fiscal

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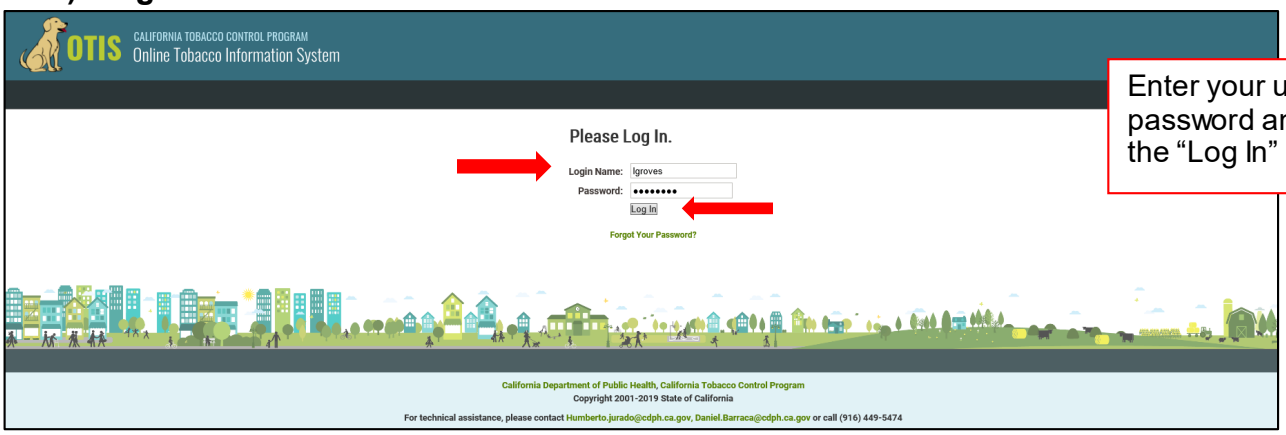
INSTRUCTIONS FOR ACCESSING THE OTIS APPLICANT TRAINING COURSE

A. OTIS Application Instructions: Overview Video

Before starting the application within OTIS, get acquainted with the system by reviewing the New Applicant Video.

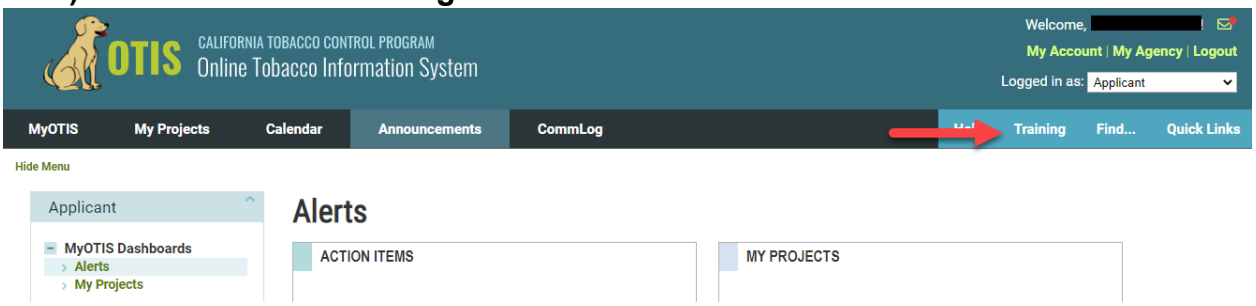
To access this video:

1) Log-In to OTIS

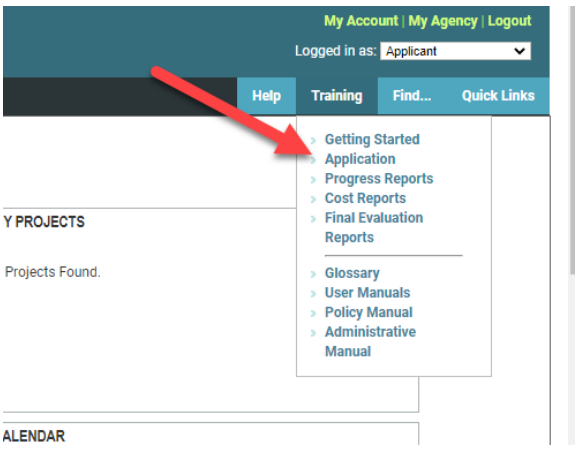


Enter your username and password and then select the "Log In" button

2) Scroll over the Training Tab

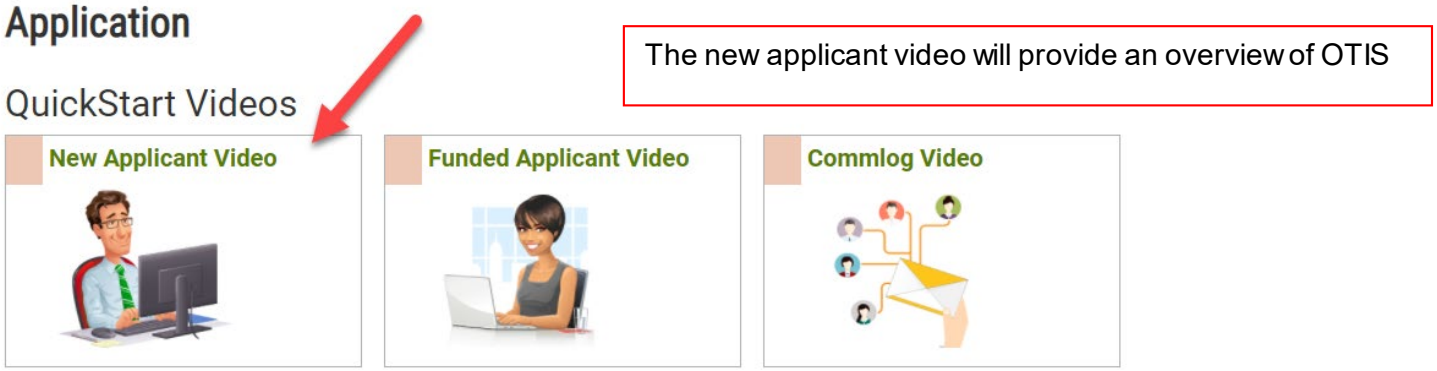


3) Select Application Videos



Attachment: Appendix_7_OTIS Training Courses (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation

4) Select the "New Applicant Video"



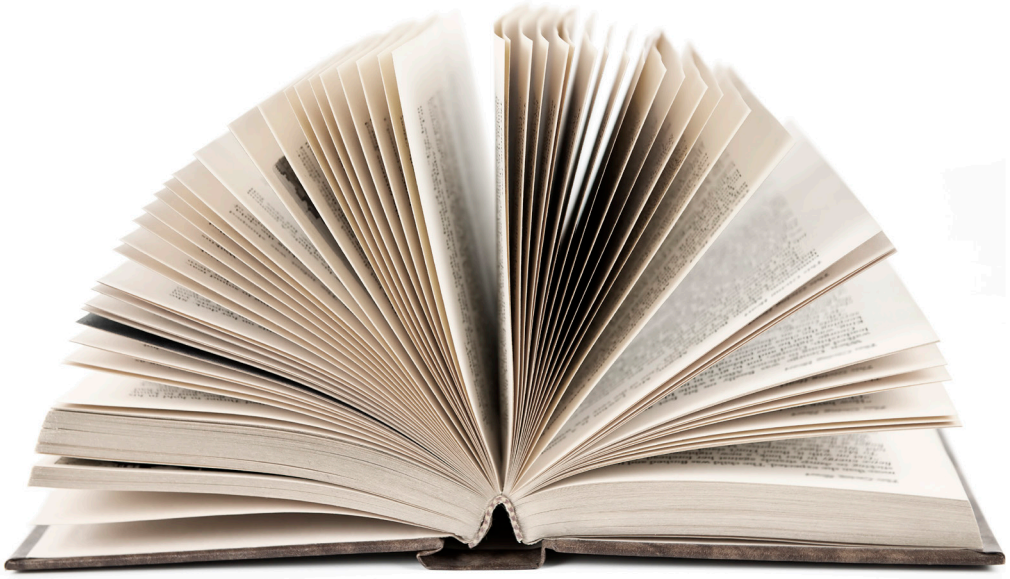
STEPS:

1. Log-in to OTIS;
2. Use the Training Link;
3. Select Training Courses;
4. View New Applicant Video
5. View E-Tutorials

Attachment: Appendix_7_OTIS Training Courses (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation

Appendix 8

2017



Tell Your Story

Guidelines for Preparing Useful Evaluation Reports

TCEC

Tobacco Control Evaluation Center

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Background

Rationale for latest revisions to Tell Your Story

Tell Your Story: Guidelines for Preparing an Evaluation Report was originally written in 1998, revised in 2006 to emphasize "Complete, High Quality" and again updated in 2017 to emphasize "Useful." California Tobacco Control staff, local program staff, and report scorers at TCEC identified ways to improve the writing, scoring, and utility of evaluation reports by revising the report guidelines, sample report, and scoring rubric. As part of TCEC's research agenda to improve evaluation report writing, TCEC conducted literature reviews, consulted with leading experts in the evaluation profession, and gathered input from CTCP and local programs in order to develop instructions and resources for writing effective and usable FERs.

These changes seek to:

Maximize utility

To make reports more useful and readable to stakeholders and projects alike, the report focuses on the activities and outcomes that moved the objective forward rather than reporting on every detail. Evaluation and intervention activities are woven together in one narrative to show that they are interdependent (which is a crucial evaluation capacity building message). The narrative tells a coherent chronological story (aided by a data visualization template that displays a timeline of activities).

Explain what made a difference

In the past, reports often lacked sufficient explanation of what strategies were used, with whom, and how effective these proved to be. With more emphasis on which intervention and evaluation activities were performed and what happened as a result, each report becomes a useful record of organizational history and source for lessons learned for other projects working on similar objectives and populations.

Make writing and scoring easier

To address common gaps in crucial information, prompts in the Guidelines point to elements that each report should address. Side bars in the sample report were added to remind report writers of what needs to be included in each section.

Reduce the burden

Few people are willing to read through 30-50 pages in order to find out what happened in the end. So instead of insisting on overly long reports that were cumbersome to write and difficult to score, the new format cut out non-essential information and no longer requires projects to report on every activity in their plan. Instead, the body of the report focuses on the primary activities and moves any additional information, such as supplemental analyses or products developed, to the appendices. This will save time for both report writers and report reviewers.

Build evaluation capacity

The field of evaluation is growing and evolving. As highlighted by the recent American Evaluation Association conference theme on Design + Evaluation, data visualization has proven to be an essential, efficient method to communicate data. Breaking information into smaller chunks, directing the eye where to look, and stating the takeaway message in a headline instead of a figure promotes the utility of evaluation for a wider range of stakeholders, because a report audience is broader than just researchers. We as evaluators, along with evaluators through the country, are taking on the challenge of revising the way evaluation is reported and used. TCEC is developing data visualization templates and gallery of examples to make this a more efficient and useful process.

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Changes to the Guidelines

The content of the report guidelines is basically the same. It is just repackaged somewhat differently by combining some sections and emphasizing others. Additional prompts were included to address gaps in the story that were frequently observed in past reports.

Different headings

Some of the section headings have changed to reflect the emphasis on the most essential elements of the report and the reorganization of content.

Cut to the chase quickly

The Aim and Outcome section states the objective, whether it was achieved, and where things stand at the conclusion of the intervention so right away readers can find out what happened up front.

Intervention activities and evaluation results combined

The new Implementation and Results section promotes the inclusion of specific tactics and a discussion of their outcomes. To reiterate the message that evaluation is not an add-on but an integral part of programs—informing and/or supporting program strategies—both intervention and evaluation activities and results are discussed together.

Helpful prompts and tips

Each section has both an overview that describes what information belongs there as well as prompts that writers should attempt to address in their report narrative.

Changes to the Scoring Rubric

Changes to the scoring rubric were designed to support the emphasis on results and which intervention and evaluation activities worked/didn't work well.

Wider point range

Expanding the point range allows greater flexibility in rating elements of the reports. Maximum points are no longer given just for having all the pieces present; the report must also include adequate rationale and concrete specifics that connect together and provide an overall picture of the effort.

Emphasis on what is important

The allocation of points was redistributed so that the more important sections of the report were worth more of the total available points. For example, now the results section is worth far more than the evaluation design section.

Clarity

The new scoring rubric defines the criteria for each point breakdown so that projects can get a sense of where reporting could be improved.

Fairness

The rubric allows partial credit to be given for partial work without lowering reporting standards or ignoring what is missing. Scores allow projects to see where there is room for improvement.

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Changes to the Sample Report

A sample report was developed to provide a concrete example of a useful, high quality final evaluation report. While the specific examples of intervention and evaluation activities will be unique per project, the structure and content of the sample report provides examples of narrative summaries, as well as impactful ways to use data visualization.

Embodies the latest thinking on evaluation reporting

The new sample report incorporates current evaluation reporting standards and principles:

1. Reports should be usable (serve a needed purpose for stakeholders and projects);
2. Reports should be actionable (they should clearly state what did/didn't work well); and
3. Reports should clearly articulate key findings (make it easy for readers to find and digest information quickly).

Use of call out boxes

Report writers are aided by call out boxes that reiterate what information to include in each section.

Encourages moving non-essential information into the appendix

Not every activity or data point needs to be in the body of the report. This bogs down readers and means a lot of extra writing (or cutting and pasting) for authors. Focusing just on those activities that were most pivotal to the progress or outcome of the effort makes the project's "story" easier to follow. The full range of detail from evaluation activity summaries (previously submitted in a project's progress reports) can be attached in the appendix so that readers who need more information can find it.

Demonstrates effective use of data visualization

The report demonstrates design elements that make it easier for readers to focus on key messages and findings. The strategic use of color, headlines, font, etc. support navigability and help the eye follow a designated flow. Several graphical elements like the timeline of activities, the bar graph, etc. will introduce enhanced methods for communicating key findings and can encourage projects to incorporate their own data visualizations or think about using templates that TCEC will develop. What they don't see, they won't know.

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Submitting Reports

Guidelines for submitting reports

General Guidance

The Final Evaluation Report is a stand-alone deliverable completed for each primary objective identified in the scope of work. A separate Brief Evaluation Report is needed for each non-primary objective. Final Evaluation Reports and Brief Evaluation reports are submitted online through https://otis.catcp.org, the California Tobacco Control Program's Online Tobacco Information System (OTIS).

Write the report for the general reader who may be unfamiliar with issues in tobacco control using concise, straightforward language. Prepare and format the report using the section headings detailed in the Instructions and Scoring Rubric.

When Final Evaluation Reports are received, they are reviewed and rated for completeness and quality. (See the Scoring Rubric for details on the criteria used in rating.) Reports rated "Good" and "Exemplary" are then catalogued in a searchable database by the Rover Tobacco Control Library. Copies of well-written Final Evaluation Reports may also be posted on the California Tobacco Control Program (CTCP) and Tobacco Control Evaluation Center (TCEC) websites and shared with researchers and national organizations upon request.

CTCP uses information from the Final Evaluation Reports and Brief Evaluation Reports to communicate the effectiveness of funded projects to policymakers in the California Department of Health Services and other state government agencies. Evaluation findings have influenced analysis of proposed tobacco control legislation and provided data for reports provided to the governor, state legislature, and federal agencies. The evaluation reports are also used by CTCP administrators as a communication tool to justify the need for continued funding and to offer accountability to the public for the use of state taxpayer funds. TCEC uses the Final Evaluation Reports to compile summary reports of effective strategies and for technical assistance it provides to CTCP-funded projects.

Usefulness of Reports

Projects funded by the California Tobacco Control Program are required to carry out evaluation activities to assess their tobacco control efforts. Evaluation is a way of examining and understanding the relative effectiveness of various tobacco control interventions. By knowing what is working and what is not working, for whom, and in what context, projects can be more successful in changing norms toward a tobacco-free California

For evaluation to contribute to future tobacco control activities, evaluation results must be communicated effectively. A well-written evaluation report can be used to inform state and local stakeholders and policy-makers about the impact of your program. In addition, abstracts, executive summaries, highlights, or full reports from other funded projects may provide promising approaches to achieving an objective or effective methods of evaluating an intervention that could be adapted for use in your own tobacco control program. Final Evaluation Reports are a valuable tool for channeling tobacco control efforts toward the activities and interventions that have the greatest public health impact and the greatest likelihood of success.

Keep in mind that there is often more than one way to interpret the results of a project. It is important that agency staff and the evaluator discuss the results and proposed conclusions during the process of writing an evaluation report. Reaching consensus about the interpretation of findings improves the validity, accuracy, and utility of the report.

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Instructions

Guidelines for writing evaluation reports

Use the following instructions as a guideline for writing your final evaluation report. The headings should serve as the outline for your report format. The instructions under each heading are intended to guide the content for each section of your report, but don't include these instructions in your report.

Cover Page

This page identifies for readers the report's topic, authors, contact information and project time period.

The cover page includes relevant information about the project, the report and its authors. Start by giving the report a descriptive title that indicates the focus of the objective (what occurred and where it took place). Provide information about the project such as the name of the organization and project director, as well as the organizational website or contact information so readers can contact you with questions. Identify the funding cycle when the work took place. List the report authors or evaluation firm and a recommended citation. Lastly, include a California Department of Public Health attribution that identifies the contract number and funding source for this work. (This can go on the inside cover.)

Abstract

This section summarizes the key components of the report so readers can get a brief overview of project efforts on this objective. Abstracts are useful formats for submitting articles for publication, presentations at conferences, or archiving in the ROVER library.

In 350 words or less, summarize the background, methods, results, and conclusions for work on this objective.

- Succinctly state what the objective was and why it was important to work on this objective in this particular jurisdiction at this point in time.
- Describe how the project attempted to achieve the objective—include only the key intervention and evaluation methods that moved the effort along.
- Summarize key findings—what happened as a result of the intervention and evaluation activities. Include important evaluation findings that either moved the work forward or documented baseline or outcome measures.
- In the conclusion, state to what extent the objective was achieved. If not completed, explain what still needs to happen. Relate which activities proved to be most effective and make recommendations for changes or improvements.

Aim and Outcome

This section identifies the purpose of the project and outcome of the objective.

Don't keep your readers in suspense. Start off the body of the report by stating what the project was trying to achieve (the objective and indicator) as well as the end result (the degree to which the objective was achieved). Knowing this up front makes the rest of the report easier to follow.

Background

This section provides the rationale for working on the objective.

Explain why you chose this objective. Provide some context for the choice. Don't just state that the indicator rated highly during the Communities of Excellence (CX) process.

- Describe the need for this objective—why this topic was appropriate for this target jurisdiction at this point in time. The rationale may include noting the tobacco use rates and norms of your community, key demographics or other related factors. Avoid just listing irrelevant elements from the county profile. Whatever pieces of information you include should

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serve as the rationale for this objective. For example, with a tobacco retail licensing objective it would be appropriate to discuss the characteristics and size of the target jurisdiction, the number of tobacco retailers, recent illegal sales rates of tobacco products to minors, and community norms about government regulation and youth access to tobacco, etc.
- State whether or not any previous work had been done on this issue in the target jurisdiction or nearby. Describe where and how recently work took place, with what effect, and why there was reason to hope that efforts in this contract period would be more successful.
- Lastly, discuss the role of the community in assessing needs and selecting and formulating the objective. In a sentence or two, mention something about your CX decisionmaking processes—the number of participants involved, the number of indicators assessed, and why this objective was determined to be a high priority.

Evaluation Methods and Design

This section provides an outline of the key components of the evaluation plan. Based on its logic, appropriateness and rigor, readers can make a determination about the quality of your findings.

Describe your overall plan for using evaluation to support this objective and/or for measuring outcome. It is not necessary to mention all the evaluation activities you conducted, just those that were most significant. (Less essential activities can be in the appendix.)

This section should address the following:

- Describe key process and outcome measures. Relate the purpose and method of each activity.
- Describe how you ensured data quality. For example, how were data collectors trained?
- Summarize how quantitative and qualitative data were analyzed. Describe the statistical tools used to analyze quantitative data (e.g., descriptive statistics, chi-square, etc.) and your method used for analyzing qualitative data (identifying themes, content analysis, etc.). You don't need to state the analysis type for each evaluation activity separately.
- Lastly, state potential design limitations. For example, due to limited resources, the public opinion survey sample size was too small to be fully representative.
- Add a table that summarizes the process and outcome evaluation activities that were conducted along with their purpose, sample size, and timing.

Implementation and Results

The purpose of this section is to document how your project worked to achieve this objective. With a coherent narrative, detail the approaches and strategies deployed as well as the successes and barriers you encountered along the way.

Rather than reporting intervention and evaluation activities separately, provide a chronology of activities that shows how they fit together and supported each other. Summarize what happened as a result for intervention as well as evaluation activities. Describe how data and lessons learned informed next steps.

It's not necessary to include every activity from your plan or every evaluation finding in the body of the report. Focus on those that proved to be important—either for the progress they contributed or for the challenges encountered and lessons learned. Less essential activity descriptions and supplemental results can be reported in the appendix (or not at all).

Be sure to address the following:

- Describe activities that took place early in the cycle to lay the groundwork for achieving the objective, midway through to capitalize on that foundation, and towards the end to either push the objective through or to implement it. Include specifics about who the activity targeted, how many participated, what the activity consisted of, when it took place, how long it lasted, and who led the activity. Explain what strategies were used and how effective they were at achieving their goals. What support or barriers did you encounter? If something didn't work as well as expected, why do you think that was? What did you learn from the activity? What would you do differently next time?
- Relate what happened as a result of the activity and how those results may have informed next steps. For example, "Early meetings with policymakers indicated that they were hesitant to restrict perceived individual liberties, such as smoking, except when it came to environmental issues. As a result, we were able to frame the issue of smoking in public places as harmful

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to the environment because tobacco litter ended up in nearby water sources and surrounding riparian habitat. This argument proved to be successful in overcoming their concerns and a majority of council members ended up supporting the measure and adopting a policy to prohibit smoking in the downtown district."

- Follow a similar process for recounting key evaluation activities. Describe the purpose, the timing, the location, the number of waves, the sample size and composition, who collected the data, and the response rate of the data collection. If more than one person was involved in collecting the data, in a few sentences explain how data collectors were trained and assessed.
- Communicate key evaluation results from data collection. Highlight important findings with no more than five impactful charts, graphs or other ways to visually represent data. Be sure to provide interpretation of the data; say what the results indicate. Explain how the data was used. For example, did it inform the timing or content of education activities? Or was it used in presentations to the community or decisionmakers? How did it make a difference?
- Include a timeline (template provided) that summarizes intervention and evaluation activities in chronological order by year. This makes it much easier for readers to follow your story.
- Discuss how activities, materials, data collection instruments, and data analysis were specifically tailored to different stakeholders in the community. What culturally competent practices did the project use to approach, engage and incorporate the viewpoints of populations of interest during the process of working on this objective? Describe how results were communicated and shared back with the public and other relevant parties.
- State how community members were involved in the collection of data and/or interpretation of results, how you shared evaluation results along the way, and how you plan to disseminate the final evaluation report.

Conclusions & Recommendations

This section is an opportunity to reflect on efforts toward achieving the objective—to assess how things went and how far the endeavor got.

- Although you already stated whether you achieved your objective in the Aim and Outcome section, restate the degree to which the project achieved the objective here. If it wasn't acheived, summarize barriers that hampered success. Explain where things stand now and what still needs to be done.
- Assess key activities, strategies or approaches employed. Which proved particularly effective or useful? Which were less useful or effective?
- From the lessons learned along the way, make useful recommendations that provide clear advice about specific tactics to try. Avoid generic or obvious statements like "Incorporate youth in activities." Instead, transform this into an Aha! statement like: Policymaker informants said that council members respond better to presentations made by youth than adults because "No one wants to be the jerk who says 'No' to a kid." Train a dedicated core of youth volunteers to be spokespersons who can give a personal face to the issue you are asking policymakers to consider.

Appendix

Attach relevant data collection instruments and more detailed intervention and evaluation activity descriptions, materials or results in the appendix. This allows readers to seek more detail if they wish. Appropriate documents can include: educational materials (information packets, fact sheets, presentations, infographics), media pieces (ads, social media posts, press releases, letters to the editor), images, data visualizations, training activity descriptions, additional evaluation results or complete evaluation activity summaries. (However, you do not need to attach all evaluation activity results you wrote up for progress reports.)

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Tobacco Retail Licensing in Antelope County

Final Evaluation Report 2014-2017



Antelope County Department of Public Health
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Report Submitted: June 30, 2017

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The Antelope County Tobacco Control Program would like to thank the Healthy Communities Coalition members and area youth volunteers for their continued support and efforts toward making the retail environment in our neighborhoods healthier for all. We'd also like to recognize our policy advocates in the Savannah City Council and Chamber of Commerce, Beatrice Mboko and Franco Caravan.

Recommended Citation: Wildgirl, J. and J. Gamepreserve. 2017. *Tobacco Retail Licensing in Antelope County, Final Evaluation Report 2014-2017*. California: Antelope County Department of Public Health Tobacco Control Program.

Made possible by funds received from Proposition 99,
through the California Department of Public Health, contract #12-10499.
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On February 5, 2017, the city of Savannah adopted and implemented a tobacco retail license policy that earmarks a portion of the license fee for enforcement and restricts the amount of exterior signage on clear doors and windows. One other targeted city shows promise to adopt a similar policy in the near future.

350 word maximum

A brief abstract like this is often required when submitting presentations to conferences or articles for publication.

Your abstract will also be used by CTCP and Rover for archiving your evaluation report and/or sharing it with other agencies.

To communicate report highlights to other stakeholders, you may also want to use an Executive Summary or Highlights format (see Appendix for examples).

Just keep in mind that the Abstract is a CTCP requirement for Final Evaluation Reports (but not for Brief Evaluation Reports)

Abstract

Illegal tobacco sales rates to minors in Antelope County were high—at 17% compared to the state rate of 9%. In an effort to limit youth access and exposure to tobacco products and advertising, the Antelope County Tobacco Control Program worked to get at least two cities to adopt and implement a Tobacco Retail Licensing (TRL) policy by June 30, 2017 that earmarked a portion of the license fee for enforcement activities and restricted exterior signage of tobacco and electronic smoking device retailers to no more than 15% of each window and clear door. The objective was partially met when one target city, Savannah, passed a TRL policy.

The project had been working on a licensing objective since 2010, but in a rural county where policymakers were reluctant to impose restrictions on small businesses it was difficult to gain much traction. In 2014-2017, besides doing educational outreach and key informant interviews with decisionmakers regarding tobacco retail licensing, the county also conducted data collection and media activities as part of the statewide Healthy Stores for a Healthy Community campaign. Store observations, public opinion surveys, key informant interviews and media activity records documented the prevalence of unhealthy products being sold, public support for related policies, lawmakers' views on policy options, and the extent of media coverage on the issue. A Youth Tobacco Purchase Survey in 2013 indicated that the rate of illegal tobacco sales to minors was 17%, much higher than the state average. Public support for a TRL policy to reduce youth access was high—72% of intercept survey respondents in Savannah and 67% in Serengeti were in favor.

The evidence and increased public attention made the issue of illegal sales to minors hard for policymakers to ignore. When youth volunteers spoke at city council about how easily minors obtain tobacco/vape products, one councilmember championed the issue, tipping the balance of support enough to pass a policy that required retailers to obtain a license to sell tobacco and electronic smoking device products, and limit exterior content-neutral signage to less than 15% of clear windows and doors. Compelling data presented at press conferences, youth involvement, and insider advocates made all the difference.

Attachment: Appendix_8_Tell Your Story Guidelines (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation

Aim and Outcome

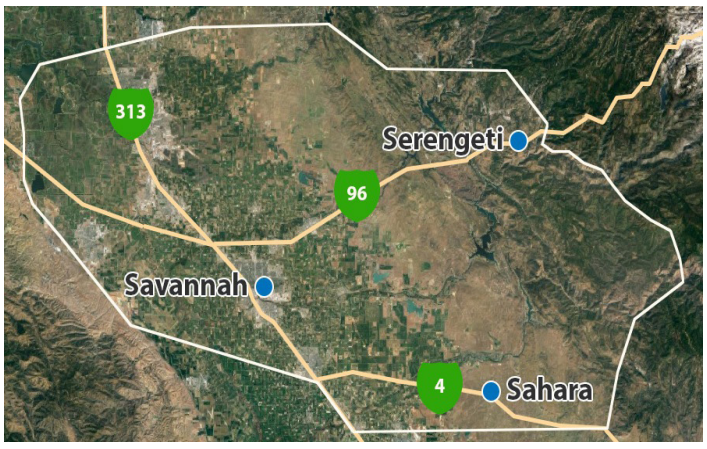
In order to limit youth access to tobacco and electronic smoking device products and exposure to marketing, the Antelope County Tobacco Control Program set the following objective:

> *By June 30, 2017, at least two Antelope County cities will adopt and implement a Tobacco Retail Licensing (TRL) policy that earmarks a portion of the license fee for enforcement activities and restricts exterior signage of tobacco/ESD products to no more than 15% of the square footage of each retailer's window and clear door. The corresponding Communities of Excellence indicators are 3.2.1 and 1.1.2.*

By the end of the 2014-2017 scope of work period, the objective was partially met: one city, Savannah, adopted a TRL policy on February 5, 2017 and began collecting fees and issuing licenses to tobacco retailers. Moreover, local law enforcement has conducted one sting operation, resulting in fines issued to five tobacco retailers for selling tobacco products to minors.

Background

Antelope County is a rural county of 114,000 people located in the central portion of California with three small to mid-sized incorporated cities in the county (ranging in population from 5,250 to 22,200 people), as well as unincorporated areas home to approximately 37,500 people. The population is a mix of 64% non-Hispanic Whites, 18% Hispanics, 9% African Americans, 5% Asian/ Pacific Islanders, and 4% Native Americans, with a fairly large portion (38%) under the age of 18.



Tobacco product prevalence in the county is evidenced in several ways. Use rates of both adults and minors, at 16% and 24% respectively, are higher than the state rates of 11.7% and 7.7% (BRFSS and YRBS, 2016). Given that over 43,000 minors in the county are potentially at risk, curbing the tobacco use and uptake among that burgeoning population is a priority.

Illegal sales of tobacco products to minors have been an issue for a number of years throughout the county. Despite education and outreach to retailers, repeated waves of Youth Tobacco Purchase Surveys (YTPSs) conducted by the Antelope County Tobacco Control Program have documented a high rate of tobacco sales to minors. In the most recent survey in 2013, the rate of illegal sales among the county's 160 tobacco retailers was 17%, compared to 9% statewide, with the sales rate ranging from 15% in the incorporated areas of the county to 23% in the unincorporated areas (Wildgirl, 2013).

As of 2016, 167 cities throughout California have been working to reduce youth access to tobacco products by passing a tobacco retail licensing ordinance. The license requires retailers to pay an annual fee, which is then typically used to fund retailer education programs and enforcement of tobacco laws, including prohibiting tobacco sales to minors. With a tobacco retail license policy in place, a retailer who is found selling tobacco to minors can have their license suspended or revoked. According to the Centers for Disease Control and Prevention (CDC), "Applying penalties to business owners, who generally set hiring, training, supervising, and selling policies, is considered essential to preventing the sale of tobacco to minors." Because the sale of tobacco products is quite lucrative for many retailers, the potential loss of these sales provides an incentive to follow applicable laws.

Since 2010, the Antelope County Tobacco Control Program (ACTCP) has been advocating the need for local jurisdictions to adopt tobacco retail licensing policies that earmark a portion of the license fee for enforcement. In addition to conducting Youth Tobacco Purchase Surveys (YTPS) and educating retailers since then, the program attempted to leverage public support into policymaker action by conducting a Public Intercept Survey (PIS) in three cities in 2014. The convenience sample of 320 residents showed that 63% were in favor of tobacco retail license ordinances. Even so, policymakers were hesitant to pass a policy for fear of hurting the local economy by imposing fees on small businesses. By the end of the 2010-2014 contract period, although progress was made

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in finding allies in city councils that were sympathetic to the issue, there were not enough votes to carry the policy. As of June 2014, no tobacco-related policies had been passed in any of the jurisdictions in the county.

There was potential that this would change, though, with the November 2014 elections when a number of seats on the city councils were up for re-election. ACTCP hoped that with new blood, the views of the voting body would shift to become a bit more open to community concerns about protecting youth from tobacco influences. This was factored into our Communities of Excellence (CX) needs assessment process to determine priorities for the 2014-2017 workplan. Thirty-two members of the community—including staff, adult and youth coalition members, and partners representing health agencies, law enforcement, schools, media and youth groups—took part in the process. Of the 13 indicators assessed, tobacco retail licensing and reducing exterior retail signage were two of the most highly rated, based on need and probability of success. Given the need to curb the illegal sales rate to minors and the investment the county had already made toward this effort, the ACTCP opted to continue its pursuit of TRL policies in the two cities where inroads had been made previously, but this time with provisions that also restricted the amount of signage and external tobacco advertising.

Evaluation Methods and Design

The evaluation plan provided both formative data to inform intervention activities and strategies along the way, and outcome data to confirm the adoption and implementation of the new policy that requires all tobacco retailers to have a license to sell tobacco. Specifically, it used a non-experimental design with a post-test measure. Both outcome and process measures were utilized, as Table 1 illustrates.

The outcome—implementation of the policy—was measured by comparing the number of retail licenses that had been issued to the list of known tobacco retailers in the targeted jurisdictions and by reviewing law enforcement and city licensing records to check for citations, fines and suspensions that were issued. The signage component was confirmed by an observation of exterior window/door coverage in a small random sample of stores in Savannah post-intervention with an instrument that differed slightly from the HSHC store survey to capture the specific 15% area target of the objective.

Process data were collected from six evaluation activities. Key Informant Interviews of policymakers and key staff in year 1 focused on identifying facilitators and barriers to policy adoption in the two targeted jurisdictions. Healthy Stores for a Healthy Community (HSHC) Store Observations in year 2, and a Public Intercept Survey (in English and Spanish), Key Informant Interviews, and a Media Activity Record in year 3 were part of a statewide data collection effort. Quantitative data were analyzed through descriptive statistics and qualitative data were analyzed through a content analysis.

One data collection training was conducted with 17 adult and youth surveyors to prepare for the Store Observation Survey and to ensure high quality data was obtained. Project staff personally collected the Public Intercept Survey data and were trained by the Tobacco Control Evaluation Center at a regional training event.

These evaluation activities provided, respectively, information on the availability of tobacco products in stores, public and policymaker opinions on various tobacco control issues, as well as the type and amount of media coverage of the statewide press event and related tobacco topics. For more information on each of these evaluation activities, see Table 1.

Limitations

The major limitations of this design are: 1) not having a comparison group to provide another perspective in assessing the intervention's impact; and 2) the convenience public intercept survey may have represented the views of those who chose to participate rather than the wider county population.

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The table provides an overview of evaluation activities and parameters

Table 1: Key Outcome and Process Evaluation Activities

Evaluation Activity	Purpose	Sample	Instrument Source	Analysis Method	Timing/ Waves
Outcome					
Document/Record Review of county records showing collection of tobacco retail license fees + fines	Measure evidence of enforcement, fines or suspensions	Census of all licenses issued + compliance records in the city of Savannah	Evaluation Consultant	Tally of licenses, fines, and suspensions issued	Year 3 1 Wave
Store Observations of signage	Measure evidence of enforcement of signage area	Random sample of 40 stores	Project Staff	Tally	Post adoption 1 Wave
Process					
Key Informant Interviews with city council members and retailers re: licensing policy	Measure the level of support and opposition to TRL; identify facilitators and barriers to policy adoption	Purposive sample of 10 (5 in each of 2 cities)	Evaluation Consultant	Content analysis	Year 1 1 Wave
Statewide HSHC Store Observations	Measure the availability of various tobacco products and marketing	Census of 160 retailers (optimal sample size)	Stanford University	Descriptive statistics	Year 2 1 Wave
Statewide HSHC Public Intercept Survey	Measure public opinion on policy issues in the retail environment	Convenience sample of 200 (100 in each of the 2 cities) English & Spanish	Tobacco Control Evaluation Center	Descriptive statistics	Year 3 1 Wave
Statewide HSHC Key Informant Interviews with city council members, supervisors and staff	Measure the level of support and opposition to a variety of tobacco control issues	Purposive sample of 8 (2 in each of 4 jurisdictions)	Tobacco Control Evaluation Center	Descriptive statistics and content analysis	Year 3 1 Wave
Statewide HSHC Media Activity Record	Measure the level of support or opposition, as well as reach	Census of all 6 print, radio and online media outlets in the area	Tobacco Control Evaluation Center	Descriptive statistics and content analysis	Year 3 1 Wave

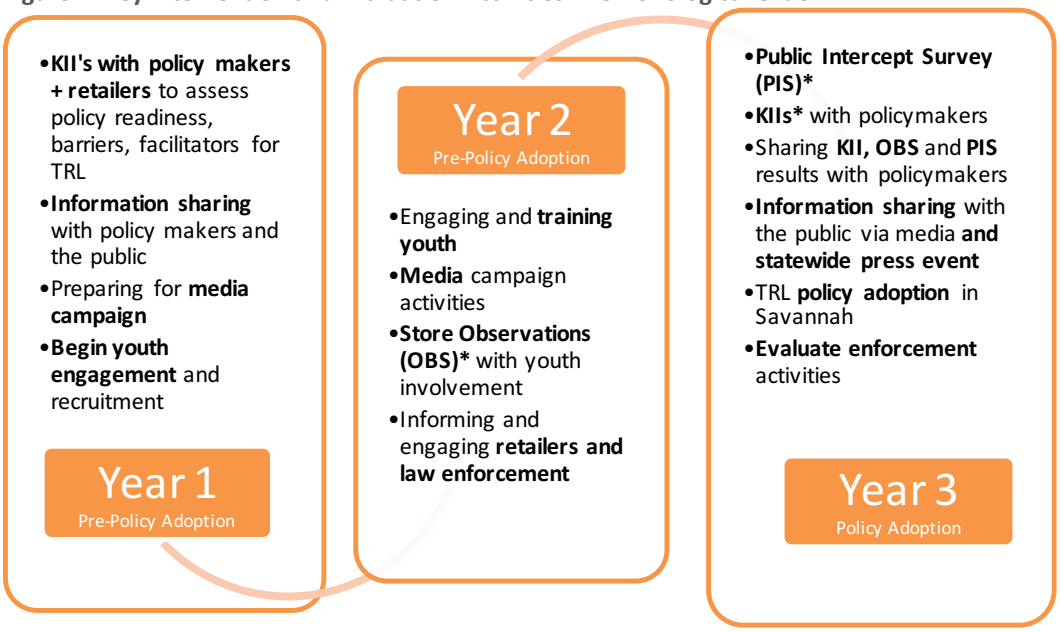
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Implementation and Results

This section weaves the intervention and evaluation activities together in chronological order. Provide a roadmap for report users by explaining strategies and tactics used, as well as what happened as a result. Key findings are presented as narrative and data visualizations (where warranted), accompanied by interpretation of the results.

The sequence of intervention and evaluation activities was designed so that early actions laid the foundation for progress forward, informing the timing, messaging and strategies of activities that followed. Figure 1 provides an overview of the project activity timeline.

Figure 1: Key Intervention and Evaluation Activities in Chronological Order



*Evaluation activity that was part of a statewide data collection effort coordinated by the California Tobacco Control Program among all Local Lead Agencies in California.

Approaching city councils

In December 2014, after the elections, ACTCP met with policymakers to conduct key informant interviews to explore their views on tobacco retail licensing and signage requirements. They were given factsheets from the Center for Tobacco Policy and Organizing which showed that many other cities in California—including in rural counties—had adopted licensing ordinances in the past three years. This information highlighted the fact that the targeted cities were behind the curve. Moreover, to alleviate fears of government overreach (which was often cited as a reason for opposition), local, regional and statewide results from the 2013 Healthy Stores campaign were also included to show that tobacco retail licensing was part of a larger movement, and one that many businesses supported. (A copy of the Key Informant Interview instrument is provided in Appendix A.)

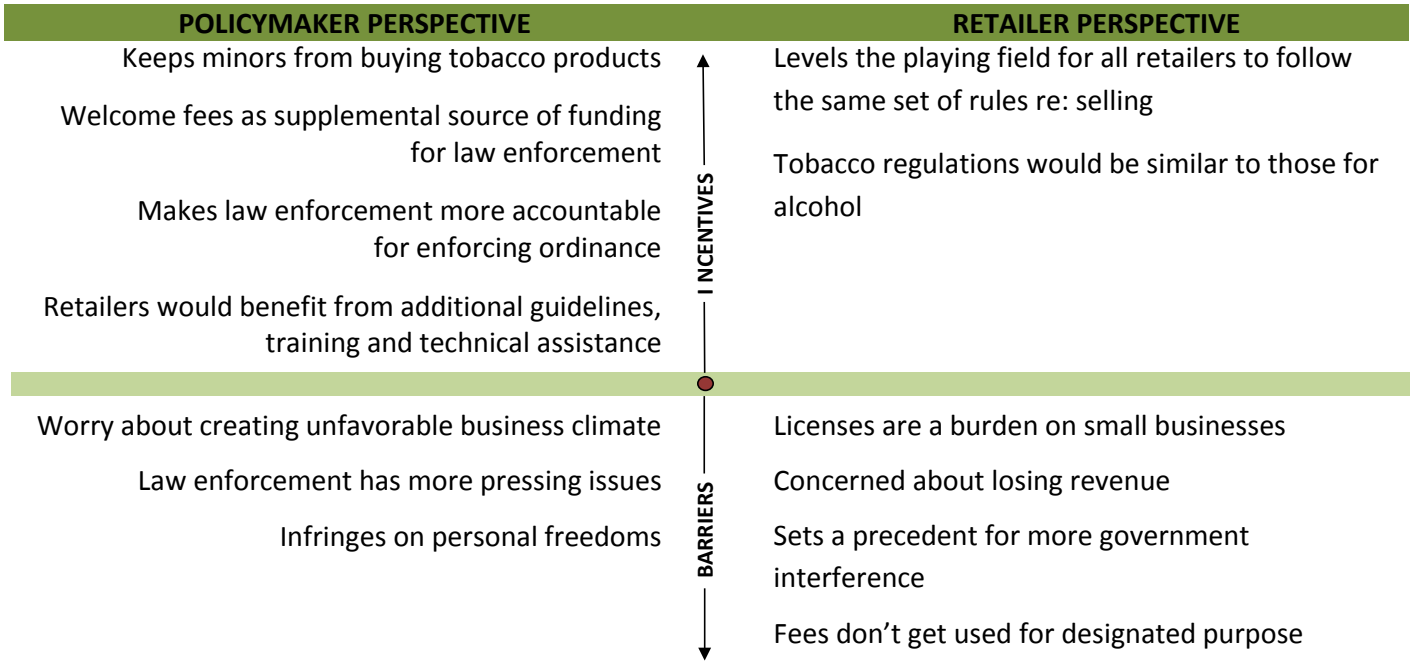
Overall, we found that of the 10 selected city councilmembers and retailers interviewed in the two targeted jurisdictions (Savannah and Serengeti), six informants were in favor, three were against, and one was undecided about a TRL policy. Informants in the two cities expressed a range of reasons for and against the notion of a licensing ordinance. (Figure 2)

Those in favor of the concept were supportive primarily for two reasons: The high local sales rate to minors, which they hoped would be reduced by creating an incentive not to sell; and the fact that everyone's health is impacted by the tobacco consumption promoted by tobacco product advertising. Here is a quote that encapsulates this point of view:

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Figure 2

Policymakers and retailers have mixed feelings about tobacco retail licensing.



"We desperately need a mechanism to enforce what should be a 'no-brainer': Don't sell tobacco products to kids! Adding a punitive element to the mix is the only way to get retailers to take that law seriously."

As expected, those opposed felt that government should not impose more taxes on small businesses. They expressed doubt that a TRL would have the desired effect of lowering the sales rate to minors. One council member said,

"...businesses have a hard time finding reliable help that will follow instructions. So, you tell them what to do, and they mess up. If the business then loses its license, it doesn't help anyone; not the owner, not the clerk who may lose his job, and not those who want to buy the stuff. So then it ends up looking like it's just another nuisance tax."

Those who were undecided felt they lacked enough information. They had concerns about law enforcement attention being drawn away from more important issues like crime, and wanted to know more about what enforcement would require. Project staff were able to talk about how other jurisdictions implemented a licensing requirement and pointed out the various pieces of information in their packets that addressed these issues to a large degree.

The interviews also yielded some useful suggestions from informants. One source said that the city council was particularly sensitive to public discourse in the local media, so to get their attention we should try to get media coverage of our issue. Another said it would help to get local organizations involved—especially those serving youth—since the council respected the opinions of those community leaders. The project was quick to incorporate these suggestions into its plan of action.

Local media

Based on the information gathered from the key informant interviews, ACTCP strengthened its focus on local media. The project had already planned to place ads in local papers, but decided to go further and produce a spot for the local radio that highlighted the connection between TRL and reducing sales to minors, as well as two billboards with a visual and the words "Selling tobacco products to minors is illegal. It's time to enforce the law with a local tobacco retailer license requirement." With some staff turnover, production of these media pieces took longer than expected and were not rolled out until years 2 and 3.

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To assess how our messaging was coming across, questions about the media pieces were added into the Public Intercept Survey conducted in September 2016. (For more details regarding the survey, please see page 10). The survey questions asked whether the public had seen any of the health department's ads, their reactions to the ads, and whether or not the ads made a difference in how they thought about TRL. Twenty percent of people responding to the survey had noticed either a billboard or a radio ad. Some mentioned that the ads had helped them understand the connection between licenses and reducing illegal sales to minors. However, the majority did not have any reaction to the ads or declined to comment. This made us question whether investing time and resources in producing paid media was worth it.

Youth involvement

Knowing that involving youth in data collection efforts and reporting can be crucial in an advocacy campaign, early in the first program year ACTCP established relationships with three youth organizations in the two targeted cities: Friday Night Live and 4-H in Savannah, and Faith in Youth, a Serengeti-based non-denominational organization that serves youth from various faiths, teaches religious tolerance and works on community projects. After consulting with the California Youth Advocacy Network (CYAN), project staff approached each of the groups by requesting an initial meeting with leaders to discuss potential collaboration, covering the various health and policy-related topics they would learn about; the data collection, presentation and advocacy skills they would acquire; and activities they could take part in. All three youth groups were interested, so our health educator subsequently made one hour presentations once every four months on tobacco-related activities and subjects ("The dangers of tobacco use," "Electronic cigarettes – not as harmless as they seem," "How the tobacco industry is trying to get you hooked," and "Forget 'flavor' – stick to real fruit and bubble gum") to between 8-11 youth participants per group.

In the spring of 2016, ACTCP invited youth from all three organizations to a four-hour data collector training to learn how to conduct the store observations, which included learning about various tobacco products and signage. The instrument and training resources were provided by the California Tobacco Control Program as part of the statewide data collection effort. A total of 15 youth and 2 adult chaperones participated. Trainers used a tobacco product display and Kahoot! quizzes for hands-on practice. It was not possible to do field practice in actual stores because the training was conducted in one of the targeted cities and traveling to another city with the youth participants was not practical. During the training, participants were assessed for accuracy so that trainers could correct common mistakes until sufficient inter-rater reliability was achieved. The adult participants had a more difficult time using smart phones and tablets than the youth, so additional practice on these devices was provided.

Store observations

With the help of the trained volunteers, in May 2016 ACTCP conducted the Healthy Stores for a Healthy Community store observations in a census of the 160 tobacco retailers throughout the county. Pairs of data collectors used handheld devices to document the presence and placement of tobacco products, alcohol and healthy foods and ads in tobacco retailers. The project opted to include every store in the sample to allow for comparisons between the 2013 baseline and 2016 follow-up round of observations. This also provided a more accurate picture of the local retail environment which would be more compelling to policymakers than just a portion of stores.

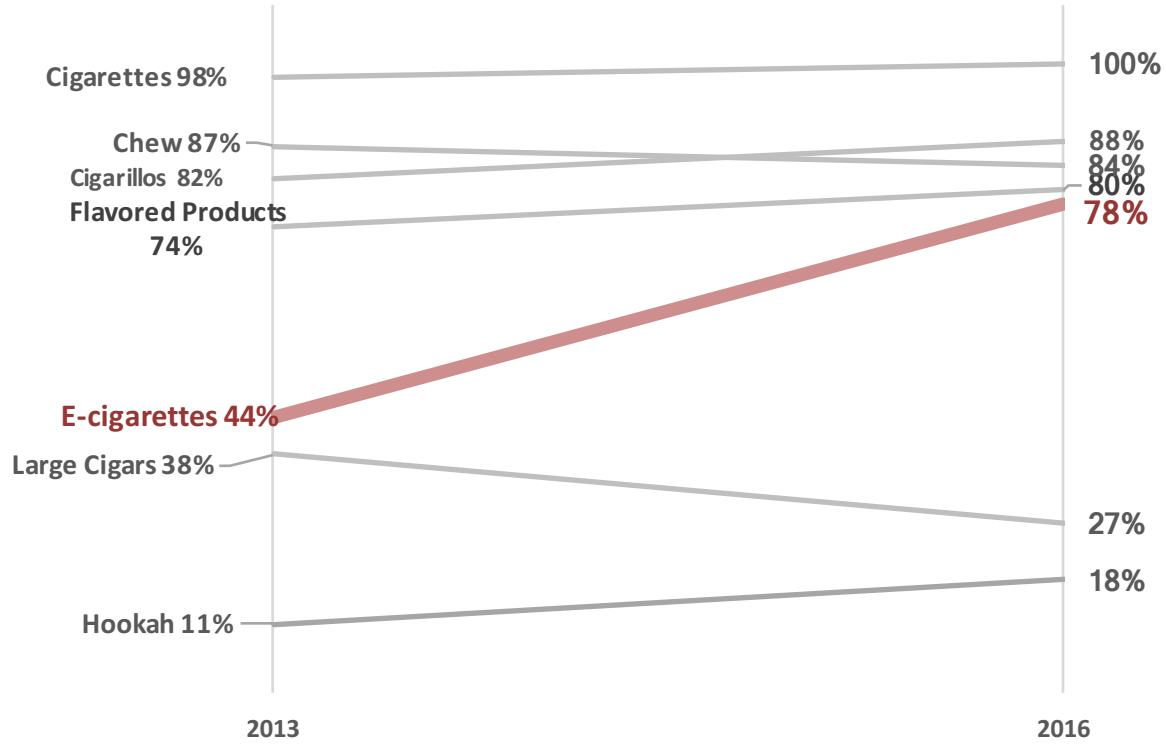
What was noteworthy, though, was an alarming **80% increase in the availability of e-cigarettes** between 2013 and 2016, jumping from 44% to 78% of stores selling the product in just 3 years.

Once data collection was concluded and the data had been cleaned and analyzed, youth volunteers, coalition members and community partners were invited to a "data party" in order to make sense of and interpret the results. It was no surprise to see that in 2016 every retailer sold cigarettes and most also sold chewing tobacco. What was noteworthy, though, was an alarming 80% increase in the availability of e-cigarettes between 2013 and 2016, jumping from 44% to 78% of stores selling the product in just 3 years (Figure 3). There was also an increase in the number of stores carrying flavored tobacco products, cigarillos and hookah. At the same time, there was a decline in the proportion of stores carrying large cigars and chewing tobacco. These trends seem to point to an intensity in efforts to market to younger clientele, whose tastes lean toward more unconventional products that incorporate the use of a wide variety of flavors. (Full results are attached in the appendix.)

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Figure 3

Percentage of stores selling e-cigarettes has almost doubled since 2013.



Also important to our workplan was a measure of the amount of tobacco advertising and overall signage on store exteriors. In the targeted jurisdictions of Serengeti and Savannah, 85% of tobacco retailers had more than 1/3 of their window and clear door area covered with ads and other signage—far more than the desired 15% area. Where stores were located near schools, this meant that children passing by were exposed to tobacco marketing messages on a regular basis. Our community presentations and fact sheets used these findings to illustrate the need for licensing ordinances that limit exterior ads and enforce underage sales bans.

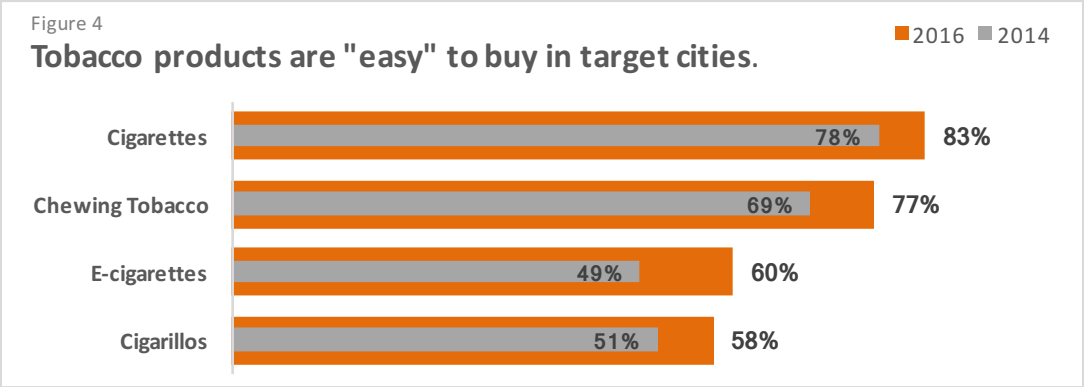
Public opinion

To explore public sentiment about a variety of tobacco policy options, ACTCP conducted a Public Intercept Survey in September 2016 as part of another statewide data collection process. The project was unable to get permission from parents to involve youth in survey because of the condom-related questions. For that reason, two project staff conducted intercept surveys in English and Spanish in downtown public places in each of the two targeted cities in September 2016. A total of 26 items were assessed including the availability of cigarettes, chew and other products. Figure 4 shows the perception of availability of products from a convenience sample of 230 survey participants (120 from Savannah; 110 from Serengeti) compared to 2014. A comparison of results between the store observations and the opinion survey points to a discrepancy between perceived availability and actual presence of products. Only 60% of respondents thought that e-cigarettes were readily available in stores. However, the store observations indicated that 78% of the stores in the same jurisdictions carried these products. This information showed a need for more education to raise awareness among the general public. (A summary of the full set of results is available in the appendix.)

ACTCP also asked respondents in the two targeted cities whether or not they would support a TRL policy. Eighty-nine percent (89%) of respondents were "very concerned" about youth tobacco uptake. Figure 5 shows a rise in support for a retail license when comparing the 2016 survey results to the baseline survey conducted in 2014. This information seemed to indicate public momentum for a policy to address illegal sales of tobacco products to minors that policymakers would likely find difficult to ignore.

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Figure 4



Retailers

With sufficient evidence that the two targeted cities in our county had a problem with illegal sales to minors, and public support for a tobacco retail licensing ordinance, ACTCP sent letters to all retailers with information about the Healthy Stores campaign, the results of the public intercept survey and the 2013 youth tobacco purchase survey. The materials emphasized the positive role many retailers were already playing in preventing youth from adopting unhealthy behaviors, and the opportunity to be a front runner by joining forces with the Health Department and supporting a tobacco retail license. The letters included an invitation to an informational event hosted by the public health department. The purpose of the event was to educate tobacco retailers about the problem with illegal sales to minors, to assess support/ opposition to tobacco retail licensing, and address any issues or concerns among the retailers.

Six retailers, two from Savannah and four from Serengeti, attended. Although this was far fewer participants than we hoped, the gathering still produced some useful outcomes. In discussions, the retailers said the only way to create a level playing field for those who refused to sell tobacco products to minors was for a licensing ordinance to be uniformly enforced. A TRL was the way to ensure that those who did not obey would suffer consequences. Four of the retailers signed a letter of support for a TRL ordinance. ACTCP included this information in a summary report to the city council members along with the results of the public opinion, youth tobacco purchase and store observation surveys to show there was widespread support for a tobacco retail license.

Law enforcement

From the start we knew that we needed to get law enforcement on board with the idea of licensing tobacco retailers. In the previous funding cycle, ACTCP had heard from city council members that the enforcement of the policy was going to be a challenge, mainly because it would draw resources away from the more pressing issue of combatting crime. For these reasons, project staff suggested a policy that would include a license fee high enough to cover enforcement costs. If the police department saw tobacco retail licensing as an additional revenue stream, the concept might be more appealing. Team members tried to speak with police chiefs in both targeted cities in the first year, but were only granted appointments in Savannah. Serengeti law enforcement said an increase in crime, such as burglary, was their top priority and they would not be able to support our efforts at this time, especially since the added revenue would not be enough to cover an additional full-time person. The other city viewed our undertaking favorably and promised support. In fact, the Savannah Police Chief provided a letter of support for a TRL which was used later when project staff re-approached the city council.

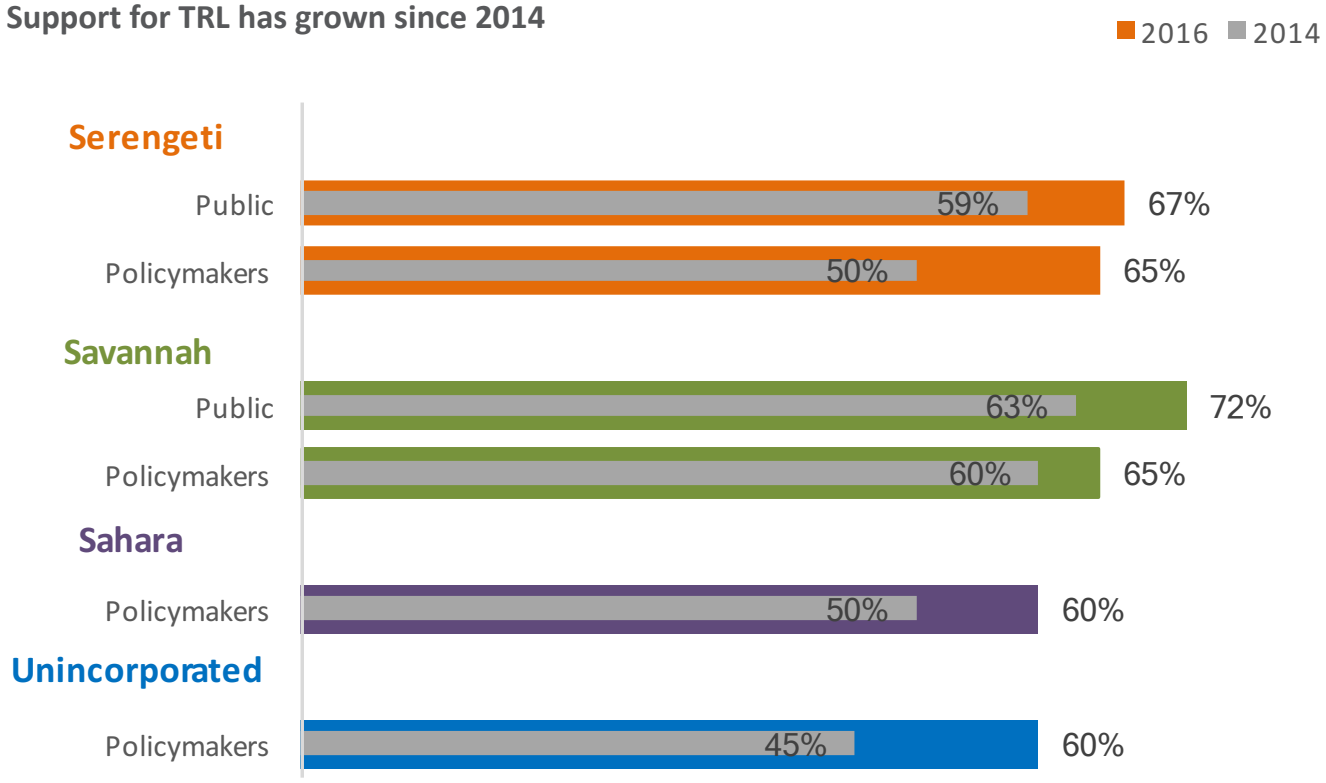
Comparing attitude changes over time

In October 2016, ACTCP conducted a second round of key informant interviews with policymakers as part of the Healthy Stores statewide data collection effort. These interviews covered a variety of policy questions, not just those specific to tobacco retail licensing. For this reason, policymakers were purposively selected in each of the four jurisdictions in the county, city council members and supervisors, two each from Savannah, Serengeti, Sahara and Antelope County for a total of eight. Each were asked 15 questions including whether or not government should play a role in making the retail environment healthier and support or opposition to specific policies. This information was compared to the 2014 baseline interviews, as well as with the Public Intercept Survey results, to identify support or opposition to tobacco retail licensing (Figure 5) in the two targeted cities. Across the board, there was an increase in support for tobacco retail licensing among policymakers and the public since 2014. However, the level of support among informants lagged

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Figure 5

Support for TRL has grown since 2014



behind that of the survey respondents. When it comes to tobacco control issues, public concern usually leads the way for policymaker action.

This pattern held true about other retail-related policy areas as well. The greatest level of support was expressed for a law to prevent stores near schools from selling tobacco. Although some policymakers expressed similar reservations in both points in time, an increasing number were willing to consider a law to restrict where tobacco products could be sold in order to reduce youth access. In 2016, 68% of policymakers and 92% of survey respondents favored such a policy. To a lesser degree, there was also support for including electronic smoking/vaping devices in local tobacco laws 63% of lawmakers and 81% of survey respondents. Greater public support provided the additional leverage to re-approach the city councils in Savannah and Serengeti about passing a licensing policy. (A summary of results from the key informant interview and public intercept surveys on other policy topics are included in the appendix.)

Media and the statewide press event

Media efforts were successful in generating positive coverage about tobacco control issues in local media. Project staff sent out press releases to all six media outlets in our area (including online) and took part in the coordinated regional press event in March 2017 to release findings from the Healthy Stores for a Healthy Community store observations. Youth spokespersons attracted the attention of reporters who were struck by their personal stories of friends who find easy access to tobacco and vape products in local stores. Five of the six outlets picked up the story, framing the issue as problematic due to illegal sales of tobacco products to youth, sneaky tobacco marketing tactics aimed at kids, and the amount of alcohol and tobacco advertisements kids are exposed to, pointing to the need for regulating marketing and tobacco retail licensing. From March through June 2017, a total of 11 pieces on the topic appeared in the media. As a result of this coverage, a potential audience of 235,000 in our region may have been reached with this news. This created a lot of momentum which ACTCP tried to leverage into policymaker action on the issue.

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Re-approaching city councils

In December 2016, ACTCPs Tobacco Control Coalition organized city council appearances of our youth advocates in both targeted cities. Beforehand, project staff worked with youth on public speaking and developing effective power point presentations. The presentations included data from store observations, public opinion surveys, and personal testimony of youth explaining how easy it was to buy tobacco products, how many of their classmates do so, and their desire/expectation to be more protected from harmful products. In addition, volunteers from our Tobacco Control Coalition presented on the effectiveness of licenses as a leveraging tool to reduce the amount of illegal sales to minors. Moreover, documents were presented to city council members with sample policies from other jurisdictions and various options for policy language, which were obtained from Change Lab Solutions. In Savannah, policymakers were also presented with a letter of support for the policy from law enforcement and a number of local retailers.

Right after the city council meetings, ACTCPs Tobacco Control Coalition arranged appointments to discuss policy readiness with the same city council members included back in 2014. While there was praise for the presentations, skepticism still prevailed. However, one council member in Savannah, who also had close ties with the local Chamber of Commerce and numerous retailers, made a commitment to pursue the issue on the council. Over the next few months, this council member became a spokesperson for our campaign, making public statements in favor of the license and arguing for the cause during subsequent council meetings. On February 5, 2017, the city of Savannah adopted a TRL policy that earmarks a portion of the license fee to enforcement activities and restricts the amount of exterior signage to no more than 15%. However, Serengeti, the other target city, still had not passed a tobacco retail ordinance by the end of the funding cycle. This was at least partly due to lack of time to build on the momentum created by the youth appearance at the council meetings. When ACTCP spoke with city council members in Savannah after policy adoption, most stated that Youth Tobacco Purchase Surveys and the youth testimony at city council meetings had been compelling and hard to ignore.

Enforcement

In the remaining months of the funding cycle, project staff monitored the number of tobacco retail licenses obtained after the ordinance went into effect on March 5. By June 15, 85% of existing retailers in Savannah had purchased a license. Law enforcement records also showed that five citations had been issued to retailers who had sold tobacco products to minors during a law enforcement sting operation. Because the policy was implementation almost at the end of our three-year scope of work, there was not enough time after retailers obtained a license to conduct a survey to observe signage.

Sharing results

Key findings were shared to audiences throughout the process in the form of community presentations, fact sheets in educational outreach kits, press releases, web posts, etc. The passage of the Savannah policy was announced in the main Savannah newspaper, The Lonely Roadrunner. In addition, Tobacco Control Coalition members each received a copy of this report and discussed it at the last coalition meeting of the funding cycle. The project also posted highlights of the effort on our website for anyone to see.

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Conclusions and Recommendations

ACTCPs goal of passing a local tobacco retail license in two cities was partially met. A TRL ordinance was passed in Savannah but not Serengeti. While efforts were made equally in both cities, the deciding factor was the composition of city councils and their readiness or reluctance to pass an ordinance. The difference between the two targeted communities was that a spokesperson on the city council in Savannah emerged, while in Serengeti the political will, while growing, did not produce a champion, and the votes were not sufficient to pass a licensing policy.

Narrative states whether or not objective was met, partially met or not met.

Several factors were instrumental in building political will in Savannah: the strong investment in youth skill-building and their continued involvement in project activities, the support of those directly affected by the policy (some retailers and law enforcement), an ally among city council members, and demonstrated support of the public. Using paid media to create awareness was less effective than hoped, but the release of store observation findings at the HSHC media event garnered a good amount of local coverage which drew attention to the licensing issue.

Conclusions are not overstated.

The timing of intervention activities is of great importance. Our paid media spots might have been more effective following rather than preceding the regional media event. As it was, our budget could not support sufficient frequency of the ad placement to impress our messaging into public consciousness. On the positive side, getting youth involved early and keeping them engaged in fun yet educational activities tailored to their interests helped build a core group of youth that became committed to the cause and stayed on for most of the work. Having youth make presentations and share personal testimony to policymakers was key to securing an ally on the Savannah city council. The evidence documented by the store observations and public opinion survey helped to shift decisionmaker opinion as well.

The activities which proved crucial as well as those that didn't work as planned.

The issue of enforcement remains a challenge, even though a portion of license fees can be built in to support enforcement efforts. This is largely due to the fact that most law enforcement agencies feel maxed out on assignments, and revenues from TRL may not be sufficient to hire additional personnel in jurisdictions that don't really have enough retailers to generate sufficient funds for this. In future, ACTCP should explore various options for splitting compliance monitoring and implementation duties between the tobacco program, law and code enforcement agencies so that enacting a licensing policy would be more feasible. However, the overall support by law enforcement agencies for a policy was encouraging, and early enforcement activities are a sign that the implementation is working.

Make recommendations that are specific, concrete and real AHAs!

Since the policy passed in Savannah, ACTCP is confident that a tobacco retail licensing policy can be passed in Serengeti with the momentum begun during this scope of work period. The project also hopes to expand its outreach to the other incorporated city, Sahara, in the next funding cycle. Based on what worked well in this project, ACTCP will continue to involve youth in collecting data and presenting to policymakers, seek the support of law enforcement, and focus on public outreach to make both the public and retailers aware of how a local tobacco retail ordinance can reduce illegal tobacco sales rates to minors.

Next steps are identified.

Attachment: Appendix_8_Tell Your Story Guidelines (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation

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Appendix

In order to keep the body of the report free of unnecessary detail that detracts from the essential facts of your "story", you can attach additional descriptions and results related to your intervention and evaluation activities in the appendix.

Data collection instruments are required to be included in the appendix (except for standardized statewide data collect instruments).

Optional pieces of information you also may want to include are:

- Evaluation activity summaries that include fuller descriptions of sampling methodologies, data collection protocols followed, descriptions of data collector training, analysis techniques and more complete sets of results.
- Additional detail about turning point events. These could include internal or external factors that smoothed the way for achieving or blocking the objective (such as interactions with officials, turnover in project staff, community comments or actions, unexpected economic developments, elections, etc.)
- Informational fact sheets
- Press releases
- Key media pieces – PSAs, social media posts, articles
- Photographs of activities

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This is an example of a somewhat traditional Executive Summary format which can be used to convey a bit more detail about key strategies and their results on the objective.

Depending on the intended audience, the recommendations can focus on what worked/ what didn't (for tobacco control projects) OR make calls to action/next steps (for the general public or decisionmakers).

Executive Summary

Aim and outcome

In an effort to limit youth access and exposure to tobacco products and advertising, the Antelope County Tobacco Control Program set out to achieve the following objective:

By June 30, 2017, at least two Antelope County cities will adopt and implement a Tobacco Retail Licensing (TRL) policy that earmarks a portion of the license fee for enforcement activities and restricts exterior signage of tobacco/ESD products to no more than 15% of the square footage of each retailer's window and clear door. The corresponding Communities of Excellence indicators are 3.2.1 and 1.1.2.

The objective was only partially met; just one of the target cities, Savannah, adopted and implemented a TRL policy that earmarks part of the license fees for enforcement and restricts exterior signage to 15%.

Rationale

This TRL focus was a continued effort from two previous funding cycles when the groundwork was laid by raising the issue with decisionmakers and the idea gained some momentum, but ultimately did not succeed in getting a policy passed. In 2013, a youth tobacco purchase survey (YTPS) found that 17% of the county's 160 retailers sold tobacco products illegally to youth, compared to 9% statewide. Moreover, the public seemed ready for policy adoption—63% of a 2013 public intercept survey sample in two polled cities supported the idea of tobacco retail licensing. Given the high illegal sales rate and the investment the county had already made toward this effort, continued pursuit of tobacco retail license policies in primary cities seemed appropriate and feasible.

Key Intervention and Evaluation Activities

Key informant interviews with policymakers in 2014 found them still reluctant to consider a licensing policy that would affect small businesses. Some suggested that the council often pays more attention when public opinion and youth are involved. This led to the subsequent recruitment and training of young volunteers for involvement in data collection and spokesperson activities. To build public momentum, the project launched radio ads and billboards to educate the public about the connection between illegal tobacco sales to minors and need for local TRL policies. This was followed by a public intercept survey in year 3 to assess support for a range of tobacco policy options. The survey found that 67% of the convenience sample were in favor of a TRL policy and 89% stated they were "very concerned" about youth tobacco uptake. These data were later shared with policymakers.

Another factor that proved influential was data collected from store observations as part of the statewide Healthy Stores for a Healthy Community campaign. Comparing 2016 results to the 2013 baseline, the number of stores selling e-cigarettes had increased from 44% to 78%! Also, most (85%) neighborhood stores continue to be blanketed with exterior ads promoting e-cigarettes, traditional tobacco products and other unhealthy products, covering more than 33% of their exterior window space. Findings were shared at a coordinated media event which generated a lot of coverage in the local news outlets.

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Project staff and coalition members also reached out to key stakeholders. They shared results of the intercept survey and the 2013 YTPS with retailers. The project hosted a forum where retailers had the opportunity to voice their opinions and concerns which resulted in gaining a number of allies from the business community willing to write letters of support for a licensing policy. In meetings with the police chiefs of the two targeted cities, the health department solicited law enforcement buy in for the plans. The Savannah chief lent his support.

To leverage all of this evidence into policy action, young volunteers gave the data a personal face at public council meetings. Finally, one councilmember in Savannah was moved to advocate for the need for a policy within the council. This, paired with public pressure—including the support of a number of retailers who realized that a license would distinguish law-abiding retailers from those giving retailers a bad reputation—resulted in a TRL ordinance passing in Savannah on February 5, 2017. License fees were subsequently collected. A sting operation by law enforcement resulted in the suspension of five retailers' licenses due to sales to minors.

Where things stand

After successful adoption and implementation of TRL in Savannah, the Antelope Tobacco Control Program hopes to have enough momentum to pass policies in the other two cities, Serengeti and Sahara, in the next funding cycle. Several city council members in both cities were in favor of a local TRL, and more might support the effort after seeing that the result in a decrease in the illegal rate of sales to minors through annual youth tobacco purchase survey monitoring.

Recommendations

Several factors were instrumental in building political will in Savannah: the strong investment in youth skill-building and their continued involvement in project activities, the support of those directly affected by the policy (some retailers and law enforcement), an ally among city council members, and demonstrated support of the public. Using paid media to create awareness was less effective than hoped, but helped to some degree.

Getting youth involved early and keeping them engaged in fun educational activities tailored to them helped build a core group of youth that became committed to the cause and stayed for most of the work. Their involvement in collecting and interpreting store observation data made them ready advocates and communicators of findings. Having youth make presentations and share personal testimony to policymakers was key to securing an ally on the Savannah city council. The evidence documented by store observations and public opinion survey helped to shift decisionmaker opinion as well.

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Highlights

When communicating results to the other stakeholders—such as the local community, partner agencies or busy policymakers, consider condensing key points to a one page document that features key findings broken into digestible chunks of information. Instead of making recommendations, specify desired actions or next steps.

Pursuing Tobacco Retail Licensing in Antelope County

Report Highlights **June 2017**

In order to limit youth access to tobacco and electronic smoking device products and marketing, the Antelope County Tobacco Control Program worked on getting at least two local cities to adopt and implement a Tobacco Retail Licensing (TRL) policy by June 30, 2017. The policies were to earmark a portion of the license fee for enforcement activities and restrict exterior signs and advertising to no more than 15% of the window and clear door area.

There are 160 retailers in the county that sell tobacco or vape products. Many of those products are designed to appeal to youth.

Significant Data Points

17% of Antelope County retailers were caught selling tobacco products to minors compared to 9% across the state

85% of stores in target cities had twice as much exterior signage and ads than state law allows

77% Increase in the number of stores selling vape devices/e-cigarettes in the last three years

24% of youth in Antelope County uses tobacco products but only 7.7% statewide do

70% of respondents favor tobacco retail licensing

Key Findings

Illegal sales of tobacco products to youth is a problem in our county. Despite CA's STAKE Act law, 17% of Antelope's retailers were caught selling products to minors in 2013.

Parents are concerned about youth access and exposure to tobacco products and advertising.

Storefronts promote unhealthy products by covering more than 33% of window/clear door space with exterior advertisements and signage, breaking the state-mandated Lee law.

Some retailers are in favor of a licensing policy, but without enforcement those who follow the law are at a disadvantage.

Law enforcement is supportive of the measure but worry monitoring duties would detract from priority focus on crime.

Call to Action

More than 170 cities and counties throughout California have a tobacco retail licensing policy. **It's time that Antelope County communities get the same protection.**

Pay attention to how the tobacco industry is targeting young people with its products and marketing. Take photos of ads in your neighborhood that kids view on a daily basis in local stores.

If you don't like what you see, ask retailers to stop carrying and promoting harmful products aimed at youth.

Policymakers find it harder to say no to youth than to adult constituents. Train youth to be spokespersons at city council meetings and **ask policymakers to pass a tobacco licensing law**.

In April 2017, Savannah became the first city in the county to adopt a tobacco licensing policy. We hope this trend continues in the next three years as other cities consider doing the same.



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Scoring Rubric

Used for scoring final evaluation reports

Scores

0 points	The section is completely missing.
1 point	Minimal required information is provided but almost all of it is unclear, illogical or inaccurate.
2 points	Some required information is provided but much of it is unclear, illogical or inaccurate.
3 points	Most required information is provided but a small portion is unclear, illogical or inaccurate.
4 points	All required information is present, clear, logical and accurate.

Cover Page

Measure	0	1	2	3	4
The cover page includes relevant information about the project, the report and its authors: a descriptive title, name of the organization and project director, organization's website or contact information, funding cycle, report author(s)/ evaluation firm, CDPH attribution, submission date, and recommended citation.					

Abstract

Measure	0	1	2	3	4
In 350 words or less, the abstract provides a clear overview of the background, methods, results, and conclusions for work on this objective. Succinctly describes the problem/need for this objective, what the project was trying to achieve, strategies used (key intervention and evaluation activities), key findings, to what extent the objective was achieved, and conclusions/ recommendations about the effectiveness of strategies used.					
Comments:					

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Aim and Outcome

Measure	0	1	2	3	4
The report states up front what the project was trying to achieve (the objective and indicator) as well as the end result (whether the objective was achieved).					

Background

Measure	0	1	2	3	4
Provides a clear rationale for work on this objective. Describes the problem or need, community norms, context, and the demographics ***relevant*** to this objective.					
Indicates the role of the community in assessing needs and selecting/ formulating the objective.					
States whether or not any previous work has been done on this issue in the target area/region.					
Comments:					

Evaluation Methods and Design

Measure	0	1	2	3	4
The evaluation design and methods are a good fit for the objective and intervention activities. For example, if the objective includes policy implementation, is an outcome evaluation activity included?					
Section states the outcome and/or process measures, the purpose of each data collection activity, sample, number of waves, and how data were analyzed.					
Comments:					

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Implementation and Results

Measure	0	1	2	3	4
Clearly describes the purpose, timing and scope of key intervention and evaluation activities.					
Clearly describes the results of key intervention and evaluation activities, including facilitators/barriers.					
Represents results effectively, using data visualization principles where appropriate. Interpretation of data is provided.					
Demonstrates the utility of the data/lessons learned. In a chronological narrative, makes linkages between activities, showing how they supported each other or informed next steps.					
Demonstrates that cultural competency (or tailoring to target audiences) was applied in the intervention and evaluation.					
Explains how findings were communicated to different stakeholders and the wider community.					
Comments:					

Conclusions and Recommendations

Measure	0	1	2	3	4
Restates to what degree the objective was met and provides insights into why things worked out the way they did.					
Draws conclusions about which strategies or activities were most helpful or effective and makes recommendations for how things could be improved for this project or others.					
Comments:					

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Appendix

Measure	0	1	2	3	4
Data collection instruments and supplemental intervention and evaluation activity descriptions, materials or results are appropriately attached as appendices rather than in the body of the report.					
Comments:					

Total Scores

Unacceptable	**0 to 16 points**
Poor	**17 to 33 points**
Fair	**34 to 50 points**
Good	**51 to 59 points**
Exemplary	**60 to 68 points**

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Sample Report

An example brief evaluation report

Guidelines for writing Brief Evaluation Reports

- Follow the same general guidelines and headings as specified in the 2017 *Tell Your Story: Guidelines for Preparing Useful Evaluation Reports*, except no abstract is required.
- Provide enough detail to document the significant approaches, tactics and activities used while working toward the objective. Additional information could be attached in the appendix, if desired.
- Brief Evaluation Reports (BERS) tend to be shorter and less complex than Final Evaluation Reports (FERS) because non-primary objectives often utilize fewer intervention and evaluation activities, resulting in less content to report on.
- Program consultants at the California Tobacco Control Program (CTCP) will review the BERS and provide feedback to projects.
- Brief evaluation reports should be uploaded into OTIS as part of a project's final progress report. Upload each data collection instrument as a separate Word file.
- To see a sample BER, visit the Tobacco Control Evaluation Center's Analysis & Reporting web page http://programeval.ucdavis.edu/analysis-reporting/ReportingResults.html.

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Tobacco Retail Licensing in Two Rhino County Cities — High Plateau and Grassland

Sample Brief Evaluation Report 2014-2017

Rhino County Department of Public Health
Tobacco Control Program
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Report submitted: June 30, 2017

Recommended Citation: Wildgirl, J. and J. Gamepreserve. 2017. *Tobacco Retail Licensing in Two Rhino County Cities, Sample Brief Evaluation Report 2014-2017*. California: Rhino County Department of Public Health Tobacco Control Program.

Made possible by funds received from the Tobacco Tax Health Protection Act of 1988 – Proposition 99, through the California Department of Public Health, California Tobacco Control Program (CTCP) Contract # 0-00-00, Contract Term 7/01/14 – 6/30/17.

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Aim and Outcome

Due to the easy access and high rate of illegal sales of tobacco products to minors in the region, the Rhino County Tobacco Control Program focused its efforts on getting two cities to adopt tobacco retail licensing ordinances that covered the cost of monitoring compliance in the hope that this would deter businesses from selling tobacco products to minors:

By June 30, 2017, the cities of High Plateau and Grassland will adopt a tobacco retail licensing policy with sufficient fees to pay for enforcement. This is a non-primary objective addressing CX indicator # 3.2.1.

Rhino County Tobacco Control Program (RCTCP) did not achieve its objective to get a tobacco retail license adopted in either of the two target cities. With additional evidence on increased illegal sales rates and better community mobilization among low income communities, the project hopes to reach policy adoption in the coming years.

Background

Rhino County began has been working on the issue of tobacco retail licensing since 2010 when we attempted to build public support for a licensing ordinance in at least one jurisdiction. In the previous funding cycle, focus groups with youth had revealed that school kids were very knowledgeable about tobacco products, products were easy to obtain, and growing numbers admitted to using the products. A Youth Tobacco Purchase Survey (YTPS) in 2011 revealed that of the county's 286 tobacco retailers, 21% in High Plateau and 26% in Grasslands were caught selling to minors as compared to 15-18% elsewhere in the county. Despite this data, we were unable to get any of the county's four city councils to consider a tobacco retail licensing (TRL) policy in that period. However, with illegal sales rates so much higher than the state average of 5.6%, we were not ready to give up. The need was even more pressing in low-income neighborhoods, where the sales rate was 10% higher than in medium-to-high income areas. For these reasons, our tobacco control coalition decided during the CX process to continue to pursue tobacco retail licensing policies as a strategy to reduce illegal sales to minors, especially in low income neighborhoods.

Table 1: Summary of Key Evaluation Activities

Evaluation Activity	Purpose	Sample	Instrument Source	Analysis Method	Timing/ Waves
Process					
Youth Tobacco Purchase Survey	Established the sales rates to minors	100 randomly selected stores (50 in each target city)	Evaluation Consultant	Descriptive statistics	Year 1 1 Wave
Key Informant Interviews with city council members and key staff re: licensing policy	Measure the level of support and opposition to TRL; identify facilitators and barriers to policy adoption	Purposive sample of 10 (5 in each target city)	Evaluation Consultant	Content analysis	Years 1, 3 2 Waves
Focus groups with store owners/ managers	Understand retailer views and concerns about TRL	Invite census of tobacco retailers in High Plateau and Grasslands	Evaluation Consultant	Content analysis	Year 2
Media Activity Record	Measure the reach and reaction to our media messaging	Census of four print, radio and online media outlets in area	Tobacco Control Evaluation Center	Descriptive statistics and content analysis	Years 2, 3 2 Waves

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Evaluation Methods and Design

Since the plan type was policy adoption only, there was no outcome evaluation; only process data were collected. This included a YTPS in 2014 to document the sales rates to minors in the two targeted cities and to use the data to inform policymakers. A group of 16 and 17 year old decoys were trained to use an attempted buy protocol in a four hour presentation and practice session. Key informant interviews with policymakers and their staff were conducted early on to gauge policy readiness. There was also to be a second round in year three to explore incentives and barriers for passage of the policies, but these interviews did not occur because no policy was passed. Focus groups with retailers provided insight into their views on licensing provisions and how a TRL ordinance would impact their businesses. Since a media campaign was part of the strategy, a media activity record was conducted to capture the reach and public reaction to campaign messaging. Quantitative YTPS and media activity record data were analyzed using descriptive statistics. The focus group and key informant interviews were analyzed for content and summarized into patterns and themes. Table 1 provides an overview of how evaluation activities were used to support the objective.

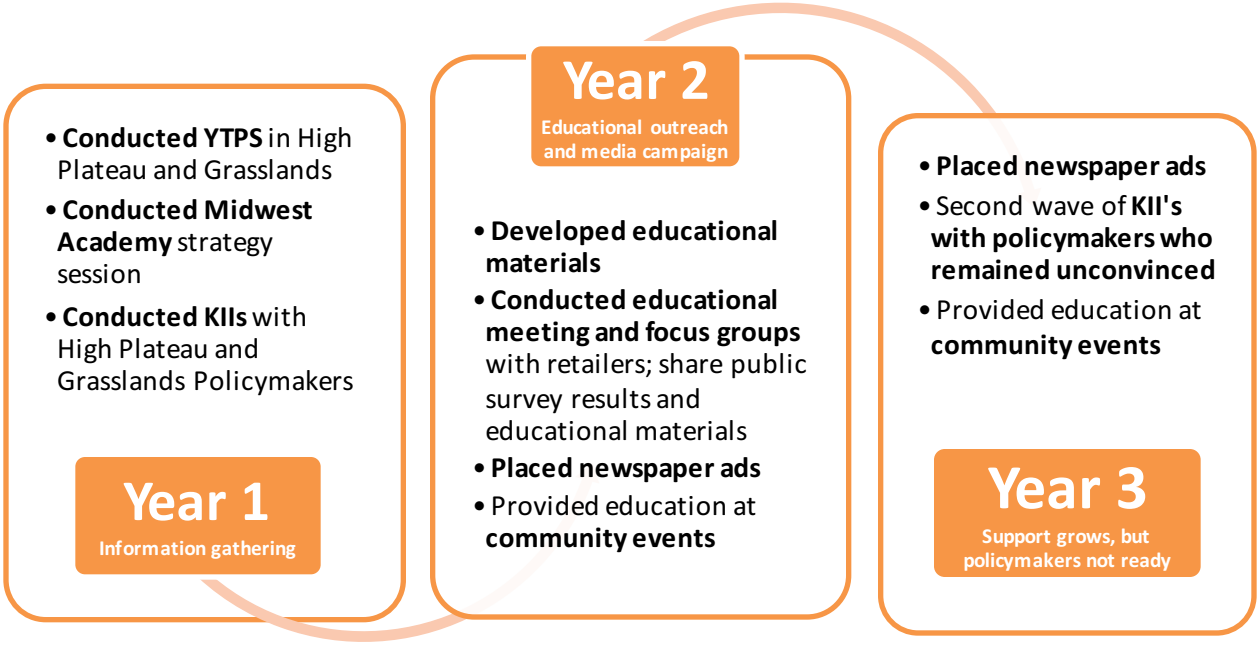
Implementation and Results

There were a number of key implementation and evaluation activities that moved the effort along, as is evidenced in the timeline below.

Gathering and demonstrating evidence

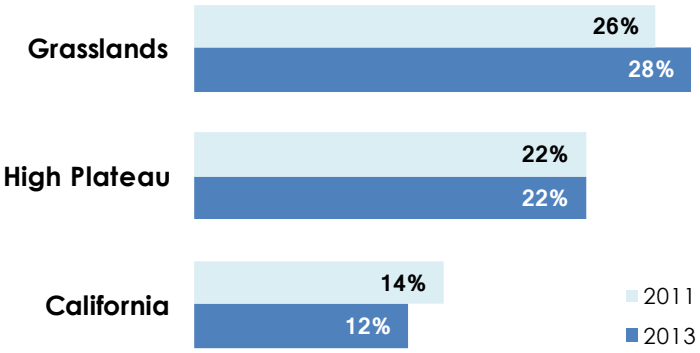
Working with local high school students who had volunteered with us before, RCTCP conducted a youth tobacco purchase survey in the first three months of the project in the two targeted cities. The youth were trained to use an attempted buy protocol in a four hour sessions conducted by the health educator until all data collectors were able to confidently ask for cigarillos from a "clerk" and accurately record data onto the mobile survey. Buy attempts were made in 50 stores of each target city. The results showed that the sales rate in High Plateau had held steady at 22% in compared to 2011, while in Grasslands it had increased slightly from 26% in 2011 to 28% in 2013. The fact that more than ¼ of tobacco retailers in the sample were willing to sell products to minors despite the state law signaled a real need for a licensing ordinance with a local enforcement component. We thought the evidence would be just as compelling to policymakers.

Timeline of Key Intervention and Evaluation Activities in Chronological Order



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Illegal sales of tobacco in target cities outstrip state average.



However, when RCTCP presented these results to city council members in Grasslands and High Plateau, they remained unconvinced that a TRL was needed. Their top priority was protecting the business climate of their city. This statement by one informant captures their sentiment, "This is not a good time to put any burdens on small businesses. We need to de-regulate rather than put more restrictions on entrepreneurs. We already have laws in place against selling tobacco to minors. If laws are being broken, you should bring this to the attention of the authorities." After encountering such solid opposition, the project had to rethink its strategy for going forward and look for some allies elsewhere.

Working with retailers

Project staff contacted the Tobacco Education Clearinghouse of California (TECC) for help with developing educational materials for retailers to make them aware of the Healthy Stores for a Healthy Community campaign results and provide suggestions for how retailers could help to make the community a healthier place. The project then sent the information packet to all 286 tobacco retailers in the county. In year 2, RCTCP followed up by inviting retailers from the two targeted cities to an informational meeting on January 27th.

Twenty-four retailers came—12 from each city. However, none of the participants were from stores that served low-income neighborhoods. The county health officer talked the retailers through the educational materials the project had previously sent them and then divided the participants into three focus groups. Each group was asked to discuss a set of six questions that explored the need for enforcement, licensing options, readiness for a TRL, and potential healthy store incentives. The focus group results were mixed. Many retailers (16) were strongly opposed to a TRL saying, "We do not need to have yet another layer of government regulation." This stood in stark contrast with the concerns that some retailers (8) had about sellers who put profit above the safety and health of minors in their communities by selling tobacco products to them despite the law. They felt, "Those people are giving all of us a bad reputation in the community!" In one group, discussants initially blamed the problem on parents ' poor educational and child-rearing skills, there was in the end an acknowledgment that tobacco stores also had a responsibility to make sure tobacco was not sold to young people. One participant even said, "I would be willing to accept a TRL since we don't have anything to fear, and those who do frequently sell to minors should be weeded out and get their license revoked."

After the event, a health officer personally visited 10 stores in High Plateau and 6 stores in Grasslands that were considered to be in low-income neighborhoods to solicit store manager input. Of the stores visited, a total of five managers spoke to the health officer. Four voiced opposition to a licensing fee and did not feel that it would deter young people from attempting to buy tobacco products; just one person voiced support for a TRL regulation. In response to the YTPS results indicating the high illegal sales rate to minors, the managers all said that they conduct trainings for their clerks, but that it is hard to find good employees that stay on for any long period of time. The project used this information later on when it came time to frame its messaging for talking with policymakers.

Using media

In order to get awareness and buy-in from the general public, the tobacco control program next started a media campaign. Timed to begin running during summer vacation, we placed semi-weekly ads for eight weeks in the two area newspapers that read "Some stores don't mind selling tobacco products to our kids. Make it stop. Ask your city council to protect children with a tobacco retail licensing law." This was accompanied by a picture of a young boy walking out of a tobacco store with a pack of flavored cigarillos in his hand. With distribution to 12,450 subscribers of the *High Plateau News* and 21,000 via the *Grasslands Sentinel*, we hoped the ads would reach a wide local audience. Project staff monitored the newspapers for any related stories or reactions to the ads and found three letters to the editor of the *High Plateau News* that were in strong support of a TRL. There was also one story in the *Grasslands Sentinel* that reported

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on the county results of the HSHC store observation and the current efforts of the county health department to get a TRL ordinance passed. There was no talk on the only local radio station about the issue, but several local youth and community organizations commented on the issue on their Facebook pages. Community comments were generally favorable, although there were a few disparaging comments posted by trolls.

Posters, postcards and other educational materials were also distributed by coalition members who staffed information booths at several community events: a marathon in Grasslands in early 2015, a health fair in High Plateau in the summer of 2015, and at farmers' markets in both cities throughout the summer and fall of 2015 and into 2016. This gave us the opportunity to maintain a visible presence in the communities and talk to people about the need for a TRL, explain how an ordinance works, and promote actions that individuals could take to urge their council members to act. We handed out 568 fact sheets and collected 313 signed postcards of support which we later gave to policymakers.

In March 2016, RCTCP started a new media campaign, again posting ads in the two area newspapers. This time we focused on flavored tobacco and its marketing to young people. The ad read: "Bubble gum flavored tobacco is not favored by adults. Guess who it's for?" The ad showed a child with a pack of bubble gum in one hand and a pack of bubble gum flavored cigarillos in the other. This time the health department received numerous calls from concerned citizens, mainly parents, wanting to know more about bubble gum-flavored tobacco products. Project staff followed up by sending out information packets to them which explained how a TRL could help prevent their kids from buying these products.

Convincing policymakers

With the data collected from the YTPS, the focus groups with retailers, public reaction to the media campaign, and signed postcards of support, RCTCP made appointments with the same city council members in the two cities visited in 2013 to share our information and talk about the need for a licensing ordinance. While the uptick in constituent calls on the topic had begun to get their attention, the majority were still not ready to move on crafting a TRL policy, stating, among other reasons:

> *"I acknowledge that there is a problem in our county with selling tobacco to youth, but a local license is not going to fix that."*

> *"I am a Chamber of Commerce board member, and I can tell you that the mood among retailers is one of annoyance with the health department for wanting to bring more regulation to the city."*

> *"I am with you in principle, and maybe we can try in a few years, but right now is not the right time to put this on the table." When pressed for reasons, the council member said, "We currently have a very conservative group of people in the lead, but I think that we are in for a change at the next local elections, so keep going with your work, and let us re-consider when we have a better chance of getting this passed."*

The project concluded that if we were going to get council members on board, we would need an overwhelming groundswell of public and retailer support and do a better job of showing how tobacco retail licensing has been successfully implemented in nearby jurisdictions, resulting in lower illegal sales rates.

Conclusions and Recommendations

Rhino County's goal of passing a tobacco retail licensing policy in two cities was not met. In the end, our efforts were just not successful in convincing policymakers that a licensing ordinance would not harm local business nor result in lower illegal sales rates. However, our data have shown that the public (concerned parents in letters to newspaper editors, some retailers in the focus group, and public voices in the media) are more open to the idea. We plan to continue this work in the next contract period.

The two waves of media activity worked to some degree. As indicated by the response from the different ads, we can see that hitting upon the right messaging makes a big difference. TRL is a complex issue that many see as outside of the priorities they care about, but when framed as a way to protect children, it resonates—especially with parents. A more aggressive media campaign could help mobilize the community and key community groups to actively support a TRL policy solution.

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Outreach to more retailers may also be necessary next time to get these stakeholders on board since there were at least some retailers in favor of a TRL. RCTCP will especially need to address retailers in low income neighborhoods with education and to get them involved. We plan to also invite retailers to join our tobacco prevention coalition. Moreover, more public support may be gathered by conducting a public intercept survey that could show to what extent constituents would support a TRL.

Next time, we need to build community partnerships with youth-serving and faith-based organizations, and perhaps frame the issue in terms of health disparities and retailer density in low income neighborhoods. Also we could collect local data from middle school and high school kids to illustrate that youth purchase access is commonplace. Having committed youth and community voices make presentations to policymakers might have had more impact. By only having the health department speak with policymakers, they did not feel the pressure from their constituents to take the danger seriously that tobacco poses to our youth. A stronger case using public voices should be made next time.

While the project did work with youth in collecting data for the HSHC campaign, we did not involve them during other times throughout the funding cycle. While not supported by our data, it is possible that youth trained in public speaking could make a difference when appearing in front of city council. We will plan to do some outreach and develop a youth task force to pursue TRL in the future.

The political situation in a county or city can make or break a policy campaign. Meetings with policymakers in High Plateau and Grasslands showed that there is no great support for policies that could be seen to interfere with business as usual. However, in the end at least one city council member stated she was ready to support us in the future. We plan to work closely with her in the hope that she will become a spokesperson and ally.

RCTCP shared results of the YTPS early on with retailers, policymakers and the public through information packets and media pieces. We need to do a better job of sharing the results of our work along the way with our coalition and volunteers to keep them motivated and informed of project outcomes.

The political situation in a county or city can make or break a policy campaign. Meetings with policymakers in High Plateau and Grasslands showed that there is no great support for policies that could be seen to interfere with business-as-usual. However, in the end at least one city council member stated she was ready to support us in the future. We plan to work closely with her in the hope that she will become a spokesperson and ally.

RCTCPstaff plan to disseminate the findings from this report to policymakers, the local Tobacco Prevention Coalition, the students who helped collect data, and to the local papers in the two cities.

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Appendix 9

National Cancer Institute

Theory at a Glance

A Guide For Health Promotion Practi

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

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Theory at a Glance

A Guide For Health Promotion Practice (Second Edition)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

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Foreword

A decade ago, the first edition of *Theory at a Glance* was published. The guide was a welcome resource for public health practitioners seeking a single, concise summary of health behavior theories that was neither overwhelming nor superficial. As a government publication in the public domain, it also provided cash-strapped health departments with access to a seminal integration of scholarly work that was useful to program staff, interns, and directors alike. Although they were not the primary target audience, members of the public health research community also utilized *Theory at a Glance*, both as a quick desk reference and as a primer for their students.

The National Cancer Institute is pleased to sponsor the publication of this guide, but its relevance is by no means limited to cancer prevention and control. The principles described herein can serve as frameworks for many domains of public health intervention, complementing focused evidence reviews such as Centers for Disease Control and Prevention's *Guide to Community Preventive Services*. This report also complements a number of other efforts by NCI and our federal partners to facilitate more rigorous testing and application of health behavior theories through training workshops and the development of new Web-based resources.

One reason theory is so useful is that it helps us articulate assumptions and hypotheses concerning our strategies and targets of intervention. Debates among policymakers concerning public health programs are often complicated by unspoken assumptions or confusion about which data are relevant. Theory can inform these debates by clarifying key constructs and their presumed relationships. Especially when the evidence base is small, advocates of one approach or another can be challenged to address the mechanisms by which a program is expected to have an impact. By specifying these alternative pathways to change, program evaluations can be designed to ensure that regardless of the outcome, improvements in knowledge, program design, and implementation will occur.

I am pleased to introduce this second edition of *Theory at a Glance*. I am especially impressed that the lead authors, Dr. Barbara K. Rimer and Dr. Karen Glanz, have enhanced and updated it throughout without diminishing the clarity and efficiency of the original. We hope that this new edition will empower another generation of public health practitioners to apply the same conceptual rigor to program planning and design that these authors exemplify in their own research and practice.

Robert T. Croyle, Ph.D.
Director
Division of Cancer Control and Population Sciences
National Cancer Institute

Spring 2005

Acknowledgements

The National Cancer Institute would like to thank Barbara Rimer Dr.P.H. and Karen Glanz Ph.D., M.P.H., authors of the original monograph, whose knowledge of healthcommunications theory and practice have molded a generation of health promotion practitioners. Both have provided hours of review and consultation, and we are grateful to them for their contributions.

Thanks to the staffs of the Office of Communications, particularly Margaret Farrell, and the Division of Cancer Control and Population Sciences and Kelly Blake, who guided this monograph to completion. We appreciate in particular the work of Karen Harris, whose attention to detail and commitment to excellence enhanced the monograph's content and quality.

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Introduction

This monograph, *Theory at a Glance: Application to Health Promotion and Health Behavior (Second Edition)*, describes influential theories of health-related behaviors, processes of shaping behavior, and the effects of community and environmental factors on behavior. It complements existing resources that offer tools, techniques, and model programs for practice, such as *Making Health Communication Programs Work: A Planner's Guide*,[i] and the Web portal, Cancer Control PLANET (Plan, Link, Act, Network with Evidence-based Tools).[ii] *Theory at a Glance* makes health behavior theory accessible and provides tools to solve problems and assess the effectiveness of health promotion programs. (For the purposes of this monograph, *health promotion* is broadly defined as the process of enabling people to increase control over, and to improve, their health. Thus, the focus goes beyond traditional primary and secondary prevention programs.)

For nearly a decade, public health and health care practitioners have consulted the original version of *Theory at a Glance* for guidance on using theories about human behavior to inform program planning, implementation, and evaluation. We have received many testimonials about the First Edition's usefulness, and requests for additional copies. This updated edition includes information from recent health behavior research and suggests theoretical approaches to developing programs for diverse populations. *Theory at a Glance* can be used as a stand-alone handbook, as part of in-house staff development programs, or in conjunction with theory texts and continuing education workshops.

For easy reference, the monograph includes only a small number of current and applicable health behavior theories. The theories reviewed here are widely used for the purposes of cancer control, defining risk, and segmenting populations. Much of the content for this publication has been adapted from the third edition of Glanz, Rimer, and Lewis' *Health Behavior and Health Education: Theory, Research, and Practice*,[1] published by Jossey-Bass in San Francisco. Readers who want to learn more about useful theories for health behavior change and health education practice can consult this and other sources that are recommended in the References section at the end of the monograph.

[i] Making Health Communication Programs Work (http://www.nci.nih.gov/pinkbook/) describes a practical approach for planning and implementing health communication efforts.

[ii] Cancer Control PLANET (http://cancercontrolplanet.cancer.gov) provides access to data and resources that can help planners, program staff, and researchers to design, implement, and evaluate evidence-based cancer control programs.

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Audience and Purpose

This monograph is written primarily for public health workers in state and local health agencies; it is also valuable for health promotion practitioners and volunteers who work in voluntary health agencies, community organizations, health care settings, schools, and the private sector.

Interventions based on health behavior theory are not guaranteed to succeed, but they are much more likely to produce desired outcomes. *Theory at a Glance* is designed to help users understand how individuals, groups, and organizations behave and change—knowledge they can use to design effective programs. For information about specific, evidence-based interventions to promote health and prevent disease, readers may also wish to consult the Guide to Community Preventive Services, published by the Centers for Disease Control and Prevention (CDC) at www.thecommunityguide.org.

Contents

This monograph consists of three parts. For each theory, the text highlights key concepts and their applications. These summaries may be used as "checklists" of important issues to consider when planning or evaluating programs or to prompt project teams to think about the range of factors that influence health behavior.

Part 1. *Foundations of Theory in Health Promotion and Health Behavior* describes ways that theories and models can be useful in health behavior/health promotion practice and provides basic definitions.

Part 2. *Theories and Applications* presents an ecological perspective on health behavior/health promotion programs. It describes eight theories and models that explain individual, interpersonal, and community behavior and offers approaches to solving problems. A brief description of each theory is followed by definitions of key concepts and examples or case studies. The section also explores the use of new communication technologies.

Part 3. *Putting Theory and Practice Together* explains how theory can be used in health behavior/health promotion program planning, implementation, and evaluation. Two comprehensive planning models, PRECEDE-PROCEED and social marketing, are reviewed.

Part 1

Foundations of Theory in Health Promotion and Health Behavior

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Why Is Theory Important to Health Promotion and Health Behavior Practice?

Effective public health, health promotion, and chronic disease management programs help people maintain and improve health, reduce disease risks, and manage chronic illness. They can improve the well-being and self-sufficiency of individuals, families, organizations, and communities. Usually, such successes require behavior change at many levels, (e.g., individual, organizational, and community).

Not all health programs and initiatives are equally successful, however. Those most likely to achieve desired outcomes are based on a clear understanding of targeted health behaviors, and the environmental context in which they occur. Practitioners use strategic planning models to develop and manage these programs, and continually improve them through meaningful evaluation. Health behavior theory can play a critical role throughout the program planning process.

What Is Theory?

A theory presents a systematic way of understanding events or situations. It is a set of concepts, definitions, and propositions that explain or predict these events or situations by illustrating the relationships between variables. Theories must be applicable to a broad variety of situations. They are, by nature, abstract, and don't have a specified content or topic area. Like empty coffee cups, theories have shapes and boundaries, but nothing inside. They become useful when filled with practical topics, goals, and problems.

- *Concepts* are the building blocks—the primary elements—of a theory.
- *Constructs* are concepts developed or adopted for use in a particular theory. The key concepts of a given theory are its constructs.
- *Variables* are the operational forms of constructs. They define the way a construct is to be measured in a specific situation. Match variables to constructs when identifying what needs to be assessed during evaluation of a theory-driven program.
- *Models* may draw on a number of theories to help understand a particular problem in a certain setting or context. They are not always as specified as theory.

Most health behavior and health promotion theories were adapted from the social and behavioral sciences, but applying them to health issues often requires that one be familiar with epidemiology and the biological sciences. Health behavior and health promotion theories draw upon various disciplines, such as psychology, sociology, anthropology, consumer behavior, and marketing. Many are not highly developed or have not been rigorously tested. Because of this, they often are called *conceptual frameworks* or *theoretical frameworks*; here the terms are used interchangeably.

How Can Theory Help Plan Effective Programs?

Theory gives planners tools for moving beyond intuition to design and evaluate health behavior and health promotion interventions based on understanding of behavior. It helps them to step back and consider the larger picture. Like an artist, a program planner who grounds health

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interventions in theory creates innovative ways to address specific circumstances. He or she does not depend on a "paint-by-numbers" approach, re-hashing stale ideas, but uses a palette of behavior theories, skillfully applying them to develop unique, tailored solutions to problems.

Using theory as a foundation for program planning and development is consistent with the current emphasis on using evidence-based interventions in public health, behavioral medicine, and medicine. Theory provides a road map for studying problems, developing appropriate interventions, and evaluating their successes. It can inform the planner's thinking during all of these stages, offering insights that translate into stronger programs. Theory can also help to explain the dynamics of health behaviors, including processes for changing them, and the influences of the many forces that affect health behaviors, including social and physical environments. Theory can also help planners identify the most suitable target audiences, methods for fostering change, and outcomes for evaluation.

Researchers and practitioners use theory to investigate answers to the questions of "why," "what," and "how" health problems should be addressed. By seeking answers to these questions, they clarify the nature of targeted health behaviors. That is, theory guides the search for reasons why people do or do not engage in certain health behaviors; it helps pinpoint what planners need to know before they develop public health programs; and it suggests how to devise program strategies that reach target audiences and have an impact. Theory also helps to identify which indicators should be monitored and measured during program evaluation. For these reasons, program planning, implementation, and monitoring processes based in theory are more likely to succeed than those developed without the benefit of a theoretical perspective.

Explanatory Theory and Change Theory

Explanatory theory describes the reasons why a problem exists. It guides the search for factors that contribute to a problem (e.g., a lack of knowledge, self-efficacy, social support, or resources), and can be changed. Examples of explanatory theories include the Health Belief Model, the Theory of Planned Behavior, and the Precaution Adoption Process Model.

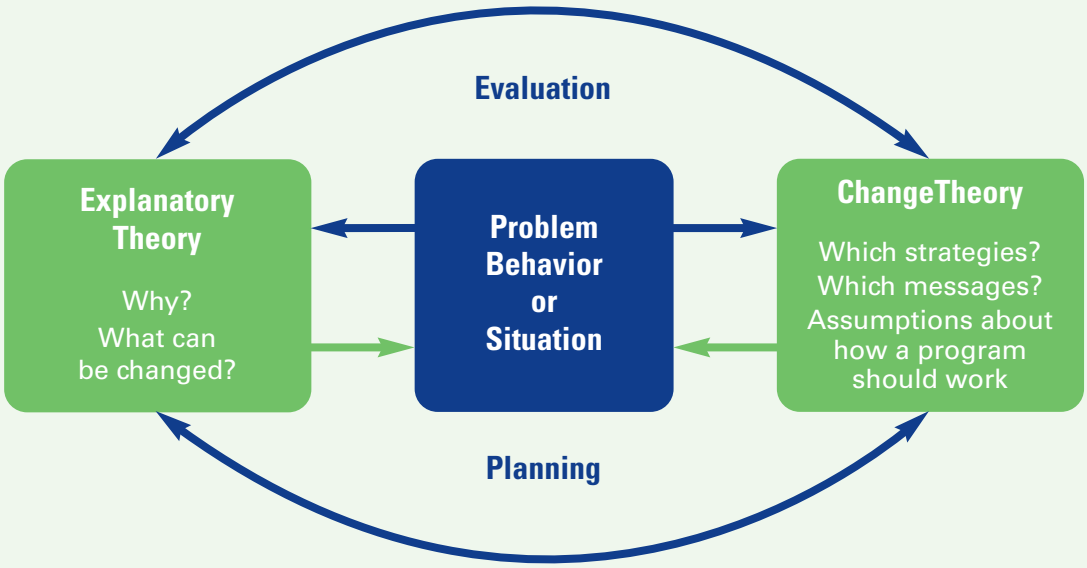
Change theory guides the development of health interventions. It spells out concepts that can be translated into program messages and strategies, and offers a basis for program evaluation. Change theory helps program planners to be explicit about their assumptions for why a program will work. Examples of change theories include Community Organization and Diffusion of Innovations. Figure 1. illustrates how explanatory theory and change theory can be used to plan and evaluate programs.

Fitting Theory to the Field of Practice

This monograph includes descriptions and applications of some theories that are central to health behavior and health promotion practice today. No single theory dominates health education and promotion, nor should it; the problems, behaviors, populations, cultures, and contexts of public health practice are broad and varied. Some theories focus on individuals as the unit of change. Others examine change within families, institutions, communities, or cultures. Adequately addressing an issue may require more than one theory, and no one theory is suitable for all cases.

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Figure 1. Using Explanatory Theory and Change Theory to Plan and Evaluate Programs



Because the social context in which behavior occurs is always evolving, theories that were important in public health education a generation ago may be of limited use today. At the same time, new social science research allows theorists to refine and adapt existing theories. A recent Institute of Medicine report[2] observed that several theorists have converged in their views, identifying several variables as central to behavior change. As a result, some constructs, such as self-efficacy, are central to multiple theories.

Effective practice depends on using theories and strategies that are appropriate to a situation.

One of the greatest challenges for those concerned with behavior change is learning to analyze how well a theory or model "fits" a particular issue. A working knowledge of specific theories, and familiarity with how they have been applied in the past, improves skills in this area. Selecting an appropriate theory or combination of theories helps take into account the multiple factors that influence health behaviors. The practitioner who uses theory develops a nuanced understanding of realistic program outcomes that drives the planning process.

Choosing a theory that will bring a useful perspective to the problem at hand does not begin with a theory (e.g., the most familiar theory, the theory mentioned in a recent journal article, etc.). Instead, this process starts with a thorough assessment of the situation: the units of analysis or change, the topic, and the type of behavior to be addressed. Because different theoretical frameworks are appropriate and practical for different situations, selecting a theory that "fits" should be a careful, deliberate process. Start with the steps in the box at the top of the next page.

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A Good Fit: Characteristics of a Useful Theory

A useful theory makes assumptions about a behavior, health problem, target population, or environment that are:

- Logical;
- Consistent with everyday observations;
- Similar to those used in previous successful programs; and
- Supported by past research in the same area or related ideas.

Using Theory to Address Health Issues in Diverse Populations

The U.S. population is growing more culturally and ethnically diverse. An increasing body of research shows health disparities exist among various ethnic and socio-economic groups. These findings highlight the importance of understanding the cultural backgrounds and life experiences of community members, though research has not yet established when and under what circumstances targeted or tailored health communications are more effective than generic ones. (Targeting involves using information about shared characteristics of a population subgroup to create a single intervention approach for that group. In contrast, tailoring is a process that uses an assessment to derive information about one specific person, and then offers change or information strategies for an outcome of interest based on that person's unique characteristics.)[3]

Most health behavior theories can be applied to diverse cultural and ethnic groups, but health practitioners must understand the characteristics of target populations (e.g., ethnicity, socioeconomic status, gender, age, and geographical location) to use these theories correctly.

There are several reasons why culture and ethnicity are critical to consider when applying theory to a health problem. First, morbidity and mortality rates for different diseases vary by race and ethnicity; second, there are differences in the prevalence of risk behaviors among these groups; and third, the determinants of health behaviors vary across racial and ethnic groups.

What People in the Field Say About Theory

"Theory is different from most of the tools I use in my work. It's more abstract, but that can be a plus too. A solid grounding in a handful of theories goes a long way toward helping me think through why I approach a health problem the way I do."

— County Health Educator

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Part 2

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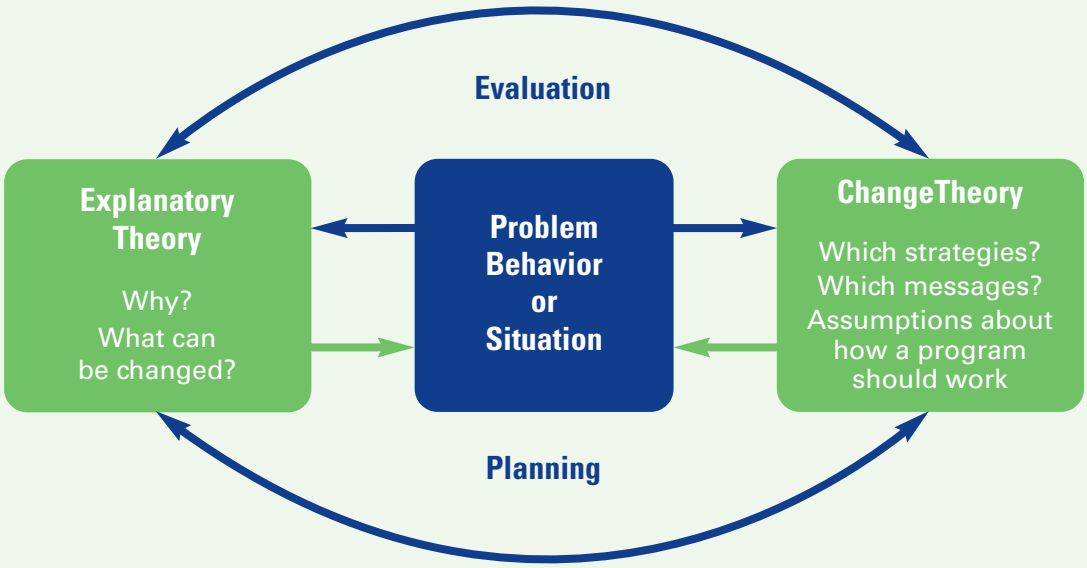
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Theories and Applications

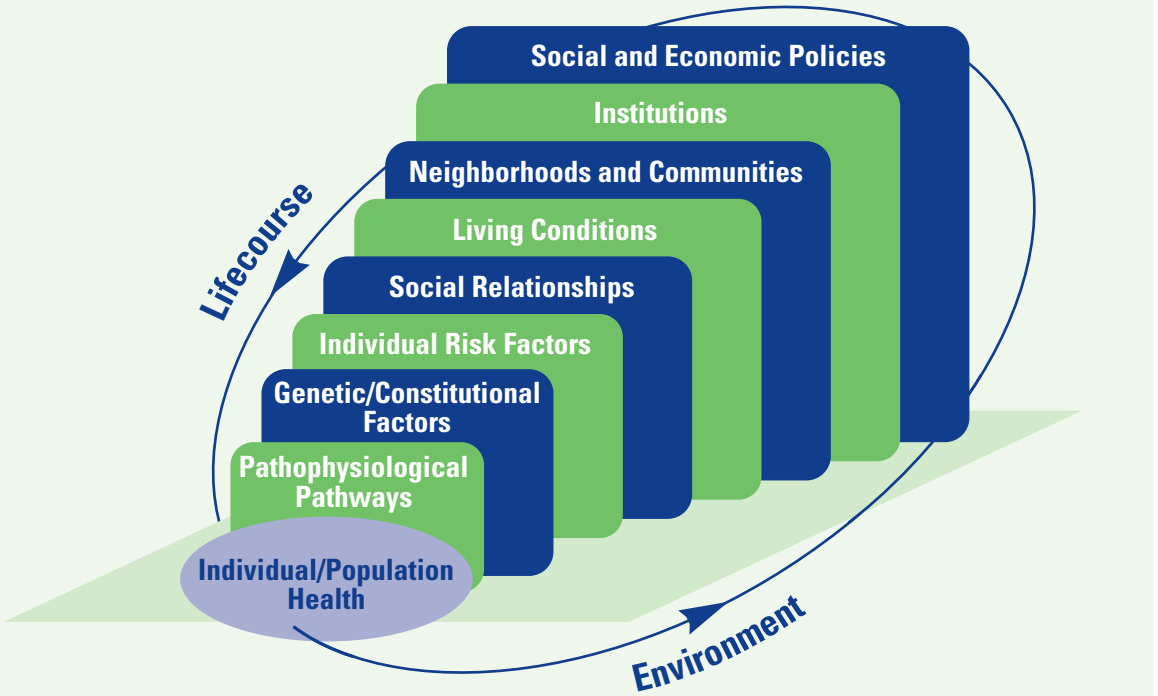
The Ecological Perspective: A Multilevel, Interactive Approach

Contemporary health promotion involves more than simply educating individuals about healthy practices. It includes efforts to change organizational behavior, as well as the physical and social environment of communities. It is also about developing and advocating for policies that support health, such as economic incentives. Health promotion programs that seek to address health problems across this spectrum employ a range of strategies, and operate on multiple levels.

The *ecological perspective* emphasizes the interaction between, and interdependence of, factors within and across all levels of a health problem. It highlights people's interactions with their physical and socio-cultural environments. Two key concepts of the ecological perspective help to identify intervention points for promoting health: first, behavior both affects, and is affected by, *multiple levels of influence*; second, individual behavior both shapes, and is shaped by, the social environment (*reciprocal causation*).

To explain the first key concept of the ecological perspective, multiple levels of influence, McLeroy and colleagues (1988)[4] identified five levels of influence for health-related behaviors and conditions. Defined in Table 1., these levels include: (1) *intrapersonal* or *individual* factors; (2) *interpersonal* factors; (3) *institutional* or *organizational* factors; (4) *community* factors; and (5) *public policy* factors.

Figure 2. **A Multilevel Approach to Epidemiology**



Source: Smedley BD, Syme SL (eds.), Institute of Medicine. Promoting Health: Strategies from Social and Behavioral Research. Washington, D.C.:, National Academies Press, 2000.

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Table 1. An Ecological Perspective: Levels of Influence

Concept	*Definition*
Intrapersonal Level	Individual characteristics that influence behavior, such as knowledge, attitudes, beliefs, and personality traits
Interpersonal Level	Interpersonal processes and primary groups, including family, friends, and peers that provide social identity, support, and role definition
Community Level	
Institutional Factors	Rules, regulations, policies, and informal structures, which may constrain or promote recommended behaviors
Community Factors	Social networks and norms, or standards, which exist as formal or informal among individuals, groups, and organizations
Public Policy	Local, state, and federal policies and laws that regulate or support healthy actions and practices for disease prevention, early detection, control, and management

In practice, addressing the community level requires taking into consideration institutional and public policy factors, as well as social networks and norms. Figure 2. illustrates how different levels of influence combine to affect population health.

Each level of influence can affect health behavior. For example, suppose a woman delays getting a recommended mammogram (screening for breast cancer). At the individual level, her inaction may be due to fears of finding out she has cancer.

At the interpersonal level, her doctor may neglect to tell her that she should get the test, or she may have friends who say they do not believe it is important to get a mammogram. At the organizational level, it may be hard to schedule an appointment, because there is only a part-time radiologist at the clinic. At the policy level, she may lack insurance coverage, and thus be unable to afford the fee. Thus, the outcome, the woman's failure to get a mammogram, may result from multiple factors.

The second key concept of an ecological perspective, reciprocal causation, suggests that people both influence, and are influenced by, those around them. For example, a man with high cholesterol may find it hard to follow the diet his doctor has prescribed because his company cafeteria doesn't offer healthy food choices. To comply with his doctor's instructions, he can try to change the environment by asking the cafeteria manager to add healthy items to the menu, or he can dine elsewhere. If he and enough of his fellow employees decide to find someplace else to eat, the cafeteria may change its menu to maintain lunch business. Thus, the cafeteria environment may compel this man to change his dining habits, but his new habits may ultimately bring about change in the cafeteria as well.

An ecological perspective shows the advantages of multilevel interventions that combine behavioral and environmental components. For instance, effective tobacco control programs often use multiple strategies to discourage smoking.[5] Employee smoking cessation clinics have a stronger impact if the workplace has a no-smoking policy and the city has a clean indoor air ordinance. Adolescents are less likely to begin smoking if their peers disapprove of the habit and laws prohibiting tobacco sales to minors are strictly enforced. Health promotion programs are more effective when planners consider multiple levels of influence on health problems.

Theoretical Explanations of Three Levels of Influence

The next three sections examine theories and their applications at the individual (intrapersonal), interpersonal, and community levels of the ecological perspective. At the individual and interpersonal levels, contemporary theories of health behavior can be broadly categorized as "Cognitive-Behavioral." Three key concepts cut across these theories:

1. Behavior is mediated by cognitions; that is, what people know and think affects how they act.

2. Knowledge is necessary for, but not sufficient to produce, most behavior changes.

3. Perceptions, motivations, skills, and the social environment are key influences on behavior.

Community-level models offer frameworks for implementing multi-dimensional approaches to promote healthy behaviors. They supplement educational approaches with efforts to change the social and physical environment to support positive behavior change.

Individual or Intrapersonal Level

The individual level is the most basic one in health promotion practice, so planners must be able to explain and influence the behavior of individuals. Many health practitioners spend most of their work time in one-on-one activities such as counseling or patient education, and individuals are often the primary target audience for health education materials. Because individual behavior is the fundamental unit of group behavior, individual-level behavior change theories often comprise broader-level models of group, organizational, community, and national behavior. Individuals participate in groups, manage organizations, elect and appoint leaders, and legislate policy. Thus, achieving policy and institutional change requires influencing individuals.

In addition to exploring behavior, individual-level theories focus on intrapersonal factors (those existing or occurring within the individual self or mind). Intrapersonal factors include knowledge, attitudes, beliefs, motivation, self-concept, developmental history, past experience, and skills. Individual-level theories are presented below.

- *The Health Belief Model (HBM)* addresses the individual's perceptions of the threat posed by a health problem (susceptibility, severity), the benefits of avoiding the threat, and factors influencing the decision to act (barriers, cues to action, and self-efficacy).

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- *The Stages of Change (Transtheoretical) Model* describes individuals' motivation and readiness to change a behavior.

- *The Theory of Planned Behavior (TPB)* examines the relations between an individual's beliefs, attitudes, intentions, behavior, and perceived control over that behavior.

- *The Precaution Adoption Process Model (PAPM)* names seven stages in an individual's journey from awareness to action. It begins with lack of awareness and advances through subsequent stages of becoming aware, deciding whether or not to act, acting, and maintaining the behavior.

Health Belief Model (HBM)

The Health Belief Model (HBM) was one of the first theories of health behavior, and remains one of the most widely recognized in the field. It was developed in the 1950s by a group of U.S. Public Health Service social psychologists who wanted to explain why so few people were participating in programs to prevent and detect disease. For example, the Public Health Service was sending mobile X-ray units out to neighborhoods to offer free chest X-rays (screening for tuberculosis). Despite the fact that this service was offered without charge in a variety of convenient locations, the program was of limited success. The question was, "Why?"

To find an answer, social psychologists examined what was encouraging or discouraging people from participating in the programs. They theorized that people's beliefs about whether or not they were susceptible to disease, and their perceptions of the benefits of trying to avoid it, influenced their readiness to act.

In ensuing years, researchers expanded upon this theory, eventually concluding that six main constructs influence people's decisions about whether to take action to prevent, screen for, and control illness. They argued that people are ready to act if they:

- Believe they are susceptible to the condition (*perceived susceptibility*)
- Believe the condition has serious consequences (*perceived severity*)
- Believe taking action would reduce their susceptibility to the condition or its severity (*perceived benefits*)
- Believe costs of taking action (*perceived barriers*) are outweighed by the benefits
- Are exposed to factors that prompt action (e.g., a television ad or a reminder from one's physician to get a mammogram) (*cue to action*)
- Are confident in their ability to successfully perform an action (*self-efficacy*)

Since health motivation is its central focus, the HBM is a good fit for addressing problem behaviors that evoke health concerns (e.g., high-risk sexual behavior and the possibility of contracting HIV). Together, the six constructs of the HBM provide a useful framework for designing both short-term and long-term behavior change strategies. (See Table 2.) When applying the HBM to planning health programs, practitioners should ground their efforts in an understanding of how susceptible the target population feels to the health problem, whether they believe it is serious, and whether they believe action can reduce the threat at an acceptable cost. Attempting to effect changes in these factors is rarely as simple as it may appear.

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Table 2. Health Belief Model

Concept	*Definition*	*Potential Change Strategies*
Perceived susceptibility	Beliefs about the chances of getting a condition	• Define what populations(s) are at risk and their levels of risk • Tailor risk information based on an individual's characteristics or behaviors • Help the individual develop an accurate perception of his or her own risk
Perceived severity	Beliefs about the seriousness of a condition and its consequences	• Specify the consequences of a condition and recommended action
Perceived benefits	Beliefs about the effectiveness of taking action to reduce risk or seriousness	• Explain how, where, and when to take action and what the potential positive results will be
Perceived barriers	Beliefs about the material and psychological costs of taking action	• Offer reassurance, incentives, and assistance; correct misinformation
Cues to action	Factors that activate "readiness to change"	• Provide "how to" information, promote awareness, and employ reminder systems
Self-efficacy	Confidence in one's ability to take action	• Provide training and guidance in performing action • Use progressive goal setting • Give verbal reinforcement • Demonstrate desired behaviors

High blood pressure screening campaigns often identify people who are at high risk for heart disease and stroke, but who say they have not experienced any symptoms. Because they don't feel sick, they may not follow instructions to take prescribed medicine or lose weight. The HBM can be useful for developing strategies to deal with noncompliance in such situations.

According to the HBM, asymptomatic people may not follow a prescribed treatment regimen unless they accept that, though they have no symptoms, they do in fact have hypertension (perceived susceptibility). They must understand that hypertension can lead to heart attacks and strokes (perceived severity). Taking prescribed medication or following a recommended weight loss program will reduce the risks (perceived benefits) without negative side effects or excessive difficulty (perceived barriers). Print materials, reminder letters, or pill calendars might encourage people to consistently follow their doctors' recommendations (cues to action). For those who have, in the past, had a hard time losing weight or maintaining weight loss, a behavioral contract might help establish achievable, short-term goals to build confidence (self-efficacy).

Stages of Change (Transtheoretical) Model

Developed by Prochaska and DiClemente,[6] the Stages of Change Model evolved out of studies comparing the experiences of smokers who quit on their own with those of smokers receiving professional treatment. The model's basic premise is that behavior change is a process, not an event. As a person attempts to change a behavior, he or she moves through five stages: *precontemplation*, *contemplation*, *preparation*, *action*, and *maintenance* (see Table 3.). Definitions of the stages vary slightly, depending on the behavior at issue. People at different points along this continuum have different informational needs, and benefit from interventions designed for their stage.

Whether individuals use self-management methods or take part in professional programs, they go through the same stages of change. Nonetheless, the manner in which they pass through these stages may vary, depending on the type of behavior change. For example, a person who is trying to give up smoking may experience the stages differently than someone who is seeking to improve their dietary habits by eating more fruits and vegetables.

The Stages of Change Model has been applied to a variety of individual behaviors, as well as to organizational change. The Model is circular, not linear. In other words, people do not systematically progress from one stage to the next, ultimately "graduating" from the behavior change process. Instead, they may enter the change process at any stage, relapse to an earlier stage, and begin the process once more. They may cycle through this process repeatedly, and the process can truncate at any point.

Table 3. Stages of Change Model

Stage	*Definition*	*Potential Change Strategies*
Precontemplation	Has no intention of taking action within the next six months	Increase awareness of need for change; personalize information about risks and benefits
Contemplation	Intends to take action in the next six months	Motivate; encourage making specific plans
Preparation	Intends to take action within the next thirty days and has taken some behavioral steps in this direction	Assist with developing and implementing concrete action plans; help set gradual goals
Action	Has changed behavior for less than six months	Assist with feedback, problem solving, social support, and reinforcement
Maintenance	Has changed behavior for more than six months	Assist with coping, reminders, finding alternatives, avoiding slips/relapses (as applicable)

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Suppose a large company hires a health educator to plan a smoking cessation program for its employees who smoke (200 people). The health educator decides to offer group smoking cessation clinics to employees at various times and locations. Several months pass, however, and only 50 of the smokers sign up for the clinics. At this point, the health educator faces a dilemma: how can the 150 smokers who are not participating in the clinics be reached?

The Stages of Change Model offers perspective on ways to approach this problem. First, the model can be employed to help understand and explain why they are not attending the clinics. Second, it can be used to develop a comprehensive smoking program to help more current and former smokers change their smoking behavior, and maintain that change. By asking a few simple questions, the health educator can assess what stages of contemplation potential program participants are in. For example:

- Are you interested in trying to quit smoking? (Pre-contemplation)
- Are you thinking about quitting smoking soon? (Contemplation)
- Are you ready to plan how you will quit smoking? (Preparation)
- Are you in the process of trying to quit smoking? (Action)
- Are you trying to stay smoke-free? (Maintenance)

The employees' responses will help to pinpoint where the participants are on the continuum of change, and to tailor messages, strategies, and programs appropriate to their needs. For example, individuals who enjoy smoking are not interested in trying to quit, and therefore will not attend a smoking cessation clinic; for them, a more appropriate intervention might include educational interventions designed to move them out of the "precontemplation" stage and into "contemplation" (e.g., using carbon monoxide testing to demonstrate the effect of smoking on health). On the other hand, individuals who are ready to plan how to quit smoking (the "preparation" stage) can be encouraged to do so, and moved to the next stage, "action."

Theory of Planned Behavior (TPB)

The Theory of Planned Behavior (TPB) and the associated Theory of Reasoned Action (TRA) explore the relationship between behavior and beliefs, attitudes, and intentions. Both the TPB and the TRA assume *behavioral intention* is the most important determinant of behavior. According to these models, behavioral intention is influenced by a person's *attitude* toward performing a behavior, and by beliefs about whether individuals who are important to the person approve or disapprove of the behavior (*subjective norm*). The TPB and TRA assume all other factors (e.g., culture, the environment) operate through the models' constructs, and do not independently explain the likelihood that a person will behave a certain way.

The TPB differs from the TRA in that it includes one additional construct, *perceived behavioral control*; this construct has to do with people's beliefs that they can control

a particular behavior. Azjen and Driver[7] added this construct to account for situations in which people's behavior, or behavioral intention, is influenced by factors beyond their control. They argued that people might try harder to perform a behavior if they feel they have a high degree of control over it. (See Table 4.) It has application beyond these limited situations, however. People's perceptions about controllability may have an important influence on behavior.

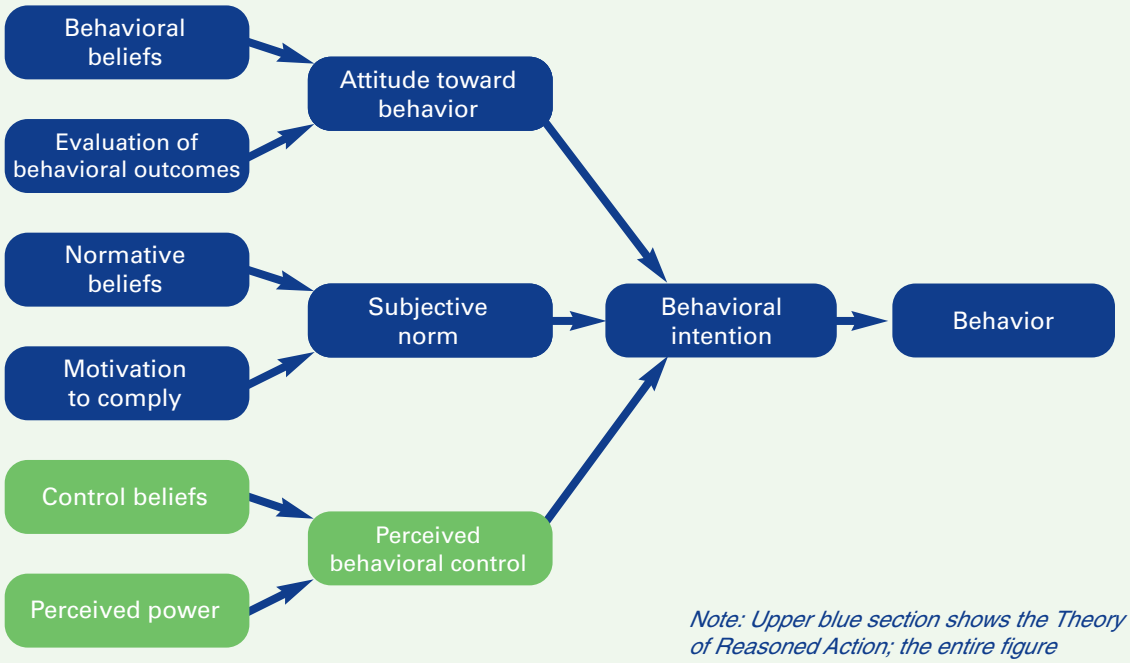
Table 4. Theory of Planned Behavior

Concept	*Definition*	*Measurement Approach*
Behavioral intention	Perceived likelihood of performing behavior	Are you likely or unlikely to (perform the behavior)?
Attitude	Personal evaluation of the behavior	Do you see (the behavior) as good, neutral, or bad?
Subjective norm	Beliefs about whether key people approve or disapprove of the behavior; motivation to behave in a way that gains their approval	Do you agree or disagree that most people approve of/disapprove of (the behavior)?
Perceived behavioral control	Belief that one has, and can exercise, control over performing the behavior	Do you believe (performing the behavior) is up to you, or not up to you?

Surveillance data show that young, acculturated Hispanic women are more likely to get Pap tests than those who are older and less acculturated.[8] A health department decides to implement a cervical cancer screening program targeting older Hispanic women. In planning the campaign, practitioners want to conduct a survey to learn what beliefs, attitudes, and intentions in this population are associated with seeking a Pap test. They design the survey to gauge: when the women received their last Pap test (behavior); how likely they are to seek a Pap test (intention); attitudes about getting a Pap test (attitude); whether or not "most people who are important to me" would want them to get a Pap test (subjective norm); and whether or not getting a Pap test is something that is "under my control" (perceived behavioral control). The department will compare survey results with data about who has or has not received a Pap test to identify beliefs, attitudes, and intentions that predict seeking one.

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Figure 3. Theory of Reasoned Action and Theory of Planned Behavior



Note: Upper blue section shows the Theory of Reasoned Action; the entire figure shows the Theory of Planned Behavior.

Figure 3. shows the TPB's explanation for how *behavioral intention* determines *behavior*, and how *attitude toward behavior*, *subjective norm*, and *perceived behavioral control* influence *behavioral intention*. According to the model, attitudes toward behavior are shaped by beliefs about what is entailed in performing the behavior and outcomes of the behavior. Beliefs about social standards and motivation to comply with those norms affect *subjective norms*. The presence or lack of things that will make it easier or harder to perform the behavior affect *perceived behavioral control*. Thus, a causal chain of beliefs, attitudes, and intentions drives *behavior*.

Precaution Adoption Process Model

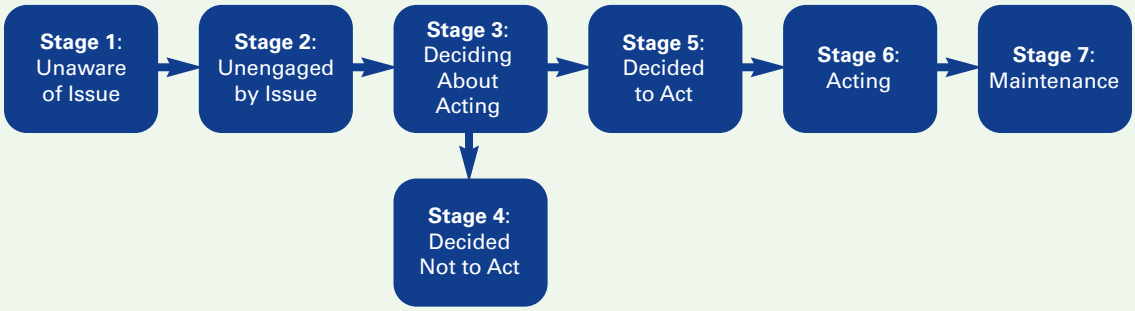
The Precaution Adoption Process Model (PAPM) specifies seven distinct stages in the journey from lack of awareness to adoption and/or maintenance of a behavior. It is a relatively new model that has been applied to an increasing number of health behaviors, including: osteoporosis prevention, colorectal cancer screening, mammography, hepatitis B vaccination, and home testing for radon gas.

In the first stage of the PAPM, an individual may be completely unaware of a hazard (e.g., radon exposure, the link between unprotected sex and HIV). The person may subsequently become aware of the issue but remain unengaged by it (Stage 2). Next, the person faces a decision about acting (Stage 3); may decide not to act (Stage 4),

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Figure 4. Stages of the Precaution Adoption Process Model



or may decide to act (Stage 5). The stages of action (Stage 6) and maintenance (Stage 7) follow. (See Figure 4.) According to the PAPM, people pass through each stage of precaution adoption without skipping any of them. It is possible for people to move backwards from some later stages to earlier ones, but once they have completed the first two stages of the model they do not return to them. For example, a person does not move from unawareness to awareness and then back to unawareness.

The PAPM bears similarities to the Stages of Change model, but differs in important ways. Stages of Change offers insights for addressing hard-to-change behaviors such as smoking or overeating; it is less helpful when dealing with hazards that have recently been recognized or precautions that are newly available. The PAPM recognizes that people who are unaware of an issue, or are unengaged by it, face different barriers from those who have decided not to act. The PAPM prompts practitioners to develop intervention strategies that take into account the stages that precede active decision-making.

Interpersonal Level

At the interpersonal level, theories of health behavior assume individuals exist within, and are influenced by, a social environment. The opinions, thoughts, behavior, advice, and support of the people surrounding an individual influence his or her feelings and behavior, and the individual has a reciprocal effect on those people. The social environment includes family members, coworkers, friends, health professionals, and others. Because it affects behavior, the social environment also impacts health. Many theories focus at the interpersonal level, but this monograph highlights Social Cognitive Theory (SCT). SCT is one of the most frequently used and robust health behavior theories. It explores the reciprocal interactions of people and their environments, and the psychosocial determinants of health behavior.

Social Cognitive Theory (SCT)

Social Cognitive Theory (SCT) describes a dynamic, ongoing process in which personal factors, environmental factors, and human behavior exert influence upon each other.

According to SCT, three main factors affect the likelihood that a person will change a health behavior: (1) self-efficacy, (2) goals, and (3) outcome expectancies. If individuals have a sense of personal agency or self-efficacy, they can change behaviors even when faced with obstacles. If they do not feel that they can exercise control over their health behavior, they are not motivated to act, or to persist through challenges.[9] As a person adopts new behaviors, this causes changes in both the environment and in the person. Behavior is not simply a product of the environment and the person, and environment is not simply a product of the person and behavior.

SCT evolved from research on Social Learning Theory (SLT), which asserts that people learn not only from their own experiences, but by observing the actions of others and the benefits of those actions. Bandura updated SLT, adding the construct of self-efficacy and renaming it SCT. (Though SCT is the dominant version in current practice, it is still sometimes called SLT.) SCT integrates concepts and processes from cognitive, behaviorist, and emotional models of behavior change, so it includes many constructs. (See Table 5.) It has been used successfully as the underlying theory for behavior change in areas ranging from dietary change[10] to pain control.[11]

Table 5. Social Cognitive Theory

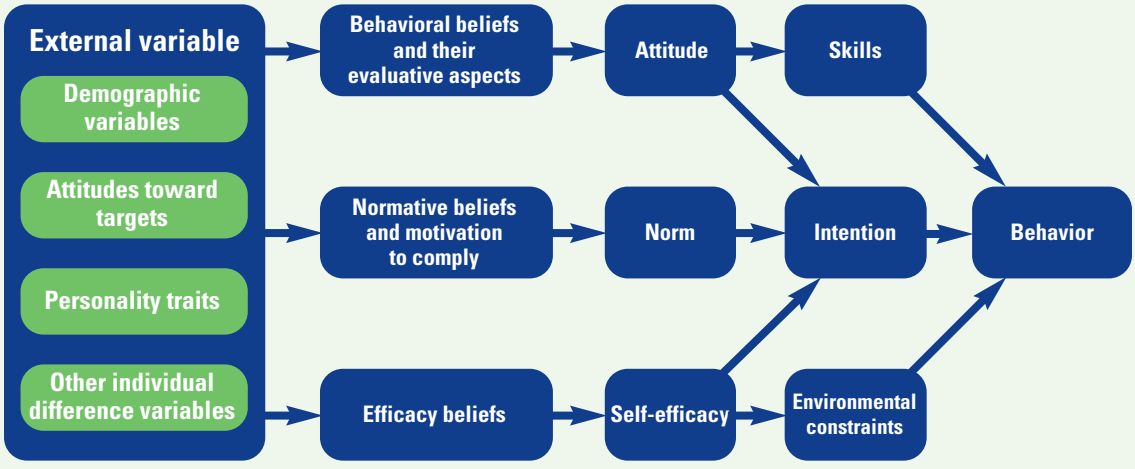
Concept	*Definition*	*Potential Change Strategies*
Reciprocal determinism	The dynamic interaction of the person, behavior, and the environment in which the behavior is performed	Consider multiple ways to promote behavior change, including making adjustments to the environment or influencing personal attitudes
Behavioral capability	Knowledge and skill to perform a given behavior	Promote mastery learning through skills training
Expectations	Anticipated outcomes of a behavior	Model positive outcomes of healthful behavior
Self-efficacy	Confidence in one's ability to take action and overcome barriers	Approach behavior change in small steps to ensure success; be specific about the desired change
Observational learning (modeling)	Behavioral acquisition that occurs by watching the actions and outcomes of others' behavior	Offer credible role models who perform the targeted behavior
Reinforcements	Responses to a person's behavior that increase or decrease the likelihood of reoccurrence	Promote self-initiated rewards and incentives

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Reciprocal determinism describes interactions between behavior, personal factors, and environment, where each influences the others. *Behavioral capability* states that, to perform a behavior, a person must know what to do and how to do it. *Expectations* are the results an individual anticipates from taking action. Bandura considers *self-efficacy* the most important personal factor in behavior change, and it is a nearly ubiquitous construct in health behavior theories. Strategies for increasing self-efficacy include: setting incremental goals (e.g., exercising for 10 minutes each day); behavioral contracting (a formal contract, with specified goals and rewards); and monitoring and reinforcement (feedback from self-monitoring or record keeping).

Observational learning, or *modeling*, refers to the process whereby people learn through the experiences of credible others, rather than through their own experience. *Reinforcements* are responses to behavior that affect whether or not one will repeat it. Positive reinforcements (rewards) increase a person's likelihood of repeating the behavior. Negative reinforcements may make repeated behavior more likely by motivating the person to eliminate a negative stimulus (e.g., when drivers put the key in the car's ignition, the beeping alarm reminds them to fasten their seatbelt). Reinforcements can be *internal* or *external*. Internal rewards are things people do to reward themselves. External rewards (e.g., token incentives) encourage continued participation in multiple-session programs, but generally are not effective for sustaining long-term change because they do not bolster a person's own desire or commitment to change. Figure 5. illustrates how self-efficacy, environmental, and individual factors impact behavior.

Figure 5. An Intergrative Model



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A university in a rural area develops a church-based intervention to help congregation members change their habits to meet cancer risk reduction guidelines (behavior). Many members of the church have low incomes, are overweight, rarely exercise, eat foods that are high in sugar and fat, and are uninsured (personal factors). Because of their rural location, they often must drive long distances to attend church, visit health clinics, or buy groceries (environment).

The program offers classes that teach healthy cooking and exercise skills (behavioral capability). Participants learn how eating a healthy diet and exercising will benefit them (expectations). Health advisors create contracts with participants, setting incremental goals (self-efficacy). Respected congregation members serve as role models (observational learning). Participants receive T-shirts, recipe books, and other incentives, and are taught to reward themselves by making time to relax (reinforcement). As church members learn about healthy lifestyles, they bring healthier foods to church, reinforcing their healthy habits (reciprocal determinism).

Community Level

Initiatives serving communities and populations, not just individuals, are at the heart of public health approaches to preventing and controlling disease. Community-level models explore how social systems function and change and how to mobilize community members and organizations. They offer strategies that work in a variety of settings, such as health care institutions, schools, worksites, community groups, and government agencies. Embodying an ecological perspective, community-level models address individual, group, institutional, and community issues.

Communities are often understood in geographical terms, but they can be defined by other criteria too. For instance, there are communities of shared interests (e.g., the artists' community) or collective identity (e.g., the African American community). When planning community-level interventions, it is critical to learn about the community's unique characteristics. This is particularly true when addressing health issues in ethnically or culturally diverse communities.

Comprehensive health promotion programs often use advocacy techniques to help support individual behavior change with organizational and regulatory change. In recent years, innovative tools and methods for evaluation and measurement have been developed to capture the successes of community-level health promotion efforts.[12 13] Tobacco control/smoking prevention is one area where programs have been extensively evaluated. Local tobacco control initiatives typically pursue four concurrent goals: (1) raising the priority of smoking as a health concern, (2) helping community members to change smoking behavior, (3) strengthening legal and economic deterrents to smoking, and (4) reinforcing social norms that discourage smoking. This multi-level approach has been proven very effective.

The conceptual frameworks in this section offer strategies for intervening at the community level:

- *Community Organization and Other Participatory Models* emphasize community-driven approaches to assessing and solving health and social problems.
- *Diffusion of Innovations Theory* addresses how new ideas, products, and social practices spread within an organization, community, or society, or from one society to another.
- *Communication Theory* describes how different types of communication affect health behavior.

Community Organization and Other Participatory Models

Community organizing is a process through which community groups are helped to identify common problems, mobilize resources, and develop and implement strategies to reach collective goals. Strict definitions of community organizing assume that the community itself identifies the problems to address (not an outside change agent). Public health professionals often adapt the methods of community organizing to launch programs that reflect the priorities of community members, but may not be initiated by them. Community organizing projects that start with the community's priorities, rather than an externally imposed agenda, are more likely to succeed.

Community organizing is consistent with an ecological perspective in that it recognizes multiple levels of a health problem. It can be integrated with SCT-based strategies that take into account the dynamic between personal factors, environmental factors, and human behavior. Theories of *social networks* and *social support* (exploring the influence of social relationships on health decision making and behavior) can be used to adapt community organizing strategies to health education goals. *Social systems theory* (exploring how organizations in a community interact with each other and the outside world) is also useful for this purpose.

Community organizing is not a single mode of practice; it can involve different approaches to effecting change. Jack Rothman[14] produced the best-known classification of these change models, describing community organizing according to three general types: locality development, social planning, and social action. These models sometimes overlap and can be combined.

- *Locality development* (or community development) is process oriented. With the aim of developing group identity and cohesion, it focuses on building consensus and capacity.
- *Social planning* is task oriented. It stresses problem solving and usually relies heavily on expert practitioners.
- *Social action* is both process and task oriented. Its goals are to increase the community's capacity to solve problems and to achieve concrete changes that redress social injustices.

The different approaches broadly classified as community organizing share in common several concepts that are key to achieving and measuring change. (See Table 6.) *Empowerment* describes a social action process through which individuals, organizations, or communities gain confidence and skills to improve their quality of life.[15] *Community capacity* refers to

Table 6. Community Organization

Term	*Definition*	*Potential Change Strategies*
Empowerment	A social action process through which people gain mastery over their lives and their communities	Community members assume greater power, or expand their power from within, to create desired changes
Community capacity	Characteristics of a community that affect its ability to identify, mobilize around, and address problems	Community members participate actively in community life, gaining leadership skills, social networks, and access to power
Participation	Engagement of community members as equal partners; reflects the principle, "Never do for others what they can do for themselves"	Community members develop leadership skills, knowledge, and resources through their involvement
Relevance	Community organizing that "starts where the people are"	Community members create their own agenda based on felt needs, shared power, and awareness of resources
Issue selection	Identifying immediate, specific, and realizable targets for change that unify and build community strength	Community members participate in identifying issues; targets are chosen as part of a larger strategy
Critical consciousness	Awareness of social, political, and economic forces that contribute to social problems	Community members discuss the root causes of problems and plan actions to address them

characteristics of a community that allow it to identify social problems and address them (e.g., trusting relationships between neighbors, civic engagement). *Participation* in the organizing process helps community members to gain leadership and problem-solving skills. *Relevance* involves activating participants to address issues that are important to them. *Issue selection* entails pulling apart a web of interrelated problems into distinct, immediate, solvable pieces. *Critical consciousness* emphasizes helping community members to identify the root causes of social problems.

The social action model differs from other forms of community intervention in that it is grassroots based, conflict oriented, and geared to mobilizing disadvantaged people to act on their own behalf.[16] Goals vary, but typically include policy and other significant changes that participants have identified as important. Largely based on the organizing work of Saul Alinsky and the Industrial Areas Foundation,[17] this approach employs direct-action strategies as the primary means of fostering change. It focuses on building power and encouraging community members to develop their capacities as active citizens.[18]

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In a social action approach to community organizing, *self-interest* is seen as the motivation for action: community members become involved when they see that it will benefit them to take action, and targeted institutions are willing to make changes when they believe it is in their self-interest to do so. Community organizing seeks to expand participants' sense of self-interest to an ever-wider sphere, from the individual or family level to their block, neighborhood, city, state, and so on.[19] Participants grow through this process, learning to take an active role in shaping the future of their communities.

Media Advocacy is an essential tactic in community organizing. It involves using the mass media strategically to advance public policies.[20] Because the media bring attention to specific issues, they set the agenda for the public and policy makers. The media often present health information in medical terms, focusing on technological breakthroughs and personal health habits. Media advocacy assumes the root of most health problems is not that people lack information, but that they lack the power to change social and economic conditions. It seeks to balance news coverage by framing issues to emphasize social, economic, and political—rather than personal and behavioral—influences on health.[21]

Responding to high rates of cancer among African Americans, a health department wishes to increase consumption of fresh fruits and vegetables in a low-income, urban neighborhood. The department surveys community members to find out why they do not eat more fruits and vegetables. They learn there are few supermarkets within easy walking distance, and residents shop at local stores that do not offer fresh, affordable produce. Many do not own cars; they must take the bus, spend money on taxis, or carry shopping bags for blocks to shop at the supermarket.

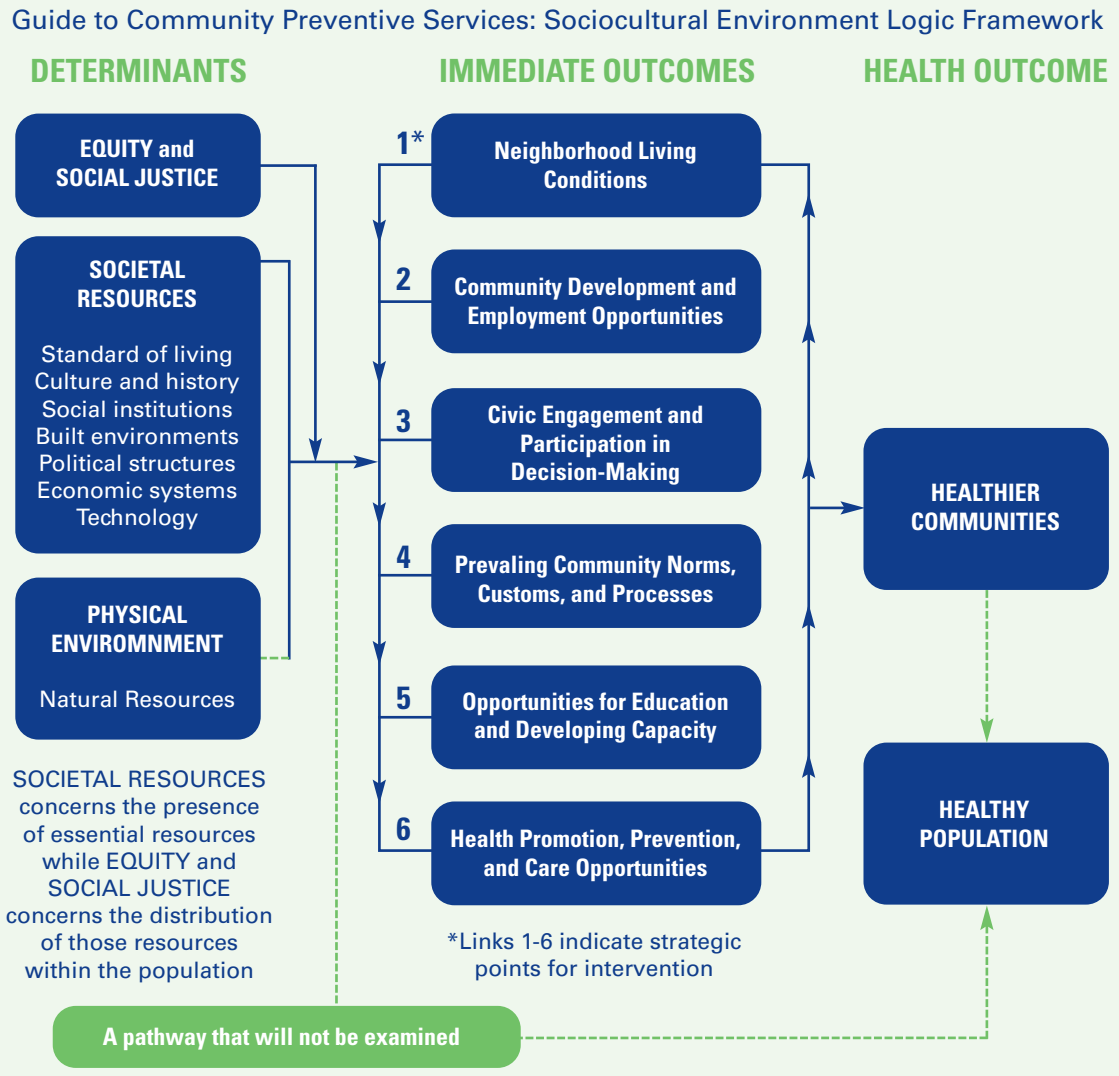
The health department contacts a community-based organization that has been working to improve neighborhood conditions, and shares the findings with them (participation). The organization's leaders invite department staff to attend a community meeting, where residents discuss why there are fewer supermarkets in low-income neighborhoods (critical consciousness). Residents say they would buy healthier, less expensive foods at the supermarket if they could get a ride home (relevance). The community organization decides to organize a campaign to convince the local supermarket to start a shuttle service (issue selection).

The health department trains residents to assess the potential cost and ridership of the shuttle service (community capacity). Residents plan an event and invite the media. They line up in front of the supermarket with shopping carts and signs, and explain both the problem and the potential solution to reporters (media advocacy). Stories appear in the local newspapers. The supermarket's management meets with community residents and tells them the market loses thousands of dollars each year due to stolen shopping carts. Residents explain that the store will have fewer shopping cart losses if they start a shuttle (self-interest). The supermarket agrees to give free rides to inner-city shoppers. Through their success, residents gain skills and confidence, and are inspired to think about other ways to strengthen their community (empowerment).

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In participatory action research, the people who are being studied take an active role in some or all phases of the research. Participatory research builds an alliance between professional researchers and lay participants, and enables a dialogue between them.[22] When planning and implementing health programs, the program's beneficiaries help to direct the type of inquiry, collect and analyze data, imagine possible solutions, and evaluate the costs and benefits of each choice. They engage in a learning process, both checking and complementing expert knowledge. One example of participatory action research is the NCI's COMMIT program, which explored whether implementing an intervention through community organizations would result in a higher "quit rate" among heavy smokers than in the comparison communities.[23] [24]

Figure 6. Sociocultural Environment Logic Framework



Source: Institute of Medicine. Speaking of Health: Assessing Health Communications Strategies for Diverse Populations. Washington, D.C.: National Academies Press, 2002.

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The CDC Task Force on the *Guide to Community and Preventive Services* created an organizing logic framework to illustrate how community-level factors influence health status. (See Figure 6.) They noted that disparities in access to health care; behaviors in response to illness; exposure to environmental and occupational hazards; health promotion and disease prevention behaviors; and experience of stress, societal support, and social cohesion all contribute to disparities in health status. Therefore, community-level interventions that address neighborhood conditions, employment opportunities, behavioral norms, opportunities for education and training, and access to health promotion, prevention, and care are key to addressing health disparities.[25] The model shows elements and associations at play in translating theory into research and action.

Diffusion of Innovations

In public health and health promotion, practitioners who want to make efficient use of resources must attend to the reach, adoption, implementation, and maintenance of programs. It is not enough to develop innovative programs; to reduce the burden of cancer, these programs must be disseminated widely. Cancer control measures will not realize their full potential for improving population health until effective programs are broadly diffused and disseminated. Multiple critiques, including one by the National Cancer Policy Board, suggest that failing to implement proven methods of cancer prevention and early detection results in tens of thousands of premature deaths each year.[26] Diffusion expands the number of people who are exposed to and reached by successful interventions, strengthening their public health impact.

Diffusion of Innovations Theory addresses how ideas, products, and social practices that are perceived as "new" spread throughout a society or from one society to another. According to the late E.M. Rogers, diffusion of innovations is "the process by which an *innovation* is communicated through certain *channels* over *time* among the members of a *social system*."[27] Diffusion Theory has been used to study the adoption of a wide range of health behaviors and programs, including condom use, smoking cessation, and use of new tests and technologies by health practitioners. Table 7. defines concepts that are central to this theory.

Diffusion of innovations that prevent disease and promote health requires a multilevel change process that usually takes place in

Table 7. Concepts in Diffusion of Innovations

Concept	*Definition*
Innovation	An idea, object, or practice that is thought to be new by an individual, organization, or community
Communication channels	The means of transmitting the new idea from one person to another
Social system	A group of individuals who together adopt the innovation
Time	How long it takes to adopt the innovation

diverse settings, through different strategies. At the individual level, adopting a health behavior innovation usually involves lifestyle change. At the organizational level, it may entail starting programs, changing regulations, or altering personnel roles. At a community level, diffusion can include using the media, advancing policies, or starting initiatives. According to Rogers, a number of factors determine how quickly, and to what extent, an innovation will be adopted and diffused. By considering the benefits of an innovation (see Table 8.), practitioners can position it effectively, thereby maximizing its appeal.

Specifically:

- *The relative advantage* of an innovation shows its superiority over whatever it replaces.
- *Compatibility* is an appropriate fit with the intended audience.
- *Complexity* has to do with how easy it is to implement the innovation.
- *Trialability* pertains to whether it can be tried on an experimental basis.
- *Observability* reflects whether the innovation will produce tangible results.

Effective diffusion requires practitioners to use both informal and formal communications channels and a spectrum of strategies for different settings. Disseminating an innovation in a variety of ways increases the likelihood that it will be adopted and *institutionalized*. Communication usually should include both mass media and interpersonal interactions. Through the *two-step flow of communication*, information from the media moves in two stages. First, opinion leaders, who pay close attention to the media, receive the information. Second, they convey their own interpretations, as well as the media content, to others. This process highlights the value of social networks for influencing adoption decisions.

Rogers described the process of adoption as a classic "bell curve," with five categories of adopters: *innovators*, *early adopters*, *early majority adopters*, *late majority adopters*, and *laggards*. When an innovation is introduced, the majority of people will either be early majority adopters or late majority adopters; fewer will be early adopters or laggards; and very few will be innovators (the first people to use the innovation). By identifying the

Table 8. Key Attributes Affecting the Speed and Extent of an Innovation's Diffusion

Attribute	Key Question
Relative advantage	Is the innovation better than what it will replace?
Compatibility	Does the innovation fit with the intended audience?
Complexity	Is the innovation easy to use?
Trialability	Can the innovation be tried before making a decision to adopt?
Observability	Are the results of the innovation observable and easily measurable?

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A university designs a program to help elementary school children cultivate healthy lifestyle habits and avoid chronic disease. The program has many components: it addresses the foods that children eat by modifying the fat and sugar content of school lunches, it teaches important health information through a classroom-based health education curriculum, and it encourages physical activity through a physical education component. It is highly successful; follow-up studies show that children who went through the program in elementary school continue to have healthier habits in their adolescence than those who did not go through the program.

The fact that the program is successful is not enough to ensure it will change elementary school practices. To achieve a broader impact, the program must diffuse to other sites. Program planners may seek to demonstrate the *relative advantage* of the program by emphasizing its positive outcomes. They may try to show its *compatibility* by demonstrating that state policy-makers (e.g., the state Board of Education) have approved its materials. The program's *complexity* can be limited by creating user-friendly materials for teachers and cafeteria workers. By making the materials available on a Web site, they can enhance its *trialability*. Professional demonstrations of the program components can create an element of *observability*.

characteristics of people in each adopter category, practitioners can more effectively plan and implement strategies that are customized to their needs.

Communication Theory

Communication theory explores "who says what, in which channels, to whom, and with what effects." It investigates how messages are created, transmitted, received, and assimilated. When applied to public health problems, the central question theories of communication seek to answer is, "How do communication processes contribute to, or discourage, behavior change?" Focused on improving the health of communities rather than examining the underlying processes of communication, *public health communications* is the scientific development, strategic dissemination, and evaluation of relevant, accurate, accessible, and understandable health information, communicated to and from intended audiences to advance the public's health.[28]

Public health communications should represent an ecological perspective and foster multilevel strategies, such as tailored messages at the individual level, targeted messages at the group level, social marking at the community level, media advocacy at the policy level, and mass media campaigns at the population level.[29] Public health communications can increase knowledge and awareness of a health issue; influence perceptions, beliefs, and attitudes that factor into social norms; prompt action; demonstrate or illustrate healthy skills; increase support for services; debunk misconceptions; and strengthen organizational relations.[30] On the other hand, without supports in the social and physical environment, health communications alone may not be enough to sustain individual-level behavior changes, may not be effective for relaying complex health messages, and cannot compensate for lack of access to health care or healthy environments.[31]

Since other communication strategies are discussed elsewhere in this monograph, this section examines the role of mass media in public health interventions. The *media* are interconnected, large-scale organizations that gather, process, and disseminate news, information, entertainment, and advertising worldwide. Whether they are small operations, such as a neighborhood newspaper, or large corporations employing tens of thousands of people, the media influence almost every aspect of human life: economic, political, social, and behavioral.

Media Effects

The outcomes of media dissemination of ideas, images, themes, and stories are termed *media effects*. Media effects research investigates not only how the media influence the knowledge, opinions, attitudes, and behaviors of audience members, but also how audience members affect the media. Because audience members are active seekers and users of health information, the content transmitted through the media reflects their needs, interests, and preferences. Two questions are central to understanding the effects of media on audience members: 1) What factors affect the likelihood that a person will be exposed to a given message? 2) How do media effects vary with the amount of exposure to that message?[32]

Funding is a primary factor that determines whether or not audience members will be exposed to a message through the mass media, since money is needed to buy media time and space. Many public health programs do not have large budgets, so they often must rely on strategies for free distribution. Options may include public service announcements, embedding health messages in entertainment programs (e.g., soap operas), or promoting news coverage of public health topics in print and electronic media. Community institutions can adopt and disseminate messages, and social networks can also generate excitement about some messages, depending on their content.[33]

How often do people need to hear a message before it influences their beliefs or behaviors? This depends on several factors. Characteristics of target audiences (e.g., their readiness for change, the ways they process information), the complexity of the health issue, the presence of competing messages, and the nature of the health message influence the relationship between exposure to a health message and an outcome effect. Repeated exposure to a message, especially when it is delivered through multiple channels, may intensify its impact on audience members.[34]

Planners often assume that a certain percentage of the target audience will be exposed to a message and that another fraction of those who receive the message will be engaged by it. Yet there are several possible paths through which a health communications message can influence someone's beliefs and/or behaviors. These include *immediate learning* (people learn directly from the message), *delayed learning* (the impact of the message is not processed until some time after it has been conveyed), *generalized learning* (in addition to the message itself, people are persuaded about concepts related to the message), *social diffusion* (messages stimulate discussion among social groups, thereby affecting beliefs), and *institutional diffusion* (messages instigate a response from public institutions that reinforces the message's impact on the target audience.)[35]

Agenda Setting

The mass media can illuminate and focus attention on issues, helping to generate public awareness and momentum for change. A major focus of communications research

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has been on how the mass media influence public opinion, especially about politics and policymaking. *Agenda setting* involves setting the media agenda (what is covered), the public agenda (what people think about), and the policy agenda (regulatory or legislative actions on issues).[36] (See Table 9.) Research on agenda setting has shown that the amount of media coverage an issue receives correlates strongly with the public's opinion of how important that issue is.

An axiom underlying this area of study is that mass media may not tell us *what* to think, but they are surprisingly effective in telling us what to think *about*. A critical construct of agenda setting, however, reinterprets this idea. *Framing* is a process in which someone tells the audience what aspect of the story is important. In other words, they tell the audience not only *what* to think about, but *how* to think about it. The way facts are packaged to tell a story creates the frame. By framing stories to emphasize social and environmental factors that affect health, public health advocates can use the media to pressure decision makers to develop and support healthy policies.

New Communication Technologies

New communication technologies have opened an extraordinary range of avenues for influencing health behavior. "E-health" (one element of new communication technologies) is the use of emerging information and communication technology, especially the Internet, to improve or enable

Table 9. Agenda Setting, Concepts, Definitions, and Applications

Concept	Definition	Potential Change Strategies
Media agenda setting	Institutional factors and processes influencing how the media define, select, and emphasize issues	Understand media professionals' needs and routines for gathering and reporting news
Public agenda setting	The link between issues covered in the media and the public's priorities	Use media advocacy or partnerships to raise public awareness of key health issues
Policy agenda setting	The link between issues covered in the media and the legislative priorities of policy makers	Advocate for media coverage to educate and pressure policy makers about changes to the physical and social environment needed to promote health
Problem definition	Factors and process leading to the identification of an issue as a "problem" by social institutions	Community leaders, advocacy groups, and organizations define an issue for the media and offer solutions
Framing	Selecting and emphasizing certain aspects of a story and excluding others	Advocacy groups "package" an important health issue for the media and the public

health and health care. The term refers to an emerging field in the intersection of medical informatics, public health, and business.[37] It bridges clinical and non-clinical sectors, and includes both individual and population health-oriented tools.[38] E-health communication strategies include, but are not limited to: health information on the Internet, online support groups, online collaborative communities, information tailored by computer technologies, educational computer games, computer-controlled in-home telephone counseling, and patient-provider e-mail contact.[39]

Major benefits of e-health strategies are increased reach (the ability to communicate to broad, geographically dispersed audiences), asynchronous communication (interaction not bounded by having to communicate at the same time) the ability to integrate multiple communication modes and formats (e.g., audio, video, text, graphics), the ability to track, preserve, and analyze communication (computer records of interaction, analysis of interaction trends), user control of the communication system (the ability to customize programs to user specifications), and interactivity (e.g., increased capacity for feedback).[40]

Educational and behavioral interventions employing new communication technologies are forging new ground and therefore benefit from the perspective provided by theories of health behavior. Like communications in other media, e-health interventions can address issues at the individual, group, or community/societal level; different theories may be appropriate, depending on the project's goals. For example, computer-tailored print materials encouraging individuals to eat more fruits and vegetables could be designed using the Stages of Change Model. Online support groups may apply theories of social support and social networks.

Community organizing approaches have been used to coordinate Internet-based campaigns through www.Meetup.com (a technology platform that helps people self-organize local gatherings).

Innovative e-health projects are expanding the range of tools that planners can use to develop cancer control and other interventions. For instance, NCI's Cancer Control Planet http://cancercontrolplanet.cancer.gov/ links public health professionals to comprehensive cancer control resources. NCI also has published data from its Health Information National Trends Survey (HINTS) on the Web at http://cancercontrol.cancer.gov/hints/. The HINTS program helps survey researchers, program planners, and social scientists understand how adults 18 years and older are using different communication channels, including the Internet. For example, according to recent HINTS data, when asked where they would go first if they had a strong need to get information about cancer, 34 percent of respondents said they would go to the Internet.

The HINTS data illustrate consumers' increasing reliance on the Internet as an easily accessible source of health information. The Internet has been characterized as a "hybrid technology" because it has the potential to reach millions of people with information that can be tailored to individual needs and preferences.[41] E-health interventions frequently offer information, education, and support directly to consumers. For example, the Association of Online Cancer Resources (ACOR), a collection of online communities designed to provide timely and accurate information in a supportive environment, is one case in point. ACOR delivers 1.8 million cancer messages each week (http://www.acor.org/).

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Not all e-health interventions are Web-based. Computer applications have also allowed new uses of traditional health communications media, such as print and telephone. Tailored print communications (TPCs) and telephone-delivered interventions (TDIs) are two examples that have the potential for reaching linguistically and culturally diverse audiences. TPCs are printed materials created especially for an individual, based on relevant information about that person. Over 40 studies of TPCs have been conducted on a wide range of health topics, including diet, exercise, smoking cessation, mammography, and prostate cancer; most have found positive outcomes evidence. TDIs include a range of human-delivered counseling and reminder interventions delivered using the telephone and computer-generated voice response systems. Studies indicate that TDIs are effective across different populations and health topics, but do not have a broad-based reach. They have not been widely used by diverse populations.[42]

Interactive games offer another vehicle for intervention. Lieberman et al. designed a series of Nintendo video games to improve children's and adolescents' prevention and self care behaviors for asthma, diabetes, smoking prevention, and other health topics (see Figure 7.).[43] The games were based on well-established theories of learning and behavior change, such as Social Cognitive Theory. They reduced players' urgent care and emergency medical visits by as much as 77 percent.[44] Though research has demonstrated the effectiveness of some new communications technologies, further inquiry is needed into the mechanisms' underlying success.[45]

Opportunities are increasing for people to gain free access to the Internet via libraries and kiosks.[46] Unequal access remains problematic, however. Significant gaps in Internet usage between Caucasians, African Americans, and Hispanics persist,[47] and people with lower levels of educational attainment are also less likely to have Internet access. Because the Internet is a text-based medium, literacy issues that make it difficult for people to read print materials are also barriers to accessing Web-based information. There is danger that new computer technologies could worsen existing inequities in health status for diverse populations. It is therefore important to involve community members in planning e-health interventions and to offer them ongoing training and support for using these emerging communications tools.[48]

Figure 7.

An Asthma Self-Management Video Game for Children (Bronkie the Bronchiasaurus)

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Part 3

Putting Theory And Practice Together

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Planning Models

When practitioners begin the process of planning an intervention to promote health or change health behavior, theory helps them interpret the situation and guides their decisions about what design, procedures, and measurement indicators to select. Depending on the unit of practice (e.g., individuals, groups, organizations, community) and the nature of the health problem, different theoretical approaches may be appropriate. Practitioners can find that using more than one theory to address a problem produces a stronger impact. This is particularly true when planning comprehensive health promotion programs that address multiple levels (e.g., individual, organizational, community) of a health problem.

Planning models, such as PRECEDE-PROCEED and social marketing, help practitioners develop programs step by step, integrating multiple theories to explain and address health problems. Practitioners begin by using theory to develop a set of assumptions about factors contributing to a health problem. They then use research to test, adjust, and add to these assumptions. Armed with a theoretical framework and situation-specific research findings, practitioners design a targeted intervention strategy. This includes designing an evaluation to gauge whether or not the approach is effective, and choosing realistic, actionable goals that define in advance what programmatic success will look like.

Research (into the needs of the population, resources available, and the situation in which the health problem occurs) is a central feature of comprehensive planning models. Theory helps planners think about what questions to ask throughout program planning, implementation, and evaluation phases. During program planning, they explore the needs and resources of the population and learn how to design effective materials and strategies. During implementation, they seek to build and continually improve the program. After it ends, they assess what short-term and long-term effects the program has had on the health problem and its contributing factors.

Both social marketing and the PRECEDE-PROCEED model instruct the practitioner to begin the planning process by assessing the target audience's needs at multiple levels of a health problem. In social marketing, this preliminary investigation involves conducting consumer research and market analysis. In PRECEDE-PROCEED, it includes carrying out epidemiological assessment; behavioral, educational, environmental, and organizational diagnosis; and administrative and policy assessment. Both planning models combine behavior change theories for greater impact and use them as a basis for evaluation. These planning models are described in greater detail in the sections that follow.

Social Marketing

Social marketing uses marketing techniques to influence the voluntary behavior of target audience members for health benefit. It is distinct from health education in that it goes beyond informing or persuading people to reinforcing behavior with incentives and other benefits. It also differs from commercial marketing because the people who gain from it are members of the target audience. Another difference is that the marketing organization defines success in terms of positive effects on society.

Social marketing is not a theory, but an approach to promoting health behavior.

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Alan Andreason defines it as "the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of society."[49] This process creates a *voluntary exchange* between a marketing organization and members of a target audience based on mutual fulfillment of self-interest. In other words, the marketing organization exists to fulfill its mission (as defined by the organization's leadership), and the target audience members act in their own interests.

Social marketing programs are generally "consumer-driven," not expert-driven. They are targeted to serve a defined group of people. To avoid delineating the target market in an overly broad manner, social marketing practitioners *segment* a larger, heterogeneous target market into smaller subgroups. *Market segmentation* is the process of dividing a target audience into these more homogenous subgroups with distinct, unifying characteristics and needs. For example, factors such as regional location, ethnicity, gender, exercise habits, readiness for change, or media habits could be used to segment the larger audience of "smokers." Social marketing seeks to identify patterns that distinguish one target group from another to effectively target marketing strategies.

The social marketing process involves identifying an effective "marketing mix" ("The four Ps") of product, price, place, and promotion. The optimal marketing mix produces a timely exchange that heightens benefits, reduces barriers, and offers a better choice than the competition. The social marketer explores what benefits are of most interest to target market members and develops strategies and methods accordingly. The four Ps of the marketing mix are:

- *Product* (the right kind of behavioral change) includes not only the behavior that is being promoted, but also the benefits that go along with it.
- *Price* (an exchange of benefits and costs) refers to barriers or costs involved in adopting the behavior (e.g., money, time, effort).
- *Place* (making new behaviors easy to do) is about making the "product" accessible and convenient. It means delivering benefits in the right place at the right time.
- *Promotion* (delivering the message to the audience) is how the practitioner notifies the target market of the product, as well as its benefits, reasonable cost, and convenience.

Ideally, social marketing interventions begin with *formative research* (also called audience or consumer research) to understand the target market's perceptions, needs, and wants concerning the health behavior. Formative research includes learning about consumers' current behavior, what enables it, and what reinforces it. Practitioners also conduct a second type of research, *competitive analysis* (also called environmental analysis), to learn about the environment in which members of the target market are making behavior decisions. This analysis examines competing behaviors that are being promoted to the target market. (For example, messages encouraging people to eat convenient, inexpensive fast foods compete with messages about eating 5 fruits and vegetables a day.) It also investigates how consumers' decisions are shaped by factors such as their social and physical surroundings or their economic situation.

Evaluation is a critical and ongoing component of social marketing programs. Formative research helps practitioners to develop and refine concepts, messages, products, services, pricing, and distribution channels before they are fully implemented. Marketers often use qualitative methods, such as focus groups or key informant interviews, to pre-test marketing concepts, messages, and materials in a cost-effective manner. They may also pilot-test materials with individuals who share characteristics of the target market in order to verify their effectiveness, identify diverse channels for delivering the message, and measure outcomes. Process evaluation methods are used to track program outputs and processes during implementation. Social marketers also conduct summative research, often in the form of outcomes monitoring. This analysis compares the program's program objectives with its immediate and long-term outcomes to determine what worked, what didn't, and whether the program was cost-effective.

Social marketing programs are most successful when they are implemented using a research-driven process; then consumer research can help to adjust program messages and outputs. The social marketing process includes four stages: planning and strategy development; development of pretesting concepts, messages, and materials; implementation; assessment of in-market effectiveness; and feedback to the first stage. (See Figure 8.) Within each stage, there is a constant feedback loop between research and planning.

Figure 8. Social Marketing Wheel



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As an approach that promotes behavior change through voluntary exchange and positive reinforcement, social marketing borrows substantively from behavior change theory. Behavioral theory offers insights into the current behavior of target market members and what might influence or change that behavior. For example, a social marketer who references Social Cognitive Theory might examine how self-efficacy and expectations about the outcome of a behavior factor into certain health practices within a target market.

The California 5 A Day Campaign, which was the model for the national 5 A Day program,[50] employs social marketing to increase Californians' consumption of fruit and vegetables through strategies such as supermarket point-of-purchase interventions, industry promotional support, media outreach, and community programs.[51] Several features of this program have been well-received.[52] First, it has a focused goal: to increase fruit and vegetable consumption by raising awareness of the health benefits. Second, its approach is built on an established theoretical framework—the Stages of Change model. Third, messages were designed and disseminated using consumer-driven communications strategies. Fourth, formative research (mall intercept interviews, focus groups, and baseline survey data) helped the planners to understand their audiences and improve messages. Lastly, the program uses the four Ps of social marketing:

- *Product:* Consuming more fruits and vegetables each day to minimize the risk of cancer and improve health status
- *Price:* The costs of eating a healthier diet (e.g., financial cost of buying fruits and vegetables, time cost of shopping for and preparing them, psychological cost of "worrying" about getting the recommended number of servings)
- *Place:* Grocery stores and other points of purchase (the 5 A Day message and healthy foods compete against unhealthy products for space and attention)
- *Promotion:* Branding the 5 A Day campaign to increase awareness (e.g., using a slogan and compelling images that are easy to recall)

Distribution channels include mass media advertising, public service announcements, newsletters, the Internet, magazines, press conferences, outreach activities, special events, and community-based groups, such as churches. Regular monitoring and evaluation help to assess the reach and impact of messages; efficient use of time, labor, and capital resources; and program costs/benefits.

PRECEDE-PROCEED

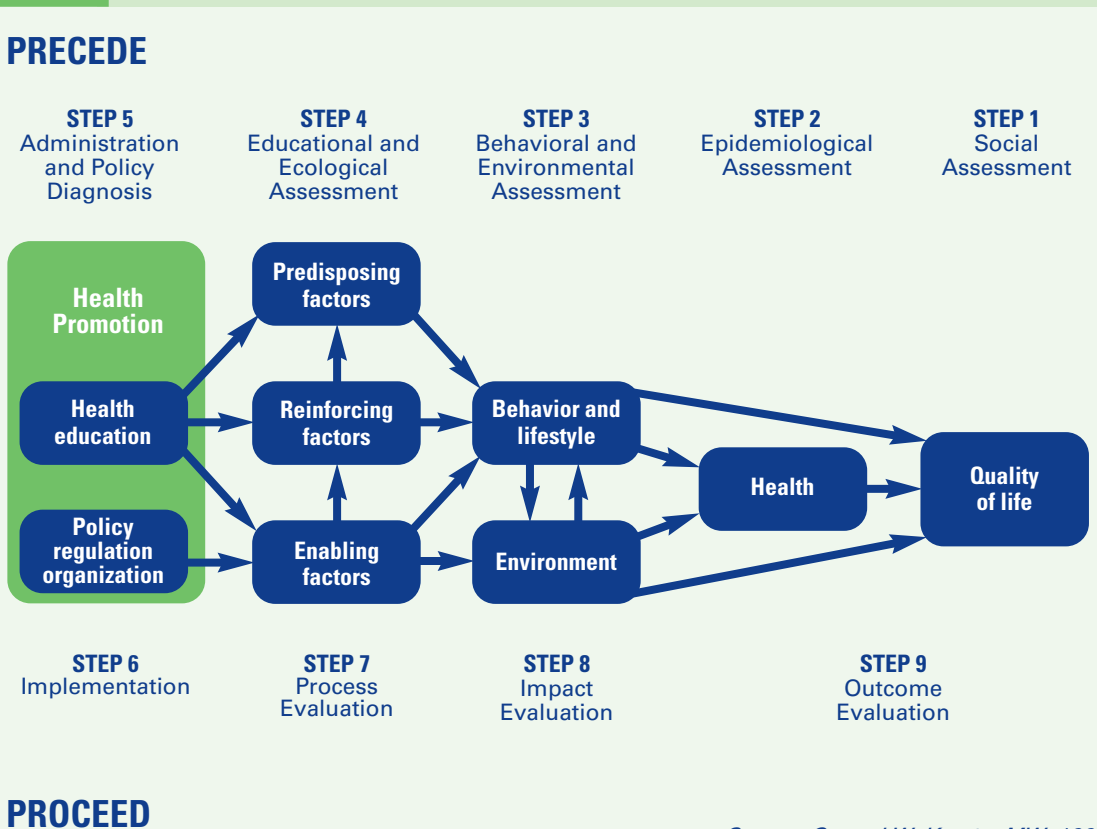
PRECEDE-PROCEED is a planning model, not a theory. It does not predict or explain factors linked to the outcomes of interest, but offers a framework for identifying intervention strategies to address these factors. Developed by Green, Kreuter, and associates,[53] PRECEDE-PROCEED provides a road map for designing health education and health promotion programs. It guides planners through a process that starts with desired outcomes and works backwards to identify a mix of strategies for achieving objectives. (See http://lgreen.net/index.html.)

Because the model views health behavior as influenced by both individual and environmental forces, it has two distinct parts: an "educational diagnosis"

(PRECEDE) and an "ecological diagnosis" (PROCEED). The PRECEDE acronym stands for Predisposing, Reinforcing, Enabling Constructs in Educational/ Environmental Diagnosis and Evaluation. Developed in the 1970s, this component of the model posits that an educational diagnosis is needed to design a health promotion intervention, just as a medical diagnosis is needed to design a treatment plan. PROCEDE stands for Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development. This element was added to the framework later, in 1991, to take into account the impact of environmental factors on health. Together, these two components of the model help practitioners plan programs that exemplify an ecological perspective.

PRECEDE-PROCEED has nine steps. The first five steps are diagnostic, addressing both educational and environmental issues. These include: (1) social assessment, (2) epidemiological assessment, (3) behavioral and environmental assessment, (4) educational and ecological assessment, and (5) administrative and policy assessment. The last four comprise implementation and evaluation of health promotion intervention. These include: (6) implementation, (7) process evaluation, (8) impact evaluation, and (9) outcome evaluation. (See Figure 9.)

Figure 9. The PRECEDE-PROCEED Model



Source: Green LW, Kreuter MW, 1999.

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During the diagnostic steps of the model, practitioners employ various methods to learn about the community's perceived and actual needs, as well as the regulatory context in which the intervention will operate. To conduct *social assessment*, the practitioner may use multiple data collection activities (e.g., key informant interviews, focus groups, participant observation, surveys) to understand the community's perceived needs. *Epidemiological assessment* may include secondary data analysis or original data collection to prioritize the community's health needs and establish program goals and objectives. *Behavioral and Environmental Assessment* identifies factors, both internal and external to the individual, that affect the health problem. Reviewing the literature and applying theory are two ways to map out these factors.

In *Educational and Ecological Assessment*, the practitioner identifies antecedent and reinforcing factors that must be in place to initiate and sustain change. Behavior—such as reducing intake of dietary fat, engaging in routine physical activity, and obtaining annual mammograms—is shaped by predisposing, reinforcing, and enabling factors. Practitioners can use individual, interpersonal, or community-level change theories to classify determinants of behavior into one of these three categories and rank their importance. Because each type of factor requires different intervention strategies, classifying them helps practitioners consider how to address community needs. The three types of influencing factors include:

- *Predisposing factors*, which motivate or provide a reason for behavior; they include knowledge, attitudes, cultural beliefs, and readiness to change.
- *Enabling factors*, which enable persons to act on their predispositions; these factors include available resources, supportive policies, assistance, and services.
- *Reinforcing factors*, which come into play after a behavior has been initiated; they encourage repetition or persistence of behaviors by providing continuing rewards or incentives. Social support, praise, reassurance, and symptom relief might all be considered reinforcing factors.

In the final diagnostic step of PRECEDE-PROCEED, *Administrative and Policy Assessment*, intervention strategies reflect information gathered in previous steps; the availability of needed resources; and organizational policies and regulations that could affect program implementation. (See Table 10.)

The four remaining steps of PRECEDE-PROCEED comprise program implementation and evaluation. Before *Implementation* (Step 6) begins, practitioners should prepare plans for evaluating the process (Step 7), impact (Step 8), and outcome (Step 9) of the intervention. *Process Evaluation* gauges the extent to which a program is being carried out according to plan. *Impact Evaluation* looks at changes in factors (i.e., predisposing, enabling, and reinforcing factors) that influence the likelihood that behavioral and environmental change will occur. Lastly, *outcome evaluation* looks at whether the intervention has affected health and quality-of-life indicators.

As Table 11 shows, the individual, interpersonal, and community-level theories discussed in this monograph are most useful when applied to PRECEDE-PROCEED's diagnostic steps. Community

organization relates to Step 1, which may entail working with communities to identify their own needs, strengths, resources, and capacities. Descriptive epidemiology is most pertinent to Step 2, but community-level theories may be relevant if the community helps to choose the health problem that will be addressed, or to set priorities among health problems. Theory is most directly useful when applied to steps 3, 4, and 5, since these steps call upon the practitioner to make strategic decisions. By using theory, the practitioner can make sound choices that are based upon more than just intuition and personal judgment.

Theory should guide practitioners' examination of predisposing, enabling, and reinforcing factors. For example, the Health Belief Model suggests that certain beliefs might influence women's decisions about whether or not to get a mammogram, such as perceived chances of developing cancer (perceived susceptibility), or how serious they believe cancer would be (perceived severity). Both beliefs constitute predisposing factors. Other HBM constructs may identify possible perceived benefits of and barriers to screening. Receiving

Table 10. Diagnostic Elements of PRECEDE-PROCEED

Planning Step	*Function*	*Examples of Relevant Theory*
1. **Social Assessment**	Assesses people's views of their own needs and quality of life	Community organization Community building
2. **Epidemiological Assessment**	Documents which health problems are most important for which groups in a community	Community-level theories (If the community helps to choose the health problem that will be addressed)
3. **Behavioral/ Environmental Assessment**	Identifies factors that contribute to the health problem of interest	Interpersonal theories - Social Cognitive Theory Theories of organizational change Community organization Diffusion of innovations
4. **Educational/ Ecological Assessment**	Identifies preceding and reinforcing factors that must be in place to initiate and sustain change	All three levels of change theories: - Individual - Interpersonal - Community
5. **Administrative/ Policy Assessment**	Identifies policies, resources, and circumstances in the program's context that may help or hinder implementation	Community-level theories: - Community organization - Organizational change

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reassurance that they do not have cancer (perceived benefit) might be a reinforcing factor. Lack of insurance coverage for screening mammography (perceived barrier) could be a negative enabling factor.

By exploring the degree to which each of these factors affects women's behaviors, program planners can decide how to focus program messages for a communications campaign or strategies for an administrative intervention (such as providing low- or no-cost screening or changing insurance coverage). The best way to verify and rank explanations offered by theory is to gather information directly from women in the target population. Another, less ideal approach is to learn by reading research literature on women who share characteristics with the target population.

Where to Begin: Choosing the Right Theories

Interventions that evolve from a comprehensive planning process, build on prior research, and use health behavior theories are more likely to be effective. By investigating what factors influence the target population's behavior, including their social and physical environments, practitioners gain the raw materials they need to meet the needs of that population. Theory helps practitioners to interpret the findings of their research, making the leap from facts on a page to understanding the dynamic interactions between behavior and environmental context. Systematic approaches to tailoring, targeting, implementing, and evaluating programs provide practitioners with a framework for translating this insight into actions that improve health outcomes.

To make appropriate use of theory in a given situation, practitioners must consider both the social or health problem at hand and the context in which the intervention will take place. Once they have identified a problem, they can use a planning system such as social marketing or PRECEDE-PROCEED to identify social science theories that contribute to their understanding. These theories can guide them to potential points of intervention. Consulting the research literature helps practitioners to learn about the past successes or failures of intervention strategies that they consider, and reflect on whether those strategies are likely to work for the current situation. Pre-testing and actively discussing proposed strategies with the target audience can also help to determine whether or not they will be well received.

Table 11. summarizes the focus and key concepts of each of the eight theories described in this guide. Refer to this table to identify theories that help explain and address a health problem. For example, several theories could be used to inform the design of a program to reduce tobacco use among adolescents. By scanning the "Focus" column, one can quickly gauge which theories might apply to a particular situation. For example, The Stages of Change model might be very useful, since it centers on individuals' readiness to change. On the other hand, the Health Belief Model seems less promising, since young people may be less concerned about long-term health problems. (In fact, they may not feel vulnerable to disease at all!) Social Cognitive Theory could be helpful because it emphasizes the interplay between personal, environmental, and behavior factors. Likewise, Community Organization could offer perspective on activating young people

around tobacco control issues. Applying each of these theories might look like this:

- *Stages of Change:* Learn more about readiness to change among adolescents who smoke in order to plan appropriate and effective cessation messages and strategies.

- *Social Cognitive Theory:* Examine how social environment, including peer attitudes, influences adolescents' tobacco use. What are the expectations of teens who experiment with tobacco, or who use it regularly? How do observational learning and reinforcement contribute to the reasons why they smoke? Might these constructs help identify someone who can successfully help them to quit?

- *Community Organization:* Consider how to involve teen smokers in developing and carrying out the program. One idea might be to organize a coalition of concerned parents, teachers, and teens to help explore why teens smoke, and identify potential solutions.

The examples above offer a basic illustration of how multiple theories might be combined to address a single problem. The resulting program would be a multi-faceted, multilevel effort.

A Few Final Words

Once one is familiar with some contemporary theories of health behavior, the challenge is to use them appropriately within a comprehensive planning process. Planning systems, such as social marketing and PRECEDE-PROCEED, facilitate the process of developing successful programs because they lead practitioners through a step-by-step process of examining health and behavior at multiple levels.

At the most basic level, an ecological perspective points to two approaches to addressing health problems: change people's behavior or change the environment. The most powerful health promotion and behavior change interventions integrate these approaches and treat them both as essential. Figure 10. illustrates that strategies intended to change *people's behavior* can often be derived from individual-level theories; those aimed at changing the *environment* draw on community-level theories. Theories at the interpersonal level (such as Social Cognitive Theory) lie in-between, exploring the reciprocal exchanges between individuals and their environments.

Practitioners who are aware of reciprocal causation (i.e., that individual behavior both influences, and is influenced by, the environment) are more likely to design multidimensional, effective health promotion programs. A change strategy based on individual-level theory may indirectly lead to changes in the environment (e.g., when individuals' improved eating habits drive the cafeteria to offer healthier choices). By the same token, a strategy based on community-level theory may yield improved individual health behaviors (e.g., when an individual's involvement in a community organizing project to improve access to fruits and vegetables in the community inspires her to cook healthier foods for her family).

Theoretical frameworks offer flexible guidance for applying the abstract concepts of theory to a vast array of real circumstances. By becoming familiar with

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Table 11. Summary of Theories: Focus and Key Concepts

	Theory	*Focus*	*Key Concepts*
Individual Level	Health Belief Model	Individuals' perceptions of the threat posed by a health problem, the benefits of avoiding the threat, and factors influencing the decision to act	Perceived susceptibility Perceived severity Perceived benefits Perceived barriers Cues to action Self-efficacy
	Stages of Change Model	Individuals' motivation and readiness to change a problem behavior	Precontemplation Contemplation Decision Action Maintenance
	Theory of Planned Behavior	Individuals' attitudes toward a behavior, perceptions of norms, and beliefs about the ease or difficulty of changing	Behavioral intention Attitude Subjective norm Perceived behavioral control
	Precaution Adoption Process Model	Individuals' journey from lack of awareness to action and maintenance	Unaware of issue Unengaged by issue Deciding about acting Deciding not to act Deciding to act Acting Maintenance
Interpersonal Level	Social Cognitive Theory	Personal factors, environmental factors, and human behavior exert influence on each other	Reciprocal determinism Behavioral capability Expectations Self-efficacy Observational learning Reinforcements
Community Level	Community Organization	Community-driven approaches to assessing and solving health and social problems	Empowerment Community capacity Participation Relevance Issue selection Critical consciousness
	Diffusion of Innovations	How new ideas, products, and practices spread within a society or from one society to another	Relative advantage Compatibility Complexity Trialability Observability
	Communication Theory	How different types of communication affect health behavior	Example: *Agenda Setting* Media agenda setting Public agenda setting Policy agenda setting Problem identification, definition Framing

Figure 10. Using Theory to Plan Multilevel Interventions

Change Strategies	Examples of Strategies	Ecological Level	Useful Theories
Change People's Behavior	• Educational sessions • Interactive kiosks • Print brochures • Social marketing campaigns	Individual	Stages of Change Precaution Adoption Process Health Belief Model Theory of Planned Behavior
	• Mentoring programs • Lay health advising	Interpersonal	Social Cognitive Theory
Change the Environment	• Media advocacy campaigns • Advocating changes to company policy	Community	Communication Theory Diffusion of Innovations Community Organizing

behavior change theories and planning systems, practitioners gain access to tools that allow them to generate creative solutions to unique situations. They are able to go beyond acting on instinct or repeating earlier interventions to adopt a systematic, scientific approach to their work. Theory helps practitioners to ask the right questions and effective planning helps them zero in on factors that contribute to a problem. Other key elements of effective programs include matching programs to the audience, making information accessible and practical, involving participants in active learning, and including elements that build skills and reinforce behavior change.

Becoming comfortable with behavior change theory as an instrument of practice may take some work, but the results are well worth it. Behavior change theory is not simply a tool for academics and researchers; it can be applied to the problems health promotion practitioners face every day. The abstractions of theory help practitioners to understand the dynamics underlying real situations and to think about solutions in a new way. Armed with this resource, you may find yourself saying, as did Winston Churchill in 1898, "I pass with relief from the tossing sea of Cause and Theory to the firm ground of Result and Fact."

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NIH Publication No. 05-3896
Printed September 2005

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BUDGET JUSTIFICATION INSTRUCTIONS

The budget justification supports the budget by providing a comprehensive justification for the expense/cost and a detailed explanation on how costs were calculated/determined. When applying for funds and/or modifying a budget for an agreement with the California Tobacco Control Program (CTCP), agencies are reminded that these general instructions are intended to supplement the instructions that are specific to the solicitation posted on CTCP's Tobacco Control Funding Opportunities and Resources (TCFOR) website (www.tcfor.catcp.org). Following the specific instructions identified in the solicitation is vital, as there may be budget limitations and/or requirements that apply only to that solicitation.

Instructions:

1. Review the Online Tobacco Information System (OTIS) web based training on developing a budget justification. Login to OTIS then go to: Help --> Training Course --> Creating Your Application/Plan --> Budget.
2. Follow the instructions in this appendix and the solicitation (as applicable).
3. Utilize OTIS to develop a budget for each state fiscal year (FY) (July 1–June 30) of the term. Whenever possible, utilize the OTIS wizards which reflect CTCP's pre-approved budget language.

Overall Budget/Budget Justification Guidance:

1. Verify the proposed budget/budget justification that identifies all of the costs (expenditure of funds) associated with the implementation of the proposed Scope of Work (SOW) for each FY.
2. Provide accurate calculations for each of the eight line items and the corresponding sub-line items.
3. Provide easy to follow formulas that substantiate how the costs were calculated.
4. Provide an explanation if no funds or limited funds are budgeted for a standard cost (e.g., In-kind or Master Settlement Agreement (MSA) funds will be utilized for personnel, CTCP Communications Network (Partners), Space Rent/Lease, or Educational Materials, etc.).
5. Provide an explanation when costs vary significantly from one FY to the next FY.
6. When unit costs are stated as a range in the description and formula, ensure the budgeted amount is within the minimum/maximum of the range.
7. Avoid typos and spell-out acronyms when first utilized.
8. Budget using whole dollars to avoid "rounding" errors.

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9. Ensure the total dollar amount for each FY does not exceed the stated maximum amount allowed in the solicitation.
10. Verify the budget adheres to the instructions provided in this document, the solicitation, OTIS Wizards, and OTIS Applicant Training Course: "Creating Your Application/Plan."
11. Utilize the budget guidelines in the solicitation and the eight budget line items provided in the OTIS budget justification index which are:
    a. Personnel Costs
    b. Fringe Benefits
    c. Operating Expenses
    d. Equipment Expenses
    e. Travel/Per Diem and Training
    f. Subcontracts and Consultants
    g. Other Costs
    h. Indirect Expenses

Detailed instructions for the eight budget categories are provided below.

1. PERSONNEL COSTS

- Each position, that is responsible for completing SOW activities, must be identified in the budget justification under Personnel Costs with the same title that appears in the SOW, "Responsible Parties" section.
- Positions budgeted at less than ten percent full time equivalent (FTE) are "typically" budgeted under:
  - Indirect Expenses when the position has no direct role connected to specific SOW activities (e.g. accounting).
  - Personnel Costs when the position provides indirect support to the SOW. Indirect positions, listed under personnel costs, are: (1) required to include a detailed description of the services performed and explanation for the FTE percentage; (2) "typically" do not appear in the Responsible Parties section of the SOW; and (3) subject to review and approval by CTCP.
- The proposed salary/wages/rates for in-house personnel must be:
  - Budgeted according to formal education, professional experience, level of responsibility, and/or percentage of time in relationship to the overall budget.
  - Consistent with comparable state classifications and salaries. Salaries that are not consistent with state rates (or County rates as applicable) must be substantiated with a detailed justification. (Refer to the appendix, titled "Comparable State Civil Service Classifications.")

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  - Reasonable, directly support the SOW, and consistent with the needs of the SOW.
- For each position, provide a brief description of the duties, responsibilities, and activities to be performed. Identify and document any Personnel that will not receive Fringe Benefits and/or receive a rate different than the rest of the Personnel.
- Refer to the OTIS Wizards sample duty descriptions for commonly used position titles and associated descriptions.
- Designate at least ten (10) percent of a lead person's time to provide the minimum required hours per week of oversight for the project evaluation. (Refer to the solicitation for any exceptions to this general guidance.)
- Include all leave time (vacation, sick leave, military leave, etc.) in Personnel Costs.
- Provide a formula to substantiate how costs were calculated for Personnel.
  Sample formula for personnel costs:
  Salary Range x percentage (%) of FTE x number of pay periods = Amount Requested per FY.

Salary:

- Refer to the appendix titled "Comparable Civil Service Classifications" posted in TCFOR (or County salary pay scales, as applicable) to determine acceptable salary caps. Provide justification if comparable classification caps are exceeded.
- Provide a salary range, versus an exact salary amount, to allow for the flexibility needed to accommodate varying levels of education and/or experience when filling a vacant position. The budgeted amount must fall between the low and high end of the salary range.
- If the solicitation funds more than one fiscal year, consider budgeting cost of living adjustments (COLAs) for future years.

Percentage of FTE:

- 100 percent FTE equals 2,080 hours annually, including paid leave.
- Personnel working 80 hours in a two-week period are 100 percent FTE.
- Personnel working 20 hours in a 40-hour work week are 50 percent FTE.
- When the percentage of FTE varies from month to month, enter a range (i.e., 30 percent-40 percent FTE).

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Number of Pay Periods:

- Monthly = 12 pay periods per year.
- Semi-monthly = 24 pay periods per year.
- Bi-weekly = 26 pay periods per year.
- Weekly = 52 pay periods per year.
- Hourly = "X" number of hours per pay period (do not use FTE percentages if a position is paid hourly).

Additional Sample formulas for Personnel Costs:

- Option 1: $2,000 x 50 percent FTE x 24 pay periods = $24,000 (semi-monthly).
- Option 2: $2,000 x 100 percent FTE x 26 pay periods = $52,000 (bi-weekly).
- Option 3: $20/hour x 100/hours/monthly x 12/months = $24,000 (hourly).
- Option 4: $2,500-$3,500 x 30-45 percent FTE x 26 pay periods = $19,500 to $40,950.

2. FRINGE BENEFITS

- Provide a range if the fringe benefit percentage rates will vary between classifications and/or at different times within the FY.
- In the description, identify each fringe benefit that will be provided to eligible personnel.
- Budget at actual costs for each eligible employee.
- Identify personnel that will not receive benefits.
- If the solicitation funds more than one fiscal year, anticipate increases in the fringe benefit rate for future years.
- Fringe Benefits may not include the following:
  - Employee leave
    (including: annual leave, vacation, sick leave, holidays, jury duty, military leave, training leave, and administrative leave).
  - Employee vacation or sick leave accruals earned outside the term of the agreement with CTCP.
  - Workers compensation claims. (Only budget for workers compensation premiums).

Refer to the OTIS Wizards for a sample description of Fringe Benefits.

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Optional sample formula for Fringe Benefits:
$75,000/annual salary cost x 35 percent/fringe benefit rate = $26,250/fringe benefit FY total

3. OPERATING EXPENSES

The costs (or an explanation when no funds are budgeted) for the operating expenses associated with completing the activities in the SOW, must be justified for the sub-line items listed below:

CTCP Communications Network (Partners):

- Budget for the share of required monthly Internet access fees during the term of the solicitation in order to access OTIS and Partners. All CTCP-funded projects are required to:
  - Utilize OTIS for contract management and reporting.
  - Obtain and maintain an active Partners account. (Partners is a web-based communication system.)
  - Log onto Partners at least once a week.
- If no funds are budgeted, explain how your agency will access OTIS and Partners. (For example: "Agency has local area network with Internet access that will be provided in-kind.")

Refer to OTIS Wizards for a sample description for this line item.

Sample formula for CTCP Communications Network (Partners):
Total number of FTEs x $_____per month x number of months = $___/FY total

Space Rent/Lease:

- Budget project Space Rent/Lease costs at a maximum of 150 square feet per FTE plus reasonable square footage for common space, such as: ~~s~~ conference room(s), break room(s), restroom(s), storage, library, etc.
- Separate formulas for office space and common space are acceptable.
- Provide a detailed justification if project space exceeds 150 square feet per FTE and/or the amount of shared space is significant.
- If the solicitation funds more than one fiscal year, anticipate any space cost increases for future years.

Refer to OTIS Wizards for sample descriptions for this line item. Sample formula for space rent/lease:
1.4 FTE x 150 sq. ft. x $1.20 per sq. ft. x 12 months = $3,024/FY total

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Common Space Request: 125 sq. ft. of space is requested for project storage and common space (meeting, training, break and restroom areas). This is the portion charged to the tobacco control program.
Sample formula for common space:
125 sq. ft. x $1.20 per sq. ft. x 12 months = $1,800/FY total

Additional "Operating Expenses" subcategories may be proposed in this category. Examples are:

Office Supplies/Expenses:

- Budget for consumable supplies such as: paper, copier toner, pens, pencils, folders, binders, staplers, etc.
- Provide a list of supplies needed for the project and an estimated budget amount.

Refer to OTIS Wizards for sample descriptions for this line item.

Sample formula for Office Supplies:
$25/monthly cost for supplies x 12/months = $300/FY total

Communications:

- Describe the expenses associated with this line item and budget for the estimated amount needed for costs such as:
  - Installation cost of telephones and any recurring monthly charges related to the telephone system (e.g., land line, fax line, and costs related to teleconferencing necessary to complete the SOW).
  - The purchase of a cell phone **must** be budgeted under the Equipment line item.
  - Cell phone purchases require a detailed justification and prior written approval by CTCP unless it is approved during the modification process and is included in the final approved budget.
  - Monthly cell phone charges.
  - Cell phone service fees are limited to five devices and may not exceed $3,900 annually. Exceptions, with a detailed justification, are considered on a case-by-case basis.
  - Requests for cell phone service charges require prior written approval by CTCP unless the cost was approved during the modification process and included in the final approved budget.

Note: All cell phones must be encrypted.

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Refer to OTIS Wizards for sample descriptions for this line item. Sample formula for Communications:
4 FTE x $81.25 per month = $325/combined monthly charges x 12/months = $3,900/FY

Postage:

- Budget for postage to mail project correspondence, other materials and for overnight express mail costs.
- Provide a brief description of the postage expenses and the estimated budget amount for each FY. Refer to OTIS Wizards for sample descriptions for this line item.

Sample formula for Postage:
$25/monthly cost for postage x 12/months = $300/FY total

Printing:

- Identify expenses for printing and reproduction completed by **outside** vendors for items such as brochures, leaflets, posters, forms, flyers, announcements, banners, signage, etc.
- List and explain the types of items that require printing by outside vendors and the estimated budget amount for each FY.
- The Tobacco Education Clearinghouse of California (TECC) statewide project funded by CTCP can be utilized to develop educational materials with pre-approved messages and clip art at no cost. Once the material is developed, agencies can utilize a variety of options to print the material (e.g., duplicate in-house or use an outside vendor).
- If outside printing is required by the solicitation, the proposed outside printing costs must be approved by the Office of State Publishing (OSP) prior to any expenditure of funds. CTCP is responsible for coordinating approval from OSP.

Refer to OTIS Wizards for sample descriptions for this line item.

Sample formula for Printing:

- $85/monthly cost for printing x 12/months = $1,020/FY total or
- $100-$300/per printing job x 5 projects = $1,000/FY total

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Duplicating:

- Identify expenses for **in-house** duplicating and reproduction.
  - Duplicating is typically used for internal, routine, small office jobs.
- Allowable costs in this line item may include:
  - Agency's share of copy machine total usage related to SOW activities for this solicitation.
  - Shared copier maintenance agreements, copier supplies such as paper, toner etc. (Duplicating supplies such as paper and toner may be included in either the Office Expenses/Supplies or in Duplicating, but should not be included in both.)
- Provide a description of the costs associated with in-house duplicating and the estimated budget amount.
- Indicate whether the budget includes supplies, and maintenance agreements. (Costs associated with renting copiers should be budgeted under Equipment Lease/Rental.)
- Provide the estimated budget needed for each FY.

Refer to OTIS Wizards for sample descriptions for this line item. Sample formula for Duplicating:
$75/monthly cost for duplicating x 12/months = $900/FY total

Equipment Lease/Rental:

- Rental of equipment must be authorized by CTCP and is approved on a case-by-case basis.
- Leasing/renting to own, purchase/lease back, and lease/purchase of equipment is **not** permitted.
- Lease/rental agreements entered prior to receiving funding from CTCP must adhere to this CTCP policy.
- List all lease/rental equipment that will be charged to this solicitation and provide a detailed justification.
- Provide the monthly lease/rental rate for each item and the number of the lease/rental months.
- Provide budget totals for each piece of equipment leased/rented. Examples of leased/rental items are desktop work stations that include computers, printers, facsimile machines, scanners, and copiers.
- Provide the estimated budget amount needed for each FY.

Refer to OTIS Wizards for sample descriptions for this line item. Sample formula for Equipment Lease/Rental:
$50/monthly lease/rental for copier x 12/months = $600/FY total

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Audit:

- All CTCP funded agencies are required, on an annual basis, to conduct a single, organization-wide financial and compliance audit in accordance with the provisions of their CTCP agreement.
- The audit costs shall include only the proportionate amount of the CTCP award in relationship to the Agency's total revenue eligible for the audit.
- Audit expenses may be budgeted in the Operating Expenses category or in the Indirect Costs category, but not both.
- When the cost for an audit is included in the indirect cost line item, the indirect cost rate cannot exceed the amount allowed in the solicitation (or as applicable, the county's indirect cost rate approved by CDPH).
- Funded agencies choosing not to budget funds for audit purposes must provide a statement in the Budget Justification Indirect Expenses line item indicating how they intend to comply with the audit requirement.
- Describe when the audit will be conducted, the total estimated cost of the Agency's audit, and the estimated proportionate share to be charged to CTCP for each applicable FY.

Refer to OTIS Wizards for sample descriptions for this line item. Sample formula for Audit:
$1,575/audit cost share based on percentage of funding per year

4. EQUIPMENT EXPENSES

- Agency is required to have at least one computer system:
  - Designated for use by this project to: produce state-mandated progress reports, completing evaluation instruments and reports, participate in online communication system such as Partners and OTIS.
- Allowable equipment expenses/purchases include:
  - Computer software/hardware
  - Items such as: desks, chairs, cell phones
- Provide detailed description including:
  - Itemized list of all equipment.
  - Include any software to be purchased.
  - Identify the anti-virus software to be purchased.
  - Quantify each item of equipment and/or software.
  - Provide the estimated purchase price, and the estimated budget amount needed for each FY.
  - Justify the need for the proposed equipment purchases and which staff will utilize it.

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Refer to OTIS Wizards for minimum requirements and sample descriptions for this line item. Sample formula for Equipment: $1,100 for one (1) (insert type of computer) plus power cord $25 x 1 carrying case $56.99 x 1 mouse $19.99 x 1 Total (make sure to include who will be primary user) for Project Director's laptop = $1,202

5. TRAVEL PER DIEM AND TRAINING

- Travel and training expenses are to be consistent with the needs of the project and directly supports SOW activities.
- Volunteers are eligible for travel reimbursement for SOW-related travel such as attending project advisory meetings or participating in educational and data collection activities.
- Travel expenses will be reimbursed at the current rate identified by the California Department of Human Resources (CalHR).
- Local Lead Agencies (LLA) will be reimbursed at county rates.
- When meals are included in the registration fee of a conference/event, the per diem amount for those meals must not be budgeted.

Project Travel/Training:

- Includes airfare, meals, lodging, mileage, and incidental expenses which are essential to complete the SOW.
- Includes registration fees for staff development or any other additional training events for professional, clerical, administrative personnel, etc., necessary for the completion of activities in the SOW.
- Provide a brief explanation for each type of cost connected with the SOW travel activity.
- Use mileage formulas to provide additional detail.
- Travel costs may be based on a formula that identifies estimates for: the number of events; length of travel; number of project staff attending; and type of costs for each event or traveler (e.g., flight, lodging, car rental, etc.).

Refer to OTIS Wizards for sample descriptions for this line item. Sample formula for Project Travel/Training:

- Lodging formula: 2 project travelers x $95/per traveler x 2 nights = $380/lodging total;
- Per diem formula: 2 project travelers x $46/per person per day x 3/days = $276/per diem total;

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- Mileage formula: 1 project traveler x 400/miles x $.535*/per mile = $214/mileage total;
- Airfare formula: 2 travelers x $640/round trip airfare = $1,280/airfare total.

*Use most current rates from the solicitation

CTCP Travel/Training:

- CTCP statewide contractors may attend a range of trainings/conferences each year per solicitation instructions.
- Each training/conference is usually one to three days in length and generally offered only once per FY.
- Agencies should budget approximately $500-$850 per person ($350-$550 for travel/per diem and $150-$300 for registration) for one to three staff to attend optional trainings/conferences per year. These amounts may vary depending on where agency resides in relation to training/conference location.
- Identify which project staff will attend the statewide trainings/conferences, and provide the estimated budget needed for each FY.

Refer to OTIS Wizards for sample descriptions for this line item. Sample formula for CTCP Travel/Training: See sample formulas above.

Required CTCP Travel/Training:

- Refer to the solicitation for specific information on required Travel/Training.
- Identify which project staff will attend required Travel/Training and provide the budget amounts needed for each FY. Agencies are encouraged to budget required travel/training costs carefully and reasonably because unspent funds may not be reallocated to another line-item. During the end of the fiscal year and/or the close-out of the agreement, the unspent funds, for required travel/training, must be returned to CTCP.

Refer to OTIS Wizards for sample descriptions for this line item. Sample formula for Required CTCP Travel/Training:

See sample formulas above.

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Out of State Travel (Optional):

- Out-of-State Travel (OST) costs are based on a formula that identifies estimates for: the number of events/trips; length of travel, number of project staff attending; and type of costs required for the event/trip or traveler (e.g., flight, lodging, car rental, etc.).
- OST requires prior written approval by CTCP unless it is approved during the modification process and is included in the final approved budget. The OST request must include details such as: description of the trip; location; reason for travel; role of the attendee, if applicable, (e.g., presenter, panel member, trainee, etc.), benefit to State and/or Agency, description of costs associated to the OST; and SOW activity number(s) that justify the OST.
- When budgeting funds for OST travel, please note CTCP funds may **not** be utilized to travel to a State that has enacted a law, after June 26, 2015, that discriminates against individuals who identify as lesbian, gay, bisexual, or transgender. Per Assembly Bill (AB) 1887 (Government Code Section 11139.8), state-funded and state-sponsored travel is prohibited to states with discriminatory laws. As of February 2021, the twelve states subject to the travel ban are: Alabama, Idaho, Iowa, Kansas, Kentucky, Mississippi, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, and Texas. As required per AB 1887 (Government Code Section 11139.8), the Attorney General (AG) maintains and posts on the AG's Internet website the list of states that are subject to the travel ban. The AG's website (https://oag.ca.gov/ab1887) also includes a copy of AB 1887 and Frequently Asked Questions.

Refer to OTIS Wizards for sample descriptions for this line item and sample formulas above.

6. SUBCONTRACTS AND CONSULTANTS

- A Subcontractor is an individual or agency qualified to:
  - Complete a specialized task that is directly related to the project's SOW activities.
  - Execute/implement/complete a component of the project, carryout/implement solutions, and/or perform a limited-term service/activity.
- A Consultant is an individual who:
  - Possesses a level or area of expertise that extends beyond those held by agency staff.
  - Supports the skills and effort of the agency staff but does not duplicate those skills or effort.
  - Provides technical advice on programmatic activities and problem solves issues.
  - Charges an hourly rate that is inclusive of all expenses.

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- In the description for this line item, provide the following details:
  - Separately list the title or agency name of each subcontractor and/or consultant who will provide the specialized effort directly related to activities in the SOW.
  - Identify subcontractors and/or consultants, who have not been selected at the time of submission, as "To Be Determined".
  - Description of the activities/services to be performed.
  - Amount of service time in increments of hours, days, weeks, and months.
  - Salary or hourly rate.
  - Formula that substantiates how the costs were determined and the total cost.
- Verify each subcontractor and/or consultant listed in this section of the budget justification is also referenced with the same title in the SOW's "Responsible Parties".
- Provide a multi-category budget, including indirect expenses.
- Budget the indirect cost rate at no more than the approved primary agency agreement rate.
- The salary/hourly rate must be:
  - Commensurate with their formal education and professional experience.
  - Justified when budgeted at a salary/rate that exceeds the amount paid to state personnel for similar position/classifications (or county salary pay scales, as applicable).
    (Refer to the appendix titled "Comparable Civil Service Classifications" posted in TCFOR.)
  - Approved by CTCP prior to reimbursement.

Refer to OTIS Wizards for sample descriptions for this line item. Sample formula for Subcontracts and Consultants:

Consultant: $65/hourly rate x 10/hours monthly x 12/months = $7,800/FY total; Subcontractor: $1,500/combined salary cost monthly + $750/fringe benefits cost monthly + $120/travel cost monthly + $338/indirect cost monthly = $2,708/monthly total x 12/months = $32,496/FY total.

Community Engagement:

- Funding of less than $5,000 is allowed to support and facilitate community engagement which may be needed to support and promote the SOW. The Agency's SOW and Budget Justification must clearly identify the services or activities to be conducted. 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).

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Competitive Bid Process Requirements:

- Awards must be made in a competitive process that prohibits an award being made directly or indirectly to a single bidder.
- When the amount of the subcontract agreement is $5,000 or more and the subcontractor was not pre-identified in the "application review/award process," the prime agency must submit their competitive bid process to CTCP for approval before making an award. Once CTCP approves the bid process and the subcontractor selection, the prime agency is responsible for submitting a "Subcontract Agreement Transmittal Form" through OTIS for each subcontract agreement.
- When the prime agency is a LLA, Tribal Government, or Tribal Government Agency, the following applies:
  - The LLA follows its City or County and the Tribal Government or Tribal Government Agency follows its own competitive bid process, policies, and procedures for awarding a subcontract or community engagement agreement or explain why another process was used.
  - When the LLA subcontracts 60 percent or more of their award to another entity, CTCP must approve a detailed line-item budget, in OTIS, for the subcontractor.
- Please note: CTCP reserves the right to request documentation for any subcontract, subcontractor, and/or consultant regardless of cost or agreement type. CTCP may invalidate any subcontract if required documentation is not submitted, or if CTCP is unable to verify a legitimate competitive bid process was implemented.

7. 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 every budget justification are Educational Materials, Incentives, Paid Media, and Booth Rental/Facility Fees. Additional Other Cost subcategories may be proposed in this category.

Educational Materials:

- Items include: brochures, pamphlets, quit kits, posters, curriculum, training guides, videos, slides, flip charts, CD-ROMs, and signage necessary for SOW activities.
- Agencies may develop their own educational materials after demonstrating the need for the material. Coordination of educational materials through CTCP funded partnerships is strongly encouraged to ensure materials do not currently exist.

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- List the type of material, estimated number, and total. These materials are typically budgeted per order and not on a monthly basis.
- Signage that is produced by TECC, the statewide project funded by CTCP, should be listed in the "Educational Materials" sub-line item and all other signage should be listed under the "Printing" sub-line item.

Refer to OTIS Wizards for sample descriptions for this line item.

Sample formula for Educational Materials:
One page brochure, tri-fold with several colors; $1 per brochure x 500 = $500 Total

Incentives:

- Incentives are allowed to motivate and/or reinforce positive: behavior, participation, and/or involvement and should include healthy or educational items, such as merchandise cards for books or iTunes, healthy food outlets, etc.
- To receive the incentive, an activity or action is required by the recipient.
- The use of incentives are limited by the CDPH, and incentive activities are approved on a case-by-case basis by CTCP.
- Each incentive sub-line item (non-consumable and consumable food/refreshments) has a separate $50 per person per year maximum. As a result, the incentives must be tracked separately per individual to ensure adherence to these maximums.

Non-Consumable (Non-Food/Refreshments) Incentives:

- The manner in which an item is utilized is the significant factor that determines if an item may be distributed. For example, if a t-shirt is presented to an individual to reinforce positive involvement and required action on the part of the recipient (e.g., hand-out educational materials at a health fair) the t-shirt is considered an incentive and is allowed.
- Describe how the incentive will be earned and distributed.
- Provide easy to follow formulas to substantiate how the costs were calculated.
- Ranges can be utilized to identify the quantity of the incentives and the dollar value of each incentive.
- The cost of the incentive may not exceed $50 in value, per person, per year.
- Non-consumable incentives, including merchandise cards, must adhere to the following requirements:
  - A log must be kept that includes, at a minimum, the recipient's name, item, dates of service, and how/where the incentive was distributed.

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- Incentives must be stored in a secure location (e.g., under lock and key).
- The purchase of merchandise cards must be limited to an amount sufficient to cover no more than a two to three month period to avoid potential security issues.
- CTCP will not reimburse costs for incentives that are lost or stolen.
- At the conclusion of the agreement, surplus incentives (e.g., merchandise cards that were not distributed) must be returned to CTCP.
- **Prohibited items include:**
  - Merchandise cards that can be used to purchase tobacco, nicotine products, alcohol, and/or cannabis.
  - Cash

- The use of incentives must be tied to an activity in the SOW that describes the payment control and confirms each recipient participated in the activity recommended for receipt. Merchandise cards that can be used to purchase tobacco, nicotine products, alcohol, and/or cannabis are prohibited.
- The budget justification **must**: describe the activity required to receive the incentive and contain the following specific language:

"*Incentives are provided to program participants to motivate and/or reinforce positive behavior, participation, and/or involvement in tobacco control activities and requires action on the part of the recipient to receive the incentive. The cost of the incentive may not exceed $50 in value, per person, per year and shall not include merchandise cards that can be used to purchase tobacco, alcohol, and/or cannabis products. The project is responsible for the possession, security (e.g., will keep under lock and key), and accountability of the merchandise cards. The project will prepare a log sheet that will track and identify each of the merchandise cards, value, merchandise card transfer date, and recipient. The purchase of merchandise cards must be limited to an amount sufficient to cover no more than a two to three month period to avoid potential security issues. At the conclusion of the agreement, surplus incentives must be returned to CTCP."*

Refer to OTIS Wizards for sample descriptions for this line item.

Sample formula for Incentive(non-Consumable):
Merchandise Cards: 60/merchandise cards x $20/per card = $1,200/FY total;
Non-Merchandise Card Items: 48/Music CDs and/or Movie DVDs monthly x $15/each = $720/FY total.

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Consumable (Food/Refreshments) Incentives:

- Food/refreshment Incentives are allowed to be purchased and made available at coalition/advisory committee meetings or to volunteers who have participated in tobacco control related events and activities such as youth tobacco purchase surveys or beach litter clean-ups. Food is recognized as an appropriate item that acknowledges appreciation of the participation of people in meetings, events, and activities. Moreover, it is recognized that providing food/refreshments is a cultural expectation in many of the communities that tobacco control projects work with and providing food/refreshments at planning meetings with these communities will facilitate the development of positive relationships and community engagement.
- Food/refreshments must not exceed $50 in value, per person, per year.
- Provide: a brief description on how the food/refreshments will be used; identify the individuals who will receive food items (e.g., Coalition members, adult and youth volunteers, etc.); activity number from the SOW; and a formula to substantiate how the costs were calculated.
- Food/refreshments may be used to support SOW activities; however, food may not be purchased for budgeted staff that attend meetings or participate in SOW activities as state requirements related to per diem apply to budgeted staff.

Refer to OTIS Wizards for sample descriptions for this line item. Sample formula for Food/Refreshments incentives:

20 servings of refreshments for four (4) quarterly coalition meetings (activity 3-1-1) x $8/per person per event = $640 total.
(Note, in the above example, each participant at the coalition meetings receives $32 in refreshments per year that is below the $50 maximum.)

Paid Media:

- Expenses may include the cost for the purchase or placement of paid advertisements (ads) on radio, television, newspaper, movie theaters, magazines, billboards, bus shelters, etc. to promote tobacco control messages that are aligned with the SOW.
- The purchase or placement of ads in non-traditional media such as high school yearbooks, the county fair program, and event brochures is allowed.
- The costs for the development of radio, television, movie theaters and print ads must be budgeted in the Subcontracts and Consultants category.
- List the types of paid media, social media, public relations, advertising and total budget amount that support

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activities in the SOW.

Refer to OTIS Wizards for sample descriptions for this line item.

Sample formula for Paid Media:
- Movie Ad Placement: 2 Ads x 6 locations x $10/per ad x 6 months = $720/Movie Ad placement total;
- Print Ad Placement: 1 Quarter Page Ad x 20 ad placements/per FY x $75/per ad placement = $1,500/FY total;
- Radio Ad Placement: 25 Ad placements July-December, 2017 x $120/per ad = $3,000/July-December 2017.

Booth Rental/Facility Fees:
- Identify the costs for booth rental/facility fees that are incurred for local events, such as: health fairs, community outreach activities, or trainings that are identified in the SOW.
- The description should include examples of local events, estimated number of events, and the estimated cost per event to substantiate how the total costs were calculated.
- Use ranges if necessary for the anticipated number of events and cost per event.

Refer to OTIS Wizards for sample descriptions for this sub-line item.

Sample formula for Booth Rental/Facility Fees:
- $100/booth rental x 1 local health fair (activity 3-2-1) = $100/event booth rental;
- $250/booth rental x 2 weeks county fair (activity 1-6-2) = $250/booth rental event.

Additional agency-defined sub-line items:
Within “Other Costs”, agencies may propose additional sub-line items. The budget justification must include sufficient details, justifications, and formulas to substantiate the costs and tie to a specific activity within the SOW.

To promote, increase, and/or sustain community engagement, agencies may wish to consider the following sub-line items:

Stipends:
- A stipend is:
  - A sum of money, not a wage, paid to an individual serving as a non-employee of the agency.

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- Paid to cover out-of-pocket expenses for individuals volunteering* general help to the agency.
- Cash or merchandise cards. Both “payment” types require strict management, controls, and a log that, at a minimum, includes: the recipient’s name; payment type/cash or gift card; dates of service; and amount of the cash or merchandise card.
- The SOW activity must describe the payment controls and confirms each recipient that participated in the activity recommended for “payment.”
- Gift cards that can be used to purchase tobacco, nicotine products, and/or alcohol are prohibited.
- Reported to the Internal Revenue Service as 1099 income when the stipend exceeds $600 in a calendar year.

- A stipend is not:
  - A substitute for compensation or tied to productivity, (e.g., paying someone for each store surveyed).
  - Tied to an employee time sheet for number of hours worked.
- Department of Labor regulations allow nonprofits to pay volunteers* a nominal fee.
  - The "nominal fee", typically referred to as a "stipend," cannot exceed 20 percent of what an employee/worker would be paid to perform the same service.

- The budget justification **must**: describe the activity required to receive the stipend and contain the following specific language:

“*Stipends may be provided to individuals volunteering their time and services to the Project to help cover their out-of-pocket costs for doing so. (Agency Name) will prepare a Log Sheet that will include each recipients name, payment type, date(s) of service, and the amount of the stipend. This activity will comply with all applicable California Tobacco Control Program requirements.”*

Volunteer:

- A Volunteer* is generally defined as:
  - An individual who performs hours of service for religious, charitable or similar non-profit organizations or government agencies without promise, expectation, or receipt of compensation;
  - The volunteer does not expect to be compensated.
- The work of the Volunteer is:
  - Less than full time;
  - Not offered as a result of coercion;
  - Typically associated with volunteer work and not a commercial enterprise;

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- Not allowed to displace regular employees and the volunteer is not otherwise an employee of the organization providing the same type of service.

Example: A young adult volunteer collects data for a public opinion poll in FY 17/18. The volunteer is eligible for a cash or gift card stipend.

Sample formula for Stipends:
$250 per person x 1 volunteer to collect data for a public opinion poll in FY 2017/18 = $250 FY 17/18 total.

Paid Sponsorships:

- Paid sponsorships may be used to promote a pro-health/anti-tobacco message, and event policies should be consistent with tobacco control program goals and objectives (e.g., the project should not sponsor an event where smoking is allowed) and target audiences. Paid sponsorships may include (but are not limited to):
  - Paid sponsorship through T.V., radio, print, digital, or social media placement for an outdoor event (e.g. health fair, street fair, County Fair or festival), in which the project will be participating and includes at a minimum the project logo, tagline and/or coalition logo, and tobacco-free messaging;
  - Paid sponsorship/promotion for a tobacco-free local film festival or art exhibit with an anti-tobacco submission category;
  - Signage or digital displays with tobacco-free messaging at an event, advertising in an event program or materials booth space to distribute tobacco educational materials and/or engage the public;
  - Public announcements at and during the event and/or cross-promotions with other sponsors.
- Sponsorships deemed to be an inappropriate use of state taxpayer monies will be denied and are not reimbursable.

Sample formula for Paid Sponsorships:
$1,000 per health fair x 2 events in FY 2017/18 = $2,000 FY 17/18 total

8. INDIRECT EXPENSES

An indirect cost rate is simply a device for determining fairly and conveniently within the boundaries of sound administrative principles, what proportion of indirect cost each program should bear. An indirect cost rate is the

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ratio between the total indirect expenses and direct cost base. Indirect costs are an agency-wide, general management cost that cannot be attributed to a specific SOW activity and consists of administrative services necessary for the general operation of the agency, such as: accounting, budgeting, payroll preparation, human resources services, purchasing, maintenance, centralized network, and data processing. Conversely, direct costs are costs that provide measurable, direct benefits to specific SOW activities and can include costs that relate directly to instructional programs and also support costs that apply to the minor services necessary to maintain the program, such as: salaries and benefits, educational materials, office supplies, and travel.

An indirect cost rate is the percentage of an agency's total personnel costs (personnel + fringe benefits) or total direct costs and is a standardized formula charging shared costs for an agency's indirect operation.

Identify:

- The cost basis for calculating indirect expenses, i.e., total personal costs or total allowable direct cost.
- Percentage rate. A range is acceptable when the percentage rate will vary at different times during the FY or between multi-years.
- Include personnel, budgeted at less than ten (10) percent FTE and not directly connected to the SOW.
- If audit costs are not included in Operating Expenses, include estimated total cost of single organization audit and estimated proportionate share to be charged to CTCP in each FY. Provide a justification when no funds are budgeted for an annual audit and explain how compliance will be met.
- If audit expenses are budgeted in Operating Expenses, the cost of the audit must be included in the calculation of total indirect expenses to determine that indirect costs do not exceed the specified maximum percentage rate in the solicitation.
- Indirect costs cannot exceed the specified maximum percentage rate stated in the solicitation.
- State Contracting Manual 3.06 restrictions on subcontract administrative overhead fees will apply–if the grantee is a federal, state, or local governmental entity and 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.

Refer to the OTIS Wizards for sample descriptions for this line item. Sample formula for Indirect Expenses:

$50,000/staff salaries total + $20,000/staff fringe benefits total = $70,000/total personnel costs x 25 percent = $17,500/indirect cost FY total.

Attachment: Appendix_10_Budget_Justification_Instructions_-_Revised 04-2021 (RES-2022-619 :

Attachment: Appendix_10_Budget_Justification_Instructions_-_Revised 04-2021 (RES-2022-619 :

Budget Tools to Help Promote Community Engagement

To increase and sustain community engagement in the project, consider using the following budget tools:

- **Stipends**:
  Stipends are a sum of money, not a wage, paid to an individual serving as a non-employee of the agency.

- **Volunteers:**
  Individuals who perform hours of service with no expectation of receiving compensation.

- **Incentives:**
  The incentive motivates and/or reinforces positive behavior, participation, and/or involvement. The recipient must complete an activity or action to receive the incentive which can be light refreshments or non-consumable items such as a merchandise card.

- **Training:**
  Budget staff time to train volunteers to: educate community leaders, decision-makers and the public about the burden of tobacco use and evidence-based policy and other strategies to reduce this burden; to be media spokespersons; and to participate in data collection activities. You may also budget training registration fees for key volunteers to participate in trainings that are relevant to your SOW.

- **Travel Reimbursement:**
  Volunteers are eligible for travel reimbursement for SOW-related travel such as attending project advisory meetings or participating in educational and data collection activities.

- **Advertising:**
  Traditional paid media may be placed in newspapers, radio, theaters, and outdoors to promote tobacco control messages that are aligned with your SOW. Additionally, non-traditional media such as high school yearbooks, the county fair program, and event brochures are allowed.

- **<u>Community Engagement Subcontract</u>:**
  A community engagement subcontract must be awarded in a fair and unbiased manner to eliminate any real or perceived allegation of preference (e.g., favoritism, bias, or nepotism). A single subcontractor may receive multiple awards, however the total amount awarded may not exceed $4,999 during the entire project term.

Attachment: Appendix_10_Budget_Justification_Instructions_-_Revised 04-2021 (RES-2022-619 :

State of California—Health and Human Services Agency
California Department of Public Health

KAREN L. SMITH, MD, MPH
Director and State Public Health Officer

EDMUND G. BROWN JR.
Governor

June 28, 2018

TO: ALL CALIFORNIA TOBACCO CONTROL PROGRAM (CTCP) FUNDED AGENCIES

SUBJECT: PROGRAM LETTER 18-01
INCENTIVE MATERIALS

Purpose

Update of CTCP policy regarding the use of "incentives"

Effective Date

Immediately AND supersedes CTCP PROGRAM LETTER 12-01, ADVOCACY CAMPAIGN MATERIALS AND BEHAVIOR MODIFICATION MATERIALS

Why the Update is Needed:

CTCP policy regarding the use of "incentives" has been revised/updated in response to new guidance provided to CTCP.

Required Action

1. Utilize the term "incentives" as applicable.
2. Adhere to the guidelines contained in the attached documents:
   a. February 18, 2011 memorandum titled "GOVERNOR BROWN ELIMINATES 'S.W.A.G.'"
   b. California Department of Public Health, Program Support Branch, Contracts and Purchasing Services Section (CPSS), CPSS Bulletin 11-02
   c. January 28, 2008 memorandum titled, "MORATORIUM RELATED TO PROMOTIONAL ITEMS DISTRIBUTED BY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH"
3. Comply with CTCP Policy Manual, Section 303, Program Requirements, DEVELOPMENT AND USE OF EDUCATIONAL, INCENTIVE, AND MEDIA MATERIALS, Requirement 11, entitled "Use of Incentive Materials" (available online on the Online Tobacco Information System (OTIS) under the tab "Training/Policy Manual").

Attachment: Appendix_11_Program Letter 18-01 Incentive Materials (RES-2022-619 : Approve California Tobacco Control Program Acceptance

Policy Highlights

1. CTCP-funded agencies may use incentives to reinforce positive involvement/participation and to motivate a change in behavior.
2. Incentives may include:
   a. Consumable incentives (Food/Refreshment)
   b. Non-Consumable incentives (Non-Food/Refreshment) which can take the form of:
      1) Tangible incentives: Merchandise card.
      2) Intangible incentives: Letter of recommendation for a student applying to college, detailing their participation in the program; or certificate of appreciation.
3. The value of the incentive must be reasonable and commensurate with the degree of participation or behavior change sought.
4. The recipient of an incentive must complete a predetermined effort or activity which may include the following:
   a. Participation/involvement in scope of work activities: (e.g., Adult and youth volunteer participation in the Healthy Stores for a Healthy Community data collection effort, conducting educational presentations to community groups, data collection for a Young Adult Tobacco Purchase Survey (YATPS), or completion of significant service to the project's coalition).
   b. Positive behavior or policy change (e.g., participating in a cessation program, creating and/or promoting a smoke-free/tobacco-free event).
   c. Supporting non-smoking policies at worksites.
   d. Reducing the amount of tobacco advertising in retail stores.
5. Action on the part of the recipient is required to receive an incentive. Promotional give-away items, known as Stuff We All Get (S.W.A.G.), are **NOT** allowed.

Contact Person for Further Information

Your assigned Procurement Manager and Program Consultant

Sincerely,

Nadine Roh, Chief
Contracts and Business Operations Section
California Tobacco Control Program

Attachments

Attachment: Appendix_11_Program Letter 18-01 Incentive Materials (RES-2022-619 : Approve California Tobacco Control Program Acceptance

GOVERNOR BROWN ELIMINATES "S.W.A.G"

2-18-2011

Memo bans state spending on key chains, stress balls, ashtrays, t-shirts and other "freebie" items

SACRAMENTO – Governor Jerry Brown's administration today directed all state agencies and departments to stop spending taxpayer dollars on free giveaway and gift items—such as key chains, coffee mugs and squeeze toys—as part of continuing efforts to cut costs and tackle the state's budget gap.

—Not a cent of taxpayer money should be spent on flashlights, ashtrays or other unnecessary items, most of which likely end up in landfills,‖ said Governor Brown. —Every taxpayer dollar we save by cutting waste is a dollar that can be used to pay for critical public safety and social services.‖

A statewide review revealed that from 2007 to 2010 state agencies and departments spent a total of $7.5 million on items including key chains, squeeze toys, pens, hats, trinkets, shirts, cups and other gift items known colloquially as —S.W.A.G,‖ or —Stuff We All Get.‖ These include promotional and marketing items across almost every agency in the state.

Today's ban follows Brown's request earlier this week for the Bureau of State Audits and the Little Hoover Commission to each provide a list of —Top 10 Actions‖ California can take to cut government waste and increase efficiency.

The Governor has also issued Executive Orders to freeze hiring across state government and cut state cell phones and the passenger vehicle fleet in half.

These actions are part of Brown's efforts to save money this fiscal year and to cut $363 million in operational costs next fiscal year.

A breakdown of —S.W.A.G‖ expenditures from 2007 to 2010 is below.

S.W.A.G Expenditures 2007 -2010 Amount
Business, Transportation & Housing Agency $5,088,037.00
State and Consumer Services Agency $1,154,960.00
Health and Human Services Agency $778,678.00
Department of Food & Agriculture $175,530.00
Labor and Workforce Development Agency $129,012.00
California Volunteers $77,387.00
Environmental Protection Agency $48,317.00 Emergency
Management Agency $41,810.00 Department
of Corrections and Rehabilitation $12,201.00 Department
of Veterans Affairs $4,968.00
Total: $7,510,900.00

Attachment: Appendix_11_Program Letter 18-01 Incentive Materials (RES-2022-619 : Approve California Tobacco Control Program Acceptance

State of California—Health and Human Services Agency
California Department of Public Health

RON CHAPMAN, MD, MPH
Director & State Health Officer

EDMUND G. BROWN JR.
Governor

To: ALL CTCP FUNDED AGENCIES

Subject: PROGRAM LETTER 12-03
ALLOWED POLICY ACTIVITIES

Purpose:
Restate the definition of Lobbying
Reinforce CTCP's "Lobbying and Political Activities Policy"
Identify allowed policy-related activities and prohibited lobbying activities.

Why This Letter Is Needed:
The California Department of Public Health, California Tobacco Control Program (CTCP) has received information that projects funded by **Proposition 99 funds** are, at times, constrained from engaging in policy-related activities due to restrictions issued by the United States Health and Human Services Agency (HHS) for **federally-funded** projects, as a result of HR 2055 – the Consolidated Appropriations Act, 2012 (Section 503 of Division F, Title V of the FY 12, Consolidated Appropriations Act).

Background:
Policy development is of key importance to changing community norms around tobacco use. Public health professionals are called upon to inform and educate the public, policymakers, and others about the scientific evidence related to the need and cost of implementing various policy strategies and their anticipated impact on health outcomes. Social norm change created through local policy work can have a lasting impact on thousands of people.

As a result, CTCP-funded projects are expected to lead and contribute to the development of policies that protect, promote, and improve public health. Local Lead Agency Guidelines and competitive procurements identify requirements for strategic planning, education, technical assistance, and community organizing related to tobacco control policy efforts that CTCP-funded agencies are required to participate in.

The California Conference of Local Health Officers (CCLHO), Policy Platform, Fall 2010 edition, states the CCLHO developed the Policy Platform to: establish guiding principles, determine public health priorities, and assist Health Officers in educating local and state policy and opinion makers on population-based health needs and priorities. [emphasis added] The CCLHO Policy Platform also states, "consideration of health in all policies is

Attachment: Appendix_12_Program Letter 12-03 Allowed Policy Activities (RES-2022-619 : Approve California Tobacco Control Program

necessary to achieve healthy people and healthy communities" and "by considering health when formulating policy, public officials recognize the influence on the health of individuals and communities of policies in many other sectors. Public health must work across sectors to help policymakers understand the ways in which their program and policies impact health."

Required Action:

All CTCP funded agencies are to continue to apply the requirements regarding lobbying restrictions found in:

Policy Manual (for Local Lead Agencies and Competitive Grantees), Chapter 300, Policy #12, page 45.

Additional provisions/special terms and conditions, regarding lobbying and political activities, which are contained in CTCP's Competitive and Statewide contracts/grants that are **federally funded**.

- An example is Exhibit D (F), "Special Terms and Conditions (For **federally funded** service contracts or agreements and grant agreements)", paragraph 31).

CTCP Administrative And Policy Manual, Chapter 300 Policy #12:

Lobbying and Political Activities Policy

CTCP engages in and funds policy and advocacy activities which are legitimate tools of health education, health promotion, and public health. CTCP funds **may not** be used to support lobbying and political activities.

Lobbying and political activities are defined as any attempt to promote a "yes" or "no" vote on a specific piece of legislation, local ordinance, ballot measure, or to promote any candidate for an elective public office through any oral, written, or other form of communication.

Educating legislators, their staff, government employees, or the general public about your program or about tobacco-related issues is **NOT** considered lobbying.

Allowed Policy and Advocacy Activities:

Examples of **allowed** activities include, but are not limited to, the following:

Participating in annual Information and Education (I&E) Days event hosted by the Center for Tobacco Policy and Organizing:

- Required event for Local Lead Agencies.
- Designed to **educate** local and state elected officials about the social, health and economic impact of tobacco and tobacco-related disease in California **and** to highlight successes and challenges of tobacco control programs locally and statewide.

Researching policy alternatives and their impact.

Providing factual information about the scientific evidence related to the need or cost of implementing various policy strategies and the anticipated impact on health outcomes.

Developing model laws and templates.

Attachment: Appendix_12_Program Letter 12-03 Allowed Policy Activities (RES-2022-619 : Approve California Tobacco Control Program

Educating the public and policymakers on:
- o Health issues and their public health consequences
- o Potential policy solutions to health issues

Commenting on proposed regulations.

Prohibited Lobbying Activity:

Examples of **prohibited** activities include, but are not limited to, the following:

Grassroots lobbying with State or Federal funds to:
- o Direct lobbying by grantees/contractors to urge support of, or opposition to, proposed or pending legislation or appropriations or any regulation, administrative action or order issued by the executive branch of any Local, State, or Federal government.
- o Inducing members of the public to contact their elected (Local/State/Federal) representatives to urge support of, or opposition to, proposed or pending legislation or appropriations or any regulation, administrative action or order issued by the executive branch of any Local, State, or Federal government.

Direct self-promotion or publicity to promote the agency or an official.
Communication that is purely partisan in character.

Additional Resources:

2010 California Conference of Local Health Officers (CCLHO) Policy Platform
http://www.cdph.ca.gov/programs/cclho/Documents/CCLHOPolicyPlatform.pdf

Society for Public Health Education: Guide to Effectively Educating State and Local Policymakers
http://www.sophe.org/CDP/Ed_Policymakers_Guide.cfm

Lobbying v. Education webinars provided by CAPLAW on April 15, 2011. (Clarification and examples specific to government and non-profit agencies)
https://www.tcspartners.org/documents/CTCP%20Resources/LvE02_FINALPublicHealthDeptsLobbying_v_EducationPresentation.pdf

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Contact Person For Further Information:

April Roeseler, M.S.P.H., Chief, Statewide and Community Interventions Section.

Sincerely,

Nadine Roh, Chief
Financial and Business Operations
California Tobacco Control Program

Attachment: Appendix_12_Program Letter 12-03 Allowed Policy Activities (RES-2022-619 : Approve California Tobacco Control Program

Appendix 13

COMPARABLE STATE CIVIL SERVICE CLASSIFICATIONS

State Classification Title	Comparable Title	Comparable Monthly Salary
Account Clerk II	Accountant	$2965-$3715
Administrative Assistant I	Program Coordinator/Assistant	$4281-$5360
Associate Governmental Program Analyst/Associate Health Program Advisor	Health Educator/Project Coordinator/Project Assistant/Community Health Outreach Worker	$5149-$6446
Health Education Consultant I	Health Educator	$4543-$5945
Health Education Consultant I	Health Education Assistant	$4052-$5300
Health Education Consultant II	Senior Health Educator	$5464-$7174
Health Education Consultant II	Assistant Project Director	$5464-$7174
Health Education Consultant III (Specialist)	Project Director/Coordinator	$6003-$7878
Management Services Assistant	Office Assistant	$2600-$3255
Office Services Supervisor II	Office Manager	$3559-$4458
Research Scientist I	Evaluation Consultant	$6050-$7519
Research Scientist II	Senior Evaluation Consultant	$6645-$8259
Research Scientist III	Epidemiologist/Statistician III	$7257-$9084
Research Scientist IV	Epidemiologist/Statistician IV	$8343-$10445
Staff Services Analyst	Research Analyst/Associate	$3298-$4132

Attachment: Appendix_13_Comparable State Civil Service Class (RES-2022-619 : Approve California Tobacco Control Program Acceptance of

California Department of Public Health

Travel Reimbursement Information

(Lodging and Per Diem Reimbursement Effective 01/01/18)

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract. The terms "contract" and/or "subcontract" have the same meaning as "grantee" and/or "subgrantee" where applicable.

   a. Reimbursement for travel and/or per diem shall be at the rates established for nonrepresented/excluded state employees. Exceptions to California Department of Human Resources (CalHR) lodging rates may be approved by *the California Department of Public Health (CDPH)* upon the receipt of a statement on/with an invoice indicating that such rates are not available.

   b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract *or* subcontract employee leaves his or her home or headquarters. "Headquarters" is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of assignments. Headquarters may be individually established for each traveler and approved verbally or in writing by the program funding the agreement. Verbal approval shall be followed up in writing or email.

   c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on Page 2 of this exhibit to determine the reimbursement allowance. All lodging reimbursement claims must be supported by a receipt*. If a contractor does not or cannot present receipts, lodging expenses will not be reimbursed.

      (1) Lodging (with receipts*):

Travel Location / Area	Reimbursement Rate
Statewide (excluding the counties identified below)	$ 90.00 plus tax
Counties of Napa, Riverside and Sacramento	$ 95.00 plus tax
Counties of Los Angeles, Orange and Ventura counties, and Edwards AFB, excluding the City of Santa Monica	$120.00 plus tax
Counties of Alameda, Monterey, San Diego, San Mateo, and Santa Clara	$125.00 plus tax
Counties of San Francisco and Santa Monica	$150.00 plus tax

      Reimbursement for actual lodging expenses that exceed the above amounts may be allowed with the advance approval of the Deputy Director of the California Department of *Public* Health *(CDPH)* or his or her designee. Receipts are required.

      *Receipts from Internet lodging reservation services such as Priceline.com which require prepayment for that service, ARE NOT ACCEPTABLE LODGING RECEIPTS and are not reimbursable without a valid lodging receip from a lodging establishment.

      (2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum for each full 24-hour period of travel.

Meal / Expense	Reimbursement Rate
Breakfast	$ 7.00
Lunch	$ 11.00
Dinner	$ 23.00
Incidental expenses	$ 5.00

   d. Out-of-state travel may only be reimbursed if such travel is necessitated by the scope or statement of work and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors/subcontractors must have prior CDPH written or verbal approval. Verbal approval shall be confirmed in writing (email or memo).

Attachment: Appendix_14_Travel Reimbursement Info (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation

e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on Page 2 of this exhibit **Travel Reimbursement Information** (Continued)
f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.

2. If any of the reimbursement rates stated herein is changed by CalHR, no formal contract amendment will be required to incorporate the new rates. However, CDPH shall inform the contractor, in writing, of the revised travel reimbursement rates and the applicable effective date of any rate change.
At CDPH's discretion, changes or revisions made by CDPH to this exhibit, excluding travel reimbursement policies established by CalHR may be applied retroactively to any agreement to which a Travel Reimbursement Information exhibit is attached, incorporated by reference, or applied by CDPH program policy. Changes to the travel reimbursement rates stated herein may not be applied earlier than the date a rate change is approved by CalHR.

3. For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.

4. **Note on use of autos:** If a contractor uses his/her or a company car for transportation, the rate of reimbursement will be **56 cents** maximum per mile. If a contractor uses his/her or a company car "in lieu of" airfare, the air coach fare will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the State. Gasoline and routine automobile repair expenses are not reimbursable.

5. The contractor is required to furnish details surrounding each period of travel. Travel expense reimbursement detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc. Reimbursement for travel expenses may be withheld pending receipt of adequate travel documentation.

6. Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

Per Diem Reimbursement Guide

Length of travel period	This condition exists…	Allowable Meal(s)
Less than 24 hours	Trip begins at or before 6 a.m. and ends at or after 9 a.m.	Breakfast may be claimed.
Less than 24 hours	Trip begins at or before 4 p.m. and ends at or after 7 p.m.	Dinner may be claimed.
*Contractor may **not** claim lunch or incidentals on one-day trips. When trips are **less than 24 hours** and there's no overnight stay, meals claimed are taxable.*		
24 hours	Trip begins at or before 6 a.m.	Breakfast may be claimed.
24 hours	Trip begins at or before 11 a.m.	Lunch may be claimed.
24 hours	Trip begins at or before 5 p.m.	Dinner may be claimed.
More than 24 hours	Trip ends at or after 8 a.m.	Breakfast may be claimed.
More than 24 hours	Trip ends at or after 2 p.m.	Lunch may be claimed.
More than 24 hours	Trip ends at or after 7 p.m.	Dinner may be claimed.

Attachment: Appendix_14_Travel Reimbursement Info (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation

Contractor may ***not*** claim meals provided by the State, meals included in hotel expenses or conference fees, meals included in transportation costs such as airline tickets, or meals that are otherwise provided. Snacks and continental breakfasts such as rolls, juice, and coffee are not considered to be meals.

Attachment: Appendix_14_Travel Reimbursement Info (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation

Exhibit A
Scope of Work

1. Service Overview

A. The Local Lead Agency (LLA) shall provide tobacco education services and deliverables in accordance with its Comprehensive Tobacco Control Plan (Plan), including any revisions submitted to and approved by the California Department of Public Health (CDPH), California Tobacco Control Program (CTCP) pursuant to Health and Safety Code Sections 104375, 104380, 104400, 104405 through 104415, Proposition (Prop) 56, the California Healthcare Research and Prevention Tobacco Tax Act of 2016, and the Plan shall be submitted in accordance to the form and format determined by the CDPH. The LLA agrees to expend funds received through this Agreement in accordance with the approved budget and budget justification contained in the approved Plan. The LLA also agrees that the allocation of funds pursuant to this Agreement is contingent upon the CDPH approval of the Plan and any revisions thereto. No funds shall be allocated under Provision 4.A. of Exhibit B, in any given fiscal year unless a revised Plan has been approved by the CDPH for that fiscal year.

B. Revisions to the Plan must be approved by the CDPH. The CDPH shall notify the LLA in writing of the effective date of such approvals.

C. The CDPH shall work with the LLA to ensure that the Plan is being performed pursuant to this Agreement, and reserves the right to approve and adjust specific tasks to be performed within the Plan to be performed by the LLA. These changes shall be accomplished by written notification to the LLA.

2. Communications/Project Director

A. Communications

The LLA shall submit prospective payment invoices, progress reports, cost reports, and other communication via the Online Tobacco Information System (OTIS) Communication Log.

B. Project Director

The LLA shall designate a Project Director, subject to approval by the CDPH. The Project Director is responsible for assuring that the terms and conditions of the Agreement are met. The LLA shall notify the CDPH in a form and format prescribed by the CDPH within five (5) days of a change in the Project Director.

3. Reporting Requirements

A. The LLA shall submit progress reports in a form and format prescribed by CDPH no later than the due dates specified in Paragraph B below. Facsimile reports are not acceptable. Failure to submit timely and acceptable reports is cause for LLA's prospective payment invoices to be delayed or disallowed.

Attachment: Exhibit_A_Scope_of_Work_LLA_22_25 (2) (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation

Exhibit A
Scope of Work

B. The LLA shall submit Progress Reports to CDPH which describe accomplishments during the report period, as specified in this Agreement and in accordance with the following schedule:

	FROM	THROUGH	DUE
Progress Reporting			
1. First Report	01/01/22	06/30/22	08/01/22
2. Second Report	07/01/22	12/31/22	01/31/23
3. Third Report	01/01/23	06/30/23	07/31/23
4. Fourth Report	07/01/23	12/31/23	01/31/24
5. Fifth Report	01/01/24	06/30/24	07/31/24
6. Sixth Report	07/01/24	12/31/24	01/31/25
7. Seventh Report	01/01/25	06/30/25	06/30/25

C. The LLA shall complete the CDPH standardized Progress Reports, State evaluation instruments, needs assessment instruments, and other evaluation requirements in accordance with a form and format prescribed by CDPH with progress reports being submitted as referenced in 3.B. and the additional reports submitted, as prescribed by CDPH with any respective progress report.

D. The LLA shall comply with the LLA Administrative and Policy Manual, and all CDPH-issued program and policy letters which may be issued during the term of the Agreement provided that the CDPH shall only make changes or impose additional requirements which will not result in additional cost to the LLA.

E. The LLA shall coordinate with CDPH or its designee to maximize the tobacco education media/communication efforts.

4. Project Monitoring

A. The CDPH and all authorized State control agencies shall have access to all internal and external reports, records, and documents used by the LLA in the operation and administration of this Agreement.

B. The LLA shall cooperate, and require its subcontractors to cooperate, with the CDPH or its designee, by participating in meetings and/or site visits as the CDPH may deem necessary to monitor LLA compliance with the Agreement.

Attachment: Exhibit_A_Scope_of_Work_LLA_22_25 (2) (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation

Exhibit B
Budget Detail and Payment Provisions

Attachment: Allocation Agreement Terms and Conditions Exhibit_B_Budget_Details_and_Payment_Provisions_LLA_22_25 (RES-2022-619 :

1. Invoicing, Payment and Cost Reports

A. California Department of Public Health (CDPH) shall make quarterly prospective payments to the Local Lead Agency (LLA) from January 1, 2022 through June 30, 2025 to provide services and deliverables as indicated in the approved Comprehensive Tobacco Control Plan (Plan). CDPH will provide the quarterly prospective payment invoice form to the LLA. The LLA is to sign the prospective payment invoice(s) and submit to the address indicated in paragraph 1.D.

B. Quarterly prospective payments shall be contingent upon CDPH's receipt and approval of progress and/or cost reports. If CDPH determines that all or a portion of the allocated funds have been expended inappropriately during the period covered by the progress and/or cost report, in accordance with the services identified in the LLA's approved Plan, CDPH may offset the value of the inappropriate expenditures against current and/or future quarterly prospective payments. The LLA agrees that such deductions to sums due to the LLA are offsets and no further amount shall be due to the LLA.

C. The LLA shall be reimbursed up to the amount budgeted in each line item and as justified by cost reports. CDPH, at its option, may return disputed costs reports to the LLA for correction and resubmission or CDPH may disallow expenses claimed which are not in accordance with the approved Plan and budget or which cannot be verified as project expenses by the LLA.

CDPH contact for Invoicing and Payment Provisions is:

Prospective Payment invoices shall be submitted electronically via the OTIS Communication Log. Attach the signed (PDF) file(s) to the corresponding "Prospective Payment Invoice" message sent by your Procurement Manager.

D. The LLA shall submit semi-annual cost reports. The cost reports shall specify actual expenditures for tobacco education services provided by the LLA. The LLA shall submit cost reports in a form and format prescribed by CDPH in accordance with the following schedule:

	FROM	THROUGH	DUE DATE
Cost Reports			
a. First Report	01/01/22	06/30/22	08/31/22
b. Second Report	07/01/22	12/31/22	02/28/23
c. Third Report	01/01/23	06/30/23	08/31/23
d. Fourth Report	07/01/23	12/31/23	02/29/24
e. Fifth Report	01/01/24	06/30/24	09/02/24
f. Sixth Report	07/01/24	12/31/24	02/28/25
g. Seventh Report	01/01/25	06/30/25	09/01/25

Exhibit B
Budget Detail and Payment Provisions

2. Budget Contingency Clause

A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to LLA or to furnish any other considerations under this Agreement and LLA shall not be obligated to perform any provisions of this Agreement.

B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer a revision to LLA to reflect the reduced amount.

C. If statutory authority for programs funded under Health and Safety Code Section 104350 and 104375 expires, Prop 56, the California Healthcare, Research and Prevention Tobacco Tax ACT of 2016 expires, or this Agreement is terminated, the unexpended Agreement funds and accumulated interest pursuant to provision 8 of this exhibit shall be identified in a manner prescribed by CDPH and returned to CDPH within sixty (60) days of the expiration date to the address specified in Exhibit A, Paragraph 2.A. The words "Unexpended Tobacco Control Program Funds from Proposition 99" and "Unexpended Tobacco Control Program Funds from Proposition 56" and the Agreement number shall be written on the face of the checks or warrants that the LLA has issued to return unexpended funds.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

4. Amounts Payable

A. The maximum amount to be allocated under this Agreement is reflected in the California Tobacco Control Program, Local Lead Agency Allocation Table for Proposition 99 and Proposition 56 Funds FY 2021/22 - FY 2024/25.

B. Funds allocated from each fiscal year may be expended or encumbered without regard to fiscal year pursuant to each year's budget authority.

C. Any requirement of performance by the CDPH and the LLA for the period subsequent to January 1, 2022 will be dependent upon the availability of future appropriations.

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Exhibit B
Budget Detail and Payment Provisions

5. Recovery of Overpayments

A. LLA agrees that claims based upon the terms of this Agreement or an audit finding and/or an audit finding that is appealed and upheld, will be recovered by the State by one of the following options:

1) LLA's remittance to the State of the full amount of the audit exception within 30 days following the State's request for repayment;

2) A repayment schedule which is agreeable to both the State and the LLA.

B. The State reserves the right to select which option as indicated above in paragraph A will be employed and the LLA will be notified by the State in writing of the claim procedure to be utilized.

C. Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to the LLA, beginning 30 days after LLA's receipt of the State's demand for repayment.

D. If the LLA has filed a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If the LLA loses the final administrative appeal, LLA shall repay, to the State, the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from the LLA's first receipt of State's notice requesting reimbursement of questioned audit costs or disallowed expenses.

6. Advance Payment

Per Health and Safety Code 104380 (a) and 104375 funds appropriated to the LLA shall be allocated prospectively.

7. Trust Account and Expenditure Provisions

A. The LLA annual allocations from Prop 99 and Prop 56 shall be deposited into separate interest-bearing, insured trust accounts in accordance with the LLA Administrative and Policy Manual.

B. Any interest earned on the allocation funds from the Tobacco Control Program funds shall be retained in the LLA's Tobacco Control Program trust accounts and shall be spent only to accomplish the goals and objectives outlined and identified in the approved Plan. The LLA shall not divert these funds to cover costs or expenses not specifically included in the Plan.

8. Interest Earned

A. In accordance with the LLA Administrative and Policy Manual, interest accruing from prospective payments and/or any unexpended funds that were approved by CDPH for utilization

shall be utilized by the LLA for activities approved by the CDPH and shall be used only to meet the goals and objectives identified in the LLA's approved Plan, to defray costs incurred by the program, to measurably expand the program, or to improve the quality of services above the

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level of services already funded under this agreement.

B. The LLA shall maintain adequate documentation of the receipt and use of such interest and shall provide this documentation to the CDPH in the biannual Cost Reports. The LLA agrees to return to the CDPH any unexpended interest remaining in the Proposition 99 and Proposition 56 accounts, if funding authority for this program expires, or the Agreement is terminated, to the address specified in Exhibit A, Paragraph 2.A. within sixty (60) days from the expiration date.

C. LLA's shall spend Prop 56 interest earned monies first, before Prop 99 interest earned monies in accordance with paragraph 8.A.

D. The words "Unexpended Tobacco Control Program Interest, from Proposition 99" and the Agreement number, and "Unexpended Tobacco Control Program Interest from Proposition 56" and the Agreement number shall be written on the face of the checks or warrants that the LLA has issued to return unexpended interest.

9. Restriction of Funds

The LLA shall use funds pursuant to the agreement only and shall not, in whole or in part, freeze, restrict, or prevent the use of funds for the use pursuant to this agreement; LLA shall not divert or use funds for other purposes.

10. Payment for Performance of Deliverables

The LLA understands and agrees that all deliverables as specified in this agreement must be fully and satisfactorily performed in order to receive the maximum amount payable identified in Paragraph 4.A. above. The LLA agrees that if CDPH determines that any deliverable is not performed, only partially performed, or not completed satisfactorily, CDPH may reduce the maximum amount payable under this agreement as follows:

A. Where a deliverable is not performed:

CDPH shall calculate the pro rate share of the nonperformed deliverable by utilizing the percentage values specified in the Scope of Work for each deliverable and reduce to the maximum amount payable by deducting the percentage value of the deliverable from any sum due to the LLA to the degree that the sum due the LLA meets or exceeds the reduction. If the reduction exceeds the sum due to the LLA, the LLA shall pay such amount back to CDPH upon its demand. The LLA agrees that such deductions to sums due to the LLA are offsets and no further amount shall be due to the LLA.

B. Where a deliverable is only partially performed:

CDPH shall ascertain what percentage of the deliverable was performed. CDPH shall calculate the pro rata share of the partially performed portion by utilizing the percentage values specified in the Scope of Work for each deliverable and reducing the maximum amount payable by deducting the percentage value of the nonperformed portion of the deliverable from any sum due to the LLA. If the reduction exceeds the sum due to the LLA, the LLA shall pay such amount back to CDPH upon demand. The LLA agrees that such deductions to sums due to the LLA are offsets and no further amount shall be due to the LLA.

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Exhibit B
Budget Detail and Payment Provisions

C. Where a deliverable is not performed at a level of quality/satisfaction:

CDPH shall determine whether standard deliverable requirements were satisfactorily met in accordance with the activities, timelines and tracking measures as detailed in the Scope of

Work, the terms, conditions and exhibits of this agreement, and "Tell Your Story: Guidelines for Preparing a Complete, High Quality Final Evaluation Report." If requirements are not met, CDPH shall ascertain what percentage of the deliverable was not performed satisfactorily, calculate the pro rata share of that portion by utilizing the percentage values specified in the Scope of Work for each deliverable and reduce the maximum-amount payable by deducting the percentage value of that portion from any sum due to the LLA to the degree that the sum due to the LLA meets or exceeds the reduction. If the reduction exceeds the sum due to the LLA, the LLA shall pay such amount back to CDPH upon demand. The LLA agrees that such deductions to sums due to the LLA are offsets and no further amount shall be due to the LLA.

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Attachment: Exhibit_C_GTC_LLA_22_25 (RES-2022-619 : Approve California Tobacco Control Program Acceptance of Allocation Agreement

EXHIBIT C

STANDARD GRANT CONDITIONS

1. **APPROVAL:** This Grant is of no force or effect until signed by both parties and approved by the Department of General Services, if required. The Grantee may not commence performance until such approval has been obtained

2. **AMENDMENT:** No amendment or variation of the terms of this Grant shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or Agreement not incorporated in the Grant is binding on any of the parties. In no case shall the Department materially alter the scope of the Project set forth in Exhibit A.

3. **ASSIGNMENT:** This Grant is not assignable by the Grantee, either in whole or in part, without the written consent of the Grant Manager in the form of a written amendment to the Grant.

4. **AUDIT:** Grantee agrees that the Department, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to this Grant. Grantee agrees to maintain such records for a possible audit for a minimum of three (3) years after final payment or completion of the project funded with this Grant, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to the project.

5. **CONFLICT OF INTEREST:** Grantee certifies that it is in compliance with all applicable state and/or federal conflict of interest laws.

6. **INDEMNIFICATION**: Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the project, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of any activities related to the Project.

7. **FISCAL MANAGEMENT SYSTEMS AND ACCOUNTING STANDARDS:** Grantee agrees that, at a minimum, its fiscal control and accounting procedures will be sufficient to permit tracing of all grant funds to a level of expenditure adequate to establish that such funds have not been used in violation of any applicable state or federal law, or the provisions of this Grant. Grantee further agrees that it will maintain separate Project accounts in accordance with generally accepted accounting principles.

8. **GOVERNING LAW:** This Grant is governed by and shall be interpreted in accordance with the laws of the State of California.

9. **INCOME RESTRICTIONS:** Grantee agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Grantee under this Grant shall be paid by the Grantee to the Department, to the extent that they are properly allocable to costs for which the Grantee has been reimbursed by the Department under this Grant.

10. **INDEPENDENT CONTRACTOR:** Grantee, and its agents and employees of Grantee, in the performance of the Project, shall act in an independent capacity and not as officers, employees or agents of the Department.

11. **MEDIA EVENTS:** Grantee shall notify the Department's Grant Manager in writing at least twenty (20) working days before any public or media event publicizing the accomplishments and/or results of the Project and provide the opportunity for attendance and participation by Department's representatives.

12. **NO THIRD-PARTY RIGHTS:** The Department and Grantee do not intend to create any rights or remedies for any third- party as a beneficiary of this Grant or the project.

13. **NOTICE:** Grantee shall promptly notify the Department's Grant Manager in writing of any events, developments or changes that could affect the completion of the project or the budget approved for this Grant.

14. **PROFESSIONALS:** Grantee agrees that only licensed professionals will be used to perform services under this Grant where such services are called for.

15. **RECORDS:** Grantee certifies that it will maintain Project accounts in accordance with generally accepted accounting principles. Grantee further certifies that it will comply with the following conditions for a grant award as set forth in the Request for Applications (Exhibit D) and the Grant Application (Exhibit A).

    A. Establish an official file for the Project which shall adequately document all significant actions relative to the Project;
    B. Establish separate accounts which will adequately and accurately depict all amounts received and expended on this Project, including all grant funds received under this Grant;
    C. Establish separate accounts which will adequately depict all income received which is attributable to the Project, especially including any income attributable to grant funds disbursed under this Grant;
    D. Establish an accounting system which will adequately depict final total costs of the Project, including both direct and indirect costs; and,
    E. Establish such accounts and maintain such records as may be necessary for the state to fulfill federal reporting requirements, including any and all reporting requirements under federal tax statutes or regulations.

16. **RELATED LITIGATION:** Under no circumstances may Grantee use funds from any disbursement under this Grant to pay for costs associated with any litigation between the Grantee and the Department.

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17. RIGHTS IN DATA: Grantee and the Department agree that all data, plans, drawings, specifications, reports, computer programs, operating manuals, notes, and other written or graphic work submitted under Exhibit A in the performance of the Project funded by this Grant shall be in the public domain. Grantee may disclose, disseminate and use in whole or in part, any final form data and information received, collected, and developed under this Project, subject to appropriate acknowledgment of credit to the Department for financial support. Grantee shall not utilize the materials submitted to the Department (except data) for any profit making venture or sell or grant rights to a third-party who intends to do so. The Department has the right to use submitted data for all governmental purposes.

18. VENUE: (This provision does not apply to Local Governmental Entities)

The Department and Grantee agree that any action arising out of this Grant shall be filed and maintained in the Superior Court, California. Grantee waives any existing sovereign immunity for the purposes of this Grant, if applicable.

19. STATE-FUNDED RESEARCH GRANTS:

A. Grantee shall provide for free public access to any publication of a department-funded invention or department-funded technology. Grantee further agrees to all terms and conditions required by the California Taxpayer Access to Publicly Funded Research Act (Chapter 2.5 (commencing with Section 13989) of Part 4.5 of Division 3 of Title 2 of the Government Code).

B. As a condition of receiving the research grant, Grantee agrees to the following terms and conditions which are set forth in Government Code section 13989.6 ("Section 13989.6"):

1) Grantee is responsible for ensuring that any publishing or copyright agreements concerning submitted manuscripts fully comply with Section 13989.6.

2) Grantees shall report to the Department the final disposition of the research grant, including, but not limited to, if it was published, when it was published, where it was published, when the 12-month time period expires, and where the manuscript will be available for open access.

3) For a manuscript that is accepted for publication in a peer-reviewed journal, the Grantee shall ensure that an electronic version of the peer-reviewed manuscript is available to the department and on an appropriate publicly accessible database approved by the Department, including, but not limited to, the University of California's eScholarship Repository at the California Digital Library, PubMed Central, or the California Digital Open Source Library, to be made publicly available not later than 12 months after the official date of publication. Manuscripts submitted to the California Digital Open Source Library shall be exempt from the requirements in subdivision (b) of Section 66408 of the Education Code. Grantee shall make reasonable efforts to comply with this requirement by ensuring that their manuscript is accessible on an approved publicly accessible database, and notifying the Department that the manuscript is available on a department-approved database. If Grantee is unable to ensure that their manuscript is accessible on an approved publicly accessible database, Grantee may comply by providing the manuscript to the Department not later than 12 months after the official date of publication.

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4) For publications other than those described inparagraph B.3 above,, including meeting abstracts, Grantee shall comply by providing the manuscript to the Department not later than 12 months after the official date of publication.

5) Grantee is authorized to use grant money for publication costs, including fees charged by a publisher for color and page charges, or fees for digital distribution.

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Exhibit D
Special Terms and Conditions

(For Subvention/Local Assistance Agreements)

The provisions herein apply to this Agreement unless the provisions are removed by reference, the provisions are superseded by an alternate provision appearing elsewhere in this Agreement, or the applicable conditions do not exist.

Index of Special Terms and Conditions

1. Procurement Rules	11. Officials Not to Benefit
2. Equipment Ownership / Inventory / Disposition	12. Prohibited Use of State Funds for Software
3. Subcontract Requirements	13. Contract Uniformity (Fringe Benefit Allowability)
4. Income Restrictions	14. Cancellation
5. Site Inspection	
6. Intellectual Property Rights	
7. Prior Approval of Training Seminars, Workshops or Conferences	
8. Confidentiality of Information	
9. Documents, Publications, and Written Reports	
10. Dispute Resolution Process	

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Attachment: Exhibit_D_Special_Terms_and_Conditions_LLA_22_25 (RES-2022-619 : Approve California Tobacco Control Program Acceptance

1. Procurement Rules

(Applicable to all agreements in which equipment, property, commodities and/or supplies are furnished by CDPH or expenses for said items are reimbursed with state or federal funds.)

a. Equipment definitions

Wherever the term equipment /property is used, the following definitions shall apply:

(1) **Major equipment/property**: A tangible or intangible item having a base unit cost of **$5,000 or more** with a life expectancy of one (1) year or more and is either furnished by CDPH or the cost is reimbursed through this Agreement. Software and videos are examples of intangible items that meet this definition.

(2) **Minor equipment/property**: A tangible item having a base unit cost of **less than $5,000** with a life expectancy of one (1) year or more and is either furnished by CDPH or the cost is reimbursed through this Agreement.

b. **Government and public entities** (including state colleges/universities and auxiliary organizations), whether acting as a contractor, may secure all commodities, supplies, equipment and services related to such purchases that are required in performance of this Agreement. Said procurements are subject to Paragraphs d through g of this provision. Paragraph c of this provision shall also apply, if equipment purchases are delegated to subcontractors that are nonprofit organizations or commercial businesses.

c. **Nonprofit organizations and commercial businesses**, whether acting as a contractor and/or subcontractor, may secure commodities, supplies, equipment and services related to such purchases for performance under this Agreement.

(1) Equipment purchases shall not exceed $50,000 annually.

To secure equipment above the annual maximum limit of $50,000, the Contractor shall make arrangements through the appropriate CDPH Program Contract Manager, to have all remaining equipment purchased through CDPH's Purchasing Unit. The cost of equipment purchased by or through CDPH shall be deducted from the funds available in this Agreement. Contractor shall submit to the CDPH Program Contract Manager a list of equipment specifications for those items that the State must procure. The State may pay the vendor directly for such arranged equipment purchases and title to the equipment will remain with CDPH. The equipment will be delivered to the Contractor's address, as stated on the face of the Agreement, unless the Contractor notifies the CDPH Program Contract Manager, in writing, of an alternate delivery address.

(2) All equipment purchases are subject to paragraphs d through g of this provision. Paragraph b of this provision shall also apply, if equipment purchases are delegated to subcontractors that are either a government or public entity.

(3) Nonprofit organizations and commercial businesses, shall use a procurement system that meets the following standards:

(a) Maintain a code or standard of conduct that shall govern the performance of its officers,

employees, or agents engaged in awarding procurement contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a procurement, or bid contract in which, to his or her knowledge, he or she has a financial interest.

(b) Procurements shall be conducted in a manner that provides, to the maximum extent practical, open, and free competition.

(c) Procurements shall be conducted in a manner that provides for all of the following:

[1] Avoid purchasing unnecessary or duplicate items.

[2] Equipment solicitations shall be based upon a clear and accurate description of the technical requirements of the goods to be procured.

[3] Take positive steps to utilize small and veteran owned businesses.

d. Unless waived or otherwise stipulated in writing by CDPH, prior written authorization from the appropriate CDPH Program Contract Manager will be required before the Contractor will be reimbursed for any purchase **exceeding** $2,500 or more for commodities, supplies, equipment, and services related to such purchases. The Contractor must provide in its request for authorization all particulars necessary, as specified by CDPH, for evaluating the necessity or desirability of incurring such costs. The term "purchase" excludes the purchase of services from a subcontractor and public utility services at rates established for uniform applicability to the general public.

e. In special circumstances, determined by CDPH (e.g., when CDPH has a need to monitor certain purchases, etc.), CDPH may require prior written authorization and/or the submission of paid vendor receipts for any purchase, regardless of dollar amount. CDPH reserves the right to either deny claims for reimbursement or to request repayment for any Contractor purchase that CDPH determines to be unnecessary in carrying out performance under this Agreement.

f. The Contractor must maintain a copy or narrative description of the procurement system, guidelines, rules, or regulations that will be used to make purchases under this Agreement. The State reserves the right to request a copy of these documents and to inspect the purchasing practices of the Contractor at any time.

g. For all purchases, the Contractor must maintain copies of all paid vendor invoices, documents, bids and other information used in vendor selection, for inspection or audit. Justifications supporting the absence of bidding (i.e., sole source purchases) shall also be maintained on file by the Contractor for inspection or audit.

2. Equipment Ownership / Inventory / Disposition

(Applicable to agreements in which equipment and/or property is furnished by CDPH and/or when said items are purchased or reimbursed with state)

a. Wherever the terms equipment and/or property are used in this provision, the definitions in provision 1, paragraph a., shall apply.

Unless otherwise stipulated in this Agreement, all equipment and/or property that are

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purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement shall be considered state equipment and the property of CDPH.

(1) CDPH requires the reporting, tagging and annual inventorying of all equipment and/or property that is furnished by CDPH or purchased/reimbursed with funds provided through this Agreement.

Upon receipt of equipment and/or property, the Contractor shall report the receipt to the CDPH Program Contract Manager. To report the receipt of said items and to receive property tags, Contractor shall use a form or format designated by CDPH's Asset Management Unit. If the appropriate form (i.e., Contractor Equipment Purchased with CDPH Funds) does not accompany this Agreement, Contractor shall request a copy from the CDPH Program Contract Manager.

(2) If the Contractor enters into an agreement with a term of more than twelve months, the Contractor shall submit an annual inventory of state equipment and/or property to the CDPH Program Contract Manager using a form or format designated by CDPH's Asset Management Unit. If an inventory report form (i.e., Inventory/Disposition of CDPH-Funded Equipment) does not accompany this Agreement, Contractor shall request a copy from the CDPH Program Contract Manager. Contractor shall:

(a) Include in the inventory report, equipment and/or property in the Contractor's possession and/or in the possession of a subcontractor (including independent consultants).

(b) Submit the inventory report to CDPH according to the instructions appearing on the inventory form or issued by the CDPH Program Contract Manager.

(c) Contact the CDPH Program Contract Manager to learn how to remove, trade-in, sell, transfer or survey off, from the inventory report, expired equipment and/or property that is no longer wanted, usable or has passed its life expectancy. Instructions will be supplied by CDPH's Asset Management Unit.

b. Title to state equipment and/or property shall not be affected by its incorporation or attachment to any property not owned by the State.

c. Unless otherwise stipulated, CDPH shall be under no obligation to pay the cost of restoration, or rehabilitation of the Contractor's and/or Subcontractor's facility which may be affected by the removal of any state equipment and/or property.

d. The Contractor shall maintain and administer a sound business program for ensuring the proper use, maintenance, repair, protection, insurance and preservation of state equipment and/or property.

(1) In administering this provision, CDPH may require the Contractor to repair or replace, to CDPH's satisfaction, any damaged, lost or stolen state equipment and/or property. Contractor shall immediately file a theft report with the appropriate police agency or the California Highway Patrol and Contractor shall promptly submit one copy of the theft report to the CDPH Program Contract Manager.

e. Unless otherwise stipulated by the program funding this Agreement, equipment and/or property purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this

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Agreement, shall only be used for performance of this Agreement or another CDPH agreement.

f. Within sixty (60) calendar days prior to the termination or end of this Agreement, the Contractor shall provide a final inventory report of equipment and/or property to the CDPH Program Contract Manager and shall, at that time, query CDPH as to the requirements, including the manner and method, of returning state equipment and/or property to CDPH. Final disposition of equipment and/or property shall be at CDPH expense and according to CDPH instructions. Equipment and/or property disposition instructions shall be issued by CDPH immediately after receipt of the final inventory report. At the termination or conclusion of this Agreement, CDPH may at its discretion, authorize the continued use of state equipment and/or property for performance of work under a different CDPH agreement.

g. Motor Vehicles

(Applicable only if motor vehicles are purchased/reimbursed with agreement funds or furnished by CDPH under this Agreement.)

(1) If motor vehicles are purchased/reimbursed or furnished by CDPH under the terms of this Agreement, within thirty (30) calendar days prior to the termination or end of this Agreement, the Contractor shall return such vehicles to CDPH and shall deliver all necessary documents of title or registration to enable the proper transfer of a marketable title to CDPH.

(2) If motor vehicles are purchased/reimbursed or furnished by CDPH under the terms of this Agreement, ***the State of California shall be the legal owner of said motor vehicles and the Contractor shall be the registered owner***. The Contractor shall only use said vehicles for the performance under the terms of this Agreement.

(3) The Contractor agree that all operators of motor vehicles, purchased/reimbursed or furnished by CDPH under the terms of this Agreement, shall hold a valid State of California driver's license. In the event that ten or more passengers are to be transported in any one vehicle, the operator shall also hold a State of California Class B driver's license.

(4) If any motor vehicle is purchased/reimbursed or furnished by CDPH under the terms of this Agreement, the Contractor, as applicable, shall provide, maintain, and certify that, at a minimum, the following type and amount of automobile liability insurance is in effect during the term of this Agreement or any extension period during which any vehicle remains in the Contractor's possession:

Automobile Liability Insurance

(a) The Contractor, by signing this Agreement, hereby certifies that it possesses or will obtain automobile liability insurance in the amount of $1,000,000 per occurrence for bodily injury and property damage combined. Said insurance must be obtained and made effective upon the delivery date of any motor vehicle, purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement, to the Contractor.

(b) The Contractor shall, as soon as practical, furnish a copy of the certificate of insurance to the CDPH Program Contract Manager. The certificate of insurance shall identify the CDPH contract or agreement number for which the insurance applies.

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(c) The Contractor agree that bodily injury and property damage liability insurance, as required herein, shall remain in effect at all times during the term of this Agreement or until such time as the motor vehicle is returned to CDPH.

(d) The Contractor agree to provide, at least thirty (30) days prior to the expiration date of said insurance coverage, a copy of a new certificate of insurance evidencing continued coverage, as indicated herein, for not less than the remainder of the term of this Agreement, the term of any extension or continuation thereof, or for a period of not less than one (1) year.

(e) The Contractor, if not a self-insured government and/or public entity, must provide evidence, that any required certificates of insurance contain the following provisions:

[1] The insurer will not cancel the insured's coverage without giving thirty (30) calendar days prior written notice to the State.

[2] The State of California, its officers, agents, employees, and servants are included as additional insureds, but only with respect to work performed for the State under this Agreement and any extension or continuation of this Agreement.

[3] The insurance carrier shall notify CDPH, in writing, of the Contractor's failure to pay premiums; its cancellation of such policies; or any other substantial change, including, but not limited to, the status, coverage, or scope of the required insurance. Such notices shall contain a reference to each agreement number for which the insurance was obtained.

(f) The Contractor is hereby advised that copies of certificates of insurance may be subject to review and approval by the Department of General Services (DGS), Office of Risk and Insurance Management. The Contractor shall be notified by CDPH, in writing, if this provision is applicable to this Agreement. If DGS approval of the certificate of insurance is required, the Contractor agrees that no work or services shall be performed prior to obtaining said approval.

(g) In the event the Contractor fails to keep insurance coverage, as required herein, in effect at all times during vehicle possession, CDPH may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

3. Subcontract Requirements

(Applicable to agreements under which services are to be performed by subcontractors including independent consultants.)

a. Prior written authorization will be required before the Contractor enters into or is reimbursed for any subcontract for services exceeding $2,500 for any artices, supplies, equipment, or services. The Contractor shall obtain at least three competive quatations which should be submitted or adequate justification provided for the absence of bidding.

b. CDPH reserves the right to approve or disapprove the selection of subcontractors and with advance written notice, require the substitution of subcontractors and require the Contractor to terminate subcontracts entered into in support of this Agreement.

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(1) Upon receipt of a written notice from CDPH requiring the substitution and/or termination of a subcontract, the Contractor shall take steps to ensure the completion of any work in progress and select a replacement, if applicable, within 30 calendar days, unless a longer period is agreed to by CDPH.

c. Actual subcontracts (i.e., written agreement between the Contractor and a subcontractor) exceeding $2,500 are subject to the prior review and written approval of CDPH.

d. Contractor shall maintain a copy of each subcontract entered into in support of this Agreement and shall, upon request by CDPH, make copies available for approval, inspection, or audit.

e. CDPH assumes no responsibility for the payment of subcontractors used in the performance of this Agreement. Contractor accepts sole responsibility for the payment of subcontractors used in the performance of this Agreement.

f. The Contractor is responsible for all performance requirements under this Agreement even though performance may be carried out through a subcontract.

g. The Contractor shall ensure that all subcontracts for services include provision(s) requiring compliance with applicable terms and conditions specified in this Agreement and shall be the subcontractor's sole point of contact for all matters related to the performance and payment during the term of this Agreement.

h. The Contractor agrees to include the following clause, relevant to record retention, in all subcontracts for services:

"(*Subcontractor Name*) agrees to maintain and preserve, until three years after termination of (*Agreement Number*) and final payment from CDPH to the Contractor, to permit CDPH or any duly authorized representative, to have access to, examine or audit any pertinent books, documents, papers and records related to this subcontract and to allow interviews of any employees who might reasonably have information related to such records."

4. Income Restrictions

Unless otherwise stipulated in this Agreement, the Contractor agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Contractor under this Agreement shall be paid by the Contractor to CDPH, to the extent that they are properly allocable to costs for which the Contractor has been reimbursed by CDPH under this Agreement.

5. Site Inspection

The State, through any authorized representatives, has the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed hereunder including subcontract supported activities and the premises in which it is being performed. If any inspection or evaluation is made of the premises of the Contractor or Subcontractor, the Contractor shall provide and shall require Subcontractors to provide all reasonable facilities and assistance for the safety and convenience of the authorized representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the services performed.

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Attachment: Exhibit_D_Special_Terms_and_Conditions_LLA_22_25 (RES-2022-619 : Approve California Tobacco Control Program Acceptance

6. Intellectual Property Rights

a. Ownership

(1) Except where CDPH has agreed in a signed writing to accept a license, CDPH shall be and remain, without additional compensation, the sole owner of any and all rights, title and interest in all Intellectual Property, from the moment of creation, whether or not jointly conceived, that are made, conceived, derived from, or reduced to practice by Contractor or CDPH and which result directly or indirectly from this Agreement.

(2) For the purposes of this Agreement, Intellectual Property means recognized protectable rights and interest such as: patents, (whether or not issued) copyrights, trademarks, service marks, applications for any of the foregoing, inventions, trade secrets, trade dress, logos, insignia, color combinations, slogans, moral rights, right of publicity, author's rights, contract and licensing rights, works, mask works, industrial design rights, rights of priority, know how, design flows, methodologies, devices, business processes, developments, innovations, good will and all other legal rights protecting intangible proprietary information as may exist now and/or here after come into existence, and all renewals and extensions, regardless of whether those rights arise under the laws of the United States, or any other state, country or jurisdiction.

(a) For the purposes of the definition of Intellectual Property, "works" means all literary works, writings and printed matter including the medium by which they are recorded or reproduced, photographs, art work, pictorial and graphic representations and works of a similar nature, film, motion pictures, digital images, animation cells, and other audiovisual works including positives and negatives thereof, sound recordings, tapes, educational materials, interactive videos and any other materials or products created, produced, conceptualized and fixed in a tangible medium of expression. It includes preliminary and final products and any materials and information developed for the purposes of producing those final products. Works does not include articles submitted to peer review or reference journals or independent research projects.

(3) In the performance of this Agreement, Contractor will exercise and utilize certain of its Intellectual Property in existence prior to the effective date of this Agreement. In addition, under this Agreement, Contractor may access and utilize certain of CDPH's Intellectual Property in existence prior to the effective date of this Agreement. Except as otherwise set forth herein, Contractor shall not use any of CDPH's Intellectual Property now existing or hereafter existing for any purposes without the prior written permission of CDPH. **Except as otherwise set forth herein, neither the Contractor nor CDPH shall give any ownership interest in or rights to its Intellectual Property to the other Party.** If during the term of this Agreement, Contractor accesses any third-party Intellectual Property that is licensed to CDPH, Contractor agrees to abide by all license and confidentiality restrictions applicable to CDPH in the third-party's license agreement.

(4) Contractor agrees to cooperate with CDPH in establishing or maintaining CDPH's exclusive rights in the Intellectual Property, and in assuring CDPH's sole rights against third parties with respect to the Intellectual Property. If the Contractor enters into any agreements or subcontracts with other parties in order to perform this Agreement, Contractor shall require the terms of the Agreement(s) to include all Intellectual Property provisions. Such terms must include, but are not limited to, the subcontractor assigning and agreeing to assign to

CDPH all rights, title and interest in Intellectual Property made, conceived, derived from, or reduced to practice by the subcontractor, Contractor or CDPH and which result directly or indirectly from this Agreement or any subcontract.

(5) Contractor further agrees to assist and cooperate with CDPH in all reasonable respects, and execute all documents and, subject to reasonable availability, give testimony and take all further acts reasonably necessary to acquire, transfer, maintain, and enforce CDPH's Intellectual Property rights and interests.

b. Retained Rights / License Rights

(1) Except for Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDPH and which result directly or indirectly from this Agreement, Contractor shall retain title to all of its Intellectual Property to the extent such Intellectual Property is in existence prior to the effective date of this Agreement. Contractor hereby grants to CDPH, without additional compensation, a permanent, non-exclusive, royalty free, paid-up, worldwide, irrevocable, perpetual, non-terminable license to use, reproduce, manufacture, sell, offer to sell, import, export, modify, publicly and privately display/perform, distribute, and dispose Contractor's Intellectual Property with the right to sublicense through multiple layers, for any purpose whatsoever, to the extent it is incorporated in the Intellectual Property resulting from this Agreement, unless Contractor assigns all rights, title and interest in the Intellectual Property as set forth herein.

(2) Nothing in this provision shall restrict, limit, or otherwise prevent Contractor from using any ideas, concepts, know-how, methodology or techniques related to its performance under this Agreement, provided that Contractor's use does not infringe the patent, copyright, trademark rights, license or other Intellectual Property rights of CDPH or third party, or result in a breach or default of any provisions of this Exhibit or result in a breach of any provisions of law relating to confidentiality.

c. Copyright

(1) Contractor agrees that for purposes of copyright law, all works [as defined in Paragraph a, subparagraph (2)(a) of this provision] of authorship made by or on behalf of Contractor in connection with Contractor's performance of this Agreement shall be deemed "works made for hire". Contractor further agrees that the work of each person utilized by Contractor in connection with the performance of this Agreement will be a "work made for hire," whether that person is an employee of Contractor or that person has entered into an agreement with Contractor to perform the work. Contractor shall enter into a written agreement with any such person that: (i) all work performed for Contractor shall be deemed a "work made for hire" under the Copyright Act and (ii) that person shall assign all right, title, and interest to CDPH to any work product made, conceived, derived from, or reduced to practice by Contractor or CDPH and which result directly or indirectly from this Agreement.

(2) All materials, including, but not limited to, visual works or text, reproduced or distributed pursuant to this Agreement that include Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDPH and which result directly or indirectly from this Agreement, shall include CDPH's notice of copyright, which shall read in 3mm or larger typeface: "© *[Enter Current Year e.g., 2014, etc.]*, Department of Public Health. This material may not be reproduced or disseminated without prior written permission from the Department of Public Health." This notice should be placed prominently on the materials

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and set apart from other matter on the page where it appears. Audio productions shall contain a similar audio notice of copyright.

d. Patent Rights

With respect to inventions made by Contractor in the performance of this Agreement, which did not result from research and development specifically included in the Agreement's scope of work, Contractor hereby grants to CDPH a license as described under Section b of this provision for devices or material incorporating, or made through the use of such inventions. If such inventions result from research and development work specifically included within the Agreement's scope of work, then Contractor agrees to assign to CDPH, without additional compensation, all its right, title and interest in and to such inventions and to assist CDPH in securing United States and foreign patents with respect thereto.

e. Third-Party Intellectual Property

Except as provided herein, Contractor agrees that its performance of this Agreement shall not be dependent upon or include any Intellectual Property of Contractor or third party without first: (i) obtaining CDPH's prior written approval; and (ii) granting to or obtaining for CDPH, without additional compensation, a license, as described in Section b of this provision, for any of Contractor's or third-party's Intellectual Property in existence prior to the effective date of this Agreement. If such a license upon the these terms is unattainable, and CDPH determines that the Intellectual Property should be included in or is required for Contractor's performance of this Agreement, Contractor shall obtain a license under terms acceptable to CDPH.

f. Warranties

(1) Contractor represents and warrants that:

(a) It is free to enter into and fully perform this Agreement.

(b) It has secured and will secure all rights and licenses necessary for its performance of this Agreement.

(c) Neither Contractor's performance of this Agreement, nor the exercise by either Party of the rights granted in this Agreement, nor any use, reproduction, manufacture, sale, offer to sell, import, export, modification, public and private display/performance, distribution, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDPH and which result directly or indirectly from this Agreement will infringe upon or violate any Intellectual Property right, non-disclosure obligation, or other proprietary right or interest of any third-party or entity now existing under the laws of, or hereafter existing or issued by, any state, the United States, or any foreign country. There is currently no actual or threatened claim by any such third party based on an alleged violation of any such right by Contractor.

(d) Neither Contractor's performance nor any part of its performance will violate the right of privacy of, or constitute a libel or slander against any person or entity.

(e) It has secured and will secure all rights and licenses necessary for Intellectual Property including, but not limited to, consents, waivers or releases from all authors of music or performances used, and talent (radio, television and motion picture talent), owners of

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any interest in and to real estate, sites, locations, property or props that may be used or shown.

(f) It has not granted and shall not grant to any person or entity any right that would or might derogate, encumber, or interfere with any of the rights granted to CDPH in this Agreement.

(g) It has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this Agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.

(h) It has no knowledge of any outstanding claims, licenses or other charges, liens, or encumbrances of any kind or nature whatsoever that could affect in any way Contractor's performance of this Agreement.

(2) CDPH MAKES NO WARRANTY THAT THE INTELLECTUAL PROPERTY RESULTING FROM THIS AGREEMENT DOES NOT INFRINGE UPON ANY PATENT, TRADEMARK, COPYRIGHT OR THE LIKE, NOW EXISTING OR SUBSEQUENTLY ISSUED.

g. Intellectual Property Indemnity

(1) Contractor shall indemnify, defend and hold harmless CDPH and its licensees and assignees, and its officers, directors, employees, agents, representatives, successors, and users of its products, ("Indemnitees") from and against all claims, actions, damages, losses, liabilities (or actions or proceedings with respect to any thereof), whether or not rightful, arising from any and all actions or claims by any third party or expenses related thereto (including, but not limited to, all legal expenses, court costs, and attorney's fees incurred in investigating, preparing, serving as a witness in, or defending against, any such claim, action, or proceeding, commenced or threatened) to which any of the Indemnitees may be subject, whether or not Contractor is a party to any pending or threatened litigation, which arise out of or are related to (i) the incorrectness or breach of any of the representations, warranties, covenants or agreements of Contractor pertaining to Intellectual Property; or (ii) any Intellectual Property infringement, or any other type of actual or alleged infringement claim, arising out of CDPH's use, reproduction, manufacture, sale, offer to sell, distribution, import, export, modification, public and private performance/display, license, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDPH and which result directly or indirectly from this Agreement. This indemnity obligation shall apply irrespective of whether the infringement claim is based on a patent, trademark or copyright registration that issued after the effective date of this Agreement. CDPH reserves the right to participate in and/or control, at Contractor's expense, any such infringement action brought against CDPH.

(2) Should any Intellectual Property licensed by the Contractor to CDPH under this Agreement become the subject of an Intellectual Property infringement claim, Contractor will exercise its authority reasonably and in good faith to preserve CDPH's right to use the licensed Intellectual Property in accordance with this Agreement at no expense to CDPH. CDPH shall have the right to monitor and appear through its own counsel (at Contractor's expense) in any such claim or action. In the defense or settlement of the claim, Contractor may obtain the right for CDPH to continue using the licensed Intellectual Property; or, replace or modify the licensed Intellectual Property so that the replaced or modified Intellectual Property becomes non-infringing provided that such replacement or modification is

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functionally equivalent to the original licensed Intellectual Property. If such remedies are not reasonably available, CDPH shall be entitled to a refund of all monies paid under this Agreement, without restriction or limitation of any other rights and remedies available at law or in equity.

(3) Contractor agrees that damages alone would be inadequate to compensate CDPH for breach of any term of this Intellectual Property Exhibit by Contractor. Contractor acknowledges CDPH would suffer irreparable harm in the event of such breach and agrees CDPH shall be entitled to obtain equitable relief, including without limitation an injunction, from a court of competent jurisdiction, without restriction or limitation of any other rights and remedies available at law or in equity.

h. Survival

The provisions set forth herein shall survive any termination or expiration of this Agreement or any project schedule.

7. Prior Approval of Training Seminars, Workshops or Conferences

Contractor shall obtain prior CDPH approval of the location, costs, dates, agenda, instructors, instructional materials, and attendees at any reimbursable training seminar, workshop, or conference conducted pursuant to this Agreement and of any reimbursable publicity or educational materials to be made available for distribution. The Contractor shall acknowledge the support of the State whenever publicizing the work under this Agreement in any media. This provision does not apply to necessary staff meetings or training sessions held for the staff of the Contractor in order to conduct routine business matters.

8. Confidentiality of Information

The Contractor and its employees, agents, or subcontractors shall:

a. Protect from unauthorized disclosure names and other identifying information concerning persons either receiving services pursuant to this Agreement or persons whose names or identifying information become available or are disclosed to the Contractor, its employees, agents, or subcontractors as a result of services performed under this Agreement, except for statistical information not identifying any such person.

b. Not use such identifying information for any purpose other than carrying out the Contractor's obligations under this Agreement.

c. Promptly transmit to the CDPH Contract Manager all requests for disclosure of such identifying information not emanating from the client or person.

d. Not disclose, except as otherwise specifically permitted by this Agreement or authorized by the client, any such identifying information to anyone other than CDPH without prior written authorization from the CDPH Contract Manager, except if disclosure is required by State or Federal law.

e. For purposes of this provision, identity shall include, but not be limited to name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph.

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f. As deemed applicable by CDPH, this provision may be supplemented by additional terms and conditions covering personal health information (PHI) or personal, sensitive, and/or confidential information (PSCI). Said terms and conditions will be outlined in one or more exhibits that will either be attached to this Agreement or incorporated into this Agreement by reference.

9. Documents, Publications and Written Reports

(Applicable to agreements over $5,000 under which publications, written reports and documents are developed or produced. Government Code Section 7550.)

Any document, publication or written report (excluding progress reports, financial reports and normal contractual communications) prepared as a requirement of this Agreement shall contain, in a separate section preceding the main body of the document, the number and dollar amounts of all contracts or agreements and subcontracts relating to the preparation of such document or report, if the total cost for work by nonemployees of the State exceeds $5,000.

10. Dispute Resolution Process

a. A Contractor grievance exists whenever there is a dispute arising from CDPH's action in the administration of an agreement. If there is a dispute or grievance between the Contractor and CDPH, the Contractor must seek resolution using the procedure outlined below.

(1) The Contractor should first informally discuss the problem with the CDPH Program Contract Manager. If the problem cannot be resolved informally, the Contractor shall direct its grievance together with any evidence, in writing, to the program Branch Chief. The grievance shall state the issues in dispute, the legal authority or other basis for the Contractor's position and the remedy sought. The Branch Chief shall render a decision within ten (10) working days after receipt of the written grievance from the Contractor. The Branch Chief shall respond in writing to the Contractor indicating the decision and reasons therefore. If the Contractor disagrees with the Branch Chief's decision, the Contractor may appeal to the second level.

(2) When appealing to the second level, the Contractor must prepare an appeal indicating the reasons for disagreement with Branch Chief's decision. The Contractor shall include with the appeal a copy of the Contractor's original statement of dispute along with any supporting evidence and a copy of the Branch Chief's decision. The appeal shall be addressed to the Deputy Director of the division in which the branch is organized within ten (10) working days from receipt of the Branch Chief's decision. The Deputy Director of the division in which the branch is organized or his/her designee shall meet with the Contractor to review the issues raised. A written decision signed by the Deputy Director of the division in which the branch is organized or his/her designee shall be directed to the Contractor within twenty (20) working days of receipt of the Contractor's second level appeal.

b. If the Contractor wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Contractor shall follow the procedures set forth in Division 25.1 (commencing with Section 38050) of the Health and Safety Code and the

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regulations adopted thereunder. (Title 1, Division 2, Chapter 2, Article 3 (commencing with Section 1140) of the California Code of Regulations).

c. Disputes arising out of an audit, examination of an agreement or other action not covered by subdivision (a) of Section 20204, of Chapter 2.1, Title 22, of the California Code of Regulations, and for which no procedures for appeal are provided in statute, regulation or the Agreement, shall be handled in accordance with the procedures identified in Sections 51016 through 51047, Title 22, California Code of Regulations.

d. Unless otherwise stipulated in writing by CDPH, all dispute, grievance and/or appeal correspondence shall be directed to the CDPH Contract Manager.

e. There are organizational differences within CDPH's funding programs and the management levels identified in this dispute resolution provision may not apply in every contractual situation. When a grievance is received and organizational differences exist, the Contractor shall be notified in writing by the CDPH Contract Manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.

11. Officials Not to Benefit

No members of or delegate of Congress or the State Legislature shall be admitted to any share or part of this Agreement, or to any benefit that may arise therefrom. This provision shall not be construed to extend to this Agreement if made with a corporation for its general benefits.

12. Prohibited Use of State Funds for Software

Contractor certifies that it has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this Agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.

13. Contract Uniformity (Fringe Benefit Allowability)

(Applicable only to nonprofit organizations.)

Pursuant to the provisions of Article 7 (commencing with Section 100525) of Chapter 3 of Part 1 of Division 101 of the Health and Safety Code, CDPH sets forth the following policies, procedures, and guidelines regarding the reimbursement of fringe benefits.

a. As used herein fringe benefits shall mean an employment benefit given by one's employer to an employee in addition to one's regular or normal wages or salary.

b. As used herein, fringe benefits do not include:

(1) Compensation for personal services paid currently or accrued by the Contractor for services of employees rendered during the term of this Agreement, which is identified as regular or normal salaries and wages, annual leave, vacation, sick leave, holidays, jury duty and/or military leave/training.
(2) Director's and executive committee member's fees.
(3) Incentive awards and/or bonus incentive pay.
(4) Allowances for off-site pay.
(5) Location allowances.

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(6) Hardship pay.
(7) Cost-of-living differentials

c. Specific allowable fringe benefits include:

(1) Fringe benefits in the form of employer contributions for the employer's portion of payroll taxes (i.e., FICA, SUI, SDI), employee health plans (i.e., health, dental and vision), unemployment insurance, worker's compensation insurance, and the employer's share of pension/retirement plans, provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.

d. To be an allowable fringe benefit, the cost must meet the following criteria:

(1) Be necessary and reasonable for the performance of the Agreement.
(2) Be determined in accordance with generally accepted accounting principles.
(3) Be consistent with policies that apply uniformly to all activities of the Contractor.

e. Contractor agrees that all fringe benefits shall be at actual cost.

f. Earned/Accrued Compensation

(1) Compensation for vacation, sick leave and holidays is limited to that amount earned/accrued within the agreement term. Unused vacation, sick leave and holidays earned from periods prior to the agreement term cannot be claimed as allowable costs. See section f (3)(a) below for an example.

(2) For multiple year agreements, vacation and sick leave compensation, which is earned/accrued but not paid, due to employee(s) not taking time off may be carried over and claimed within the overall term of the multiple years of the Agreement. Holidays cannot be carried over from one agreement year to the next. See Provision f (3)(b) for an example.

(3) For single year agreements, vacation, sick leave and holiday compensation that is earned/accrued but not paid, due to employee(s) not taking time off within the term of the Agreement, cannot be claimed as an allowable cost. See Provision f (3)(c) for an example.

(a) Example No. 1:

If an employee, John Doe, earns/accrues three weeks of vacation and twelve days of sick leave each year, then that is the maximum amount that may be claimed during a one year agreement. If John Doe has five weeks of vacation and eighteen days of sick leave at the beginning of an agreement, the Contractor during a one-year budget period may only claim up to three weeks of vacation and twelve days of sick leave as actually used by the employee. Amounts earned/accrued in periods prior to the beginning of the Agreement are not an allowable cost.

(b) Example No. 2:
If during a three-year (multiple year) agreement, John Doe does not use his three weeks of vacation in year one, or his three weeks in year two, but he does actually use nine weeks in year three; the Contractor would be allowed to claim all nine weeks paid for in year three. The total compensation over the three-year period cannot exceed 156 weeks (3 x 52 weeks).

Attachment: Exhibit_D_Special_Terms_and_Conditions_LLA_22_25 (RES-2022-619 : Approve California Tobacco Control Program Acceptance

(c) Example No. 3:
If during a single year agreement, John Doe works fifty weeks and used one week of vacation and one week of sick leave and all fifty-two weeks have been billed to CDPH, the remaining unused two weeks of vacation and seven days of sick leave may not be claimed as an allowable cost.

14. Cancellation

A. This agreement may be cancelled by CDPH **without cause** upon 30 calendar days advance written notice to the Contractor.

B. CDPH reserves the right to cancel or terminate this agreement immediately for cause. The Contractor may submit a written request to terminate this agreement only if CDPH substantially fails to perform its responsibilities as provided herein.

C. The term "for cause" shall mean that the Contractor fails to meet the terms, conditions, and/or responsibilities of this agreement.

D. Agreement termination or cancellation shall be effective as of the date indicated in CDPH's notification to the Contractor. The notice shall stipulate any final performance, invoicing or payment requirements.

E. Upon receipt of a notice of termination or cancellation, the Contractor shall take immediate steps to stop performance and to cancel or reduce subsequent agreement costs.

F. In the event of early termination or cancellation, the Contractor shall be entitled to compensation for services performed satisfactorily under this agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of this agreement.

Attachment: Exhibit_D_Special_Terms_and_Conditions_LLA_22_25 (RES-2022-619 : Approve California Tobacco Control Program Acceptance

Exhibit E
Additional Provisions

1. Additional Incorporated Documents

The following documents and any subsequent updates are not attached, but are incorporated herein and made a part hereof by this reference. California Department of Public Health (CDPH) will provide copies on request by contacting the project representative as listed in the Online Tobacco Information System (OTIS). These documents may be updated periodically by CDPH, as required by program directives. CDPH shall provide the Local Lead Agency (LLA) with copies of these documents and any subsequent updates, under separate cover. CDPH will maintain on file, all documents referenced herein and any subsequent updates.

A. Local Lead Agency 2022-2025 Guidelines.
B. California Tobacco Control Program (CTCP) Local Lead Agency Administrative & Policy Manual.
C. The attached Exhibit D entitled "Special Terms and Conditions" consisting of sixteen (16) pages, is incorporated and made part of this agreement by this reference, except for provisions 1, 2, 3, 7, 13, 14. The term contractor shall mean Local Lead Agency.

2. Travel

Travel will be at the County Local rate. For those LLA's represented by non-governmental, non-profit agencies, travel will be at the California Department of Human Resources (CalHR) rates.

3. Proposition 56 Additional Requirements

A. Tracking Proposition 56 Funds

The Contractor will be responsible for devising and implementing independent internal accounting tracking systems for Proposition 99 and Proposition 56 funds and expenditures.

B. Non Partisan California State Audit

The Contractor will be responsible for an internal accounting system to support an audit pursuant to Revenue and Taxation Code, section 30130.56 (a) Independent Audit and Disclosure, which states, the nonpartisan California State Auditor shall conduct, at least biennially, an independent financial audit of the state and local agencies receiving funds pursuant to the California Healthcare, Research and Prevention Tobacco Tax Act of 2016. An audit conducted pursuant to this section shall include, but not be limited to, a review of the administrative costs expended by the state agencies that administer the fund.

Attachment: Exhibit_E_Additional_Provisions_LLA_22_25 (RES-2022-619 : Approve California Tobacco Control Program Acceptance of

C. Administrative Costs

1) Revenue and Taxation Code section 30130.57(f) states not more than 5 percent of the Proposition 56 funds received shall be used by any state or local agency or department receiving funds for administrative costs.

2) Please note the California State Auditor is in the process of developing regulations which define administrative costs for Proposition 56 funds and may be subject to change. At this time, Administrative and/or indirect costs attributed to Proposition 56 may be paid by Proposition 99 funds. However, this may be subject to change.

Attachment: Exhibit_E_Additional_Provisions_LLA_22_25 (RES-2022-619 : Approve California Tobacco Control Program Acceptance of

MARIPOSA COUNTY

Public Works · 209-966-2498

RESOLUTION - ACTION REQUESTED 2022-620

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Shannon Hansen, Director of Public Works & Transportation

RE: Declare the Eighth Annual Field of Service a County-Sponsored Event

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RECOMMENDATION AND JUSTIFICATION:
Declare the Eighth Annual "Field of Service", a Veterans Day Event Organized by a 4-H Membership Group at the Museum and History Center from November 12, 2022 to November 19, 2022, as a County-Sponsored Event; and Waive All Associated County Fees.

The Field of Service shall recognize those military and public safety personnel who have served our community. Their service deserves this recognition from our community and we cannot overstate what they have given us. The profits from the sale of flags for this year's event shall go to the Mariposa Museum and History Center, American Legion POST 567's Veterans Programs including the Service Dog Program.

By designating the posting of flags at the Mariposa Museum and History Center as a County-sponsored, the County's insurance will provide required coverage.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board has approved the request for this event in the past as a naming this event as County sponsored event.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Do not approve, the event coordinator will need to purchase insurance which may jeopardize the existence of holding this community event.

RESULT: **ADOPTED BY CONSENT VOTE [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Wayne Forsythe, District IV Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

REF ID# 13483

MARIPOSA COUNTY

Clerk of the Board of Supervisors · (209) 966-3222

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Danielle Bondshu, Clerk of the Board

RE: Handouts from Departmental Presentation Portion of TheNovember 1St, 2022, Meeting

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Handouts from the Departmental Presentation Portion of the November 1st, 2022, Meeting:

– Merry Mountain Christmas Parade from Kari Kisela

RESULT: INFORMATION RECEIVED

MARIPOSA COUNTY

Air Pollution Control District · (209) 966-3689

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Eric Sergienko, County Health Officer/APCD Officer

RE: Approve Air Resources Board Subvention Program Fiscal Year 2022-2023 Grant Application

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RECOMMENDATION AND JUSTIFICATION:
Approve Air Resources Board Subvention Program Fiscal Year 2022-2023 Grant Application in the Amount of $75,579; Authorize the Air Pollution Control Officer to Sign the Application and Other Documents Pertaining to thereto (Subject to Approval as to Legal Form by County Counsel); and Authorize the Air Pollution Control Officer to Apply and Execute Documents for the Air Pollution Subvention Program for the Subsequent Four Fiscal Years If Conditions and Amounts Remain the Same (Subject to Approval as to Legal Form by County Counsel).

This Agreement is being signed by the Air Pollution Control Officer at the request of the State.

This application allows the County to acquire subvention funding to assist with costs associated with Air Pollution Control efforts in Mariposa County. Health and Welfare Code 40001(a) requires local governments to adopt and enforce rules and regulations to achieve and maintain the State and Federal ambient air standards in all areas affected by emission sources under their jurisdiction, and enforce all applicable provisions of state and federal law.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board of Supervisors previously approved the Air Pollution Subvention Application for Fiscal Years 2017/2018 - 2021/2022 on December 19, 2017 with Resolution No. 2017-5 and Fiscal Years 2013/2014 - 2016/2017 on November 5, 2013 with Resolution No. 2013-490.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1. Revenue cannot be obtained without the submission of the signed documents.
2. Do not authorize the Air Pollution Control Officer to execute documents for subsequent years and this grant will need to be brought to the Board annually.

FINANCIAL IMPACT:
$75,579 in revenue and appropriations has been included in the Fiscal Year 2022-2023 3465-457 Budget.

Air Pollution Control District 2022-4

ATTACHMENTS:
2223 Air Pollution Subvention Application & 2122 Year End (PDF)

RESULT: **ADOPTED [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Rosemarie Smallcombe, District I Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

Air Resources Board
Subvention Program

Form SP-1

2022/2023 Subvention Application

APPLICANT DISTRICT:

District Name: Mariposa County
Street Address: 5100 Bullion Street
City: Mariposa, CA Zip: 95338
Contact Person: Eric Sergienko, MD, MPH, Health Officer Phone: (209) 966-2000

Type of Subvention: Coordinated ☐ Special ☐
Rural ☑ Non-Rural ☐

	Expenditures	
1	Salaries and Benefits	59,993.00
2	Operating Expenses	15,586.00
3	Fixed Assets	
4	Total Expenditures (Total of Lines 1 thru 3)	75,579.00
	Revenue (Local Matching Funds)	
5	County Contributions	41,179.00
6	Fees	
7	Fines	
8	Interest Earned	
9	Other (Non-Grants): (Specify) -	
10	Total Local Matching Funds (Total of lines 5 thru 9)	41,179.00
	State Subvention Funds	
11	State Subvention Funds (Refer to Subvention Funds Worksheet Form SP-2)	34,400.00
12	State Supplemental Funds (Refer to Supplemental Funds Request form SP-3)	0.00
13	Total State Subvention Funds (Total of lines 11 thru 12)	34,400.00
	Local Non-Matching Funds	
14	ARB Contracts	0.00
15	Federal Grants/Contract	
16	Other: (Specify)	
17	Total Local Non-Matching Funds (add lines 14 thru 16)	0.00
18	Total Subvention Program Revenue (Total of Lines 10 & 13)	75,579.00

FEE SYSTEM CERTIFICATION: The district has a fee system in place as required by Health and Safety Code Section 39802

Yes ☑ No ☐

I certify under penalty of perjury that to the best of my knowledge and belief, data in this application are true and correct. The document has been duly approved and authorized by the governing board of the applicant and the applicant will maintain a program in compliance with Title 17, Subchapter 3, Sections 90050 to 90500 of the California Code of Regulations.

I hereby certify under penalty of perjury that the receipt of these funds shall not result in the reduction of fees paid by permittees to the district and understand that any unspent or unencumbered state subvention funds must be returned to the Air Resources Board upon request pursuant to California Cod of Regulations §903060(d) and shall revert to the State General Fund.

DISTRICT AUTHORIZATION

Print (Name) Eric Sergienko, MD, MPH, Health Officer
Signature:
Title: Air Pollution Officer
Date: 10/11/22

Attachment: 2223 Air Pollution Subvention Application & 2122 Year End (APCD-2022-4 : Approve Air Resources Board Subvention Program

Air Resources Board
Subvention Program
Form SP-2

2022/2023 Subvention Funds Worksheet

APPLICANT DISTRICT:

District Name: Mariposa County
Street Address: 5100 Bullion Street
City: Mariposa, CA Zip: 95338
Contact Person: Eric Sergienko, MD, MPH, Health Officer Phone: (209) 966-2000

COORDINATED BASE SUBVENTION

Non-Rural

It is estimated that the per capita rate will be **$0.23** if the appropriate match (one to one) is provided

Rural

It is estimated that the per-capita rate will be **$0.23** but not less than $34,400 if the appropriate match (one to one) is provided and a fee system is in place.

A. Coordinated Base Subvention:
(Enter) District Population - 18 X 0.23 4.09

OR

B. Enter - **$34,400** (rural districts) 34,400.00

C. Enter the greater amount (Between A & B) 34,400.00

3. SUPPLEMENTAL SUBVENTION

Supplemental subvention funds will be limited in total by the amount requested by the district on the Supplemental Funds Request form. Therefore, please be sure the Supplemental Funds Form SP-3 is a complete listing of any projects or purchases requiring funding.

DISTRICT AUTHORIZATION

Print (Name) Eric Sergienko, MD, MPH, Health Officer
Signature:
Title: Air Pollution Officer
Date: 10/11/22

Attachment: 2223 Air Pollution Subvention Application & 2122 Year End (APCD-2022-4 : Approve Air Resources Board Subvention Program

Air Resources Board
Subvention Program

Form SP-2 Special Districts

2022/2023 Subvention Program: Subvention Funds Worksheet

SPECIAL SUBVENTION - Only
Lake / El Dorado / Placer

APPLICANT DISTRICT:

District Name: Mariposa County
Street Address: 5100 Bullion Street
City: Mariposa, CA Zip: 95338
Contact Person: Eric Sergienko, MD, MPH, Health Officer Phone: (209) 966-2000

Pursuant to Health and Safety Code Section 39804, a special subvention may be granted to a district participating in a coordinated basinwide program and lying in an air basin whose population is less than 98,000.0 For multi-district basins, the basin special subvention and match requirements are pro-rated to the individuals districts based on their share of the basin population.

State Special Subvention for Air Basin ($45,000):
Note: If multi-district basin, amount is pro-rated by district share of basinwide population

Local Match for Air Basin:

(1) (Enter) District Population - _____ X 0.23 = 0.00

OR

(2) Enter - **$34,400** (rural districts), if amount greater than (1) _____

(3) Enter the greater amount (Between 1 & 2) _____

(4) State Special Subvention for Air Basin ($45,000): _____
Note: If multi-district, amount is pro-rated by district share of basinwide population

(5) Add Lines 3 and 4 - Total (auto) 0.00

3. SUPPLEMENTAL SUBVENTION
Supplemental subvention funds will be limited in total by the amount requested by the district on the Supplemental Funds Request form. Therefore, please be sure the Supplemental Funds Form SP-3 is a complete listing of any projects or purchases requiring funding.

DISTRICT AUTHORIZATION

Print (Name) _____
Signature: _____
Title: _____
Date: _____

Attachment: 2223 Air Pollution Subvention Application & 2122 Year End (APCD-2022-4 : Approve Air Resources Board Subvention Program

Air Resources Board

Subvention Program

Form SP-3

2022/2023 Supplemental Funds Request

APPLICANT DISTRICT:

District Name: Mariposa County
Street Address: 5100 Bullion Street
City: Mariposa, CA Zip: 95338
Contact Person: Eric Sergienko, MD, MPH, Health Officer Phone (209) 966-2000

Proposed use of Supplemental Funds for Subvention Year: 2021/2022

Item / Activity	Time Frame for Purchasing or Completing Activity	Amount
Total Supplemental Funds Requested		0.00

I certify under penalty of perjury that to the best of my knowledge and belief, data in this application are true and correct.

District Authorization

Signature

10/11/22
Date

Type Title and Name Eric Sergienko, MD, MPH, Health Officer

Attachment: 2223 Air Pollution Subvention Application & 2122 Year End (APCD-2022-4 : Approve Air Resources Board Subvention Program

2021/2022 Subvention Program: Year-End Financial Report			Form SP-4
APPLICANT DISTRICT:	Mariposa County		
Street Address:	5100 Bullion Street		
City:	Mariposa, CA	Zip:	95338
Contact Person:	Eric Sergienko, MD, MPH, Health Officer	Phone:	(209) 966-2000
REPORT OF ACTUAL EXPENDITURES & REVENUE FOR SUBVENTION YEAR 2019-2020			

Actual Expenditures		
1	Salaries and Benefits	60,647.00
2	Operating Expenses	7,473.00
3	Fixed Assets	
4	Total Expenditures (Lines 1 thru 3)	68,120.00
Actual Revenue		
Local Matching Funds		
5	County Contributions	7,699.00
Fees		
a	Operating Permits	6,231.25
b	Variance / Hearing Board	
c	Engineering (Permits A to C)	2,581.25
d	Motor Vehicle Registration Surcharge	
e	Toxic Hot Spots	
f	Source Test	
g	Vapor Recovery	4,740.00
h	Clear Air Act	
i	Asbestos	
j	Clean Fuels	6,384.00
k	Ag Burning	5,041.00
l	Trip Reduction	
m	*Others Fee (Please enter info on form 4a)*	1,723.50
n	Carryover Fees from Prior Fiscal Years	
6	**Total Fees**	26,701.00
7	Fines	
8	Interest Earned	
9	Other (Non-Grants): (Describe)	
10	**Total Local matching Funds (add lines 5,6,7,8 & 9)**	34,400.00
Total Subvention revenue received from ARB		
11	State Subvention Fund Coordinated Base and Special Subvention Award (Refer to Award Letter)	
12	**Total State Subvention Funds**	0.00
Local Non-Matching Funds		
13	ARB Contracts	
14	Carl Moyer Program	
15	Perp Inspections	
16	Federal Grants / Contract	
17	Other (FEDERAL) (Specify)	
18	Total Local Non-Matching Funds (lines 13 thru 17)	0.00
19	Total Subvention Program Revenue (lines 10 and 12)	34,400.00
20	Total Unspent or Unencumbered State Subvention Funds**	0.00

**Any unspent or unencumbered State Subvention Funds must be returned to the Air Resources Board pursuant to California Code of Regulations §90360(d) and will be reverted to the State General Fund.

Attachment: 2223 Air Pollution Subvention Application & 2122 Year End (APCD-2022-4 : Approve Air Resources Board Subvention Program

Air Resources Board
2021/2022 Subvention Program: Year-End Financial Report
Form SP-4

I certify under penalty of perjury that the foregoing is true and correct. I hereby certify I under penalty of perjury that the receipt of these funds did not result in the reduction of fees paid by permittees to the district and funds were spent in compliance with the provisions of Title 17, Subchapter 3, Sections 90050 through 90500 of the California Code of Regulations. I hereby certify that the applicable evaluation criteria established in the Air Resources Board's "Evaluation Criteria for Air Pollution Control Districts Participating in the Subvention Program, " adopted on April 23, 1981, and amended May 27, 1983 were accomplished.

District Authorization

Signature

10/11/22
Date

Typed Name, Title: Eric Sergienko, MD, MPH, Health Officer, Air Pollution Control Officer

Attachment: 2223 Air Pollution Subvention Application & 2122 Year End (APCD-2022-4 : Approve Air Resources Board Subvention Program

Air Resources Board
Subvention Program
2021/2022 Year-End Financial Report

Form SP-4a

APPLICANT DISTRICT: Mariposa County
Street Address: 5100 Bullion Street
City: Mariposa, CA Zip: 95338
Contact Person: Eric Sergienko, MD, MPH, Health Officer Phone: (209) 966-2000

Line M - Other Fees

Number	Please specify	Amount
1	Emission fees	1,723.50
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
	Total	$ 1,723.50

DISTRICT AUTHORIZATION

Print (Name) Eric Sergienko
Signature:
Title: Eric Sergienko, Air Pollution Control Officer
Date: 11/11/22

Attachment: 2223 Air Pollution Subvention Application & 2122 Year End (APCD-2022-4 : Approve Air Resources Board Subvention Program

MARIPOSA COUNTY

Administration · 966-3222

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Dallin Kimble, County Administrative Officer

RE: Discussion and Direction Regarding Oak Fire Recovery

RECOMMENDATION AND JUSTIFICATION:
Discussion and Direction regarding Oak Fire Recovery.

The Board directed staff to create a standing item to allow for the sharing of information regarding Oak Fire Recovery.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
On July 22, 2022, the Oak Fire began in the Midpines area of Mariposa County and grew into a major wildfire. 127 homes and 66 outbuildings were destroyed.

On July 22nd, 2022, the County Health Officer declared a local health emergency under California Health and Safety Code Section 101080.

On July 23, 2022, Mariposa County received notification of the approval of a Federal Fire Management Assistance Grant (FMAG) to aid with the Oak Fire. Additionally, Gavin Newsom, Governor of the State of California, also proclaimed, on July 23, 2022, a state of emergency in Mariposa County due to the Oak.

On July 23rd, 2022, Sheriff Jeremy Briese, acting as the Director of Emergency Services pursuant to Mariposa County Code Section 2.80.040, issued a Proclamation declaring a local emergency.

On July 26, 2022, the Board of Supervisors adopted Resolution 22-435 ratifying a Proclamation of the existence of a local emergency and ratifying a Proclamation of the existence of a local health emergency.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Do not have discussion and direction and miss the opportunity to address the ongoing recovery from the Oak fire.

RESULT: INFORMATION RECEIVED

MARIPOSA COUNTY

Building · 209-966-3934

ORDINANCE

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Debra Willis, Building Director

RE: An Ordinance Amending Chapters 15.10 and 15.30 of the Mariposa County Code

---

RECOMMENDED ACTION AND JUSTIFICATION:
Waive the First Reading and Introduce an Ordinance Titled "Amending Chapters 15.10 and 15.30 of the Mariposa County Code".

The 2022 edition of the California Code of Regulations Title 24, which incorporates the current California Building Codes, becomes effective January 1, 2023. The state mandates that the most recent updated codes be adopted every 3 years. Adoption of the current California Building Codes is requested by the Building Department. The adoption of the new building codes will help to mitigate natural disaster affects as well as help to ensure the safety of all structures within Mariposa County.

Section 15.10.60 is to be removed. This is because the modification has become State Law. The modification is no longer necessary.

Building is adopting the Appendixes AV Board of Appeals and AX Swimming Pool Safety Act in the California Residential Code. These appendixes are in the Building Code and adopted by Mariposa County. The appendixes are now in the Residential Code for uniformity between the two codes.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The adoption of the model codes has been approved in the past as mandated for jurisdiction enforcement.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
The county would be unable to provide the desired level of service and enforcement required for the safety and welfare of the community. This adoption is also mandated by the state.

ATTACHMENTS:
2022 Adoption amendments Draft (DOCX)
Summary of Proposed Ordinance (DOC)

RESULT: WITHDRAWN

REF ID# 13470

MARIPOSA COUNTY ORDINANCE NO.

AN ORDINANCE AMENDING CHAPTERS 15.10 AND 15.30 OF THE MARIPOSA COUNTY CODE

WHEREAS the Board of Supervisors desire to amend Chapters 15.10 and 15.30 of the Mariposa County Code; and

WHEREAS this adoption will protect the health, safety, and welfare of the citizens of Mariposa County; and

WHEREAS the standards of building within the county must conform with state law except where local conditions warrant more restrictive regulations, and, therefore, the Board of Supervisors should adopt by reference the 2022 Edition of the California Building Standards Code, Title 24 of the California Code of Regulations, and other codes governing the construction and regulation of buildings and structures; and

WHEREAS, the adoption of the 2022 edition of the California Building Code will protect the health, safety and welfare of the citizens of Mariposa County by regulating and governing the conditions and maintenance of all property, buildings and structures by: (1) providing the standards for supplied utilities and facilities and other physical things and conditions essential to ensure that structures are safe, sanitary and fit for occupation or use; (2) providing for the condemnation of buildings and structures unfit for human occupancy or use and demolition of such structures in Mariposa County; and (3) providing for the issuance of permits and collection of fees; and

WHEREAS Whereas, this amendment incorporates updates to a regulatory program by adopting by reference the 2022 Edition of the California Building Standards Code, Title 24 of the California Code of Regulations, and other codes governing the construction and regulation of buildings and structures, there is no potential for the project to cause a significant effect on the environment.

NOW, THEREFORE, THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY, a political subdivision of the State of California, does ordain as follows:

SECTION I: Chapter 15.10 of the Mariposa County Code is hereby amended to read as follows:

15.10.010 Conflicting Provisions

The provisions of this title are to operate in conjunction with the provisions of the California Administration Code, ~~2019~~ ***2022*** Edition Part 1; the California Building Code, ~~2019~~ ***2022*** Edition Part 2, Volumes 1 and 2; the California Building Code Appendixes as adopted; the California Residential Code, ~~2019~~ ***2022*** Edition Part 2.5; the California Residential Code; the California Electrical Code, ~~2019~~ ***2022*** Edition Part 3; the California Mechanical Code, ~~2019~~ ***2022*** Edition Part 4; the California Plumbing Code, ~~2019~~ ***2022*** Edition Part 5; the California Energy Code, ~~2019~~ ***2022*** Edition Part 6; the

Attachment: 2022 Adoption amendments Draft (13470 : An Ordinance Amending Chapters 15.10 and 15.30 of the Mariposa County Code)

California Historical Building Code, ~~2019~~ ***2022*** Edition Part 8; the California Existing Building Code, ~~2019~~ ***2022*** Edition Part 10; the California Green Building Code, ~~2019~~ ***2022*** Edition Part 11; and the California Referenced Standards Code, ~~2019~~ ***2022*** Edition Part 12. Whenever any provision of this chapter is in conflict with the provisions of the above referenced codes, the provisions of this title shall govern.

15.10.040 California Building Code and Appendixes Adopted

Except as hereafter changed or modified, the California Building Code ~~and Appendixes~~, as adopted by HCD1, HCD1 A/C, and State Fire Marshall Title 24 and published by the International Code Council, ~~2019~~ ***2022*** Edition Part 2, Volumes 1 and 2, and Appendixes "B" Board of Appeals, "C" Group U—Agricultural Buildings and "J" Grading, are adopted by reference and incorporated in this Chapter as if fully set forth herein, and shall be known and referred to as the Building Code of the County.

15.10.050 Amendment of California Building Code, Chapter 1, Division II Scope, and Administration.

California Building Code, ~~2019~~ ***2022*** Edition, Chapter 1, Division II, Scope, and Administration, is hereby adopted and amended to read as follows:

A. Section 105.1.1 Annual Permits is deleted in its entirety.

B. Section 105.1.2 Annual Permit Records is deleted in its entirety.

C. Section 105.5 Expiration is revised to read:

1. Each permit issued by the Building Department after May 1, 2009, (with certain discretionary limitations) has an expiration date of three (3) years from the date of issuance.

2. When a permit expires, a new permit will be required to complete any outstanding work, with new permit fees assessed according to a proration schedule as set forth below.

3. When a permit is issued to correct a code violation, the Building Department may require that the work be completed in less than three (3) years.

4. For any permit issued to correct a code violation that expires in less time than the usual three (3) year period, the Building Official will determine if conditions warrant extending the time duration of the permit incrementally up to the three (3) year limit.

5. Fees for expired permits are prorated using a percentage of current fees as shown in the table below. These percentages are based on the amount of work completed and approved by the Building Department.

Attachment: 2022 Adoption amendments Draft (13470 : An Ordinance Amending Chapters 15.10 and 15.30 of the Mariposa County Code)

Note: Any applicable minimum electrical, plumbing, and mechanical fees will be assessed accordingly. Additional fees may be charged for plan check services on a case-by-case basis.

Exceptions:

a. The minimum building permit fee shall be based on two hours of inspection time or 100% of the current building permit fee, whichever is less.

b. The maximum building permit fee shall be based on 20 hours of inspection time or the table above, whichever is less.

15.10.060 ~~Amendment of California Building Code, Appendix B - Board of Appeals~~ *(RESERVED)*

~~The 2019 California Building Code Appendix B, board of appeals, is hereby adopted and revised to read:~~

~~A. B101.2 membership of board is revised to read:~~

~~1. The board of appeals shall consist of five (5) regular voting members and one (1) non-voting, and ex officio member as follows:~~

~~A. Five (5) voting members shall be appointed by a majority vote of the board of supervisors. Each supervisorial district shall be represented by one regular member who shall reside within his/her respective district.~~

~~B. The chief building official of the county, or his designee shall serve as a non-voting, ex officio member of the board of appeals and shall act as secretary to the board of appeals.~~

~~2. B101.2.1 Qualifications.~~

~~In order to hear and decide appeals or orders, decisions or determinations made by the building official relative to the application and interpretation of this code, each member shall be qualified by experience, profession, association with, and training to pass upon matters and shall not be an employee of Mariposa County.~~

~~3. B101.2.2 Term, Nomination and Appointment.~~

~~The term of each voting member of the board of appeals shall coincide with the term of the supervisor of the district which the member represents at the time of appointment. Re-election of the supervisor of that district shall not constitute re-appointment of the board of appeals member. If for any reason a new supervisor is appointed or elected for a district, the term of the board of appeals member of that~~

Attachment: 2022 Adoption amendments Draft (13470 : An Ordinance Amending Chapters 15.10 and 15.30 of the Mariposa County Code)

district shall immediately terminate on the date the new supervisor assumes office. The supervisor of each district shall nominate one or more candidates to represent that district for appointment by the board of supervisors. Each member shall serve until his successor is appointed. All positions except for the ex-officio position shall be solicited by advertisement pursuant to existing county policy.

4. B101.2.3 Removal from Office or Vacancy.

   A. A member of the board of appeals may be removed by a majority vote of the board of supervisors.
   B. A person appointed to fill a vacancy serves for the remainder of the unexpired vacated position.
   C. A vacancy is filled in the same manner as the original appointments.

5. B101.2.4 Limitations on Authority.

The board of appeals shall have no authority relative to interpretation of the administration provisions of this code, nor shall the board be empowered to waive requirements of this code. An application for an appeal shall be based on a claim that the true intent of this code or the rules legally adopted hereunder has been incorrectly interpreted, and the provisions of this code do not fully apply, or an equally good or better form of construction is proposed.

B. B101.3 Rules and procedures.

1. The board is authorized to establish policies and procedures necessary to carry out its duties.
2. The board of appeals shall follow the appeals procedures adopted by the county regarding the conduct of the appeal hearing. The board of appeals shall serve as the hearing body at the first level of an appeal.
3. An appellant who is dissatisfied with the decision of the board of appeals may appeal directly to the board of supervisors pursuant to county appeals procedures in place at that time.

C. B101.4 Meeting location, date and time.

1. The regular meeting location will be at the Mariposa County government center in the lower level conference room, Mariposa, California, or at such other requested location approved in advance by the building official.
2. Regular meetings of the board of appeals shall be established by the board of appeals after formation, but not less than once per calendar year if there is no appeal hearing during said year.

D. B101.5 Chairman and Vice-Chairman.

Attachment: 2022 Adoption amendments Draft (13470 : An Ordinance Amending Chapters 15.10 and 15.30 of the Mariposa County Code)

The board of appeals shall annually select one of its members as a chairman and one member to serve as the vice-chairman. The chairman shall preside at all meetings and shall perform all of the duties necessary or incidental to his/her office. The vice-chairman is chairman in the absence or inability of the chairman to fulfill his/her duties.

E. B101.6 Disqualification of member.

A member shall not hear an appeal in which that member has a personal, professional, or financial interest.

F. B101.7 Secretary.

The building official shall be an ex officio member of the board of appeals and shall act as secretary to said board but shall have no vote on any matter before said board. As secretary the building official shall file a detailed record of all proceedings in the office of the chief administrative officer.

G. B101.8 Compensation of members.

Compensation of member shall be determined by law.

H. B102.1 Notice of meeting.

1. B102.1.1 Open hearing. All hearings before the board of appeals shall be open to the public. The appellant, the appellant's representative, the building official and any person whose interests are affected shall be given an opportunity to be heard.
2. B102.1.2 Procedure. The board of appeals shall adopt and make available to the public through the secretary procedures under which a hearing will be conducted. The procedures shall not require compliance with strict rules of evidence but shall mandate that only relevant information be received.
3. B102.1.3 Postponed hearing. When five members are not present to hear an appeal, either the appellant or the appellant's representative shall have the right to request a postponement of the hearing.

I. B103.1 Board decision.

The board of appeals may modify or reverse the decision of the building official only by a concurring vote of two-thirds of its members.

1. B103.1.2 Resolution. The decision of the board shall be by resolution. Certified copies shall be furnished to the appellant and to the building official.

~~2. B103.1.3 Administration. The building official shall take immediate action in accordance with the decision of the board of appeals.~~

15.10.070 Amendment of California Building Code, Appendix J - Grading

The ~~2019~~ ***2022*** California Building Code Appendix J, Grading is hereby adopted and amended for enforcement clarification to read as follows:

(All other sub-sections of this chapter remain unchanged)

15.10.080 California Residential Code Adopted

Except as hereafter changed or modified, the California Residential Code, Part 2.5, as adopted by HCD1 A/C and State Fire Marshall Title 24 and published by the International Code Council, ~~2019~~ ***2022*** Edition, Chapter 1, Division II Administration, ***Appendixes "AV" Board of Appeals and "AX" Swimming Pool Safety Act,*** are adopted by reference and incorporated in this Chapter as if fully set forth herein, and shall be known and referred to as the Residential Code of the County. A copy of said code shall be kept and maintained by the Building Official for use and examination by the public.

Section 15.10.100 California Electrical Code Adopted

The California Electrical Code, Part 3 ~~and Appendixes~~, as adopted by HCD1, HCD1 A/C, and State Fire Marshall Title 24 and published by BNi Publications, Inc., ~~2019~~ ***2022*** Edition, is adopted by reference and incorporated in this Chapter as if fully set forth herein and shall be referred to as the Electrical Code of the County. A copy of said code shall be kept and maintained by the Building Official for use and examination by the public.

Section 15.10.110 California Mechanical Code Adopted

The California Mechanical Code, Part 4 ~~and Appendixes~~, as adopted by HCD1, HCD1 A/C, and State Fire Marshall Title 24 and published by the International Association of Plumbing and Mechanical Officials, ~~2019~~ ***2022*** Edition, Chapter 1, Division II, Administration, are adopted by reference and incorporated in this Chapter as if fully set forth herein, with the following revisions, and shall be referred to as the Mechanical Code of the County. A copy of said code shall be kept and maintained by the Building Official for use and examination by the public.

Section 15.10.130 California Plumbing Code Adopted

The California Plumbing Code ~~and Appendixes~~, as adopted by HCD1, HCD1 A/C, and State Fire Marshall Title 24 and published by the International Association of Plumbing and Mechanical Officials, Part 5, ~~2019~~ ***2022*** Edition, Chapter 1, Division II, Administration, are adopted by reference and incorporated in this Chapter as if fully set forth herein, with the following revisions, and shall be referred to as the Plumbing Code of the County. A copy of said code shall be kept and maintained by the Building Official for use and examination by the public.

Section 15.10.150 California Energy Code ~~and Appendixes Adopted~~

Attachment: 2022 Adoption amendments Draft (13470 : An Ordinance Amending Chapters 15.10 and 15.30 of the Mariposa County Code)

The California Energy Code ~~and Appendixes~~, as adopted by HCD1, HCD1 A/C and State Fire Marshall Title 24 and published by the International Code Council, ~~2019~~ ***2022*** Edition, Part 6, are adopted by reference and incorporated in this Chapter as if fully set forth herein and shall be referred to as the Energy Code of the County. A copy of said code shall be kept and maintained by the Building Official for use and examination by the public.

Section 15.10.160 California Historical Building Code Adopted

The California Historical Building Code ~~and Appendixes~~, as adopted by HCD1, HCD1 A/C and State Fire Marshall Title 24 and published by the International Code Council, ~~2019~~ ***2022*** Edition, Part 8, are adopted by reference and incorporated in this Chapter as if fully set forth herein, with the following revisions, and shall be referred to as the Historical Building Code of the County. A copy of said code shall be kept and maintained by the Building Official for use and examination by the public.

Section 15.10.180 California Existing Building Code Adopted

The California Existing Building Code ~~and Appendixes~~, as adopted by HCD1, HCD1 A/C, and State Fire Marshall Title 24 and published by the International Code Council, ~~2019~~ ***2022*** Edition, Part 10, is adopted by reference and incorporated in this Chapter as if fully set forth herein and shall be referred to as the Existing Building Code of the County. A copy of said code shall be kept and maintained by the Building Official for use and examination by the public.

Section 15.10.190 California Green Building Standards Code Adopted

The California Green Building Standards Code ~~and Appendixes~~, as adopted by HCD1, HCD1 A/C, and State Fire Marshall Title 24 and published by the International Code Council, ~~2019~~ ***2022*** Edition, Part 11, is adopted by reference and incorporated in this Chapter as if fully set forth herein and shall be referred to as the Green Building Standards Code of the County. A copy of said code shall be kept and maintained by the Building Official for use and examination by the public.

Section 15.10.200 California Referenced Standards Code Adopted

The California Referenced Standards Code ~~and Appendixes~~, as adopted by HCD1, HCD1 A/C, and State Fire Marshall Title 24 and published by the International Code Council, Part 12, ~~2019~~ ***2022*** Edition, is adopted by reference and incorporated in this Chapter as if fully set forth herein and shall be referred to as the Referenced Standards Code of the County. A copy of said code shall be kept and maintained by the Building Official for use and examination by the public.

SECTION II: Chapter 15.30 of the Mariposa County Code is hereby amended to read as follows:

15.30.010 Adoption of Fire Code

A. Except as hereafter changed or modified, the California Fire Code, ~~2019~~ ***2022*** Edition, Chapter 1 –80 and Appendixes as adopted by the State Fire Marshal Title 19 and Title 24, Appendixes "D" Fire Apparatus Access Roads, "F" Hazard Ranking, "G" Cryogenic Fluids – Weight and Volume Equivalents, ***"H" – Hazardous Materials Data Plan,*** and "I" Fire Protection Systems – Noncompliant Conditions, is adopted by reference and incorporated in this Chapter as if fully set forth herein, and shall be referred to as the Fire Code of the County.

Attachment: 2022 Adoption amendments Draft (13470 : An Ordinance Amending Chapters 15.10 and 15.30 of the Mariposa County Code)

a. Chapter 1, Division I and II, adopted in its entirety with the exception of Section ~~109 BOARD OF APPEALS~~ ***111 MEANS OF APPEALS***.

b. Chapters 2-4, adopt entire chapters.

c. Chapter~~s 25 –~~26 adopt entire chapters.

B. NFPA 1142 Standard on Water Supplies for Suburban and Rural Fire Fighting, ~~2017~~ ***2022*** Edition, and shall be the preferred methodology.

SECTION III: *The purpose of this Ordinance is to adopt by reference the 2022 edition of the California Building Standards Code, Title 24 of the California Code of Regulations and NFPA 1142* 2022 *Edition, subject to the definitions, clarifications, and the amendments set forth in this Ordinance. The purpose of this Ordinance is also to provide minimum requirements and standards for the protection of the public safety, health, property, and welfare of Mariposa County. The Ordinance is adopted under the authority of Government Code Section 50022.2 and Health and Safety Code Sections 17958.7 and 18941.5.*

SECTION IV: *This Ordinance shall be the exclusive source of regulations for all new construction and any alterations, repairs, relocations, or reconstruction of any building or any portion thereof including any electrical, mechanical, gas, plumbing, or fire protection equipment installed on any property or used on or within any building within the County of Mariposa.*

SECTION V: *In the event of any conflict between this Ordinance and any law, rule, or regulation of the State of California, that requirement which establishes the higher standard of safety shall govern. Failure to comply with such standard of safety shall be a violation of this Code.*

SECTION VI: *If any section, subsection, sentence, clause, or phrase contained in this Ordinance is, for any reason, held to be unconstitutional, such decision shall not affect the validity of the remaining portions of this Ordinance. The Board of Supervisors hereby declares that it would have passed this Ordinance, and any section, subsection, clause, or phrase thereof, irrespective of the fact that any one or more sections, subsections, sentences, clauses, or phrases be declared unconstitutional.*

SECTION VII: *Nothing in this Ordinance or in the California Building Code hereby adopted shall be construed to affect any suit or proceeding pending in any court, or any rights acquired, or liability incurred, or any cause or causes of action acquired or existing, under any act or Ordinance hereby amended as cited in this Ordinance; nor shall any just or legal right or remedy of any character be lost, impaired or affected by this Ordinance.*

SECTION VIII: *The provisions of this Ordinance are enacted for the public health, safety, and welfare and are to be liberally construed to obtain the beneficial purposes thereof.*

Attachment: 2022 Adoption amendments Draft (13470 : An Ordinance Amending Chapters 15.10 and 15.30 of the Mariposa County Code)

SECTION IX: *The provisions of this Ordinance shall not be construed as imposing upon Mariposa County any liability or responsibility for damage to persons or property resulting from defective work, nor shall Mariposa County or any official, employee or agent thereof, be held as assuming any such liability or responsibility by reason of the review or inspection authorized by the provisions of this Ordinance of any permits or certificates issued under this Ordinance.*

SECTION X: *Pursuant to Government Code section 25123, this ordinance shall become effective 30 days after enactment.*

SECTION XI: *The Board of Supervisors finds that this project is exempt from the California Environmental Quality Act (CEQA) pursuant to Section 15061(b)(3) of CEQA Guidelines.*

PASSED AND ADOPTED by the Board of Supervisors of Mariposa County this ____ day of _____, 2022 by the following vote:

AYES:
NOES:
ABSENT:
ABSTAINED:

_____

ROSEMARIE SMALLCOMBE, Chair
Mariposa County Board of Supervisors

ATTEST:

_____

DANIELLE BONDSHU, Clerk of the Board

APPROVED AS TO FORM:

_____

STEVE DAHLEM, County Counsel

Attachment: 2022 Adoption amendments Draft (13470 : An Ordinance Amending Chapters 15.10 and 15.30 of the Mariposa County Code)

MARIPOSA COUNTY BOARD OF SUPERVISORS

SUMMARY OF PROPOSED ORDINANCE AMENDING CHAPTER 15.10 AND 15.30 OF THE MARIPOSA COUNTY CODE

Notice is hereby given that on Tuesday, November 22, 2022, at 9:00 a.m., or as soon thereafter as the matter may be heard, at its regularly scheduled meeting, the Mariposa County Board of Supervisors will consider adoption of an ordinance amending Chapters 15.10 and 15.30 of the Mariposa County Code.

The purpose of this Ordinance is to adopt by reference the 2022 edition of the California Building Standards Code, Title 24 of the California Code of Regulations, subject to the definitions, clarifications, and the amendments set forth in this Ordinance. The purpose of this Ordinance is also to provide minimum requirements and standards for the protection of the public safety, health, property, and welfare of Mariposa County. The Ordinance is adopted under the authority of Government Code Subsection 50022.2 and Health and Safety Code Sections 17958.7 and 18941.5. Pursuant to Government Code section 25123, this ordinance shall become effective 30 days after enactment.

A certified copy of the full text of this ordinance is available for public review in the Office of the Clerk of the Board of Supervisors at 5100 Bullion Street, Mariposa, California, and is available for public inspection and copying in that office in accordance with the California Public Records Act, Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1.

DANIELLE BONDSHU
Clerk of the Board

Attachment: Summary of Proposed Ordinance (13470 : An Ordinance Amending Chapters 15.10 and 15.30 of the Mariposa County Code)

MARIPOSA COUNTY

Fire · 209-966-4330

RESOLUTION - ACTION REQUESTED 2022-621

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Mike Van Loben Sels, Acting Fire Chief

RE: Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator Program

---

RECOMMENDATION AND JUSTIFICATION:
Approve the Submission of a Grant Application for the 2022 CAL FIRE County Coordinator Position for Mariposa County through the California Fire Safe Council; Approve a Letter of Support for Mariposa County's 2022 CAL FIRE County Coordinator Grant Application; and Authorize the Board of Supervisors Chair to Sign the Letter.

Resolution 2019-303- Establish the Mariposa County Fire Advisory Committee. The purpose being to coordinate between multiple agencies and entities for recommendation of fire related issues and needs to the Fire Chief and Board of Supervisors. Primarily for wildland fire resiliency, the committee has been working to continue implementation of the CWPP (Community Wildland Prevention Plan) as well as support other wildland fire resiliency projects throughout the county. As the committee has evolved and workload continues to increase there has been an identified need for the county to invest in an employee who's primary duties would be that of support, coordination, and submittal / management of grants on behalf of fire. This employee would also be the lead for MCFAC and coordinate increasing GIS data needs. The MCFAC committee is made up of mostly full time employees whose daily duties tax their workload. This is a voluntary committee however the members do not have extra time to dedicate to projects and/or information gathering coordination that is required or needed to allow the committee to be successful. Therefore, it has been recommended by MCFAC to seek a grant that could be utilized to employ such a position.

Based on MCFAC's recommendation to the BOS, County Fire would like to submit application for a Grant to fund a Mariposa County Grant Coordinator Position to assist MCFAC and Fire.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Resolution 2019-303- Establish the Mariposa County Fire Advisory Committee, as well as adhoc to implement the CWPP.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Do not approve applying for the Grant Coordinator Position. This consequence will continue to challenge identifying members of MCFAC to form adhocs to write, submit, and manage grants on behalf of Mariposa County when committee recommends such

actions. This will also continue to challenge the leadership and efficiency of MCFAC as the committee's coordination and workload grows.

FINANCIAL IMPACT:
Addition of a county position at approximately $130,000/yr funded through grant with no impact to general fund.

ATTACHMENTS:
California Fire Safe Council - LOS (Signed) (PDF)
LOS for BOS(DOCX)
Supervisor Roster - 2022(DOC)
Application Final 10.24.22 (PDF)
Sierra Letter of Support (PDF)
MARIPOSA COUNTY GL1-4878 Insurance (PDF)
LOS Grant Coordinator MCFD (PDF)
Signed County Coordinator Support Letter OES (PDF)
LOS Sierra Souther Miwuk Nation (PDF)

RESULT: **ADOPTED AS AMENDED [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Wayne Forsythe, District IV Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

MARIPOSA COUNTY
RESOURCE CONSERVATION DISTRICT

P.O. Box 2403, Mariposa, CA 95338
(209) 966-0970 MariposaCountyRCD@gmail.com

October 17, 2022

Nina Evans
California Fire Safe Council
3237 Peacekeeper Way, Suite 201
McClellan, CA 95652

Dear Ms. Evans:

Re: Letter of Support for Mariposa County's 2022 CAL FIRE County Coordinator Grant Application

Mariposa County Resource Conservation District strongly supports Mariposa County's application for the 2022 County Coordinator Grant program from CAL FIRE.

Mariposa County is located in the southern Sierra Nevada and is one of California's oldest counties, being founded in 1850. The 17,147 residents live in 21 towns and communities throughout the Wildland Urban Interface. Virtually all of the most populated areas of the County are located within CAL FIRE's High or Very High Fire Severity zones.

Due to the extremely high fire risk in the County, there has been a large focus on fuel reduction projects on public and private lands. Mariposa County formed a Fire Advisory Committee in 2019 to update the Community Wildfire Protection Plan and implement the actions listed within it. This committee coordinates with various wildfire mitigation groups, but there is a critical need for this grant funding to allow for a dedicated County Coordinator to take on applying for and managing additional funding opportunities to meet the vast needs of the County.

We urge you to award a County Coordinator Grant to Mariposa County to educate, encourage, and develop county-wide collaboration and coordination among various wildfire mitigation groups.

Sincerely,

David Mecchi
Board President

Attachment: California Fire Safe Council - LOS (Signed) (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE

Attachment: LOS for BOS (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator Program)

November 1, 2022

Nina Evans
California Fire Safe Council
3237 Peacekeeper Way, Suite 201
McClellan, CA 95652

Re: Letter of Support for Mariposa County's 2022 CAL FIRE County Coordinator Grant Application

Dear Ms. Evans:

Mariposa County Board of Supervisors strongly supports Mariposa County's application for the 2022 County Coordinator Grant program from CAL FIRE.

Mariposa County is located in the southern Sierra Nevada and is one of California's oldest counties, being founded in 1850. The 17,147 residents live in 21 towns and communities throughout the Wildland Urban Interface. Virtually all the most populated areas of the County are located within CAL FIRE's High or Very High Fire Severity zones.

Due to recent history of wildfires in our county that has led to the destruction of hundreds of homes, private properties, and infrastructure. Mariposa County has taken steps to address the continued wildfire threat. These steps include but are not limited to coordinated efforts of our different agencies and entities within our county to identify and assess hazards. Development and ongoing implementation of our Countywide Wildfire Protection Plan (CWPP). Submittal and awarded several CCI grants to purchase fuel reduction equipment in coordination with our CALFIRE partners to be utilized on fuel reduction projects.

Mariposa County formed a Fire Advisory Committee in 2019 to update the Community Wildfire Protection Plan and implement the actions listed within it. This committee coordinates with various wildfire mitigation groups. With the increase demands for coordination, GIS, and grant management support through this committee, we've identified a critical need for this grant funding to allow for a dedicated County Coordinator to take on applying for and managing additional funding opportunities to meet the vast needs of the County.

We urge you to award a County Coordinator Grant to Mariposa County to educate, encourage, and develop county-wide collaboration and coordination among various wildfire mitigation groups.

Thank you for your consideration.

Sincerely,

Rosemarie Smallcombe,
Board of Supervisors Chair

Mariposa County Board of Supervisors Roster

Supervisor	District
ROSEMARIE SMALLCOMBE	I
VACANT	II
MARSHALL LONG	III
WAYNE FORSYTHE	IV
MILES MENETREY	V

December 2020
Supervisor's Terms in Office
C:\users\tgauthier\appdata\roaming\iqm2\minutetraq\mariposacountyca@mariposacountyca.iqm2.com\work\attachments\26216.doc

Attachment: Supervisor Roster - 2022 (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator



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California Fire Safe Council

22 CALFIRE-County Coordinator Program

Deadline: 11/15/2022

Mariposa County

Jump to: Application Questions Budget Workplan Documents

USD$ 130,000.00 Requested

Project Contact
Chris Bernard
chris.bernard@fire.ca.gov
Tel: (209)966-4330

Additional Contacts
none entered

Mariposa County

4802 Hwy 140
Mariposa, CA
95338 United
States

Telephone(209)966-4330
Web https://www.mariposacounty.org/
EIN

CAO
Dallin Kimble
dkimble@mariposacounty.
org

Application Questions *top*

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #17.

County/Organization Information

1. Which county do you represent?
This grant only allows for one application to be submitted per county.
Mariposa County

2. Please select your application type:
Please note: if you are an organization or agency designated by the county to apply and receive funds on their behalf, you must attach a letter of support from your county's Board of Supervisors in the "Documents" section of this application.

✔ County Board of Supervisors or county employee
An organization or agency designated by the county to apply

Attachment: Application Final 10.24.22 (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator

3. **Please describe your county or organization's history, structure, and notable projects or accomplishments**
Mariposa County is located in the southern Sierra Nevada Region and is one of California's oldest counties, being founded in 1850. It is governed by a 5-member Board of Supervisors elected for 4-year terms. There are no incorporated cities within the county. The 17,147 residents live in 21 towns and communities throughout the Wildland Urban Interface. The median household income is $50,960 with more than 13% of the population living below the poverty line.

Almost half the 14,488 square mile land area of the county is public land with Yosemite National Park and the Stanislaus and Sierra National Forest accounting for the majority of the forested land. The main industry is hospitality with a large portion of the county's jobs based in the tourism industry. It is important to note that 50% of the County area is public lands do not generate property tax and discretionary revenues, and only the tourism taxes on lodgings support County operations.

Virtually all of the most populated areas of the County are located within CAL FIRE's High or Very High Fire Severity zones. Due to the extremely high fire risk in the County, there has been a large focus on fuel reduction projects on public and private lands. The County and its partners have conducted multi-million dollar projects in the last few years to remove dead and dying trees from public roadways as well as those that threatened private residences and to create and maintain fuel breaks. The County is also currently conducting projects to remove hazardous fuels along public roadways and implementing projects to assist Seniors and those with Access and Functional Needs to conduct Defensible Space projects around their homes. The Mariposa County Fire Department is predominantly volunteer department that is managed by a few CAL FIRE staff on a contract basis.

The County is very experienced with grant programs and has been recognized at State and Federal levels for these programs.

4. List key individuals from the applicant county or organization who will be involved in submitting the application, designing the project, and designating the County Coordinator.
Please identify: 1) Name and title, 2) Roles and responsibilities 3) Whether they are paid or volunteer.
Several staff with the Mariposa County Administrative Office will be involved. Battalion Chief Chris Bernard, Mariposa County Fire Department will be the lead in in submitting the application, designing the project. As Battalion Chief he will be responsible for overseeing the project and any staff or contractors. Assistant Chief Steve Ward will have overall supervision of staff and programs.

5. Describe any prior experience applying for and/or managing private, federal, or state grants.
Approximately 50% of the County's funding comes from State and Federal sources. While not all of these are competitive grants, each funding source comes with audit requirements and reporting processes to ensure that the County is accountable for all of the funding received.

The County has applied for and successfully received grants from FEMA, CAL OES, CAL FIRE, Department of Water Resources, as well as collaborating with community partners such as the Mariposa County Resource Conservation District, Fire Safe Council, and Southern Sierra Miwuk Nation to allow the fuels reduction, education, and defensible space programs, as well as water storage tanks for firefighting to be implemented.

6. Briefly summarize your county's current efforts to coordinate the various wildfire mitigation groups, programs, and projects taking place within the county's borders.
You may include: successes and failures, future plans, and coordinated projects.
Mariposa County formed a Fire Advisory Committee in 2019 to update the Community Wildfire Protection Plan and implement the actions listed within it. This committee coordinates with various wildfire mitigation groups, public agencies, community members and others to prioritize and implement programs and projects as needed. Currently, the Fire Advisory Committee members have identified several funding opportunities that would benefit Mariposa County but none of the members have the capacity to apply for and manage the grants in addition to their already full workloads. The Committee strongly supports this application to allow for a dedicated County Coordinator to take on the role of applying for and managing additional funding opportunities to meet the vast needs of the County. This person would also be tasked with attending events for educational purposes such as booths at conferences or meetings sponsored by local wildfire mitigation organizations.

Attachment: Application Final 10.24.22 (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator

7. How many wildfire mitigation groups exist within your county?
This may include but is not limited to: Fire Safe Councils, Firewise Communities, fire protection agencies, Resource Conservation Districts, and HOA groups actively engaged in wildfire mitigation projects.

1	Fire Safe Councils
1	Firewise Communities
3	Fire protection agencies
1	Resource Conservation Districts (RCD)
5	Home Owners Associations (HOA)
	Other
	TOTAL

8. What is the relationship between the various wildfire mitigation groups in your county?
We have had great relationships with various wildfire mitigation groups in the county that help guide collaborative decision making. Through the County's Fire Advisory Committee, we meet regularly with all our stakeholders to discuss projects to ensure we are working collaboratively to achieve common goals with respect to wildfire mitigation. We value working across jurisdictional boundaries, between local, state, tribal and federal responsibility areas with a long track record of partnership. Mariposa County works closely with CAL FIRE to develop and implement wildfire mitigation projects as well as with our local utility, community service and school districts to help achieve their wildfire mitigation goals. Through constant coordination and collaboration, we continue to provide for a meaningful and productive relationship between our county and the various wildfire mitigation groups. This grant will help ensure we strengthen those relationships and increase our ability to obtain funding and implement much needed projects.

9. How are your county's designated emergency services staff and/or wildfire mitigation groups currently funded?
Mariposa County Fire Department currently has 3 full time positions, currently under agreement with CAL FIRE. The positions are paid for by 2 grants and the General Fund.

10. Does your county have a county-wide emergency preparedness or protection plan?
Please only answer this question for county-wide plans, not regional or local plans.

- ✔ Yes
- ☐ No
- ☐ Unknown

11. Does your county have a county-wide fire mitigation group, such as a county Fire Safe Council or Resource Conservation District?
Please only answer this question for groups who perform county-wide services, not local or regional groups.

- ✔ Yes
- ☐ No
- ☐ Unknown

Attachment: Application Final 10.24.22 (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator

Project Information

12. Executive Summary/Abstract

Provide a brief summary (2-3 sentences) of your proposed project.

Mariposa County will create a Wildfire Communications and Outreach Analyst position to serve as the County Coordinator for this program to educate, encourage, develop and continue county-wide collaboration and coordination among various wildfire mitigation groups operating within the County. The Wildfire Communications and Outreach Analyst will assist with planning and preparing grant applications, perform outreach and communications, attend meetings, and support current efforts.

13. How will a County Coordinator benefit the county's efforts to encourage county-wide wildfire mitigation, outreach, and coordination?

The benefit of having a designated Wildfire Communications and Outreach Analyst will include the ability to have a single contact for attending the meetings of various organizations who could bring back valuable information and identify project status within various organizations. While relationships already exist between the county and these organizations, having a dedicated Wildfire Communications and Outreach Analyst will allow the continued building of relationships and collaboration of projects for the future. There has not been a single source to gather, collect, analyze, or bring together multiple project objectives into a single county wide plan. The designation of a Wildfire Communications and Outreach Analyst will also create opportunities for consensus of all the active wildfire mitigation groups, community stakeholders and contact points. One area specifically will be to represent the county on the Fire Advisory Committee and work with local communities to develop projects, funding applications, and local, community-specific Wildfire Protection Plans. Ensuring that there is coordination amongst the planned projects and assisting with acquiring county support will be vital. Creation of this position will also allow for analyzation of gaps in county-wide wildfire resiliency and emergency preparedness and developing recommendations to fill these needs. This position will benefit the county's efforts in hosting outreach and educational events for all wildfire mitigation groups and interested parties.

14. Provide a narrative of the anticipated roles and responsibilities of the County Coordinator within your county.

Please include an outline of their daily/weekly/monthly activities as well as anticipated hours worked per week.

The Wildfire Communications and Outreach Analyst will work under the Mariposa County Fire Chief to partner with representatives from the County, established wildfire mitigation groups within the county, and staff at the California Fire Safe Council to build a coordinated, county-wide wildfire mitigation strategy. Anticipated roles and responsibilities will include developing a census of all active wildfire mitigation groups, community stakeholders, contact points, collaboration efforts, and projects; building a system to track these groups and efforts; attending and hosting regular communications/meetings between existing wildfire mitigation groups and county-level officials; analyzing gaps in county-wide wildfire resiliency and emergency preparedness and developing recommendations to fill these needs; assisting with the development of community-specific Wildfire Protection Plans and working to integrate existing community plans; helping wildfire mitigation groups to coordinate and connect their existing and planned wildfire mitigation projects; developing tools to assist counties in outreach and coordination efforts to support wildfire resiliency and emergency preparedness; preparing for and applying for grants to benefit county-wide wildfire mitigation efforts; hosting outreach and education events for fire mitigation groups and interested parties. We anticipate that this will be a full-time, 40 hour per week position.

15. **How will funds be used to support a County Coordinator?**

A project budget will also be required in the following section.

Funds will be used to cover the following:

A. The pay range for this position is $29.62-40.40 /hr. Some costs may be claimed by the County Fire Chief for the training and oversight of this position as well as costs for administrative support from the Administrative Assistant if there is a material amount of time conducted to support this position. However, the priority under this grant will be to fund the analyst position.

B. Supplies will include a laptop for the position and any needed office supplies.

C. Travel to and from conferences/meetings. If using a personal auto, Mariposa County reimburses employees based on the IRS rate which over the last couple years has been around $.58 per mile. If using a County vehicle, the gas charges are applied to the department based on the contract with Pacific Pride.

F. Indirect costs will go to cover indirect charges such as utilities, phone charges, bookkeeping by the auditor's office, any required legal review by County Counsel. Historically, Mariposa County requests 10% of grant amounts to cover indirect costs.

Attachment: Application Final 10.24.22 (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator

16. How many wildfire mitigation groups, agencies, and community partners do you anticipate working in partnership with the County Coordinator? Describe how the County Coordinator will work to build relationships and encourage collaboration among all groups.

The Wildfire Communications and Outreach Analyst will work with all existing and any proposed wildfire mitigation groups, agencies and community partners throughout Mariposa County. There are currently (1) Fire Advisory Committee, (1) Firesafe Council, (1) Firewise Community, (11) Fire Protection agencies, (1) Resource Conservation District and (47) Homeowners Associations. We anticipate that the Wildfire Communications and Outreach Analyst will serve as the single point of contact as the County Coordinator on Wildfire Mitigation who will work to continue existing relationships while building new ones to encourage collaboration amongst all groups. One area in developing relationships will be to attend and to host regular communications/meetings between existing wildfire mitigation groups and county-level officials so that wildfire mitigation groups can coordinate and connect their existing and planned wildfire mitigation projects with county goals. Another area the Wildfire Communications and Outreach Analyst will participate in is the County Fire Advisory Committee which is comprised of wildfire mitigation groups, fire agencies and the general public to discuss a variety of fire safety topics such as wildfire mitigation. The Wildfire Communications and Outreach Analyst will build relationships by maintaining consistent outreach to all partners and groups while creating opportunities for collective meetings amongst all within Mariposa County.

17. Will the individual filling the County Coordinator role be a new hire, existing employee, or a contract position?

- ✔ New hire
- ☐ Existing employee
- ☐ Contract position

18. If an existing employee will fill the role of the County Coordinator, describe this position's current job functions and why they are best suited to fill the role.

-answer not presented because of the answer to #17-

19. Describe the process for hiring and selecting the County Coordinator.

Include hiring/selection criteria and a timeline to situate the individual in the County Coordinator role.

Upon award, the County Board of Supervisors will be presented with a class spec for the Wildfire Communications and Outreach Analyst. This position will likely be benchmarked with the Administrative Analyst I/II but will have job duties listed that are compatible with this grant.

Upon approval, the County will conduct an external recruitment over a 3-week period and will contact qualified applicants to be interviewed. The interview process is usually conducted in 2 phases. Phase 1 is the technical interview and will be conducted by a panel of individuals led by the County Fire Chief. There is precedence for the panel to consist of other stakeholders outside of County Employees to ensure competency and technical fit. A second interview will be conducted with top candidates for fit.

The total interview process will take approximately 2 months upon completion of clearance checks and physicals.

20. Who will oversee the County Coordinator position?

Please list name, organization/agency, title, contact information, and supervisory responsibilities.

Steven Ward, Assistant Chief Mariposa County Fire. 559-706-8803

21. Will any other positions or roles provide regular support to the County Coordinator?

This includes volunteers, contractors, or additional support staff.

Additional support can be received by an Administrative Assistant located in the County Fire Department and other County Fire Department staff and volunteers.

Attachment: Application Final 10.24.22 (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator

22. Will funds from the County Coordinator Grant Program be used to supplement the administrative costs of additional employees, such as a supervisor or support staff? If yes, please describe the need:
If no funds will be used to supplement additional employees, outside of the County Coordinator, please put N/A as your answer.
The primary purpose of this funding request is to fill and support a Wildfire Communications and Outreach Analyst position for Mariposa County. If available, any direct time supporting the Wildfire Communications and Outreach Analyst, such as administrative assistant time to take minutes during a meeting, or direct supervision or training outside of normal duties for the Fire Chief, could be potentially claimed under the grant. However, the County would be prioritizing all funding for the success of the position before claiming any additional costs.

23. Location
Enter the latitude and longitude of your county's administration building. Your response must be in decimal format to six places, for example: 39.375097 Latitude and -122.54454 Longitude.

37.48981	Latitude
-119.96796	Longitude
-82.40	**TOTAL**

Project Outcomes and Evaluation

24. Please describe the anticipated outcomes of the County Coordinator Grant Program:
By hiring a Wildfire Communications and Outreach Analyst within Mariposa County, we expect to achieve the following: Prepare and submit an initial work plan and strategic priorities over the course of the grant term • Identify, summarize, and report on local groups, grants, and projects within Mariposa County at the onset of the grant project and the conclusion of the project • Attend and host regular meetings and workshops for local fire mitigation groups to build collaborative networks and disseminate best practices and resources • Track all engagements with county contacts and groups • Report on current Wildfire Mitigation Programs and Projects and gaps in wildfire resiliency programming • Attend monthly check-ins with California Fire Safe Council (CFSC) staff • Participate in quarterly meetings with other County Coordinators as well as state/regional stakeholders and other interested county-wide wildfire mitigation groups • Submit funding requests and quarterly reports to the CFSC • Provide CFSC with a comprehensive final report at the close of grant term, including outcomes, successes, and recommendations. The final outcome is to develop a robust coordination program between various wildfire mitigation groups and various partners throughout Mariposa County to develop a plan for continued support of wildfire mitigation.

25. How will you measure the success of the County Coordinator Grant Program?
Success will start by hiring of a Wildfire Communications and Outreach Analyst to serve as the County Coordinator for this proj Key measures of success will be the number of wildfire mitigation organizations the Wildfire Communications and Outreach Analyst is able to reach on a regular basis. Other success measures will include: level of learning and knowledge of the Wildf Communications and Outreach Analyst in the various programs within the county, level of satisfaction of wildfire mitigation organizations on the value of a county coordinator, ability to build consensus about highest priority projects and programs, success identifying highest priority projects and obtaining funding for them, how much change was produced to encourage more collaboratic and coordination, what quality of change was produced and can we provide evidence, how well were we able to deliver outrea and education and can we provide materials created or disseminated. Our final measure of success is whether or not wildfire mitigation groups and participating partners see an increase in coordination amongst the various groups of county wide wildfire mitigation projects that leads to an increase in high priority projects.

26. How will your county or organization work to sustain efforts toward county-wide collaboration and coordination following the close of the grant term?
It is our hope that by establishing this county coordination program through the hiring of a Wildfire Communications and Outreach Analyst that we work to sustain efforts achieved during the grant term by identifying funding that could continue the position and the work. Mariposa County strives to coordinate and collaborate with our wildfire mitigation organizations and having a dedicated staff member will ensure we are able to do that consistently and cooperatively. Hopefully, additional funding will be obtained to extend the position in the future. While funding may not be readily available for future work, Mariposa County anticipates that the work completed during the grant will be substantial and worthy of future support and that a successful candidate will have the ability to obtain ongoing funding based on the collaborative efforts and prioritization he or she has facilitated and developed.

Attachment: Application Final 10.24.22 (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator

Budget *top*

Funding Sources

Funds

CFSC County Coordinator Grant	USD$ 130,000.00
Total:	**USD$ 130,000.00**

Budget Narrative

All expenses listed below are intended to be covered if awarded the CSFC grant. Any overages will be covered by other funding sources if available or by the County's General Fund.

A. This position would report to the County Fire Chief and is expected to be benchmarked at the Administrative Analyst I/II level. The pay range for this position is $29.62-40.40 /hr. Due to the expected responsibilities and tasks that are planned for this position, it is expected that we would fill the position with a qualified applicant that may start at or near the top of the range for the 18 month period. Some costs may be claimed by the Fire Chief for the training and oversight of this position as well as costs for administrative support from the Administrative Assistant if there is a material amount of time conducted to support this position. However, the priority under this grant will be to fund the analyst position.

B. Supplies will include a laptop for the position and any needed office supplies.

C. Travel to and from conferences/meetings. If using a personal auto, Mariposa County reimburses employees based on the IRS rate which over the last couple years has been around $.58 per mile. If using a County vehicle the gas charges are applied to the department based on the contract with Pacific Pride.

D. Indirect costs will go to cover indirect charges such as utilities, phone charges, bookkeeping by the auditor's office, any required legal review by County Counsel. Historically, Mariposa County requests 10% of grant amounts to cover indirect costs.

Task #	Activity	Timeline	Responsible Party	Expected Outcome/Result
1	Advertising, recruitment and Hiring of Wildfire Communications and Outreach Analyst	Oct 21-Nov 2	Fire Chief	Wildfire Communications and Outreach Analyst hired
2	Prep Office Space, order or purchase supplies for Wildfire Communications and Outreach Analyst	Oct 21-Nov 21	Admin staff,	Office space, supplies, equipment purchased or acquired
3	Participate in monthly check-in meetings with CFSC staff and quarterly meetings with state/regional/county coordinators and other interested county-wide wildfire mitigation groups	Nov 21-Mar 23	Communications and Outreach Analyst	Wildfire
4	Identify, summarize, and report on local groups, grants, and projects within each county at the onset of the grant project	on-going	Wildfire Communications and	

Attachment: Application Final 10.24.22 (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator

Outreach Analyst

5. Analyze gaps in county-wide wildfire resiliency and on-going emergency preparedness and develop recommendation to fill these needs.			Wildfire Communications and Outreach Analyst
6	Develop mechanisms to improve outreach and coordination efforts, such as group formation, funding plans, governance structures, and state/regional/local planning efforts.	on-going	Wildfire Communications and Outreach Analyst
7	Track and monitor collaborative efforts, tasks, meetings, workshops, and plans developed by the Wildfire Communications and Outreach Analyst during the project window	on-going	Wildfire Communications and Outreach Analyst
8	Submit quarterly programmatic and fiscal reports	continuous	Wildfire Communications and Outreach Analyst
9	Identify, summarize, and report on local groups, grants, and projects within each county at the conclusion of the grant project	continuous	Wildfire Communications and Outreach Analyst
10	Provide a comprehensive final report summarizing the County Wildfire Outreach and Coordination Plans, key issues, success outcomes and gaps, and recommendations	March 23	Wildfire Communications and Outreach Analyst

Attachment: Application Final 10.24.22 (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator

Documents *top*

Documents Requested *	Required?	Attached Documents *
IRS Determination Letter		
Organization by-laws		
Board of Directors OR Board of Supervisors roster	✔	Mariposa County Board of Supervisors
Three years or most recent 990 or 990EZ form		
Copies of the last five years' audit reports and management letters received from an independent auditor, if applicable,		
Copies of reports of government agencies (Inspector General, state or local government auditors, etc.) resulting from audits, examinations or monitoring procedures performed in the last three years.		
A signed letter from the County's Board of Directors (on county letterhead) stating that your organization is approved to apply for this grant on behalf of the county (see example template). download template		
Certificate of insurance	✔	Self-Insurance Document
Non-Applicable Documents Memo-County applicants only download template		
Other Documents-Upload any additional or optional documents here.		

** ZoomGrants™ is not responsible for the content of uploaded documents.*

Application ID: 365576

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Logout | Browser

Attachment: Application Final 10.24.22 (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator

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Attachment: Application Final 10.24.22 (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator

Attachment: Application Final 10.24.22 (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator

SIERRA TEL

October 19, 2022

Cynthia A. Huber
Sierra Tel
PO Box 185
Mariposa, CA 95338-0185

Re: Letter of Support for Mariposa County's 2022 CAL FIRE County Coordinator Grant Application

To Whom It May Concern:

Sierra Tel writes to you in support of Mariposa County's application for the 2022 County Coordinator Grant program from CAL FIRE.

Mariposa County is located in the southern Sierra Nevada Mountains with a population of over 17,000 residents who reside in 21 towns and communities throughout the Wildland-Urban Interface. Virtually all of the most populated areas of the County are located within CAL FIRE's High or Very High Fire Severity zones.

Due to the extremely high fire risk in the County, there has been a large focus on fuel reduction projects on public and private lands. Mariposa County formed a Fire Advisory Committee in 2019 to update the Community Wildfire Protection Plan and implement the actions listed within it. This committee coordinates with various wildfire mitigation groups, and there is a critical need for this grant funding to facilitate a dedicated County Coordinator to undertake the task of applying for and managing additional funding opportunities required to meet the vast needs of the County.

Sierra Tel urges you to award a County Coordinator Grant to Mariposa County to assist in the education and development of county-wide collaboration and coordination among various wildfire mitigation groups.

Sincerely,

Cynthia A. Huber

Cynthia A Huber
President

Attachment: Sierra Letter of Support (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator

CERTIFICATE NO. GL1-4878 CO

CERTIFICATE OF COVERAGE

ISSUE DATE 06/29/2022

Public Risk Innovation, Solutions, and Management

C/O ALLIANT INSURANCE SERVICES, INC.
18100 VON KARMAN AVENUE, 10TH FLOOR
IRVINE, CA 92612

PHONE (949) 756-0271 / FAX (619) 699-0901
LICENSE #0C36861

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED and/or requesting a WAIVER OF SUBROGATION, the Memorandums of Coverage must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

COVERAGE AFFORDED	**A- Public Risk Innovation, Solutions, and Management**
COVERAGE AFFORDED	**B**
COVERAGE AFFORDED	**C**
COVERAGE AFFORDED	**D**

Member:
MARIPOSA COUNTY
ATTN: RHONDA SCHERF
P.O. BOX 189
MARIPOSA, CA 95338-0189

Coverages

THIS IS TO CERTIFY THAT THE MEMORANDUMS OF COVERAGE LISTED BELOW HAVE BEEN ISSUED TO THE MEMBER NAMED ABOVE FOR THE PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE COVERAGE AFFORDED BY THE MEMORANDUMS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH MEMORANDUMS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF COVERAGE	MEMORANDUM NUMBER	COVERAGE EFFECTIVE DATE	COVERAGE EXPIRATION DATE	LIABILITY LIMITS
A	[X] Excess General Liability	PRISM 22 EL-34	07/01/2022	07/01/2023	$1,000,000
	[X] Auto Liability				$1,000,000
					Limits inclusive of the Member's Self-Insured Retention of $150,000

Description of Operations/Locations/Vehicles/Special Items:

AS RESPECTS EVIDENCE OF COVERAGE ONLY.

Certificate Holder

FOR THE PURPOSE OF EVIDENCE ONLY
C/O MARIPOSA COUNTY
ATTN: RHONDA SCHERF
PO BOX 189
MARIPOSA, CA 95338

Cancellation

SHOULD ANY OF THE ABOVE DESCRIBED MEMORANDUMS OF COVERAGES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WIL BE DELIVERED IN ACCORDANCE WITH THE MEMORANDUMS OF COVERAGE PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gina Dean

Public Risk Innovation, Solutions, and Management

Attachment: MARIPOSA COUNTY GL1-4878 Insurance (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County

PO BOX 1182 | Mariposa California 95338 | 209-966-7700 | www.mariposafiresafecouncil.org

Nina Evans
California Fire Safe Council
3237 Peacekeeper Way, Suite 201
McClellan, CA 95652

10/24/2022

Re: Letter of Support for Mariposa County's 2022 CAL FIRE County Coordinator Grant Application

Dear Ms. Evans:

The Mariposa Fire Fafe Council strongly supports Mariposa County's application for the 2022 County Coordinator Grant program.

Mariposa County is located in the southern Sierra Nevada and is one of California's oldest counties, being founded in 1850. Virtually all of the most populated areas of the County are located within CAL FIRE's High or Very High Fire Severity zones.

Due to the extremely high fire risk in the County, there has been a large focus on fuel reduction projects on public and private lands. Mariposa County formed a Fire Advisory Committee in 2019 to update the Community Wildfire Protection Plan and implement the actions listed within it. This committee coordinates with various wildfire mitigation groups, but there is a critical need for this grant funding to allow for a dedicated County Coordinator to take on applying for and managing additional funding opportunities to meet the vast needs of the County.

We urge you to award a County Coordinator Grant to Mariposa County to educate, encourage, and develop county-wide collaboration and coordination among various wildfire mitigation groups.

Sincerely,

Barbara Cone

Executive Director

Attachment: LOS Grant Coordinator MCFD (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County Coordinator

Office of the Sheriff-Coroner Public Administrator

Jeremy R. Briese
Sheriff-Coroner-Public Administrator

Sterling S. Cramer
Undersheriff

Sergeant Wes Smith
Mariposa County Office of Emergency Services
5080 Bullion Street
Mariposa, Ca 95338

To Whom it may concern:

Re: Letter of Support for Mariposa County's 2022 CAL FIRE County Coordinator Grant Application

The Mariposa County Office of Emergency Services strongly supports Mariposa County's application for the 2022 County Coordinator Grant program from CAL FIRE. Mariposa County is located in the southern Sierra Nevada and is one of California's oldest counties, being founded in 1850. The 17,147 residents live in 21 towns and communities throughout the Wildland Urban Interface. Virtually all of the most populated areas of the County are located within CAL FIRE's High or Very High Fire Severity zones.

Due to the extremely high fire risk in the County, there has been a large focus on fuel reduction projects on public and private lands. Mariposa County formed a Fire Advisory Committee in 2019 to update the Community Wildfire Protection Plan and implement the actions listed within it. This committee coordinates with various wildfire mitigation groups, but there is a critical need for this grant funding to allow for a dedicated County Coordinator to take on applying for and managing additional funding opportunities to meet the vast needs of the County.

P.O. BOX 276 Mariposa, CA 95338 209/966-3615 FAX 209/742-5090

Attachment: Signed County Coordinator Support Letter OES (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE

Office of the Sheriff-Coroner Public Administrator

Jeremy R. Briese
Sheriff-Coroner-Public Administrator

Sterling S. Cramer
Undersheriff

Given the recent expansion of fire season and the aggressive nature of the wildland fire activity in the region, Mariposa County finds itself in the unenviable position of needing to coordinate with all involved groups and non-profits on securing mitigation grant funding and all the requirements that go along with grant oversight and reporting. Given the recent extreme financial impact to Mariposa County's emergency fund and the overall budget, we find ourselves with a need and no revenue stream to make the need a reality without the assistance of the County Coordinator Grant.

The Mariposa County Office of Emergency Services humbly urges you to award a County Coordinator Grant to Mariposa County to educate, encourage, and develop county-wide collaboration and coordination among various wildfire mitigation groups.

Respectfully,

Wes Smith

Mariposa County OES Coordinator

P.O. BOX 276 Mariposa, CA 95338 209/966-3615 FAX 209/742-5090

Attachment: Signed County Coordinator Support Letter OES (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE

AMERICAN INDIAN COUNCIL OF MARIPOSA COUNTY

SOUTHERN SIERRA MIWUK NATION
P.O. Box 186 · Mariposa, California 95338
SouthernSierraMiwukNation.org

Chairperson
Sandra Chapman

Vice Chairperson
Waylon Coats

Secretary
Tara Fouch-Moore

Treasurer
Michelle Boswell

Director At Large
Acacia Coats

October 26, 2022

Re: Letter of Support for Mariposa County's 2022 CAL FIRE County Coordinator Grant Application

Dear Grant Review Board,

Southern Sierra Miwuk Nation (aka American Indian Council of Mariposa County) strongly supports Mariposa County's application for the 2022 County Coordinator Grant program from CAL FIRE.
Mariposa County is located, on SSMN ancestral territory, in the southern Sierra Nevada. The 17,147 residents live in 21 towns and communities throughout the Wildland Urban Interface. Virtually all of the most populated areas of the County are located within CAL FIRE's High or Very High Fire Severity zones.

Due to the extremely high fire risk in the County, there has been a large focus on fuel reduction projects on public and private lands. Mariposa County formed a Fire Advisory Committee in 2019 to update the Community Wildfire Protection Plan and implement the actions listed within it. This committee coordinates with various wildfire mitigation groups, including our tribe, who are all working at max capacity to address these issues. There is a critical need for this grant funding to allow for a dedicated County Coordinator to take on applying for and managing additional funding opportunities to meet the vast needs of the County.

Additional capacity is badly needed to help protect SSMN homelands, our people and our neighbors. We urge you to award a County Coordinator Grant to Mariposa County to educate, encourage, and develop county-wide collaboration and coordination among various wildfire mitigation groups.

Sincerely,

Tara Fouch-Moore
Tribal Secretary
Southern Sierra Miwuk Nation
American Indian Council of Mariposa County

4630 Ben Hur Road · P.O. Box 186 · Mariposa, Ca. 95338
209-742-2244 · 209- 742-2233 FAX
Email: ssmiwuknation@gmail.com

Attachment: LOS Sierra Souther Miwuk Nation (RES-2022-621 : Approve the Submittal of Grant Application for 22 CALFIRE County

MARIPOSA COUNTY

County Counsel · (209) 966-3222

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Steve Dahlem, County Counsel

RE: Closed Session Conference with Legal Counsel; Anticipated Litigation

---

[X] **CONFERENCE WITH LEGAL COUNSEL**:

[ ] **Existing Litigation:**
[ ] Disclosure will jeopardize existing settlement negotiations.

[X] **Anticipated Litigation**
[X] Significant exposure to litigation pursuant to subdivision (b) of Government Code section 54956.9.
Number of cases to be discussed: 1
--See Claim for Personal Injury and/or Property Damage - C22-6 attached hereto.--

[ ] Initiating of litigation pursuant to subdivision (c) of Government Code section 54956.9.
Number of cases to be discussed:

[ ] **CONFERENCE WITH COUNTY LABOR NEGOTIATOR**
Name of Employee Organization:_____
Name of County Designated Representative:_____
Title(s) of unrepresented individuals with whom negotiations are being conducted:_____

[ ] **PUBLIC EMPLOYEE EMPLOYMENT TITLE OR POSITION TO BE FILLED:**
(Government Code Section 54957 (b) (1))
_____

[ ] **PUBLIC EMPLOYEE PERFORMANCE EVALUATION**
Position of employee under review:_____ (Government Code Section 54954.5)

[ ] **PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE** (Government Code Section 54954.5)

[ ] **CONFERENCE WITH REAL PROPERTY NEGOTIATOR**
Description of real property: _____
Agency negotiator: _____
Negotiating parties: (Specify name of party or parties (not agent)):_____
Closed session will concern: ( ) price; ( ) terms of payment; ( ) both.

[ ] **THREAT TO PUBLIC SERVICE FACILITIES**
Name of law enforcement agency involved:_____
Title of officer of law enforcement agency:_____

[ ] **LICENSE/PERMIT DETERMINATION**
License or Permit applied for:_____
Number of license or permit applicants:_____
Name of applicant(s):_____

Agenda Item - No Resolution Requested

ATTACHMENTS:
C22-6- John Riggs dba Riggs Excavation (PDF)

RESULT: CLOSED SESSION HELD

RECEIVED
SEP 26 2022
BOARD OF SUPERVISORS

COUNTY OF MARIPOSA CLAIM FORM

CLAIM OF JOHN RIGGS
(Claimant)

v.

COUNTY OF MARIPOSA

CLAIM FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE
(Government Code § 910)

C22-6

TO THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY:

YOU ARE HEREBY NOTIFIED that: (Please type or print)

Claimant: JOHN RIGGS dba RIGGS EXCAVATION
Whose address is: Post Office Box 447
City and State: Ahwahnee Zip: 93601
Contact Phone: (559)658-1978 Email:

claims damages from the **COUNTY OF MARIPOSA** in the amount, computed as of the date of presentation of this claim, of $500,000.

This claim is based on: *(CHECK APPROPRIATE BOX OR BOXES)*

- ☐ Property Damage
- ■ Personal Injury
- ☐ Contract
- ■ Other *(Please List)*: Trade Libel, Defamation, Denial Substantive Due Process, Intentional Breach of Contractual Relations

which occurred on June 16 (MONTH/DAY), 2022 in the vicinity of *(place where incident occurred)*:

See Attachment to Claim for Personal Injury and/or Property Damage
(PLACE WHERE INCIDENT OCCURRED)

Describe generally the facts and circumstances that give rise to the claim: *(Please provide another page if more space is needed.)*

See Attachment to Claim for Personal Injury and/or Property Damage

The name(s) of the public employee(s) causing claimant's injuries or damages under the above-described circumstances is/are:

John L. Conway, REHS, Director of Environmental Health Unit,
Mariposa County Department of Health and Human Services Agency

Attachment: C22-6- John Riggs dba Riggs Excavation (13495 : Closed Session Conference with Legal Counsel; Anticipated Litigation)

The injuries sustained by claimant, as far as known, as of the date of presentation of this claim consist of:
(Describe generally claimant's injuries or damages.)

See Attachment to Claim for Personal Injury and/or Property Damage

The amount claimed, as of the date of presentation of this claim is computed as follows:

Damages incurred to date:

Expenses for medical and hospital care $_____

Loss of earnings $500,000

Specific damages (**ITEMIZE & PROVIDE 3 REPAIR ESTIMATES**)

_____ $_____

_____ $_____

Other damages (ITEMIZE)

_____ $_____

_____ $_____

TOTAL DAMAGES INCURRED TO DATE: $500,000

Estimated future damages as far as known from this incident:

Total estimated prospective damages: $_____

TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM: $500,000

All notices or other communications with regard to this claim should be sent to claimant at:

The Law Offices Of Jason M. Kerlan, P.C., PO Box 975, Fresno, CA 93714 jasonkerlan@gmail.com

(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Please return the completed form to: Clerk of the Board, 5100 Bullion St, PO Box 784, Mariposa, CA 95338

***PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.*

Dated: 9/26/22 Signed Jason Kerlan, Attorney at Law

(CLAIMANT/AGENT FOR CLAIMANT)

Government Code § 911.2. Time of or presentation of claims

A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with § 915) of this chapter not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with § 915) of this chapter not later than one year after the accrual of the cause of action.

Attachment: C22-6- John Riggs dba Riggs Excavation (13495 : Closed Session Conference with Legal Counsel; Anticipated Litigation)

JASON M. KERLAN #183897
THE LAW OFFICES OF JASON M. KERLAN, P.C.
PO BOX 975
Fresno, California 93714
jasonkerlan@gmail.com
(559) 259-5959

ATTACHMENT TO CLAIM FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE OF JOHN RIGGS d.b.a. RIGGS EXCAVATION

TO THE COUNTY OF MARIPOSA:

Claimant JOHN RIGGS d.b.a. RIGGS EXCAVATION (hereinafter collectively referred to as "Claimant") hereby submits this **ATTACHMENT TO CLAIM FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE** and makes a claim against the COUNTY OF MARIPOSA and make the following statements in support of their claim:

This claim is based on:

Incident One: On or about June 16, 2022, John L. Conway, REHS, Director of environmental Health Unit, Mariposa County Department of Health and Human Services Agency sent Claimant John Riggs d.b.a. Riggs EXCAVATION a certified letter stating as follows:

"The purpose of this letter is to inform you that effective immediately this office will no longer accept certifications from Riggs Excavation to assist us in approving Vacation Rental Applications. This decision is based on the fact that there have been several cases where there are inconsistencies in the reports we have received and what we observed in the field."

Incident Two: Additionally, on July 13, 2022, John L. Conway, REHS, Director of environmental Health Unit, Mariposa County Department of Health and Human Services Agency sent Claimant John Riggs d.b.a. Riggs Excavation an email correspondence stating as

Attachment: C22-6- John Riggs dba Riggs Excavation (13495 : Closed Session Conference with Legal Counsel; Anticipated Litigation)

follows:

"On June 16, 2022, this office sent you two copies of the attached letter informing you that we will no longer accept certifications from your company regarding vacation rental properties. However, we received a certification for a vacation rental completed by you from Bruce Contreras dated June 27, 2022.

Mr. Contreras has been informed that we cannot accept the certification and must; therefore, have the certification redone."

Incident Three and Continuing Incidents: From and after June 16, 2022, through the presentation of this claim, the County of Mariposa by and through its employee John L. Conway, REHS, Director of Environmental Health Unit, Mariposa County Department of Health and Human Services Agency has, in effect, suspended the general engineering license of Claimant John Riggs d.b.a. Riggs Excavation in the County of Mariposa without substantive and procedural due process and without notice and an opportunity to be heard before implementation of this policy, that in effect suspended the future acceptance of certifications from Claimant John Riggs d.b.a. Riggs Excavation. The aforementioned suspension policy has caused and will continue to cause Claimant significant financial injury to his ongoing business and trade in the County of Mariposa as a California general engineer licensed by the Contractors State License Board (License No. 881745).

The policy of the County of Mariposa of disallowing certifications from Claimant John Riggs d.b.a. Riggs Excavation is without legal cause and substantial justification.

Describe generally the facts and circumstances that give rise to the Claim:

[a] On or about June 16, 2022, through the present employee John L. Conway intentionally and/or negligently caused substantial financial losses to Claimant John Riggs d.b.a. Riggs Excavation without legal cause and substantial justification.

Attachment: C22-6- John Riggs dba Riggs Excavation (13495 : Closed Session Conference with Legal Counsel; Anticipated Litigation)

[b] Before implementation of the policy disallowing certifications from Claimant John Riggs, Claimant John Riggs was not given adequate notice and an opportunity to be heard before the implementation of said policy.

[c] At all relevant times, employee John L. Conway was acting in the course and scope of his employment with the County of Mariposa.

The injuries sustained by claimant, as far as known, as of the date of the presentation of this claim consist of:

Claimant John Riggs dba Riggs Excavation's losses and injuries from June 16, 2022, through the presentation of this claim sustained are as follows:

1. A violation of Claimant John Riggs' civil rights and conspiracy to violate his civil rights, including but not limited to, violation of privacy rights and inalienable rights as guaranteed by the California Constitution.
2. A violation of both Federal and California substantial and procedural due process;
3. Libel and Trade Libel;
4. Slander;
5. Negligence and Negligence Per Se;
6. Intentional Interference with Contractual Rights;
7. Negligent Interference with Contractual Rights;
8. Intentional Interference with Prospective Economic Advantage;
9. Negligent Interference with Prospective Economic Advantage;
10. Intentional Interference with Emotional Distress;
11. Negligent Interference with Emotional Distress;

Attachment: C22-6- John Riggs dba Riggs Excavation (13495 : Closed Session Conference with Legal Counsel; Anticipated Litigation)

12. False light;

13. Public disclosure of private facts;

14. General damages and special damages in the amount of five hundred thousand dollars ($500,000.00) or in an amount to proven at trial whichever is greater; and,

15. Reasonable attorney's fees and costs for the prosecution of this claim.

Jurisdiction: The jurisdiction in this matter shall rest in Superior Court of the State of California, in and for the County of Mariposa, unlimited civil jurisdiction or United States District Court in and for the Eastern District of California.

DATED: September 26, 2022

JASON M. KERLAN
Attorney for Plaintiff
JOHN RIGGS

Attachment: C22-6- John Riggs dba Riggs Excavation (13495 : Closed Session Conference with Legal Counsel; Anticipated Litigation)

Mariposa County Board of Supervisors

District 1 ... ROSEMARIE SMALLCOMBE
District 2 ..... VACANT
District 3 ..... MARSHALL LONG
District 4 ..... WAYNE FORSYTHE
District 5 ..... MILES MENETREY

DALLIN KIMBLE
County Administrative Officer

DANIELLE BONDSHU
Clerk of the Board

P. O. Box 784
Mariposa, CA 95338
(209) 966-3222
(800) 736-1252
www.mariposacounty.org/board

September 26th, 2022

John Riggs dba Riggs Excavation
C/o The Law Offices of Jason M. Kerlan, P.C.
P.O. Box 975, Fresno, CA 93714

Re: County Claim C22-6

To Whom It May Concern,

Attached you will find a file-stamped copy of the above-referenced "Claim for Personal Injury and/or Property Damage" dated September 26th, 2022. Please keep this copy as your proof that the claim has been filed. Additionally, please note that the file has been assigned case number C22-6 and will now be routed for further processing.

Sincerely,

Danielle Bondshu
Clerk of the Board
Mariposa County Board of Supervisors

ENC.

Attachment: C22-6- John Riggs dba Riggs Excavation (13495 : Closed Session Conference with Legal Counsel; Anticipated Litigation)

MARIPOSA COUNTY

Administration · 966-3222

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Dallin Kimble, County Administrative Officer

RE: Closed Session - Planning Director

[ ] **CONFERENCE WITH LEGAL COUNSEL**:

[ ] **Existing Litigation:**
[ ] Disclosure will jeopardize existing settlement negotiations.

[ ] **Anticipated Litigation**
[ ] Significant exposure to litigation pursuant to subdivision (b) of Government Code section 54956.9.
Number of cases to be discussed:

[ ] Initiating of litigation pursuant to subdivision (c) of Government Code section 54956.9.
Number of cases to be discussed:

[ ] **CONFERENCE WITH COUNTY LABOR NEGOTIATOR**
Name of Employee Organization:_____
Name of County Designated Representative:_____
Title(s) of unrepresented individuals with whom negotiations are being conducted:_____

[X] **PUBLIC EMPLOYEE EMPLOYMENT TITLE OR POSITION TO BE FILLED:**
(Government Code Section 54957 (b) (1))
Planning Director

[ ] **PUBLIC EMPLOYEE PERFORMANCE EVALUATION**
Position of employee under review:_____ (Government Code Section 54954.5)

[ ] **PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE** (Government Code Section 54954.5)

[ ] **CONFERENCE WITH REAL PROPERTY NEGOTIATOR**
Description of real property:_____
Agency negotiator: _____
Closed session will concern: ( ) price; ( ) terms of lease/purchase.

[ ] **THREAT TO PUBLIC SERVICE FACILITIES**
Name of law enforcement agency involved:_____
Title of officer of law enforcement agency:_____

[ ] **LICENSE/PERMIT DETERMINATION**
License or Permit applied for:_____
Number of license or permit applicants:_____
Name of applicant(s):_____

Agenda Item - No Resolution Requested

RESULT: **CLOSED SESSION HELD**

MARIPOSA COUNTY

P.O. Box 784 Mariposa, CA 95338 (209) 966-3222
5100 Bullion Street
http://www.mariposacounty.org/

ROSEMARIE SMALLCOMBE, CHAIR	**DISTRICT I**
MILES MENETREY, VICE-CHAIR	**DISTRICT V**
VACANT	**DISTRICT II**
MARSHALL LONG	**DISTRICT IV**
WAYNE FORSYTHE	**DISTRICT IV**

ACTION SUMMARY MINUTES

September 20, 2022

A. 9:04 AM Called to Order

The meeting was called to order at 9:04 AM due to technical difficulties.

Attendee Name	Title	Status	Arrived
Rosemarie Smallcombe	District I Supervisor	Present	9:04 AM
Marshall Long	District III Supervisor	Present	9:04 AM
Wayne Forsythe	District IV Supervisor	Present	9:04 AM
Miles Menetrey	District V Supervisor	Present	9:04 AM

B. Pledge of Allegiance

Chair Smallcombe led the pledge.

C. Introductions

Dr. Eric Sergienko/County Health Officer introduced Kendra Bowyer/Napa County Office of Emergency Services who thanked the Board and noted she was here during the Detwiler Fire.

D. Approval of Consent Agenda (Items designated by "CA")

During the public comment portion of the consent agenda, Steve Ward/Cal-Fire/Mariposa Fire Division Chief noted a correction to CA.11 in the item title.

CORRECTION CA.11: This item is an acceptance of a grant agreement.

RESULT: **ADOPTED [UNANIMOUS]**
MOVER: Wayne Forsythe, District IV Supervisor
SECONDER: Marshall Long, District III Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

CA1. **Health and Human Services** **RES-2022-525**

Minutes Acceptance: Minutes of Sep 20, 2022 9:00 AM (Items removed from Consent Agenda)

Resolution Continuing a Shelter Crisis Local Emergency in Mariposa County

CA2. **Health and Human Services RES-2022-526**

Resolution Continuing the Local Health Emergency Due to the Oak Fire

CA3. **Sheriff's Office RES-2022-527**

Resolution Continuing the Local Emergency Due to the Oak Fire

CA4. **Administration/Human Resources RES-2022-528**

Rescind Resolution 22-297; and Adopt a New Confidential Employee Resolution with an Updated List of Confidential Classifications, Effective September 1, 2022

CA5. **Board of Supervisors RES-2022-529**

Ratify a Letter of Support for SB-884 (McGuire) Electricity: Expedited Utility Distribution Infrastructure Undergrounding Program

CA6. **Clerk of the Board of Supervisors 2022-90**

Receive the List of Agreements Entered into by the County Administrative Officer (CAO) (Purchasing Agent) Pursuant to County Code Chapter 3.08, Entered Into, Received and Processed in August of 2022

CA7. **Clerk of the Board of Supervisors 2022-91**

Receive the List of Agreements Entered into by the Mariposa County Department Heads (Assistant Purchasing Agents) Pursuant to County Code Chapter 3.08 Entered Into, Received and Processed in August of 2022

CA8. **County Counsel RES-2022-530**

Adopt a Revised Countywide List of Pre-Approved Ergonomic Equipment

CA9. **County Counsel 2022-92**

Accept Resignation and Recognize Sterling Cramer for His Service on the Mariposa County Safety Committee; and Appoint Wes Smith as a Management Representative to the Mariposa County Safety Committee for the Unexpired Term Ending September 28, 2023

CA10. **Fire 2022-93**

Accept Resignation and Recognize David Angelini for His Service on the Mariposa County Fire Advisory Committee (MCFAC); and Appoint Gary Colliver as Public Member to MCFAC for a Term Expiring September 20, 2024

CA11. **Fire RES-2022-531**

Approve Agreement 5GG21145 with Cal Fire in an Amount Not to Exceed $230,141.68 for the Purchase of Attachments and Maintenance for Fuel Reduction Equipment; Approve Budget Action Increasing Revenue and Expense Recognizing Unanticipated Revenue ($230,141); and Authorize the Board of Supervisors Chair to Sign Any Agreements or Documents Pertaining to This Grant (Subject to Approval as to Legal Form by County Counsel) 4/5ths Vote Required

CA12. **HHS/Behavioral Health & Recovery Services RES-2022-532**

Minutes Acceptance: Minutes of Sep 20, 2022 9:00 AM (Items removed from Consent Agenda)

Approve an Agreement with Sierra Quest Human Services Foundation in an Amount Not to Exceed $300,000 to Provide Mental Health Services for Health and Human Services Agency (HHSA) Clients; and Authorize the Board of Supervisors Chair to Sign the Agreement

CA13. **HHS/Behavioral Health & Recovery Services RES-2022-533**

Approve an Agreement with Heritage Oaks Hospital, Inc. to Provide Inpatient Mental Health Rehabilitation Services for Mariposa County Health and Human Services Agency (HHSA) in an Amount Not to Exceed $100,000; and Authorize the Board of Supervisors Chair to Sign the Agreement

CA14. **HHS/Behavioral Health & Recovery Services RES-2022-534**

Approve an Agreement with Behavioral Health Care Sierra Vista Hospital, Incorporated to Provide Inpatient Psychiatric Services to Mariposa County Health and Human Services Agency (HHSA) in an Amount Not to Exceed $100,000; and Authorize the Board of Supervisors Chair to Sign the Agreement

CA15. **HHS/Public Health RES-2022-535**

Approve the Maternal, Child, and Adolescent Health Agreement Funding Application (MCAH AFA); and Authorize the Health and Human Services Agency Director to Sign the Agreement and Any Subsequent Amendments or Documents Pertaining to This Grant (Subject to Approval as to Legal Form by County Counsel)

CA16. **HHS/Public Health RES-2022-536**

Rescind Resolution Number 2022-382; Approve Memorandum of Understanding (MOU) with University of California- Merced for Student Placement in the Health and Human Services Agency's Tobacco Education Program; and Authorize the Board of Supervisors Chair to Sign the MOU

CA17. **Probation RES-2022-537**

Approve Agreements with Hoffman Alarm for Cameras and Alarms at Juvenile Facility, Authorize the Board of Supervisor Chair to Sign the Agreements, and Any Supporting Documents Necessary to Implement the Youth Program Facility Grant (YPFG) (Subject to Approval as to Legal Form by County Counsel)

CA18. **Public Works RES-2022-538**

Approve Grant Agreement 5GG21147 with Cal Fire for Fire Prevention Equipment in an Amount Not to Exceed $220,000; Approve Budget Action Increasing Revenue and Expense Recognizing Unanticipated Revenue ($220,000); and Authorize the Board of Supervisors Chair to Sign Any Agreements or Documents Pertaining to This Grant (Subject to Approval as to Legal Form by County Counsel) 4/5ths Vote Required

E. Board Recognitions

1. **Board of Supervisors 2022-94**

Minutes Acceptance: Minutes of Sep 20, 2022 9:00 AM (Items removed from Consent Agenda)

Proclaim the Month of September as "Recovery Month" (Alliance) (Board Chair)

Debra Barcellos/Alliance/Heritage House gave a brief presentation on the proclamation. Public comment was received by Todd Davidson/Health and Human Services Behavioral Health and Recovery Services Supervisor, Cathy, Jerry, Brandy Rose, and Pete Judy/Chief Probation Officer, all of whom shared either personal experience or witnessed recovery success. Supervisors Menetrey and Forsythe thanked the individuals who shared their stories.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Miles Menetrey, District V Supervisor
SECONDER:	Wayne Forsythe, District IV Supervisor
AYES:	Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

F. Departmental Presentation

Dr. Eric Sergienko/County Health Officer gave an update on Oak Fire recovery noting they are working with Development Services on fee waivers. Due to the weather, TetraTech has been unable to continue with site inspections. They were able to do tree-only assessments, which assessed if trees were likely to come down. Dr. Sergienko acknowledged Shannon Hansen and Mat Hespenheide of Public Works for their work on the Request for Proposals (RFP) and noted the contract winner will be announced on October 4th.

Dr. Kristina Allen/Deputy Director of Public Health gave an update on the new program in the Jail and thanked the Sheriff's Department for their collaboration. She announced there is a medical team seven days a week. In response to a question from Chair Smallcombe, Dr. Allen noted this is the contract Public Health took over from John C. Fremont Healthcare District.

Chief Ward gave an update on MPUD transition noting that MPUD Station One is now Station 22. He announced they have 15 interviews scheduled. Chief Ward noted the first week in October the downtown station will be staffed at least five days a week and the first type 3 engines will be delivered this week. The other two type 3 engines are going through their final inspection and the type 6 engine is in the pre-construction phase.

Chief Judy gave a brief update on SB 23, although probation officers and the California State Association of Counties (CSAC) were against it, it passed, and Mariposa was given $397,396 for upgrades to the Juvenile Hall. Chief Judy noted he would come back to the Board for action on any upgrades made with these funds.

Leigh Westerlund/Assistant County Administrative Officer introduced Ben Goger/Housing Development Specialist who noted there will be a Board item on the vacation rental program on October 4th - mid-morning. In response to a question from Supervisor Menetrey, Mr. Goger noted this is a standalone discussion on vacation rentals and market data.

Joe Lynch/Director Health and Human Services Agency noted for the listening public if any residents on Whispering Pines need rent assistance call, Amy Woodward, at 209-966-2000.

G. Public Comment on Non-Agenda Items

Minutes Acceptance: Minutes of Sep 20, 2022 9:00 AM (Items removed from Consent Agenda)

Theresa Johnson announced her candidacy for the vacant two-year position on the John C. Fremont Hospital Board. She gave a brief history of herself and her experience in the position.

H. Regular Agenda Items

1. **Fire RES-2022-539**

Provide an Update and Recommendations to the Board of Supervisors on the Mariposa County Fire Advisory Committee (MCFAC); and Approve an Update to Exhibit "A" of the MCFAC By-Laws

Chief Ward gave the staff report noting the current challenge is getting a quorum. No public comment. There was a clerical error on the bottom of the resolution, date will be corrected to the date of adoption.

Supervisor Long thanked the committee and Steve for all their work. Chair Smallcombe is grateful for CWPP.

Chief Ward then gave an update on MCFAC and noted that CWPP is ongoing.

RESULT: **ADOPTED [UNANIMOUS]**
MOVER: Wayne Forsythe, District IV Supervisor
SECONDER: Marshall Long, District III Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

2. **HHS/Behavioral Health & Recovery Services RES-2022-540**

Approve a Memorandum of Understanding (MOU) Between the County of Mariposa (HHSA) and XFERALL, LLC for Arrangements Related to the Pilot Project; and Authorize the Board of Supervisors Chair to Sign the MOU

Sheila Baker/Deputy Director Behavioral Health gave the staff report noting this is a no cost and will save placement time. No public comment. Kudos given from Supervisor Menetrey and Chair Smallcombe.

RESULT: **ADOPTED [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Wayne Forsythe, District IV Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

3. **Planning RES-2022-561**

Authorize the Destruction of Planning Department Vacation Rental Application Files (Hard Copy Files) that Are More Than Five (5) Years Old

4/5ths Vote Required

Sarah Williams/Planning Department Director gave the staff report and noted the files are scanned and only the hard copy will be destroyed. No public comment.

Supervisor Long asked if it can be brought back to be amended from 5 years of retention to 2 years of retention.

Continued to the 9/27 meeting to allow for the amendment.

RESULT: **CONTINUED TO NEW DATE Next: 9/27/2022 9:00 AM**

4. **Treasurer-Tax Collector-County ClerkRES-2022-559**

Minutes Acceptance: Minutes of Sep 20, 2022 9:00 AM (Items removed from Consent Agenda)

Approve Agreement with Hinderliter, De Llamas, & Associates (HDL) in the Amount of $46,000 for the Analysis and Forecasting of Sales, Use and Transactions Taxes; and Authorize the Board of Supervisor's Chair to Sign the Agreement

RESULT: **WITHDRAWN AND RESCHEDULED Next: 9/27/2022 9:00 AM**

I. Items removed from Consent Agenda

None.

J. Board Information

Information received.

K. Adjournment

10:40 AM Chair Smallcombe Adjourned in memory of Lynda Appling, Edith DuPaul, James Allan, Vivian Hartman, Ron Ritchie, Susie Johnson, Laura Miller, Teresa White, Kathleen Saaverda, Kenneth Kubichko, Gene Bower, and Ralph Burnside.

Respectfully submitted,

Danielle Bondshu
Clerk of the Board

Rosemarie Smallcombe
Chair, Board of Supervisors

Minutes Acceptance: Minutes of Sep 20, 2022 9:00 AM (Items removed from Consent Agenda)

MARIPOSA COUNTY

P.O. Box 784 Mariposa, CA 95338 (209) 966-3222
5100 Bullion Street
http://www.mariposacounty.org/

ROSEMARIE SMALLCOMBE, CHAIR	**DISTRICT I**
MILES MENETREY, VICE-CHAIR	**DISTRICT V**
VACANT	**DISTRICT II**
MARSHALL LONG	**DISTRICT III**
WAYNE FORSYTHE	**DISTRICT IV**

ACTION SUMMARY MINUTES

September 27, 2022

A. 9:00 AM Called to Order

Attendee Name	Title	Status	Arrived
Rosemarie Smallcombe	District I Supervisor	Present	9:00 AM
Marshall Long	District III Supervisor	Present	9:00 AM
Wayne Forsythe	District IV Supervisor	Present	9:00 AM
Miles Menetrey	District V Supervisor	Present	9:00 AM

B. Pledge of Allegiance

Chair Smallcombe led the pledge.

C. Introductions

Danielle Bondshu/Clerk of the Board introduced Elizabeth Alexander, the new Deputy Clerk of the Board II.

D. Approval of Consent Agenda (Items designated by "CA")

Chair Smallcombe noted CA.13 was withdrawn from the agenda.

Public comment was received from Jonathan Noel/community member who asked where the match was coming from on CA.11. Danielle Bondshu noted the match would come from the County but could be monetary or staff time.

RESULT: **ADOPTED [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Wayne Forsythe, District IV Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

CA1. **Health and Human Services** **RES-2022-541**

Resolution Continuing a Shelter Crisis Local Emergency in Mariposa County

CA2. **Health and Human Services** **RES-2022-542**

Resolution Continuing the Local Health Emergency Due to the Oak Fire

Minutes Acceptance: Minutes of Sep 27, 2022 9:00 AM (Items removed from Consent Agenda)

CA3. **Sheriff's Office RES-2022-543**

Resolution Continuing the Local Emergency Due to the Oak Fire

CA4. **Administration RES-2022-544**

Approve the Response of the Board of Supervisors to the 2021-2022 Mariposa County Grand Jury Final Report; Authorize the Board of Supervisors Chair to Sign the Response; and Direct the Clerk of the Board to Transmit the Response to the Presiding Judge of the Mariposa County Superior Court

CA5. **Administration/Community Development 2022-95**

Appoint Lori Dixon to the Childcare Task Force (CCTF) as the Childcare Representative for a Term that Will Expire on September 27, 2023

CA6. **Auditor RES-2022-545**

Adopt a Resolution Adopting the Property Tax Rate and Voter-Approved Debt Service Rates for the County of Mariposa 2022-23 Fiscal Year Secured Tax Roll

CA7. **Auditor RES-2022-546**

Adopt a Resolution Adopting the Tax Rate of 0.009079% (0.9079 Cents Per $100 Assessed Valuation) for the Yosemite High School Bond in the Bass Lake Elementary/Yosemite High School Tax Rate Areas of Mariposa County

CA8. **Auditor RES-2022-547**

Adopt a Resolution Adopting the Tax Rate of 0.022158% (2.2158 Cents Per $100 Assessed Valuation) for the Bass Lake Joint Elementary School District Bond in the Bass Lake Elementary/Yosemite High School Tax Rate Areas of Mariposa County

CA9. **Board of Supervisors RES-2022-548**

Ratify a Letter of Support for Sierra Foothill Conservancy's (SFC) Waltz-Turner Ranch Conservation Easement Project

CA10. **Board of Supervisors**

Approve the Minutes of Wednesday, May 25, 2022

CA11. **Clerk of the Board of Supervisors RES-2022-549**

Authorize the Submission of a Historic Documents Preservation Grant Application with the National Historical Publications and Records Commission (NHPRC) for the Funding of Preserving Critical Historical Documents for an Amount Up to $150,000 with a 25% Match; and Authorize the Clerk of the Board to Submit the Application

CA12. **County Counsel RES-2022-550**

Approve Budget Action Reducing General Fund Contingency and Increasing the Legal Services Budget to Cover Greater Than Anticipated Expenditures for Conflict Indigent Defense Counsel in Fiscal Year 2021-2022 ($7,000) 4/5ths Vote Required

CA13. **District Attorney/Victim Witness RES-2022-551**

Minutes Acceptance: Minutes of Sep 27, 2022 9:00 AM (Items removed from Consent Agenda)

Approve a Memorandum of Understanding (MOU) Between Mariposa County Health and Human Services Agency, Mariposa County Probation Department, Mariposa County Sheriff's Office and the Alliance for Community Transformations to Work Together Toward the Mutual Goal of Addressing the Gaps in Victim Services in Mariposa County; and Authorize the Mariposa County Administrative Officer to Sign the MOU

CA14. **District Attorney/Victim Witness** **RES-2022-552**

Adopt a Resolution Authorizing the District Attorney to Sign Any Amendments and Extensions to the January 01, 2023 - December 31, 2023 County Victim Services (XC) Grant (Subject to Approval as to Legal Form by County Counsel)

CA15. **HHS/Behavioral Health & Recovery Services** **RES-2022-553**

Approve a Business Associate Agreement (BAA) Between the County of Mariposa (HHSA) and XFERALL, LLC to Provide Privacy Protection Related to Patient Health Information; and Authorize the Board of Supervisors Chair to Sign the Agreement

CA16. **HHS/Behavioral Health & Recovery Services** **RES-2022-554**

Approve Subcontract Agreement with Advocates for Human Potential Acting on Behalf of the California Department of Health Care Services to Implement the Behavioral Health County and Tribal Planning Grant Program in the Amount Not to Exceed $150,000; and Authorize the Board of Supervisors Chair to Sign the Subcontractor Agreement

CA17. **HHS/Behavioral Health & Recovery Services** **RES-2022-555**

Approve First Amendment to Agreement with Mariposa Safe Families Increasing the Amount by $10,000 to a New Amount Not to Exceed $177,962 and Including Additional Services; and Authorize the Board of Supervisors Chair to Sign the Amendment

CA18. **Public Works** **RES-2022-556**

Approve Right of Entry Permission Forms for Work to be Completed in Yosemite West, and Authorize the Director of Public Works to Sign the Permission Forms

CA19. **Public Works** **RES-2022-557**

Approve Waiver of Encroachment Permit Fee for the Annual Trunk or Treat Event to be Held at the Mariposa Courthouse on October 31, 2022 from 2:30 PM to 8:30 PM

CA20. **HHS/Public Health** **RES-2022-558**

Approve a Learning Service Agreement with California State University Stanislaus (CSU); and Authorize the Board of Supervisors Chair to Sign the Agreement

CA21. **Treasurer-Tax Collector-County Clerk** **RES-2022-559**

Approve Agreement with Hinderliter, De Llamas, & Associates (HDL) in the Amount of $46,000 for the Analysis and Forecasting of Sales, Use and

Minutes Acceptance: Minutes of Sep 27, 2022 9:00 AM (Items removed from Consent Agenda)

Transactions Taxes; and Authorize the Board of Supervisor's Chair to Sign the Agreement

E. Departmental Presentation

Kari Kisela/Mariposa Chamber of Commerce announced the ribbon cutting ceremony for Sierra Cider. She noted the ribbon cuttings are to get the public out to the venue to celebrate. The ribbon cutting will be on October 7th at Sierra Cider.

Jacob Hawley/Mariposa Visitors Center noted the reservation system will be ending soon and currently, there are 530 more people coming through the visitor center than last year. He noted we are looking at almost 20,000 visitors to the center this year. Mr. Hawley announced a benefit concert for the Oak Fire victims on Oct. 1st at the High School.

Dr. Kristina Allen/Deputy Director of Public Health gave an update on the Flu Clinics that took place at the Fairgrounds and Greeley Hill/Coulterville.

Alison Tudor/Alliance for Community Transformation Executive Director noted they are hosting a rebuilding workshop on Sunday at the High-school from 12:00 PM to 5:00 PM with Health and Human Services Agency.

Dallin Kimble/County Administrative Officer gave an update on the recruitment of the Librarian and the Human Resources Director.

1. **Clerk of the Board of Supervisors (ID # 13488)**

Handouts from Departmental Presentation Portion of the September 27Th, 2022, Meeting

RESULT: **INFORMATION RECEIVED**

F. Public Comment on Non-Agenda Items

None.

G. Regular Agenda Items

1. **Health and Human Services RES-2022-560**

Approve the United States Department of Agriculture (USDA) Planning Grant, Mariposa County Community Gardens; and Authorize the Health and Human Services Agency Director to Sign the Agreement; Approve Budget Action Increasing Unanticipated Revenue and Appropriations in the USDA Fund 3458-402 Budget to Correspond with Agreement Amount ($50,000) 4/5ths Vote Required

Andrew Carter/Health and Human Services Agency gave the staff report. No public comment. Board discussion ensued.

RESULT: **ADOPTED [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Miles Menetrey, District V Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

2. **Planning RES-2022-561**

Minutes Acceptance: Minutes of Sep 27, 2022 9:00 AM (Items removed from Consent Agenda)

Authorize the Destruction of Planning Department Vacation Rental Application Files (Hard Copy Files) that Are More Than Two (2) Years Old
4/5ths Vote Required

Sarah Williams/Planning Director gave the staff report. No public comment.

RESULT: **ADOPTED [UNANIMOUS]**
MOVER: Wayne Forsythe, District IV Supervisor
SECONDER: Marshall Long, District III Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

3. **Planning** **(ID # 13359)**

Discussion and Possible Direction to Staff Regarding Waiving Fees for Oak Fire Permits

Dr. Eric Sergienko/County Health Officer gave an update on Oak Fire Recovery. He noted we are on to phase two, however, some areas are still in phase 1 due to hazardous materials. Dr. Sergienko announced that the lowest responsible bidder for debris removal came in around $8 million and noted the approval of the contract will be coming to the Board. He announced that at the Bootjack Auxiliary there will be a giveaway to Oak Fire victims and the following day it would be a yard sale with proceeds going to Oak Fire victims.

Sarah Williams gave the staff report, noting they are looking for Board direction on if they want to waive the fees.

Public comment was received from Jonathan Noel/community member asked where the hazardous material would be disposed of. Dr. Sergienko responded that it is being taken to the Merced Landfill as that is the closest level 3 facility.

Alison Tudor noted she would estimate that the number of waivers needed would be double that of Detwiler as some of the insured victims are struggling to get insurance to cover the cost and noted waiving the fees should be a priority.

Jim Evans/case manager noted 1 of every 3 return to their homes and urged the Board to incentivize individuals to move back to their homes so the population is not lost.

Adam McLain/case manager requested that the Board join other counties in full fee waivers to continue with the spirit of generosity. He acknowledged that there is a cost but noted this is an enterprise investment as we are already facing a housing shortage, incentives will help.

Board discussion ensued.

DIRECTION: the direction given to staff is to 1) bring a resolution of intention for the update of Title 18.05. 2) bring an item that waives the following fees - Blue Tag (electrical), new well or well repair, septic system repair, and temporary housing (RV) permits with the option to choose if the reimbursement will be offered to only legally established dwellings or both legal and illegally established dwellings.

RESULT: **INFORMATION RECEIVED**

Recess

Minutes Acceptance: Minutes of Sep 27, 2022 9:00 AM (Items removed from Consent Agenda)

10:15 AM Chair Smallcombe recessed the meeting for a brief break and reconvened at 10:18 AM.

4. **Administration/Technical Services RES-2022-562**

Approve an Agreement with Lansweeper for Technical Asset Management in an Amount Not to Exceed $2,360; and Authorize the Board of Supervisors Chair to Sign the Agreement

Anthony Rios/Technical Services Manger gave the staff report. No public comment. Board discussion ensued.

RESULT:	**ADOPTED [UNANIMOUS]**
MOVER:	Wayne Forsythe, District IV Supervisor
SECONDER:	Marshall Long, District III Supervisor
AYES:	Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

H. Items removed from Consent Agenda

None.

I. Closed Session

10:21 AM Chair Smallcombe recessed the Board into closed session.

1. **Clerk of the Board of Supervisors (ID # 13411)**

CLOSED SESSION: Public Employee Discipline/Dismissal/Release

No public comment.

RESULT: **CLOSED SESSION HELD**

Report out

11:11 AM Chair Smallcombe reconvened the Board of Supervisors meeting and announced that during closed session, information was received and direction given

J. Board Information

None.

K. Adjournment

11:11 AM Chair Smallcombe adjourned in memory of Marvin Merrill and Robert Warren, Jr.

Respectfully submitted,

Minutes Acceptance: Minutes of Sep 27, 2022 9:00 AM (Items removed from Consent Agenda)

Danielle Bondshu
Clerk of the Board

Rosemarie Smallcombe
Chair, Board of Supervisors

Minutes Acceptance: Minutes of Sep 27, 2022 9:00 AM (Items removed from Consent Agenda)

MARIPOSA COUNTY

County Counsel · (209) 966-3222

RESOLUTION - ACTION REQUESTED 2022-622

MEETING: November 1, 2022

TO: The Board of Supervisors

FROM: Steve Dahlem, County Counsel

RE: Rejection of Claim No. C22-5 John Riggs DBA Riggs Excavation

---

RECOMMENDATION AND JUSTIFICATION:
Reject Claim No. C22-5 filed by John Riggs dba Riggs Excavation in the amount of $500,000; and authorize the Board of Supervisors Chair to sign the Notice of Rejection.

The claimant alleges that the County has in effect suspended claimant's general engineering license without substantive and procedural due process and without notice and the opportunity to be heard. Claimant alleges that this has resulted in financial injury to his ongoing business and trade. It is recommended that this claim be rejected.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
The Board has previously rejected unsubstantiated claims.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

ATTACHMENTS:
C22-6- John Riggs dba Riggs Excavation (PDF)
#Notice of Rejection (DOC)

RESULT: **ADOPTED AS AMENDED [UNANIMOUS]**
MOVER: Marshall Long, District III Supervisor
SECONDER: Miles Menetrey, District V Supervisor
AYES: Rosemarie Smallcombe, Marshall Long, Wayne Forsythe, Miles Menetrey

REF ID# 13498

RECEIVED
SEP 26 2022
BOARD OF SUPERVISORS

COUNTY OF MARIPOSA CLAIM FORM

CLAIM OF JOHN RIGGS
(Claimant)

v.

COUNTY OF MARIPOSA

CLAIM FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE
(Government Code § 910)

C22-6

TO THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY:

YOU ARE HEREBY NOTIFIED that: (Please type or print)

Claimant: JOHN RIGGS dba RIGGS EXCAVATION
Whose address is: Post Office Box 447
City and State: Ahwahnee Zip: 93601
Contact Phone: (559)658-1978 Email:

claims damages from the **COUNTY OF MARIPOSA** in the amount, computed as of the date of presentation of this claim, of $500,000.

This claim is based on: *(CHECK APPROPRIATE BOX OR BOXES)*

- ☐ Property Damage
- ☒ Personal Injury
- ☐ Contract
- ☒ Other *(Please List)*: Trade Libel, Defamation, Denial Substantive Due Process, Intentional Breach of Contractual Relations

which occurred on June 16 (MONTH/DAY), 2022 in the vicinity of *(place where incident occurred)*:

See Attachment to Claim for Personal Injury and/or Property Damage
(PLACE WHERE INCIDENT OCCURRED)

Describe generally the facts and circumstances that give rise to the claim: *(Please provide another page if more space is needed.)*

See Attachment to Claim for Personal Injury and/or Property Damage

The name(s) of the public employee(s) causing claimant's injuries or damages under the above-described circumstances is/are:

John L. Conway, REHS, Director of Environmental Health Unit,
Mariposa County Department of Health and Human Services Agency

Attachment: C22-6- John Riggs dba Riggs Excavation (RES-2022-622 : Rejection of Claim No. C22-5 John Riggs DBA Riggs Excavation)

The injuries sustained by claimant, as far as known, as of the date of presentation of this claim consist of:
(Describe generally claimant's injuries or damages.)

See Attachment to Claim for Personal Injury and/or Property Damage

The amount claimed, as of the date of presentation of this claim is computed as follows:

Damages incurred to date:

Expenses for medical and hospital care $_____

Loss of earnings $500,000

Specific damages (**ITEMIZE & PROVIDE 3 REPAIR ESTIMATES**)

_____ $_____

_____ $_____

Other damages (ITEMIZE)

_____ $_____

_____ $_____

TOTAL DAMAGES INCURRED TO DATE: $500,000

Estimated future damages as far as known from this incident:

Total estimated prospective damages: $_____

TOTAL AMOUNT CLAIMED AS OF DATE OF PRESENTATION OF THIS CLAIM: $500,000

All notices or other communications with regard to this claim should be sent to claimant at:
The Law Offices Of Jason M. Kerlan, P.C., PO Box 975, Fresno, CA 93714 jasonkerlan@gmail.com
(ADDRESS TO WHICH NOTICES ARE TO BE SENT)

Please return the completed form to: Clerk of the Board, 5100 Bullion St, PO Box 784, Mariposa, CA 95338

***PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.*

Dated: 9/26/22 Signed Jason Kerl, Attorney at Law
(CLAIMANT/AGENT FOR CLAIMANT)

Government Code § 911.2. Time of or presentation of claims
A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (commencing with § 915) of this chapter not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with § 915) of this chapter not later than one year after the accrual of the cause of action.

Attachment: C22-6- John Riggs dba Riggs Excavation (RES-2022-622 : Rejection of Claim No. C22-5 John Riggs DBA Riggs Excavation)

JASON M. KERLAN #183897
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ATTACHMENT TO CLAIM FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE OF JOHN RIGGS d.b.a. RIGGS EXCAVATION

TO THE COUNTY OF MARIPOSA:

Claimant JOHN RIGGS d.b.a. RIGGS EXCAVATION (hereinafter collectively referred to as "Claimant") hereby submits this **ATTACHMENT TO CLAIM FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE** and makes a claim against the COUNTY OF MARIPOSA and make the following statements in support of their claim:

This claim is based on:

Incident One: On or about June 16, 2022, John L. Conway, REHS, Director of environmental Health Unit, Mariposa County Department of Health and Human Services Agency sent Claimant John Riggs d.b.a. Riggs EXCAVATION a certified letter stating as follows:

"The purpose of this letter is to inform you that effective immediately this office will no longer accept certifications from Riggs Excavation to assist us in approving Vacation Rental Applications. This decision is based on the fact that there have been several cases where there are inconsistencies in the reports we have received and what we observed in the field."

Incident Two: Additionally, on July 13, 2022, John L. Conway, REHS, Director of environmental Health Unit, Mariposa County Department of Health and Human Services Agency sent Claimant John Riggs d.b.a. Riggs Excavation an email correspondence stating as

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follows:

"On June 16, 2022, this office sent you two copies of the attached letter informing you that we will no longer accept certifications from your company regarding vacation rental properties. However, we received a certification for a vacation rental completed by you from Bruce Contreras dated June 27, 2022.

Mr. Contreras has been informed that we cannot accept the certification and must; therefore, have the certification redone."

Incident Three and Continuing Incidents: From and after June 16, 2022, through the presentation of this claim, the County of Mariposa by and through its employee John L. Conway, REHS, Director of Environmental Health Unit, Mariposa County Department of Health and Human Services Agency has, in effect, suspended the general engineering license of Claimant John Riggs d.b.a. Riggs Excavation in the County of Mariposa without substantive and procedural due process and without notice and an opportunity to be heard before implementation of this policy, that in effect suspended the future acceptance of certifications from Claimant John Riggs d.b.a. Riggs Excavation. The aforementioned suspension policy has caused and will continue to cause Claimant significant financial injury to his ongoing business and trade in the County of Mariposa as a California general engineer licensed by the Contractors State License Board (License No. 881745).

The policy of the County of Mariposa of disallowing certifications from Claimant John Riggs d.b.a. Riggs Excavation is without legal cause and substantial justification.

Describe generally the facts and circumstances that give rise to the Claim:

[a] On or about June 16, 2022, through the present employee John L. Conway intentionally and/or negligently caused substantial financial losses to Claimant John Riggs d.b.a. Riggs Excavation without legal cause and substantial justification.

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[b] Before implementation of the policy disallowing certifications from Claimant John Riggs, Claimant John Riggs was not given adequate notice and an opportunity to be heard before the implementation of said policy.

[c] At all relevant times, employee John L. Conway was acting in the course and scope of his employment with the County of Mariposa.

The injuries sustained by claimant, as far as known, as of the date of the presentation of this claim consist of:

Claimant John Riggs dba Riggs Excavation's losses and injuries from June 16, 2022, through the presentation of this claim sustained are as follows:

1. A violation of Claimant John Riggs' civil rights and conspiracy to violate his civil rights, including but not limited to, violation of privacy rights and inalienable rights as guaranteed by the California Constitution.
2. A violation of both Federal and California substantial and procedural due process;
3. Libel and Trade Libel;
4. Slander;
5. Negligence and Negligence Per Se;
6. Intentional Interference with Contractual Rights;
7. Negligent Interference with Contractual Rights;
8. Intentional Interference with Prospective Economic Advantage;
9. Negligent Interference with Prospective Economic Advantage;
10. Intentional Interference with Emotional Distress;
11. Negligent Interference with Emotional Distress;

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12. False light;

13. Public disclosure of private facts;

14. General damages and special damages in the amount of five hundred thousand dollars ($500,000.00) or in an amount to proven at trial whichever is greater; and,

15. Reasonable attorney's fees and costs for the prosecution of this claim.

Jurisdiction: The jurisdiction in this matter shall rest in Superior Court of the State of California, in and for the County of Mariposa, unlimited civil jurisdiction or United States District Court in and for the Eastern District of California.

DATED: September 26, 2022

JASON M. KERLAN
Attorney for Plaintiff
JOHN RIGGS

Attachment: C22-6- John Riggs dba Riggs Excavation (RES-2022-622 : Rejection of Claim No. C22-5 John Riggs DBA Riggs Excavation)

Mariposa County Board of Supervisors

District 1 ... ROSEMARIE SMALLCOMBE
District 2 ..... VACANT
District 3 ..... MARSHALL LONG
District 4 ..... WAYNE FORSYTHE
District 5 ..... MILES MENETREY

DALLIN KIMBLE
County Administrative Officer

DANIELLE BONDSHU
Clerk of the Board

P. O. Box 784
Mariposa, CA 95338
(209) 966-3222
(800) 736-1252
www.mariposacounty.org/board

September 26th, 2022

John Riggs dba Riggs Excavation
C/o The Law Offices of Jason M. Kerlan, P.C.
P.O. Box 975, Fresno, CA 93714

Re: County Claim C22-6

To Whom It May Concern,

Attached you will find a file-stamped copy of the above-referenced "Claim for Personal Injury and/or Property Damage" dated September 26th, 2022. Please keep this copy as your proof that the claim has been filed. Additionally, please note that the file has been assigned case number C22-6 and will now be routed for further processing.

Sincerely,

Danielle Bondshu
Clerk of the Board
Mariposa County Board of Supervisors

ENC.

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Attachment: #Notice of Rejection (RES-2022-622 : Rejection of Claim No. C22-5 John Riggs DBA Riggs Excavation)

John Riggs
Riggs Excavation
P.O. Box 447
Ahwahnee, CA 93601

NOTICE OF REJECTION OF CLAIM NO. C22-5/JOHN RIGGS

Notice is hereby given that the claim which you presented to the Board of Supervisors on September 26, 2022 in the amount of $500,000 was rejected on November 1, 2022.

The foregoing was passed by the following vote of the Board on the 1st day of November 2022:

AYES:	SMALLCOMBE, LONG, FORSYTHE, MENETREY
NOES:	NONE
ABSENT:	NONE
ABSTAINED:	NONE

ROSEMARIE SMALLCOMBE, Chair
Board of Supervisors

ATTEST:

DANIELLE BONDSHU
Clerk of the Board

APPROVED AS TO FORM:

STEVEN W. DAHLEM
County Counsel

Warning

Subject to certain exceptions, you have only six (6) months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

Proof of Service by Mail
(1013a, 2015.5 CCP)

STATE OF CALIFORNIA, COUNTY OF MARIPOSA:

I am a citizen of the United States and a resident of the aforesaid County. I am over the age of eighteen years and not a party to the within entitled action; my business address is 5100 Bullion Street (P.O. Box 189), Mariposa, CA 95338. On November ___, 2022 I served the within Notice of Rejection of Claim No. C22-5/John Riggs dba Riggs Excavation on the claimant in said action by placing a true copy in a postage-paid envelope addressed to the person(s) hereinafter listed, in California, addressed as follows:

John Riggs
dba Riggs Excavation
P.O. Box 447
Ahwahnee, CA 93601

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed on November ___, 2022 at Mariposa, California.

_____
Rhonda Scherf

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