Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP)

2023-24
IMPLEMENTATION GUIDE

Acknowledgments

The development of this guide was a collaborative effort. Many thanks to the following YCCTPP coordinators for their contributions to this guide.

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THANK YOU

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Acronyms

ACH	Accountable Communities of Health
CDC	Center for Disease Control
CPWI	Community Prevention and Wellness
CTVP	Commercial Tobacco Vapor Program
ESD	Educational Service District
HCA	Health Care Authority
IRB	Institutional Review Board
LCB	Liquor Cannabis Board
LHJ	Local Health Jurisdiction
MVAPE	Marijuana Vape
NRT	Nicotine Replacement Therapy
PC	Practice Collaborative
PC LT	Practice Collaborative Leadership Team
PCH	Prevention and Community Health
SAMHSA	Substance Abuse and Mental Health Services Administration
SEM	Social Ecological Model
SPF	Strategic Prevention Framework
WSPHA	Washington State Public Health Association
WISPP	Washington State Institute for Public Policy
YCCTPP	Youth Cannabis and Commercial Tobacco Prevention Program
YMPEP	Youth Marijuana Education Prevention Education Program

DOH YCCTPP Staff

Organizational chart showing DOH YCCTPP staff structure:

Community Wellness and Youth Education Manager (top)

Reporting to the manager:
- **Acting Community Partnership Manager**
  - Contracts Consultant
  - Health Equity and Social Justice Coordinator
  - Youth Cannabis Prevention Coordinator
  - Community Grants Coordinator
- **Commercial Tobacco Prevention Manager**
  - Policy, Systems, and Environmental Change Coordinator
  - Commercial Tobacco Use and Dependence Treatment Consultant
  - Youth Commercial Tobacco Prevention Coordinator
  - Tobacco and Opioid Coordinator

Auxiliary Team:
- Communications Consultant
- Health Educator Cannabis
- Health Educator Tobacco
- Program Evaluator
- Epidemiologist

YCCTPP DOH Staff Contact List

To learn more about your DOH Team see the Appendix
- YCCTPP Staff Contact List
- Staff Overview/Bios

Program Overview

Background

In 2020, The Youth Marijuana Prevention Education Program (YMPEP or MPEP) and the Commercial Tobacco Prevention Program (CTPP) were consolidated to form The Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP).

Program Structure

The program structure consists of three arms for regional, priority population, and community. Each arm addresses a different need within the program; need by geographic region, by identified priority population (developed by the Center for Disease Control and Prevention), and community grantees. Each arm within the program has their own purpose, requirements, and deliverables identified with their contract manager. The figure below provides a detailed description of each of the 4 areas within the program structure.

YCCTPP

Regional Networks
YCCTPP funds 9 regional networks based on the Accountable Communities of Health (ACH) regions. Regional networks are intentional collaborations of partners who draw upon lived experience and professional expertise to help guide regional prevention efforts and share resources.

Priority Populations
The Washington state Health Youth Survey (HYS) exposes several differences in the prevalence of cannabis and commercial tobacco use amount youth based on racial/ethnic group, sexual orientation, gender expression, academic success, and social experience. The 6 priority population network contractors work to address disparities in use among Black/African American youth, American Indian/Alaska Native youth, Asian/Pacific Islander youth, Latinx/Hispanic youth, LGBTQIA+ youth, and youth who live in rural communities.

Community Grants
The new community grants program is an expansion of the Department of Health's YCCTPP. This funding is intended to support and expand community-based youth cannabis and commercial tobacco prevention through policy, system, and environmental change (PSE) efforts

Statewide Projects
An auxiliary 'fourth' arm is present for statewide projects identified by program funders or program need. For example; the Communities Requirement with the CDC NTCP grant where YCCTPP is contracting with the Department of Veterans Affairs and the Technical Assistance Contract to provide ongoing TA to contractors, currently held by Rede Group.

Program Values:

YCCTPP centers equity through the utilization of these core values:

- **Collaboration**: We are committed to our partners in this work and understand how to best serve Washingtonians; we must practice transparency and work with our communities.
- **Excellence:** We strive to demonstrate best practices, high performance, and compelling value in our work every day.
- Innovation: We are committed to being adaptable and flexible with our approach, looking to new ways to address the needs of Washingtonians.
- **Seven Generations:** Inspired by Native American cultures, we seek wisdom from those who came before us to ensure our current work protects those who will come after us.
- **Stewardship:** We are committed to ensuring funds are spent in a way that prioritizes those in Washington State with high need.

Purpose

To provide state and federal funding for regional and priority population networks in order to plan, implement and evaluate cannabis, and commercial tobacco* (including vaping products) prevention control activities.

Mission

The mission of The Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP) is to prevent and reduce the onset of cannabis and commercial tobacco use in youth, ages 12-20, support adults who influence these youths, leverage resources for promoting and supporting commercial tobacco dependence treatment, and to reduce cannabis and commercial tobacco-related inequities within Washington State.

Impact

The YCCTPP hopes to reduce initiation and use of cannabis and commercial tobacco by youth (ages 12-20), specifically among populations most adversely affected by marijuana use throughout Washington State.

YCCTPP Statewide Program Goals

- Establish networks that foster collaboration and innovation in youth cannabis and commercial tobacco use prevention.
- Promote sustainability through evaluation, program, and personnel development, and establishing relevancy to current issues.
- Promote equity through centering voices of those who endure inequities and building a space for those with lived experiences, while acknowledging past oppression and the harm it has caused to communities.
- Utilizing an upstream prevention approach by drawing from existing science-based frameworks to create policy, systems, and environmental change.

Progress Objectives (Measured by Healthy Youth Survey)

- Decrease the statewide percentage of 10th grade students who have used cannabis and or commercial tobacco at least one day in the past 30 days.
- Decrease the statewide percentage of 10th grade students who have used cannabis and/or commercial tobacco at least one day in the past 30 days and belong to the African American/Black, Latino/Hispanic, Asian/Pacific Islander, American Indian/Alaska Native, and or LGBTQ populations.
- Decrease the statewide percentage of 10th grade students who first used cannabis and/or commercial tobacco prior to 14 years of age.

Why does this program refer to commercial tobacco instead of just saying tobacco?

Some American Indian tribes use tobacco as a sacred medicine and in ceremony to promote physical, spiritual, emotional, and community well-being. This traditional tobacco is different from commercial tobacco, which is tobacco that is manufactured and sold by the commercial tobacco industry, and is linked to addiction, disease, and death. "Commercial" tobacco has been added to the Washington State Tobacco Prevention Program's name, and is used throughout this document, to acknowledge and honor the use of traditional tobacco while distinguishing between the two.

*Commercial tobacco includes any product that contains tobacco and/or nicotine, such as cigarettes, cigars, electronic cigarettes, hookah, pipes, smokeless tobacco, heated tobacco, and other oral nicotine products. Commercial tobacco does not include FDA-approved nicotine replacement therapies such as nicotine patches or gum. Additionally, the term "e-cigarettes" in this report refers to any electronic nicotine delivery device.

Why cannabis instead of marijuana?

Cannabis is more accurate terminology as it refers to all products derived from the plant Cannabis Sativa which contains approximately 540 chemical substances. Marijuana only refers to parts of or products of the plant Cannabis Sativa that contains tetrahydrocannabinol (THC), where THC is primarily responsible for the effects of marijuana on a person's mental state.

Washington State Legislation & Funding

YCCTPP is made up of three sources of funding listed below:

Youth Cannabis Prevention and Education Program

In 2012, Washington state voters legalized recreational use of marijuana through Initiative 502. The provisions approved by this initiative became part of Revised Code of Washington (RCW) Chapter 69.50 (Uniform Controlled Substances Act). According to RCW 69.50.540 subsection 2(b)(i), the Washington State Department of Health (DOH) must develop and implement:

1. A marijuana use public health hotline that provides referrals to substance abuse treatment providers, utilizes evidence-based or researched-based public health approaches to minimizing the harms associated with marijuana use, and does not solely advocate an abstinence-only approach.
2. A grants program for local health departments or other local community agencies that supports development and implementation of coordinated intervention strategies for the prevention and reduction of marijuana use by youth. (This is what this funding opportunity is focusing on)
3. Media-based education campaigns across television, internet, radio, print, and out-of-home advertising, separately targeting youth and adults, that provide medically and scientifically accurate information about the health and safety risks posed by marijuana use.

Commercial Tobacco Prevention Program

The Commercial Tobacco Prevention Program is made up of two sources of funding. First, the Youth Tobacco and Vapor Product Prevention Account (RCW 70.155.120) is generated by fines and fees paid by tobacco and vapor product retailers. As a provision of this account, "(5) The department of health shall, within up to seventy percent of available funds, provide grants to local health departments or other local community agencies to develop and implement coordinated tobacco and vapor product intervention strategies to prevent and reduce tobacco and vapor product use by youth. During the 2019-2021 fiscal biennium, the department of health shall, within up to seventy-seven percent of available funds, provide grants to local health departments or other local community agencies to develop and implement coordinated tobacco and vapor product intervention strategies to prevent and reduce tobacco and vapor product use by youth.

CDC Tobacco Funding

The second source of funding is through a cooperative agreement awarded to DOH from the Center of Disease Control and Prevention (CDC) and Office of Smoking and Health (OSH)'s DP20- 2001: National and State Tobacco Control Program. The CDC and OSH requires that a portion of these funds be distributed to community partners. The funding supports the implementation of evidence-based policy, system, and environmental interventions, strategies, and activities to reduce tobacco use among youth and adults, secondhand smoke exposure, tobacco-related disparities, and associated disease, disability, and death.

Health Equity + Addressing Health Disparities

Heal Act- The Healthy Environment for All (HEAL) Act intends to reduce environmental and health disparities in Washington state, specifically among low income and communities of color, and improve the overall health of all Washington state residents. It is the first statewide law in Washington to create a coordinated state agency approach to environmental justice. The law establishes a clear definition of environmental justice for Washington and has created an Environmental Justice Council to provide recommendations and guidance to the state in order to assist with technical coordination among various state agencies. The HEAL Act additionally builds on and implements key elements from the Environmental Justice Task Force, including incorporating environmental justice part of agency work (strategic plans, developing community engagement plans and tribal consultation frameworks, and conducting environmental justice assessments) and promoting the equitable sharing of environmental benefits and investing in communities of color and low socioeconomic status.

Tobacco Proviso

In the 2023 legislative session, the Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP), was appropriated ongoing fiscal support, in the amount of $2.5 million annually, from the general state funds for the next biennium.

The funds were provided solely for tobacco, vapor products, and nicotine control, cessation, treatment and prevention, and other substance use prevention and education, with an emphasis on community-based strategies. These strategies must include programs that consider the disparate impacts of nicotine addiction on specific populations, including youth and racial or disparities.

A major portion of these funds will be dedicated to current YCCTPP contractors, to rebuild and enhance their local commercial tobacco prevention and cessation efforts.
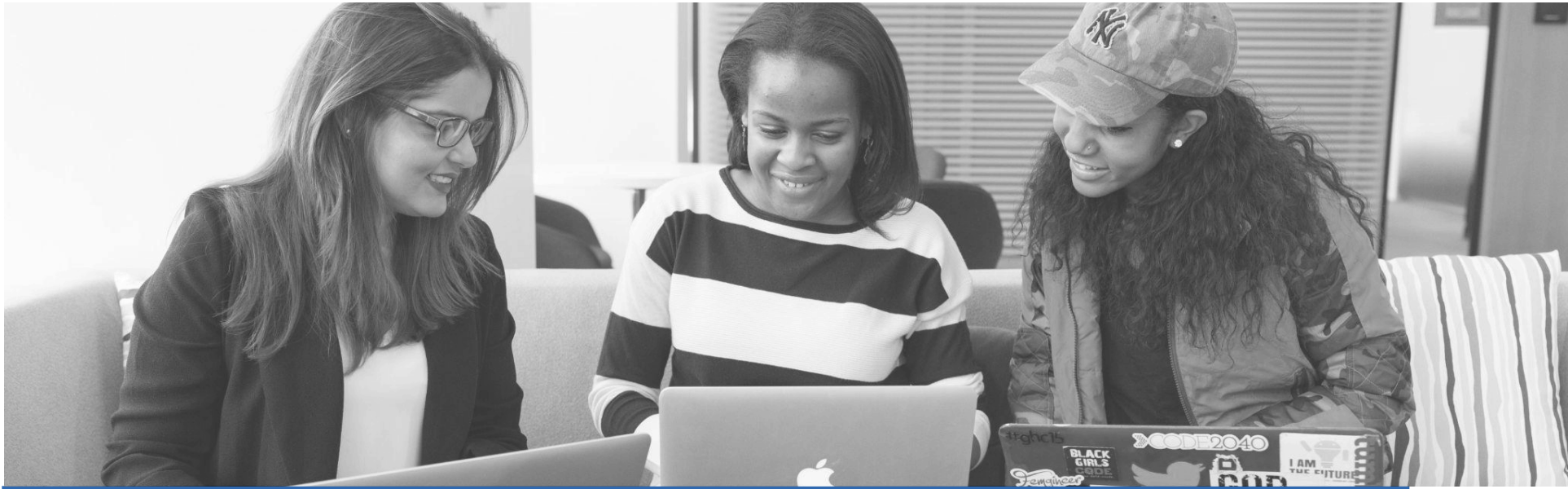
Substance Use Prevention System in Washington State

Strategic Prevention Enhancement Policy Consortium- The Washington State Department of Health (DOH) is a member of the Washington Strategic Prevention Enhancement Policy Consortium (SPE). The consortium is supported by the Health Care Authority (HCA) and jointly chaired by HCA and DOH. Its membership is comprised of representatives from 26 state and tribal agencies and organizations. The goal of the consortium is to strengthen and support an integrated, statewide system of community-driven substance use disorder prevention, mental health promotion, and related issues through collaborative partnerships. YCCTPP coordinates its work with various members of this consortium. YCCTPP contractors frequently work with these state groups or their local affiliates (e.g. HCA's Community Prevention and Wellness Initiative and organizations receiving Drug-Free Communities grants from the federal government).

Tobacco Prevention

The Department of Health is designated to use the funding in cooperative agreement with the CDC to serve as Washington State's representative for the National and State Tobacco Control Program. Additionally, the program is designated funds by the Washington State Legislature, through RCW 70.155.120 or the Youth Tobacco and Vapor Products Prevention Account. The program serves as the leader for aspects regarding commercial tobacco prevention and cessation, supporting statewide programs, cessation resources and supports, and funding local partners to address tobacco use in their communities through evidence-based practices and policy, systems, and environment change.

Washington State Commercial Tobacco Prevention and Control 5- Year Strategic Plan The Washington State Commercial Tobacco Prevention Program has worked with the broader Washington tobacco prevention and control community to create the 2021-2025 Tobacco Strategic Plan aimed at addressing the tobacco/ nicotine epidemic in Washington State. The Washington tobacco prevention and control community believe in a comprehensive and integrated approach to achieve the following four goals:

- Reduce commercial tobacco-related disparities among priority populations.
- Prevention of commercial tobacco use among youth and young adults with emphasis on e-cigarettes.
- Leverage resources for promoting and supporting commercial tobacco dependence treatment.
- Eliminate exposure to secondhand smoke and electronic cigarette emissions.

Washington Breathes Coalition

Washington Breathes is a statewide coalition of organizations and individuals working to eliminate the harmful use of commercial tobacco and other nicotine products. Washington Breathes exists as a member-driven coalition with four active work groups (Communications, Supporting Healthy Youth, Improving Cessation Treatment, and Policy) where coalition members and partners work together towards shared goals. Washington Breathes believes in a healthier Washington, where commercial tobacco-related inequities are non-existent and where all people in our communities, across generations, are free from nicotine addiction, disease and premature death caused by commercial tobacco. This is done by bringing together diverse partners from a variety of sectors to build capacity, collaborate, increase understanding, support cessation, and develop policy, systems, and environmental changes aimed at eliminating inequities and the negative effects from commercial tobacco use, sales and marketing. With an overarching coalition goal of Improving Health Equity and Community Health, Washington Breathes aims to do so by:

- Ending Commercial Tobacco Sales
- Increasing Community-Based Data
- Restoring Funding and Comprehensive State Program
- Supporting Healthy Youth
- Eliminating Inequities
- Improving Cessation Treatment

Cannabis Prevention

Health Care Authority (HCA) and Department of Health (DOH) Cannabis Programs Per agreement with Governor Inslee, HCA and DOH MPEP use their state funding from the Dedicated Cannabis Account (DCA – RCW 69.50.540) in different but complimentary ways to support the following types of cannabis prevention approaches:

Health Care Authority (HCA): HCA funds community-based coalitions across the state.

> Community Prevention and Wellness Initiative (CPWI) CPWI is a community- and school-based model for delivering prevention programs and strategies to reduce underage use of alcohol, marijuana, tobacco, and other drugs. This model uses a data-informed, community-level decision making process to determine root social and emotional causes that predict problem behaviors. Funding is focused in communities experiencing high levels of underage drinking,

marijuana and opioid use, crime, unemployment, and school failure. Communities are chosen based on their needs and their readiness to successfully address them. Coalitions must conduct evidence-based practices (EBPs) approved by SAMHSA. For cannabis prevention, they implement EBPs identified by the Washington State Institute for Public Policy (WSIPP). While most EBPs are designed for individuals and small groups, CPWI coalitions also plan and engage in strategies such as community media and policy advocacy.

Washington State Department of Health (DOH): DOH funds Regional and community-based networks across the state.

Networks: YCCTPP contractors use DCA funds to build and sustain regional and community-based networks. These networks are comprised of members from a wide variety of community sectors. They plan and implement activities to establish, enhance, protect, implement, or monitor Policy, systems and environmental (PSE)changes at the national, state, county, and community levels. Dedicated Cannabis funds may not be used to implement marijuana EBPs on the list prepared by WSIPP.

Other YCCTPP State Partners

- Washington State Liquor and Cannabis Board
- Accountable Communities of Health
- Office of the Superintendent of Public Instruction (OSPI)
- Prevention Specialist Certification Board of WA (PSCBW)
- Washington Traffic Safety Commission (WTSC)
- Washington Association for Substance use And Violence Prevention (WASAVP)
- Washington State Department of Ecology
- Washington Poison Center

Prevention Frameworks & Approaches

The frameworks/models outlined below are some of the approved approaches for use by YCCTPP and should be utilized to guide planning, implementing, and evaluating program activities.

Strategic Prevention Framework: The Strategic Prevention Framework offers networks and prevention efforts a comprehensive approach to understanding and addressing youth substance use in their region and statewide. The step approach includes Assessment, Capacity Building, Planning, Implementation and Evaluation while ensuring cultural competence and sustainability are carried throughout. This approach provides a thoughtful process to ensure data, research and community input drive all network work.

Social Ecological Model: The Social Ecological Model of Health explores the relationships between the individual, community, and the physical, social, and political environments; and how these relationships impact behavioral change.

Population-based Approaches: The use of policy, systems, and environmental strategies to prevent and control public health issues at the population, not individual or small group level.

Health Equity and Cultural Humility: A framework based on the social determinants of health and designed to acknowledge and address inequities in access to resources, discrimination, and health outcomes by specific populations. Resources: University of Kansas Community Toolbox

Evidence-Based + Evidence-Informed Practices in Prevention

Evidence-Based: refers to prevention programs, strategies, and policies that have been rigorously tested under research conditions and found to be effective in changing adolescent drug use behavior and attitudes.

Evidence-Informed: means organizations use research that is already available and has been tested, tried, and true. This evidence is then combined with the experiences and expertise of the organization to best fit the population served.

*Note: Cannabis prevention is an evidence-informed practice. Evidenced-based practices in commercial tobacco and alcohol prevention are used to inform cannabis prevention efforts. Research is being conducted for effectiveness in preventing youth cannabis use in states where adult use is legal.

Science of The Positive: The study of how positive factors impact culture and experience. This framework reverses problem-centered framing to focus on growing healthy and positive protective factors. Resources: [Montana Institute](#)

Youth Empowerment: An approach that supports building the skills, values, and abilities of youth to improve personal behavior, build skills and resilience, and address societal concerns. Resources: [Guide to Authentic Youth Leadership and Collaboration](#), [Youth Participatory Action Research (YPAR)](#)

Community Engagement & Participation: Clarifies the role of the public or community in planning and decision-making, and how much influence the community has over planning or decision-making processes. Resources: [Spectrum of Community Engagement to Ownership, IAP2 Spectrum](#), [IAP2 Spectrum](#) , [The Center for Communities that Care](#)

CDC Best Practices for Comprehensive Tobacco Control Programs: An evidence-based guide to help states build and maintain effective tobacco control programs to prevent and reduce tobacco use, with a focus on integrated approaches to program development. This guide complements other CDC Best Practice User Guides which focus on: Cessation, Health Communications, Health Equity, Partnerships, Program Instructure, Putting Evidence into Practice, Youth Engagement, Native Communities, Mapping Techniques, and Retail Strategies. Resources: [Evidence Based Guides for States | CDC](#)

Other Helpful Resources

- [Addictions, Drug and Alcohol Institute (ADAI) Clearinghouse](#)
- [Center for Black Health and Equity](#)
- [APPEAL for Health](#)
- Washington Prevention Voices
- [University of Washington – Social Development Research Group](#)
- [Washington State University IMPACT Lab](#)
- Stanford Medicine Toolkits- [tobacco](#) and [cannabis](#)
- [Know This About Cannabis](#)
- [CC Best practices for tobacco](#)

Policy System and Environmental Change (PSE)

Policy, systems, and environmental strategies approach incorporates prevention efforts aimed at changing or influencing populations' and/or communities' conditions, standards, institutions, structures, systems, and policies. Through needs assessments and network collaboration YCCTPP partners work to address policy, system and environmental factors, and root causes that impact youth cannabis and commercial tobacco use within their region/community.

Big "P" policy

Big "P" policy refers to policy that impacts a large population, such as:

- State laws
- Federal laws

Little "p" Policy

Little "p" policy refers to a policy that impacts a smaller more centralized population, such as:

- City laws/ordinances
- County laws/ordinances
- Individual school district policies

Policy Change: Efforts made to defend, strengthen, adopt or implement policy changes in public (national, state, and/or local government agencies, schools districts, etc.) and private (business, community organizations, health care settings, etc.) settings.

Systems Change: Refers to changes made to rules and procedures within an independent organization (individual schools, hospitals/clinics, companies, etc.). These changes affect organizational purpose and function by addressing organizational cultural, beliefs, policies, and goals.

> *Example:*
> Health care facilities that adopt and implement screen and refer policies.

Environmental Change: Involves changing economic, social, and physical environments that contribute to an increased risk of cannabis and/or commercial tobacco use among youth, and/or support positive behavior.

> *Example:*
> Installing signs that prohibit smoking and vaping in public parks.

Decision Maker Outreach: Educating individuals, public, and private organizations on the value of YCCTPP and the work your network is doing, and how YCCTPP is an important part of Statewide Youth Cannabis and Commercial Tobacco prevention efforts.

Guidance on Lobbying

Federal (CDC) Funds
Other than for normal and recognized executive-legislative relationships, no funds may be used for:

- Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
- The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients

State Funding
*Contractors should follow their agency guidance on lobbying

Preemption: This refers to the legal doctrine that establishes a general framework through which the laws of different levels of government interact. Due to the hierarchical structure of government, the laws of lower government units have to yield to higher government laws when there is conflict. Thus, federal laws can preempt conflicting state law, and likewise, state law can preempt the laws of lower state political subdivisions, such as counties, cities, and towns. When a law is preempted, it is invalid and has no effect. In a local tobacco control context, preemption removes decision-making authority from local governments and centralizes it in the federal and state governments.

Washington State currently preempts most local government action to prevent and control use of tobacco and vapor products. This has prevented localities from adopting locally tailored policies to address continuing and emerging tobacco-related health issues in the state.

PSE Resources

- The Guidebook to Successful Policy and Systems Change
- Cause and Effect Tree Root Cause Analysis Tool
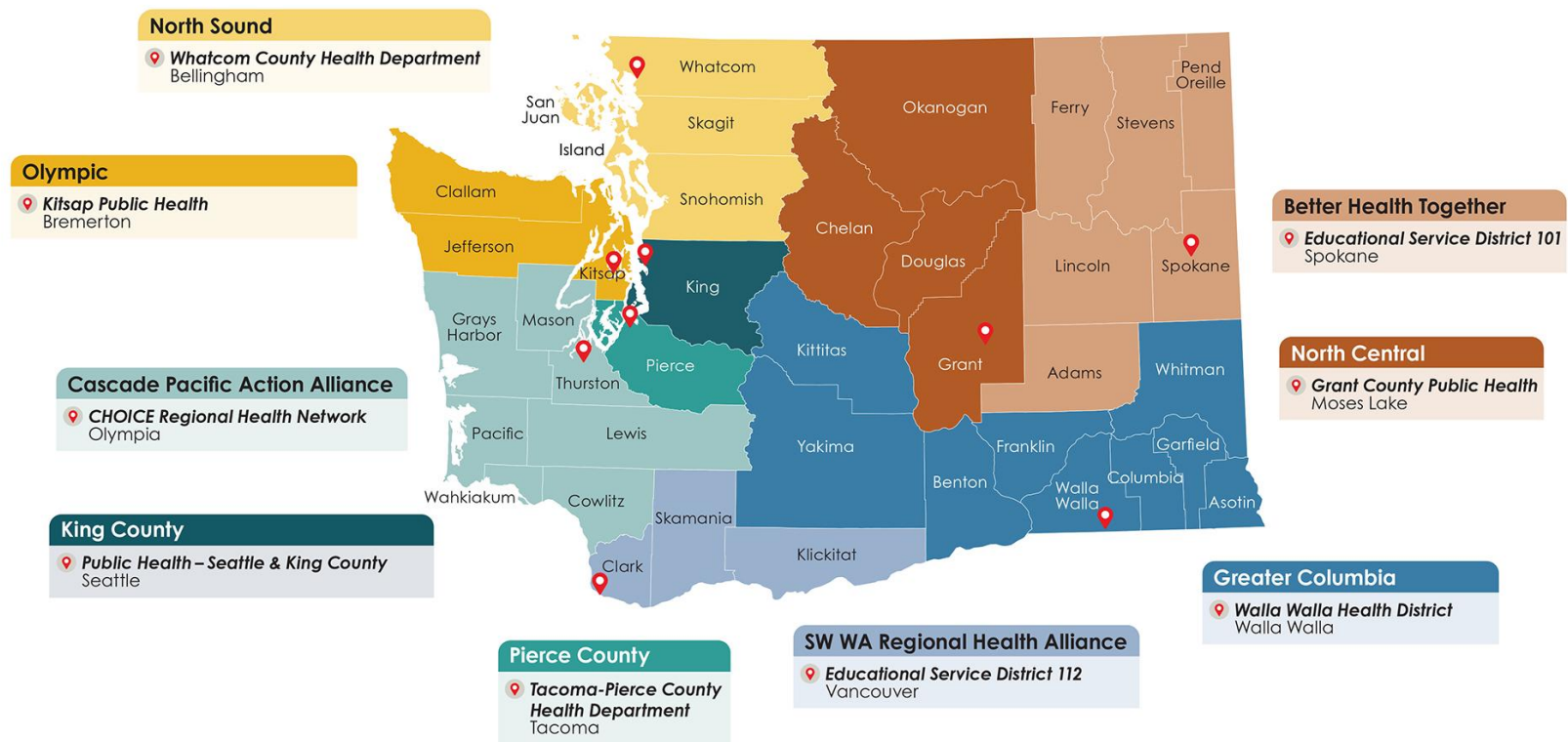- The Next Generation Sequencing Quality Initiative

Regional Networks

Regional Networks

The [Accountable Communities of Health (ACH)](#) program has divided Washington state into 9 geographic regions. The 9 regional networks are based on the accountable communities of health regions.

Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP)
Regional Network Contractors

North Sound
- *Whatcom County Health Department*
  Bellingham

Olympic
- *Kitsap Public Health*
  Bremerton

Cascade Pacific Action Alliance
- *CHOICE Regional Health Network*
  Olympia

King County
- *Public Health – Seattle & King County*
  Seattle

Pierce County
- *Tacoma-Pierce County Health Department*
  Tacoma

SW WA Regional Health Alliance
- *Educational Service District 112*
  Vancouver

Better Health Together
- *Educational Service District 101*
  Spokane

North Central
- *Grant County Public Health*
  Moses Lake

Greater Columbia
- *Walla Walla Health District*
  Walla Walla

Frequently used Terminology

*These are terms DOH uses to describe these roles, your agency may use different language

Networks: A network is an intentional collaboration of partners from various sectors of the community (youth serving organizations, community-based organizations/non-profit organizations, local health jurisdictions, prevention partners and more) who draw upon lived experience and professional experience utilizing identified prevention frameworks and evidence-based and evidence-informed practices to plan, implement, and evaluate strategies and activities that address youth substance use prevention within their target area. Members act within their own sphere of influence to support and carry out strategies and activities identified.

Network structures vary between regions based on the needs of the region and partner capacity, but each network must meet the minimum requirements for a network (detailed below).

Key Partners: Many networks may have a large membership. YCCTPP defines Key Partners as those partners in your network that are most active in planning, decision making and/or implementation.

Network Coordinator: The role of the network coordinator includes but is not limited to:
- Organize a regional network with the goal of engaging community partners, coalitions, county health district and other partners in collaborating to reduce cannabis and commercial tobacco use among youth (ages 12-20) with a special focus on reaching youth who are at increased risk due to race, ethnicity, gender, sexuality, geographic region and/or socioeconomic background.
- Organize planning and development efforts with regional partners that address policy, systems and environmental change and root causes of youth substance use.
- Report on partners involvement and progress in implementing and evaluating network activities.
- Network coordinator(s) will serve as a Representative of their region and will share priorities, needs and concerns in statewide meetings.

Meeting Dates (tentative dates subject to change)

Required:

- YCCTPP quarterly meetings
    - July 11, 2023 (Virtual)
    - November 7-9, 2023 (In-Person)
    - March 12, 2024 (Virtual)
    - May 14-16, 2024 (In-Person)
- Monthly check-ins with contract manager
- Practice Collaborative (PC) meetings, schedule to be determined by the PC's Leadership Team
- Optional:
    - Trainings and/or Webinars hosted through TA contract by Rede Group and WA DOH.
    - YCCTPP Office Hours

Contracts Requirements

- Hire and maintain program staff minimum of 1.25 FTE = (1 FTE State Funds) + (.25 FTE CDC Funds)
    - Designate at least one YCCTPP Regional Network coordinator - additional staff may be hired or subcontracts may be executed to support workplan activities and completion of deliverables with approval of YCCTPP contract manager.
    - Ensure all staff working with youth have an acceptable criminal background check on file.

- Maintain a regional network of prevention partners.
  (See network requirement below)
- Participate in required virtual and/or in-person meetings, and optional trainings/webinars.
- Contractors will participate in a DOH site visit once per biennium.
- Contractor will serve as YCCTTP Representative of their region/population for Washington State.
- Act as the fiduciary agent if subcontracting. DOH must be notified and approve of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
- Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

Minimum (DOH) Requirements for A Network
- Designate a Network Coordinator to manage and coordinate the network activities and meetings.
- Representation from Key Partners in the 4 required sectors:
  - Local Health Jurisdiction
  - Youth Serving Organization
  - Community Based Organization / Non-Profit
  - Prevention Coalitions
- A network admin plan
- Network overview- outline/process for engaging key partners in development of YCCTPP workplan shared responsibility in implementation

Required Deliverables

Each contractor is required to complete a series of deliverables, the required deliverables, deadline and due dates are outlined below.

Deliverables	Due Dates
2023-24 Workplan & Budget Proposal	7/16/2023
Organizational Administrative Plan	7/31/2023
Network Administrative Plan	9/29/2023
Monthly Progress Reporting	Due the 20th of each month
Quarterly Reporting	October, January, April, July
Contract Manager Site Visits	TBD Spring 2024
Key Partner Assessment	TBD Spring 2024
Year-end Spending Projections	May 15th
2024-25 Workplan & Budget Proposal	May 17th, 2024
Community/Population Data Evaluation and Needs & Resource Assessment	June 30, 2024
Annual Report	8/14/2024

2023-24 Workplan & Budget Proposal

YCCTPP Workplan Template

The annual workplan must be completed using the provided YCCTPP Workplan Template (provided).

Below are some tips helpful tips to consider when completing the workplan:

- Each workplan must address a minimum of 4 PSE goals based on needs identified by the network. Workplans can include more than 4 goals as long as they are feasible.
  - YCCTPP views workplan Goals as broad and longer term.
- Each goal must have at least one objective that describes how progress towards PSE goals will be tracked and measured.
- Networks will identify which of the statewide goals each of their goals best contribute to
- Networks must identify at minimum one activity per strategy per strategy.
- Some activities may be specific to a cannabis or commercial tobacco/vapor products, while other activities may encompass both.
- The workplan should have activities planned out for the course of year, "by when"- should fill out a calendar year, or "how often"- identifies frequency.

A sample of a completed workplan is available.

Workplan Approvals

Contract managers will work with contractors to ensure their workplan meets minimum requirements. Contractors will receive an email from contract managers with official approval.

Changes to Workplan

Contractors may make changes to the approved workplan with prior approval from contract managers.

Annual Budget Proposal

Budget Proposal Workbooks

Budget proposals should be submitted in the Budget Proposal Workbook. Contract managers will share Budget Proposal Workbooks that include the most up to date funding amount available one month prior to budget draft due dates.

*Funds included in the Budget Proposal Workbook include the minimum amount of funding guaranteed (unless otherwise specified), additional funds are subject to change based on decisions made during legislative session. *

Budget Proposal

A Budget Proposal Sample is available that includes a budget breakdown and budget narrative. Budget proposals do not need to be as detailed as the sample, but contractors should begin estimating costs activities included in workplans and begin allocating funds accordingly.

Budget Approvals

Contract managers will work with contractors to ensure their Budget Proposal clearly aligns with their workplans and meets minimum requirements. Contractors will receive an email from their contract manager with official approval.

Changes to Proposed Budget

Contractors may make changes to the approved budget proposals with prior approval from contract managers.

Organizational Admin Plan - 7/31/2023

There is not a required template submitting your organizational admin plan. This may be submitted in a word document or another format if preferred.

The agency admin plan needs to include:

Breakdown of staffing plan for the project

A List of relevant staff including:

- Name
- Title
- Email
- Phone number
- Brief Description of role & responsibilities- For this section only includes relevant agency staff. Only include subcontractor contact if you are subcontracting part of your agencies FTE requirement to them (This requires pre-approval from contract manager)

Agency contract information for fiscal department

If there are billing questions who should our team contact?

Name and contact information for anyone who needs access to SharePoint.

Data Management Plan

The point of the data management plan requirement is to collect information on how your agency ensures the protection and preservation of data & sensitive information collected. Data is broad term some examples of data may include but are not limited to:

- Network survey/ assessments
- Email subscription lists to newsletters
- Photo/Video Releases
- Permission slips/forms

The data management plan can be written informally in paragraph or bullet point style, there is not expected length, but it must describe:

- What type of data & sensitive information will you be collecting or generating in relation to YCCTPP funding
- Standards to be used for collecting or generated data
- Mechanisms for providing access to & sharing the data (including provisions for the protection of privacy, confidentiality, security, intellectual property or other rights)
- Plans for archival & long-term preservation or the data, or explaining why long-term preservation & access are not justified.

Network Admin Plan- 9/29/2023

The network admin plan can be completed using the attached templates, or can be completed in a word document or other preferred format it must include:

Network Overview

An outline/process for engaging key partners in development of YCCTPP workplan

Network Structure

- Describe your network Structure
- Does your network have any sub groups or sub committee's?
- How are network members involved in decision making
- How are network members included in the implementation of workplan (outlined in workplan By Who section)

Network meeting schedule

- A tentative meeting Calendar if network meetings dates are already identified or Frequency of meetings is sufficient.
- A list of network subcommittees or subgroups (if applicable)- including purpose, meeting frequency

Network Mission Statement

Key Partners Information

(optional template included)- Must include:

- Key partners names
- Title (if applicable)
- Agency (if applicable)
- Email Address
- Reason for Selection- Which sector(s) do they represent.
- Type of membership agreement- (Subcontract, MOU/MOA, Key Partner Agreement Form, Other-please describe)

Networks must have representation from all required sectors to be considered in compliance

Equity Assessment

Network partners must have completed the Equity Assessment (included) network coordinator will include the two equity competencies the network will prioritize.

Communications Plan

(optional template included)- how will you communicate with your network?

Monthly Progress Reporting- By the 20th of each month

How does DOH use my report once submitted?

The YCCTPP DOH team utilizes contractor reports for several purposes, including but not limited to:

- Approve invoices
- Track workplan progress
- Report to legislators and DOH leadership on how funds are being utilized and PSE work being completed
- Conduct program evaluation
- Update YCCTPP newsletters
- Complete annual CDC reporting

Monthly Reports
By the 20th of each month following the month in which work was performed
Months to Complete: *July, August, September, November, December, February, March, May, June*
> Monthly Reports will be a record of activities that have happened month to month and to track any changes. Monthly Reports will be utilized by contract managers to process payments each month.

Quarterly Reports
By the 20th of the month following the quarter in which work was performed
Months to Complete: *October, January, April, July*
> Quarterly Reports will be detailed narrative accounts of activities and progress on goals including updates on performance measures that will be utilized for processing payments, tracking progress, reporting to funders, and more.

* Specific Instructions using the reporting tool will be sent to contractors directly and added into the attachments. *

Optional: Process for Reporting on Mini Grants

How does YCCTPP distinguish between a Mini Grant and a subcontract?
Mini Grants are funds allocated to an organization to cover the costs of a clearly outlined project. Mini grants are under $10,000, no more than 1 can be allocated to the same organization per fiscal year. DOH Contract Managers will work with Contractors to determine if their project proposal meets the requirement for a mini grant.

Reporting Process:

1. Contractors will submit project abstracts for each mini grant to DOH contract manager to determine if projects proposed meet mini grant requirements.
   Abstracts should include:
   - Brief project overview
   - Amount awarded.
   - Brief description of how funds will be used (can be outlined in the project overview)

2. Submit a plan for oversight of mini grants
   Plan for oversights should include:
   - Plan for supporting mini grantees
   - Plan for tracking deliverables

3. Submit end of project summary
   Project Summaries should include:
   - Who was included in this project
   - Reach- who did they reach? What was the target audience?
   - Successes/ Challenges/ Setbacks
   - Optional: photos or videos that show off the project

Monthly Invoicing

All monthly invoices are due the 30th of each month following the month the expenditures incurred.

DOH reserves the right to not reimburse invoices received after 90 days of the month expenses were incurred.

Consolidated Contract (Con-Con)- (Local Health Jurisdictions)

Contractors use their Budget Workbook (stored on each contractor's SharePoint site) to document their monthly expenditures and create their monthly A19 (invoice) that must be submitted to their DOH contract manager. Contracts must also submit an A19 to the DOH Consolidated Contracts office to be paid the 30th of the month when expenditures incurred.

Non-Consolidated Contract (Non-Con)- (Other Contractors)

All other YCCTPP Contractors must fill out the Expenditure Worksheet to create an A19. To be paid, they must then print, sign, scan, and email a PDF of their invoice (with support documentation) to their contract manager by the 30th of the month following when expenditures were incurred. A-19 documents (PDFs) must be emailed to contract manager and contract consultant with the following title format: A-19-Contract #-organization name- month-year.

What is supporting documentation?

Supporting documentation is information in addition to the A-19 invoice. The amount of supporting documentation is determined by the risk assessment completed by Fiscal Monitoring Unit (FMU). You should receive an email, which indicates your risk level and the required supporting documentation.

Year-end Projections - Due May 15th, 2024

Final expenditure projections must be submitted by the 15h of May to allow DOH to appropriately accrue funds to make final payments. An invoice must be submitted to Contract Manager and Contracts Consultant marked FINAL INVOICE PROJECTION.

Final Invoice: Due August 14th, 2024

Final Expenditure Reports and invoices are due no later than August 14, 2024, and must be marked FINAL INVOICE.

Key Partner Assessment- (Dates TBD Spring 2024)

The Key Partners assessment will be held annually in the spring- Dates TB. Contract managers will provide updates on the timeline and format as soon as possible.

The purpose of this evaluation is to assess network partners' understanding of YCCTPP, networks, and areas for improvement at the individual level.

This evaluation will help the Washington State Department of Health (DOH) Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP) identify areas in need of our assistance in meeting network internal/external partner goals.

Community/Population Data Evaluation and Needs & Resource Assessment- Due June 30, 2024

Networks use data to identify disparities within their service area and to identify areas of high need. Strategies should be targeted at addressing the areas of highest need, while offering tools and support for replicating in other areas.

Needs Assessment

A needs assessment provides networks with a general snapshot that includes: geographic and environmental conditions, demographics, current use rates and trends, existing resources/services, gaps in services and disparities, existing policies, systems and environments that support or contribute to youth cannabis and commercial tobacco use and provides general context to why youth who live in the identified assessment area are using substances.

A needs assessment template will be sent out by DOH program

Helpful Terminology:

Quantitative Data (Numerical)

Data that is quantifiable and addresses "how much" or "how many" aspects of a research question.

Examples include:

- Surveys
- Census data

Qualitative Data (Categorical)

Data that describes qualities or characteristics. This information often comes from opinions or idea and provides deeper insights into what the numbers mean.

Examples Include:

- Focus groups
- Key informant interviews

Annual Report

The annual report is a brief summary of work accomplished in this fiscal year. Attached is an optional template you may utilize or tailor to fit your needs. Please note that the attached template is more comprehensive than required and you may submit your annual report in a different template/format of your preference. There is not minimum or maximum page limit. Please include at least one paragraph addressing the requirements outlined below. Your annual report must include the following:

- Brief overview of:

- Your organization
- Your Network Partners (you do not need to list every partner if you have many, it is okay to just address the sectors/types or partners represented)
- Network structure
- For each objective under each of your goals you must address the following:
  - Progress Summary
  - Successes/Barriers/Lessons Learned
  - Next Steps
- Optional: (Not Required)
  - Photos/Video Links
  - Websites/Social Media Pages
  - Materials Developed
  - Etc.

If your organization already produces an annual report with your partners, you do not need to recreate the wheel. You may submit the report you send to your partners, but we ask you include either in email or in a word document on what page we can find the corresponding answers. If your report addresses some, but not all the questions, you can also use this document to fill in gaps

Example:

- Goal 1- Objective 1-
- Progress Summary- pg. 6
- Successes/Barriers/Lessons Learned- pg.6
- Next Steps- (not included in the report) for fiscal year 2023-24 our network will continue to address this goal by...

Compliance

The Failure of the contractor to meet program requirements and perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, revision of this statement of work, or termination of the contract. DOH reserves the right to determine the amount of any reduction, based on contractor's performance, and to unilaterally amend the contract to affect any reduction. Any reduction shall be based on a review of the contractor's expenditure patterns and actual performance.
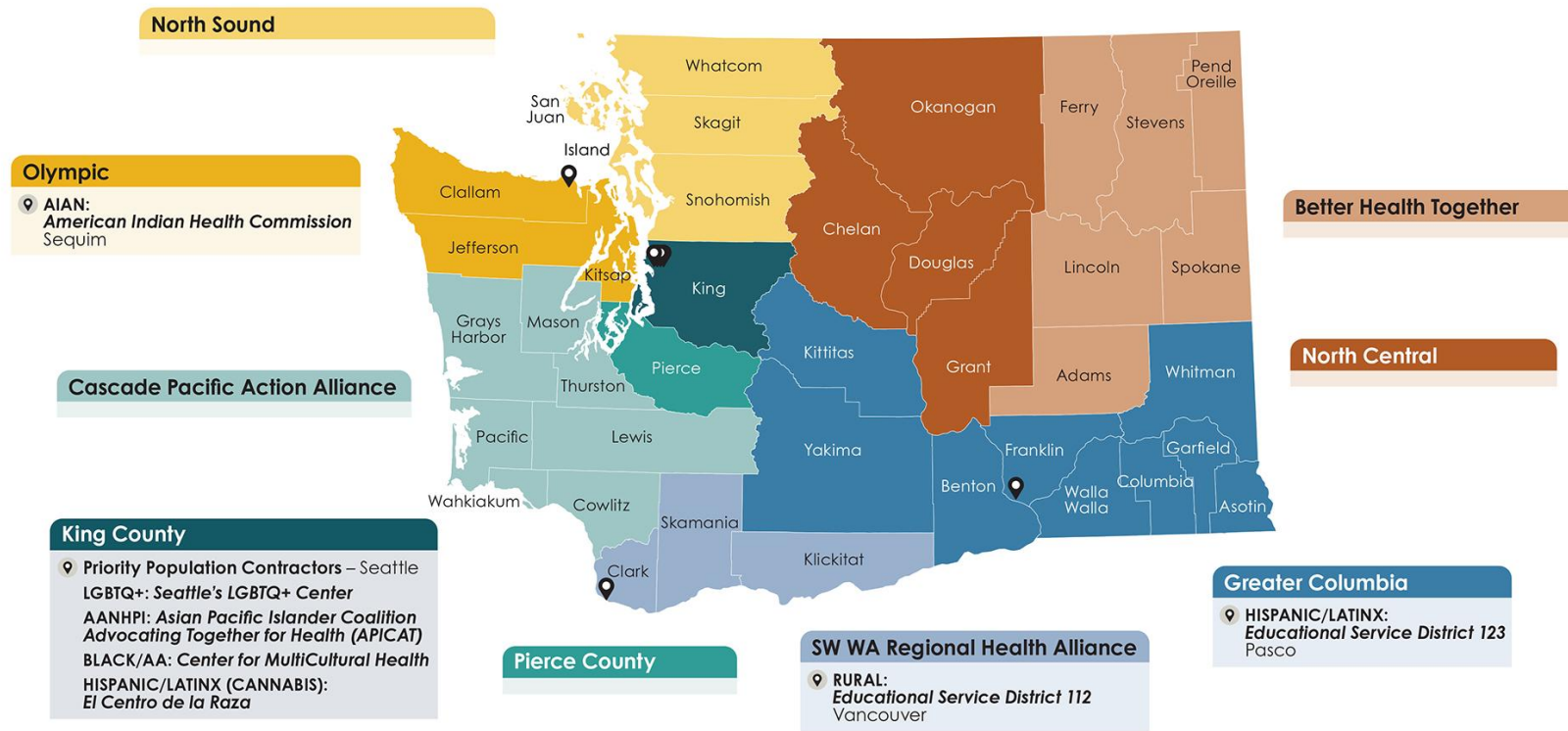
Priority Population Contractors

Priority Population Overview

The Washington State Healthy Youth Survey (HYS) exposes several differences in the prevalence of cannabis and commercial tobacco use among youth based on racial/ethnic group, sexual orientation, gender expression, academic success, and social experience. The 6 priority population network contractors work to address disparities in use among: Black/African American youth, American Indian/Alaska Native youth, Asian/Pacific Islander youth, Latinx/Hispanic youth, LGBTQIA+ youth and youth who live in rural communities. Priority population network contractors will primarily focus on serving their region and serve as a resource for partners across Washington State.

Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP)
Priority Populations Contractors 📍

North Sound

Olympic
📍 AIAN:
American Indian Health Commission
Sequim

Cascade Pacific Action Alliance

King County
📍 Priority Population Contractors – Seattle
LGBTQ+: *Seattle's LGBTQ+ Center*
AANHPI: *Asian Pacific Islander Coalition Advocating Together for Health (APICAT)*
BLACK/AA: *Center for MultiCultural Health*
HISPANIC/LATINX (CANNABIS):
El Centro de la Raza

Pierce County

SW WA Regional Health Alliance
📍 RURAL:
Educational Service District 112
Vancouver

Better Health Together

North Central

Greater Columbia
📍 HISPANIC/LATINX:
Educational Service District 123
Pasco

Meeting Dates (tentative dates subject to change)

Required:

- YCCTPP quarterly meetings
    - July 11, 2023 (Virtual)
    - November 7-9, 2023 (In-Person)
    - March 12, 2024 (Virtual)
    - May 14-16, 2024 (In-Person)
- Monthly check-ins with contract manager
- Practice Collaborative (PC) meetings, schedule to be determined by the PC's Leadership Team
- Optional:
    - Trainings and/or Webinars hosted through TA contract by Rede Group and WA DOH.
    - YCCTPP Office Hours

Contracts Requirements

- Hire and maintain program staff, which includes a minimum of one person (1.0 FTE), who is designated as the YCCTPP Equity Network member. Additional staff to support workplan activities and completion of deliverables is allowed with approval of YCCTPP contract manager. The contractor shall ensure that DOH has the most current contact information of the person that is responsible for the performance of this statement of work.
- Participate in required virtual and/or in-person meetings, and optional training/webinars (see requirements above).
- The contractor will serve as YCCTTP Representative of their region/population for Washington State.
- Act as the fiduciary agent if subcontracting. DOH must be notified and approved of any subcontractors; however, subcontractor performance is the responsibility of each YCCTPP Contractor.
- Have completed background checks and on file for any staff or volunteer (funded and/or representing a YCCTPP contractor or subcontractor) who will be with youth and unsupervised. Prohibit any staff with a felony conviction related to their duties from supervising and interacting with minors while performing the duties of this contract. This requirement is consistent with existing statute RCW 9.96A.020.

Network Structures

YCCTPP Equity Workgroup– Contractors will work alongside the Contract Manager to develop 2 products within the contract year that will support statewide partners and community-based organization in Washington State fill gaps and meet the needs of the African American/Black, Latino/Hispanic, Asian/Pacific Islander, American Indian/Alaska Native, and LGBTQ populations.

Rural Network: The Statewide Rural Communities Project is an intentional collaboration between groups and individual partners who draw upon lived and professional experience to help guide prevention efforts and share resources in rural areas across Washington State.

Required Deliverables

Each contractor is required to complete a series of deliverables, the required deliverables, deadline and due dates are outlined in the following table.

Deliverables	Due Dates
Update Annual Workplan & Submit budget proposal	7/16/2023
Submit Organization Administrative Plan	7/31/2023
Develop Equity Network Structure	12/28/2023
YCCTPP Equity Network Plan	12/28/2023
Contract Manager Site Visits	TBD Spring 2024
Community/Population Data Evaluation and Needs & Resource Assessment	6/30/2024
Monthly Progress Reporting	Due the 20th of each month
Annual Report	7/31/2024

2023-24 Workplan & Budget Proposal

YCCTPP Workplan Template

The annual workplan must be completed using the provided YCCTPP Workplan Template (provided).

Below are some tips helpful tips to consider when completing the workplan:

- Each workplan must address a minimum of 4 PSE goals based on needs identified by the network. Workplans can include more than 4 goals as long as they are feasible.
  - YCCTPP views workplan Goals as broad and longer term.
- Each goal must have at least one objective that describes how progress towards PSE goals will be tracked and measured.
- Networks will identify which of the statewide goals each of their goals best contribute to
- Networks must identify at minimum one activity per strategy per strategy.
- Some activities may be specific to a cannabis or commercial tobacco/vapor products, while other activities may encompass both.
- The workplan should have activities planned out for the course of year, "by when"- should fill out a calendar year, or "how often"- identifies frequency.

A sample of a completed workplan is available.

Workplan Approvals

Contract managers will work with contractors to ensure their workplan meets minimum requirements. Contractors will receive an email from contract managers with official approval.

Changes to Workplan

Contractors may make changes to the approved workplan with prior approval from contract managers.

Annual Budget Proposal

Budget Proposal Workbooks

Budget proposals should be submitted in the Budget Proposal Workbook. Contract managers will share Budget Proposal Workbooks that include the most up to date funding amount available one month prior to budget draft due dates.

*Funds included in the Budget Proposal Workbook include the minimum amount of funding guaranteed (unless otherwise specified), additional funds are subject to change based on decisions made during legislative session. *

Budget Proposal

A Budget Proposal Sample is available that includes a budget breakdown and budget narrative. Budget proposals do not need to be as detailed as the sample, but contractors should begin estimating costs activities included in workplans and begin allocating funds accordingly.

Budget Approvals

Contract managers will work with contractors to ensure their Budget Proposal clearly aligns with their workplans and meets minimum requirements. Contractors will receive an email from their contract manager with official approval.

Changes to Proposed Budget

Contractors may make changes to the approved budget proposals with prior approval from contract managers.

Organizational Admin Plan - 7/31/2023

There is not a required template submitting your organizational admin plan. This may be submitted in a word document or another format if preferred.

The agency admin plan needs to include:

Breakdown of staffing plan for the project

A List of relevant staff including:

- Name
- Title
- Email
- Phone number
- Brief Description of role & responsibilities- For this section only includes relevant agency staff. Only include subcontractor contact if you are subcontracting part of your agencies FTE requirement to them (This requires pre-approval from contract manager)

Agency contract information for fiscal department

If there are billing questions who should our team contact?

Name and contact information for anyone who needs access to SharePoint.

Data Management Plan

The point of the data management plan requirement is to collect information on how your agency ensures the protection and preservation of data & sensitive information collected. Data is broad term some examples of data may include but are not limited to:

- Network survey/ assessments
- Email subscription lists to newsletters
- Photo/Video Releases
- Permission slips/forms

The data management plan can be written informally in paragraph or bullet point style, there is not expected length, but it must describe:

- What type of data & sensitive information will you be collecting or generating in relation to YCCTPP funding
- Standards to be used for collecting or generated data
- Mechanisms for providing access to & sharing the data (including provisions for the protection of privacy, confidentiality, security, intellectual property or other rights)
- Plans for archival & long-term preservation or the data, or explaining why long-term preservation & access are not justified.

Monthly Progress Reporting- By the 20th of each month

Monthly Reports
By the 20th of each month following the month in which work was performed
Months to Complete: *July, August, September, November, December, February, March, May, June*
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By the 20th of the month following the quarter in which work was performed

Months to Complete: *October, January, April, July*
>   Quarterly Reports will be detailed narrative accounts of activities and progress on goals including updates on performance measures that will be utilized for processing payments, tracking progress, reporting to funders, and more.

* Specific Instructions using the reporting tool will be sent to contractors directly and added into the attachments. *

How does DOH use my report once submitted?

The YCCTPP DOH team utilizes contractor reports for several purposes, including but not limited to:

- Approve invoices
- Report to legislators on how funds are being utilized and PSE work being completed.
- Conduct program evaluation
- Update YCCTPP newsletters

Community/Population Data Evaluation and Needs & Resource Assessment- Due June 30, 2024

Networks use data to identify disparities within their service area and to identify areas of high need. Strategies should be targeted at addressing the areas of highest need, while offering tools and support for replicating in other areas.

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A needs assessment provides networks with a general snapshot that includes: geographic and environmental conditions, demographics, current use rates and trends, existing resources/services, gaps in services and disparities, existing policies, systems and environments that support or contribute to youth cannabis and commercial tobacco use and provides general context to why youth who live in the identified assessment area are using substances.

A needs assessment template will be sent out by DOH program

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Quantitative Data (Numerical)

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Examples include:

- Surveys
- Census data

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Examples Include:

- Focus groups
- Key informant interviews

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- Brief overview of:

- ○ Your organization
  - ○ Your Network Partners (you do not need to list every partner if you have many, it is okay to just address the sectors/types or partners represented)
  - ○ Network structure
- For each objective under each of your goals you must address the following:
  - ○ Progress Summary
  - ○ Successes/Barriers/Lessons Learned
  - ○ Next Steps
- Optional: (Not Required)
  - ○ Photos/Video Links
  - ○ Websites/Social Media Pages
  - ○ Materials Developed
  - ○ Etc.

If your organization already produces an annual report with your partners, you do not need to recreate the wheel. You may submit the report you send to your partners, but we ask you include either in email or in a word document on what page we can find the corresponding answers. If your report addresses some, but not all the questions, you can also use this document to fill in gaps

Example:

- Goal 1- Objective 1-
- Progress Summary- pg. 6
- Successes/Barriers/Lessons Learned- pg.6
- Next Steps- (not included in the report) for fiscal year 2023-24 our network will continue to address this goal by…

Monthly Invoicing

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DOH reserves the right to not reimburse invoices received after 90 days of the month expenses were incurred.

Non-Consolidated Contract (Non-Con)- (Other Contractors)

All other YCCTPP Contractors must fill out the Expenditure Worksheet to create an A19. To be paid, they must then print, sign, scan, and email a PDF of their invoice (with support documentation) to their contract manager by the 30th of the month following when expenditures were incurred. A-19 documents (PDFs) must be emailed to contract manager and contract consultant with the following title format: A-19-Contract #-organization name- month-year.

What is supporting documentation?

Supporting documentation is information in addition to the A-19 invoice. The amount of supporting documentation is determined by the risk assessment completed by Fiscal Monitoring Unit (FMU). You should receive an email, which indicates your risk level and the required supporting documentation.

Year-end Projections - Due May 15th, 2024

Final expenditure projections must be submitted by the 15h of May to allow DOH to appropriately accrue funds to make final payments. An invoice must be submitted to Contract Manager and Contracts Consultant marked FINAL INVOICE PROJECTION.

Final Invoice: Due August 14th, 2024

Final Expenditure Reports and invoices are due no later than August 14, 2024, and must be marked FINAL INVOICE.

Compliance

The Failure of the contractor to meet program requirements and perform activities (including those subcontracted to other agencies or organizations) as described in the DOH-approved SOW included herein and subsequent amendments, and in accordance with DOH administrative and Contract Performance Policies, and with any applicable local, state, or federal law or regulation, may result in the reduction of funds, suspension of services, revision of this statement of work, or termination of the contract. DOH reserves the right to determine the amount of any reduction, based on contractor's performance, and to unilaterally amend the contract to affect any reduction. Any reduction shall be based on a review of the contractor's expenditure patterns and actual performance.

What Can I Do with My Funding?

Most activities and items that contractors have proposed the annual workplan and annual budget and have been approved by DOH contract manager do not require additional approval unless changes are made to original budget proposal.

These items always require additional approvals:

- Items not included in budget proposal.
- Changes to budget proposal
- Media- must follow media process- see media section.
- Meals for events including catering.
- Snacks/ Light Refreshments
- Gift Cards/ Stipends
- Promotional Items- follow media process.

The table on the following page uses the legend below:

Approved	Case-by-case	Not approved
✔	case-by-case	✖

	Dedicated State Cannabis Funding	Cannabis Revenue Account	Dedicated State Commercial Tobacco Funding	Additional Commercial Tobacco Funding	CDC Tobacco Funding
Electronic Equipment	case-by-case	case-by-case	case-by-case	case-by-case	case-by-case
Subscriptions	case-by-case	case-by-case	case-by-case	case-by-case	case-by-case
Incentives-Monetary Youth	✔	✔	✔	✔	✘
Incentives- Monetary	case-by-case	case-by-case	case-by-case	case-by-case	✘
Incentives-Non Monetary	case-by-case	case-by-case	case-by-case	case-by-case	✘
Promotional Items	✔	case-by-case	✔	✔	✘
Food	✔	case-by-case	✔	✔	✔
YCCTPP Coordinator/Staff travel to conference/meeting	✔	✔	✔	✔	✔
Partners Travel to conference	case-by-case	case-by-case	case-by-case	case-by-case	case-by-case
Registration for conference/training	✔	✔	✔	✔	✔
Network Trainings	case-by-case	✔	case-by-case	case-by-case	case-by-case
Rental Space for Meetings and Trainings	✔	✔	✔	✔	case-by-case
Vape Detectors	✘	✘	✘	✘	✘
Vapor Products	✘	✘	✘	✘	✘

Sustainability

When practical, contractors should keep sustainability at the forefront of programmatic purchases. When practical, this includes mindfulness on packaging, shipping distances, and product longevity.

Electronic Equipment

Contractors may budget to purchase electronic equipment and can provide virtual meeting equipment for their subcontractors and key partners. Contract managers can approve the purchase of equipment to loan to community partners if the contractor can verify, they have a process for scheduling and tracking that equipment.

Subscriptions

YCCTPP funds can be utilized for subscriptions that will help support network goals (ex. newsletter platforms, website domains, etc.).

How Much Can I Spend on Incentives?

- **Monetary Incentives for Youth**- are gift cards or checks (cash incentives are never allowed). Contract manager will review and approve incentives as part of each contractor's annual budget. Coordinators should use their discretion in how and when incentives are used and should have a plan for tracking. Monetary incentives are not to exceed more than 10% of the overall project cost without approval from contract manager.

- **Monetary Incentives for Adults**- are approved on a case by case basis by program manager.

- **Non-Monetary Incentives**- larger promotional items are larger items that could be used in place of a monetary incentive. Promotional items must clearly relay a prevention theme (ex. t-shirts and Camelback water bottles with You Can Logo)

- **Promotional Items**- smaller promotional items also known as tabling items (ex. pencils, stickers- see media section for further guidance)

How Much Can I Spend on Food?

DOH policy is that generally state and federal funds cannot be used to purchase food. However, the following exceptions are made with contract manager approval:

- Contractors may provide a light refreshment when a meeting, training, or event lasts two to four hours. Light refreshments cannot exceed $5.50 per person.
- Contractors may provide a meal when a meeting or training lasts longer than four hours (excluding the mealtime). Meal costs cannot exceed the state per diem rates within the county that the meeting or event takes place. Find per diem rates here.

Contract manager must pre-approve expenses to purchase food. Each coordinator must build them into their overall budget, but they may be added, with approval, during the year.

Trainings and Meetings

YCCTPP staff that would like to attend relevant conferences, meetings and/or trainings should plan for costs associated with attendance (registration fee's travel, accommodations, per diem etc.) into annual budget.

Presenting at a conference or meeting

Those wishing to present at a conference or meeting must get approval from their contract manager and have their presentation reviewed.

Sending Network Members to trainings, meetings and/or conferences

Contractors wanting to fund costs associated with network members' attendance at relevant in person or virtual trainings, meetings, or conferences will need to get approval from the program manager. Contractors should include associated costs into the annual budget.

To receive approval contractors will need to provide:

- Who will be attending (name, title, organization)
- What costs will the network be covering (travel, registration, per diem, etc.)
- How will sending this person contribute to the larger network or how does this relate to network PSE goals?

Renting Space to host trainings/meetings

YCCTPP funds can be used to rent space to host trainings or meetings with approval from program manager. Rental space should be considered and reflect in annual budget.

Purchasing Vape Detectors

YCCTPP discourages contractors from purchasing vapor detection devices and instead encourages partners to use funds to address root causes of youth cannabis and commercial tobacco use, relationship building efforts, alternatives to suspension. etc.

Can I Purchase Cannabis, Commercial Tobacco or Vape Products?

YCCTPP funds may not be used to purchase cannabis, commercial tobacco, or vaping products. This includes purchasing these items for training or demonstration purposes. Other funds must be used to address this need.

Can I Use YCCTPP Funds in Community Prevention and Wellness Initiative (CPWI) Communities?

Funds may not be used to:

- Conduct evidence-based practices included on the WSIPP list for marijuana prevention.

Funds may be used to:

- Support PSE work in CPWI service areas
- Conduct evidence-based practices not included on the WSIPP list of evidence-based practices for marijuana prevention.
- Implement innovative or promising practices that meet the Principles of Effectiveness
- Provide resources developed or provided by YCCTPP contractors

Conducting Surveys, Interviews, Focus Groups

Any situation where the contractor seeks formal input from the public (youth, parents, marijuana consumers, pregnant women, young adults, etc.) to inform project outcomes must be submitted to the state's Institutional Review Board (IRB) whether the contractors believe it is research or not. An IRB review ensures ethical guidelines are followed when gathering data from people through surveys, interviews, focus groups, and other methods for research. An IRB also can determine if an activity is not for research but is intended to prevent disease or injury, or improve a current, ongoing public health program or service.

Contractors cannot determine whether something meets the non-research exemption. All non-research must be submitted to the state IRB for an exemption determination. Regional Coordinators should contact their contract manager for further instruction. The Washington IRB is paid by DOH to do their human subjects reviews. Those receiving funds from DOH do not need to pay for IRB review. DOH Contract Manager will send a "waiver of fees" letter to the IRB.

Cessation

What is Cessation?

Tobacco cessation is the process of quitting usage of commercial tobacco products. The aim of cessation services within Washington is to provide resources to residents to allow them the opportunity to quit using commercial tobacco products with the help of research based methods.

The Washington State Tobacco Quitline

The Washington State Tobacco Quitline (QL) is a public health service paid for by the Washington State Department of Health (DOH). The QL was foundational to the original DOH Tobacco Prevention & Control Program (TPCP) created in 2000 and remains a core component of the current Commercial Tobacco Prevention Program (CTPP) within the Youth Cannabis & Commercial Tobacco Prevention Program (YCCTPP).

The QL is intended to serve uninsured and underinsured Washingtonians, with the latter currently defined as a population comprising of individuals who do not have a commercial tobacco cessation benefit built into their insurance plan. As a Medicaid expansion state, Washington provides tobacco cessation treatment as a preventive service to Medicaid (Apple Health) enrollees; as of January 2022, all five Medicaid managed care organizations and the fee-for-service program pay for tobacco cessation telephone counseling for Medicaid enrollees. Although Medicare does not provide this benefit to enrollees, dozens of commercial payers and employers pay for their enrollees' access to tobacco cessation telephone counseling, effectively reducing the size of the underinsured population.

The QL provides a registration and "triage" service for all callers to 1-800-QUIT-NOW; the QL collects the information necessary to ascertain the maximum possible counseling and medication benefit for each caller, assigning them to the appropriate payer contract or otherwise transferring or referring callers to an appropriate resource, including other Quitlines (e.g., Asian Smokers' Quitline, American Indian Commercial Tobacco Program, and Quit Vet). DOH pays for the services provided to people who are uninsured, Medicare enrollees, and enrollees in commercial plans that do not provide tobacco cessation telephone counseling. Before providing services, the QL must determine that the caller is either 'ready to quit' using tobacco or has quit

within the past six months. To these callers, the QL offers the choice to enroll in either a one-call or five-call counseling program and, if medically appropriate, a 2-week nicotine replacement therapy (NRT) patch starter kit. Additionally, individuals with behavioral health conditions can receive enhanced benefits, including a seven-call counseling program and up to 12-weeks of NRT.

2morrow Health:

2Morrow's programs teach participants transferable skills that help them deal with unhelpful thoughts, urges, and cravings affecting their health. Programs are delivered via a smartphone application, so they are private, personalized, and easy to use. The Smoking & Tobacco cessation program/app was developed in partnership with the Fred Hutchinson Cancer Research Center to help people quit using tobacco. 2Morrow provides all Washington State residents with access to the 2Morrow tobacco/nicotine cessation programs, delivered via the 2Morrow Health mobile platform/app.

Cessation Resources

See Appendix for Additional Cessation Resources

Media

What is media?

Media is a broad term that describes communication channels through which information is disseminated. In the YCCTPP, we often use the term "media" to describe the various statewide and tailored media campaign materials like billboard designs, videos, podcasts, social media posts as well as similar items produced by other partners.

Other frequently used terms:

- **Asset**: We use this term to refer to the individual pieces of media materials. For example, a broadcast radio ad, a printable flyer, and a digital banner are all different types of assets.
- **Talent:** This refers to actors, voice actors, models, etc. Many of our statewide media assets utilize talent. For example, animated Under the Influence of You videos with voice overs and You Can assets with photos and videos of real youth. This most often refers to people who pose, act, or do voice overs as professionals.

Cannabis and Tobacco Media Campaigns

In the table below you'll find the current cannabis and tobacco prevention and education campaigns managed by DOH/YCCTPP, the audience(s) they are intended for, key campaign messages and information needed to access each campaign toolkit.

Cannabis Campaigns

Campaign Name	Intended Audience	Key Messages	Toolkit Access Info
You Can	Youth aged 12-17	• Promotes protective factors/resources: emotion regulation, healthy coping, supportive relationships • Educates about: cannabis' impact on brain development, mental and physical health, personal relationships; potential consequences of underage use; traffic safety considerations	https://thesocialpresskit.com/you-can Password: Prevention&Education
Not a Moment Wasted	Young adults aged 18 – 25	• Helps young adults prioritize their wellness by promoting healthy coping strategies, such as emotion regulation and skills for building and supportive relationships • Educates about the health risks and other consequences associated with underage, non-medical cannabis use	https://thesocialpresskit.com/not-a-moment-wasted Password: HealthyinCollegeWA
Under the Influence of You/Start Talking Now	Parents, caregivers, guardians, other influential adults	• Encourages parents and other influential adults to talk to the young people in their lives about the risks and consequences of using cannabis • Encourages parents and other influential adults to bond with their child, set appropriate boundaries for their child, and monitor what their child is doing and who they are spending time with	https://thesocialpresskit.com/under-the-influence-of-you Password: InfluentialAdults
Know This About Cannabis	Adult consumers 21+	• Educates about the risks, rules, and responsibilities around retail, non-medical cannabis use	https://thesocialpresskit.com/know-this-about-cannabis Password: ConsumerEducation

Tobacco Campaigns

Campaign Name	Intended Audience	Key Messages	Toolkit Access Info
Choose You	Youth aged 12-17	• Grounded in prevention science, the campaign's strategic approach enhances the protective factors that increase resilience in youth and help them resist vaping and smoking. This includes building skills for healthy coping and developing supportive relationships. • Educates youth, ages 13 to 17, in Washington State about the risks of using vapes and spotlight the quitting resources available.	https://socialpresskit.com/choose-you Password: ChooseYouWA
They Think They Know You	Black/ African American Population 21+	• Raises awareness about the tobacco industry's manipulation of the Black/African American community and the harms associated with menthol tobacco use.	No toolkit currently. Website- TheyThinkTheyKnowYou.org

Media Approval Process

Any time you plan to use an asset from a statewide campaign – either as-is or a modified version – you <u>must</u> complete this Media Form and obtain DOH approval before placing the asset. It may be helpful to bookmark the media form link in your browser.

- This allows us to track when and where assets/campaigns are in the field so that we can ensure efforts are coordinated and not duplicative or competing.
- It also allows us to double check that assets with expired talent rights are not being used and that assets are being used in the way they were intended to be used.
- Helps us determine what kind of assets are most used/needed. That assessment helps inform our strategies.

··· Media intakes are especially important for media projects that involve modification to an existing asset or the creation of a brand-new media asset(s).
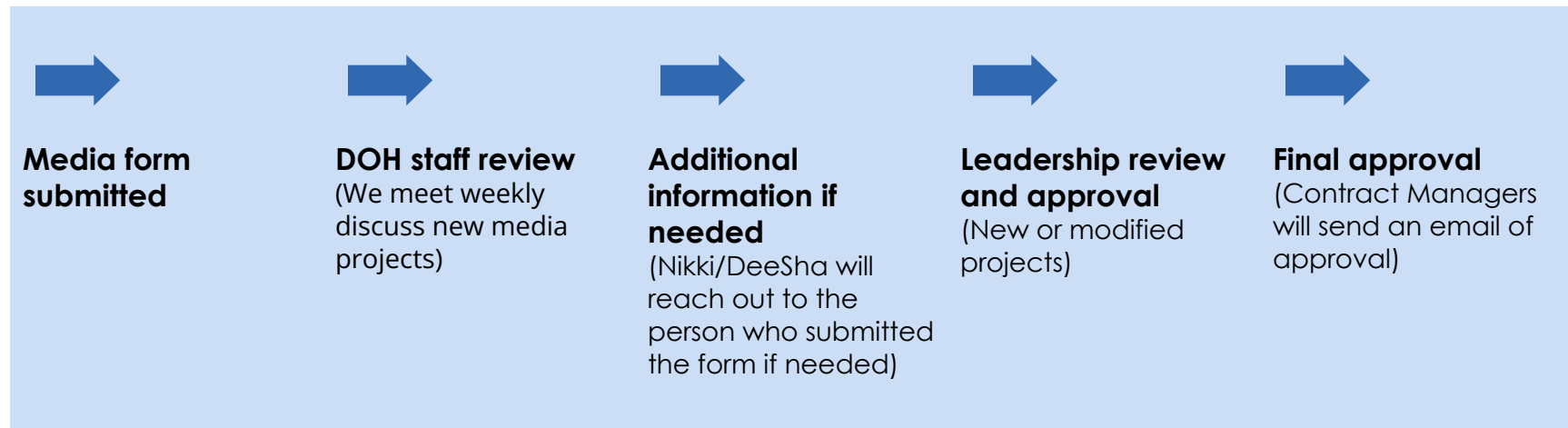
When should you submit requests?

Contractors should submit the media form a minimum of two weeks prior to planned implementation date when modifying existing materials or developing new materials.

Media Projects require two separate approvals:

1. Media approval from Nikki (cannabis projects) or DeeSha (tobacco projects)
2. Budget approval from contract manager

What is the process on the DOH side?

Media form submitted

DOH staff review (We meet weekly discuss new media projects)

Additional information if needed (Nikki/DeeSha will reach out to the person who submitted the form if needed)

Leadership review and approval (New or modified projects)

Final approval (Contract Managers will send an email of approval)

General Media Guidance

Logos

- Most statewide campaign assets intentionally only include the campaign logo. We have built trusted, recognizable campaign brands that can stand alone.
- As a general rule of thumb, we prefer that no additional logos (e.g. DOH logo, your organization's logo) are added. If partners are required to add a logo, they must obtain DOH approval. Additional logos should be added carefully so as not to detract from the main message of the asset. A graphic design assistant can be provided, if needed.
- We do provide some materials with a spot for local information and logos.

Talent rights

Many campaign assets feature stock (video and music) for flexibility, but sometimes using talent is necessary.

- Stock video and image sites are limiting.
- Using talent allows for more creative control.
- Using talent allows us to cast a diverse set of individuals (race/ethnicity, gender, sexual orientation, ability, income, geography, etc.).
- Talent is professional and ensures we get spots right.
- Radio ads require someone to read the scripts.
- DOH aims to purchase rights for as many platforms and as long as possible. Rights do expire though, and often align with promotion dates.
- <u>Assets with expired talent rights cannot be used by anyone for any reason. Using assets with expired talent rights can result in fines and lawsuits</u>. Improper use also exploits the talent by using their voice, acting, etc. without compensating them for their time, effort and skills.
- You'll see dates appearing with the assets in the toolkits that have talent rights indicating when the assets can be used.

Communication channel considerations

- Every campaign asset has been developed for use on a specific platform/communication channel and they are categorized in this way in the campaign toolkits. The whole design – from the specs to the number of words included on the design to the type of message– is created with these specific communication channels in mind, to optimize effectiveness. Assets are also created for different platforms to serve different purposes. A banner ad is short and messages capture attention long enough to click through to our website, that same material as a billboard or transit ad likely won't make sense as cars drive by at fast speeds and the viewer has no way to click through to anything. Because of this, it is not recommended that you use an asset on a communication channel it was not designed for.
- You may notice that each campaign has a slightly different mix of asset type, in terms of the communication channels they are intended to be used on. This too, is by design. We use audience research to determine how best to reach each audience with different messages and behaviors we are trying to influence.

Making Your Own Media Materials?

- We aim to select images for campaign assets that are as inclusive as possible, featuring a diverse mix of people. If you are developing your own materials, we encourage you to select images that are representative of the community you serve while also striving to maintain a balance of inclusivity across the following areas, as relevant to your community:
  - Age, sex, race, ethnicity
  - Abilities (consider using wheelchair, guide dog, etc.), body size, average teen appearances (consider whether youth featured have braces, glasses, acne; avoid perpetuating unrealistic or uncommon standards for beauty)
  - Income (consider this particularly in the activities portrayed), location in WA or specifically in your region
  - Family dynamics (same-sex parents, multigenerational home, single parenthood, etc.; avoid perpetuating gender-based stereotypes)
- Ensure other health and safety measures are represented in the imagery you select. For example, if you want to use an image of people in a car, be sure they are wearing seat belts. If you want to use an image of kids riding bikes, pick one where they are wearing helmets.
- Lessons from audience research with youth and best practices from prevention experts:

○ When making design and copy choices for materials, keep it positive. Try not to use colors, imagery, or messages that are negative, dark or fear-provoking. Keep the focus on what we want folks to do, not what we don't want them to do.

○ Do not use pictures or illustration drugs/drug use. Not only does this contribute to the normalization of substances, like cannabis, but it may also increase the likelihood of experimentation by young people who see these materials.

○ Avoid speaking with a youth voice or "latest jargon" if you are an adult creating something.

Guidance for Promo Items

Select promotional items or "swag" may be approved for purchase if the item and message relates to commercial tobacco and cannabis use prevention. Consider items that promote healthy coping, social connection, physical activity, etc. Some examples include:

- oColored pencils + coloring books (promotes creativity, can also support stress management and emotional regulation)
- Fidget toys (supports stress management, promotes focus in academic settings)
- Jump ropes (promote well being and physical fitness, could also promote social activities)

*Please refer to the campaign style guides, which can be found in the campaign toolkits for guidance around adding statewide campaign logos to promotional items.

Tailored Media

There are tailored media campaigns in addition to the statewide media campaigns. These tailored campaigns aim to reach these 5 priority populations: Hispanic/Latino, AAPI, AI/AN, Black/African Immigrant and LGBTQ+ identifying folks in Washington.

Campaign Name	Intended Audience	Contractor	Website/socials
Take Control	Hispanic/Latino youth	The Idea Marketing	------
Together Our Voices	AAPI youth	APICAT	Website Facebook Instagram YouTube TikTok
Culture.Choice.Respect	AI/AN youth	Kauffman & Associates	Website
------	LGBTQ+ youth	Seattle's LGBTQ+ Center	Website Instagram
STAND Out	Black/African Immigrant youth	CMCH	Website Facebook Instagram

Promoting the 988/TeenLink, the Recovery Helpline, and the Quitline

If you are planning to promote 988 or Teen Link, please complete a Media Form.

Reference the media resources page on the 988 website for logos and more. Find downloadable Teen Link handouts and other resources in the Community Outreach section of the Teen Link website. Access the Quitline toolkit (password: WAStateQuitline) for ready-made Quitline promotional materials.

As a YCCTPP contractor/subcontractor it is important that your promotion of these resources is one part of a larger strategy that you have in place for your community. The amount of resources dedicated to promoting 988 and/or Teen Link should also be based on community needs as evidenced by data.

Translation Services

YCCTPP has limited funds available to support translation through DOH. For DOH to process any translation requests, the item must be in native document format, such as Word, InDesign, Publisher, PowerPoint, etc. Translators cannot work in PDF documents and PDFs can be sent for reference only. Contractors should contact their contract managers for more information.

Accessibility

Accessibility standards help ensure that websites, materials, and social media can be accessed by everyone. Accessibility includes translating materials, color, and font choice, including alt text on images on documents and webpages, and even how we capitalize hashtags.

- Here are some articles on how to make websites, social media, and graphics more accessible: The Ultimate Guide to Web Accessibility – Hubspot.com
- Inclusive Design for Social Media: Tips for Creating Accessible Channels – Hootsuite.com
- How to Make Graphic Design Accessible to Users With Disabilities – Hubspot.com
- Make your Word documents accessible to people with disabilities – Microsoft.com

Privacy Policy

A privacy policy is a statement or legal document that tells visitors how you collect, store, and process their data. Usually linked from the website footer, it lets people know if you will:

1. Keep their data confidential
2. Share their data
3. Sell their data

Most organization's policies fall between 1 and 2. Most personal information is kept confidential, but website usage is shared with a third-party (such as Google Analytics or Facebook), and emails are shared with a newsletter tool (such as Mail Chimp or Constant Contact).

Here are a few examples of privacy policies you can borrow from:

- Privacy and Copyright Information | Washington State Department of Health
- University of Washington Online Privacy Statement | Website Information

Please be aware that:

- If you use the Facebook Retargeting (or Facebook Pixel) on your site, you need to mention it in your privacy policy. See this article for more information: Privacy Policy for Facebook Retargeting – Termsfeed.com
- If trying to reach people in Canada, California, or the European Union (EU), there are different privacy laws than for Washington. See the articles below for more information:
    ○ California has the CalOPPA
    ○ EU has the GDPR
    ○ Canada has the PIPEDA

For more information, click below:

Appendix

Washington State Department of

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