

YCCTPP Practice Collaborative Statement of Work

Period of Performance: September 1, 2022 – June 30, 2023

1. Purpose and Background

The Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP) of the Washington State Department of Health (DOH) seeks to fund a “lead organization” to facilitate further development and sustainability of the current group entity known as the “Practice Collaborative” (PC), a **community of practice** for public health approaches to youth cannabis and commercial tobacco use and dependence prevention in Washington State. Specifically, the lead organization will facilitate regular communication between YCCTPP prevention contractors through multiple channels (e.g., face-to-face meetings, newsletters, conference calls, webinars, password-protected social network platforms) to foster collaboration, create a space of learning, support the integration of commercial tobacco (including vapor products) into the primary functions of the PC, and provide technical assistance to transition the PC to an autonomous, participatory-driven collaborative, with logistic support from YCCTPP.

A community of practice is “a group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise by interacting on an ongoing basis.” A community of practice consists of three elements.

1. Domain: the shared interest that brings the group together
2. Community: the group of people who come together to advance their understanding of a shared interest
3. Practice: the agreed-upon ways the community of practice will advance the community’s understanding of their shared interest

For the purposes of this request for funding application, the elements are defined as such.

1. Domain: public health approach to cannabis prevention in Washington state
2. Community: YCCTPP’s prevention contractors and subcontractors
3. Practice: regularly scheduled online monthly meetings for the community to facilitate collaboration between contractors and foster a space of learning to support YCCTPP contractor’s abilities to meet their contract requirements.

Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP) is made up of two arms, the Commercial Tobacco Prevention Program (CTPP) and the Cannabis Prevention Program (CPP).

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.

**A note on language:* 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, in order to acknowledge and honor the use of traditional tobacco and distinguish between the two.

Commercial Tobacco Prevention Program (CTPP):

The Commercial Tobacco Prevention Program is made up of three 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."

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.

The final source of funding is through a one-year allocation of commercial tobacco funds from the Washington State General Funds for the fiscal year of July 1, 2022 – June 30, 2023. These funds were provided solely for tobacco, vapor product, 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 other disparities.

Cannabis Prevention Program (CPP):

In 2012, Washington state voters legalized recreational use of cannabis 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 cannabis 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 cannabis use, and does not solely advocate an abstinence-only approach.
2. Programs that support development and implementation of coordinated intervention strategies for the prevention and reduction of commercial tobacco, vapor product, and cannabis use by youth and cannabis cessation treatment services, including grant programs to local health departments or other local community agencies.

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 cannabis use.
4. Outreach to priority populations regarding commercial tobacco, vapor product, and cannabis use, prevention, and cessation.

The goal of the DOH's CPP is to reduce initiation and use of cannabis by youth (ages 12-20), especially among populations most adversely affected by cannabis use throughout Washington State.

The long-term objectives of the program are to:

- a. Decrease percentage of 10th grade students (statewide) who have used cannabis on at least one day in the past 30 days.
- b. Decrease percentage of 10th grade students who have used cannabis on at least one day in the past 30 days in African American/Black, Latino/Hispanic, Asian/Pacific Islander, American Indian/Alaska Native, and LGBTQ+ population.
- c. Decrease the percentage of 10th grade students who first used cannabis before they were 14 years old.

2. Objectives

The lead organization will build on the previous foundational and developmental work that has been accomplished, with a focus during this project period to:

- 1) Implement and prioritize systems and structures for PC self-sustainability.
- 2) Support the integration of commercial tobacco prevention into the PC scope of work and structure.
- 3) Increase opportunities for "member-to-member" conversation, engagement, and shared learning.
- 4) Focus on "upstream" factors, utilizing a Social Determinants of Health framework to identify protective factors and risk factors for youth and young adult's health. This includes addressing substance use and dependence through a behavioral health lens. Help foster the development of policy, systems, and environmental change (PSE) approaches through this upstream perspective.
- 5) Ensure equity-rooted approaches are imbued in every effort and activity. All approaches should focus on improving health equity and decreasing health disparities.
- 6) Utilize newly emerging research that is informing promising practices and approaches to policies and systems for youth substance dependence prevention and treatment.

It is the expectation that the PC become autonomous and self-sustaining by the end of the contract, at which time key leadership roles in the PC should be filled by PC members, with YCCTPP DOH staff providing logistic support. As the community's funder, it is important that YCCTPP DOH staff play a limited role in guiding this community-led effort while balancing the need to demonstrate accountability through providing logistic support (scheduling meetings, note-taking, and sending email reminders) and contract management.

To facilitate the creation and maturation of the PC, the successful applicant should understand the constraints of YCCTPP funding, legislative mandate, and role within the larger state substance use prevention system. YCCTPP focuses on implementing promising and novel primary prevention strategies for youth and young adult populations for cannabis and commercial tobacco. These strategies focus on media-based education and sustainable [policy, systems, and environmental system changes](#) (PSE) to reduce substance use and dependence and associated adverse outcomes in youth and young adult populations most disparately affected. PSE strategies do not include behavioral health service provision (e.g. direct counseling to individuals or groups, substance dependence treatment services provision, etc.).

3. Limits of the Practice Collaborative

PC members may only use YCCTPP funds for YCCTPP approved activities. YCCTPP supports member participation in PC meetings and planning and research activities, such as literature reviews or trainings organized by the PC. YCCTPP approval from the DOH Contract Manager is needed for any PC initiatives before they are made public or to use YCCTPP funds for implementation. The PC may develop and offer recommendations to YCCTPP regarding YCCTPP structure, processes, and programming, but final decisions will be made by YCCTPP staff.

4. Scope of Work and Deliverables

Contractor shall provide services and staff, and otherwise do all things necessary for or incidental to the performance of work as set forth below. Unless otherwise noted, YCCTPP will have two weeks to review all deliverables after the deliverable due date and the contractor will have an additional two weeks to implement any revisions or address concerns identified by YCCTPP.

Activity	Deliverable	Deliverable Due Date	Deliverable Acceptance & Approval
1. Update and submit the sustainability plan for the PC, with a timeline that indicates transition of tasks to PC's Leadership Team & YCCTPP Staff.	1.1 Sustainability Plan 1.2 Sustainability Transition Timeline	9/16/2022	1.1 Date Received: 1.1 Deliverable Approval: Yes <input type="checkbox"/> No <input type="checkbox"/> 1.2 Date Received: 1.2 Deliverable Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Revise and update the Communications Plan and project timeline to reflect actual DOE and identified barriers.	2.1 Revised Communication Plan	9/30/2022	2.1 Date Received: 2.1 Deliverable Approval:

	2.2 Revised project timeline		Yes <input type="checkbox"/> No <input type="checkbox"/> 2.2 Date Received: 2.2 Deliverable Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Collaboratively update charter with PC membership to integrate commercial tobacco prevention.	3.1 PC Charter	4/30/2022	Date Received: Deliverable Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Provide monthly reports describing progress on deliverables, implementation of the sustainability and communications plan, barriers or issues that have arisen and the reach and frequency of facilitated PC communications.	4.1 Monthly report	The 20 th of the following month (e.g., April's report is due May 20)	Date Received: Deliverable Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Practice Collaborative Meeting Facilitation & Technical Assistance			
a. Virtual PC Monthly Meeting Facilitator.	4.1 Monthly report	The 20 th of the following month (e.g., April's report is due May 20)	Date Received: Deliverable Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Records Management and Communication across full PC: Vendor will ensure records, links (e.g. webinars), and communications are up to date on the Collaborative's WA Portal (WAPortal.org) page.	4.1 Monthly report	The 20 th of the following month (e.g., April's report is due May 20)	Date Received: Deliverable Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>
c. PC Leadership meetings and support online; schedule set by PC membership, monthly at minimum.	4.1 Monthly report	The 20 th of the following month (e.g., April's report is due May 20)	Date Received: Deliverable Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Provide ad hoc TA to facilitate participation in the PC.	4.1 Monthly report	The 20 th of the following month (e.g., April's report is due May 20)	Date Received: Deliverable Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>