

## Request for Letters of Intent

### Washington State Department of Health Marijuana Prevention and Education Program

#### CONTRACT SCHEDULE

Letters of Intent Due:	November 20, 2015 by 5:00 p.m.
Full Applications Invitation:	November 30, 2015 by 5:00 p.m.
Applicants Conference Call:	December 7, 2015 from 10 – 11:00 a.m.
Full Applications Due:	December 23, 2015 by 5:00 p.m.
Notification of Contract Awards:	December 30, 2015 by 5:00 p.m.
Contracts Fully Executed by:	February 22, 2016
Project Year One:	April 1, 2016 – June 30, 2017 (15 months)

#### BACKGROUND

In 2012, Washington State legalized recreational use of marijuana through Initiative 502.

As a provision of Initiative 502, the Washington State Department of Health, (DOH) is mandated to 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.*
3. Media-based education campaigns across television, internet, radio, print, and out-of-home advertising, separately targeting youth and adult, that provide medically and scientifically accurate information about the health and safety risks posed by marijuana use.

#### PURPOSE

The DOH announces a Request for Funding Application opportunity for organizations interested in leading regional youth marijuana prevention initiatives. The lead organization will develop and implement a “Regional Marijuana Prevention and Education Program” geared to reducing marijuana use by youth within their schools and/or communities. This project will focus efforts on preventing initiation of and reducing marijuana use in youth populations, ages 12-20 years old and incorporating tobacco prevention efforts as they align with marijuana use (i.e. electronic cigarettes and vaping devices).

Successful applicants will demonstrate the ability to:

- Identify and evaluate substance abuse prevention needs and trends within the community.
- Implement effective substance abuse strategies and proven prevention approaches.
- Identify and reach youth from priority populations or from communities that bear a high burden of marijuana use. *(see page 2 of this LOI, for priority population youth description)*
- Engage community stakeholders, existing coalitions, and community-based resources to prevent youth from starting to use marijuana.
- Implement strategies to reduce youth access and availability to marijuana products.
- Implement strategies to increase the perception of harm of marijuana use among youth.

## Request for Letters of Intent

### Washington State Department of Health Marijuana Prevention and Education Program

- Implement strategies to decrease favorable attitudes toward drug use norms.
- Implement professional development training relevant to latest research and/or trends in substance abuse prevention and the health impact of marijuana use.
- Develop youth leaders who work to create healthier communities and improve youth health outcomes.
- Educate leaders and decision makers in their community on how marijuana impacts them.

#### **Needs of the Marijuana Prevention and Education Program:**

The Washington Healthy Youth Survey (HYS) demonstrates a number of disparities in youth marijuana use prevalence by race/ethnic group, academic success and social experience. In 2014, 10th grade students who identified as Black or African American, Hispanic or Latino and American Indian or Alaska Native had significantly higher past-30 day marijuana use than those who identified as white or Asian. (Note: although students who identified as Asian had lower past-30 day marijuana use, there is concern that this may mask significant disparities in certain Asian ethnic groups.)

#### **Priority Population Youth**

In addition to the disparities listed above, youth who struggle academically, youth who have been bullied in the past month, and youth who have been bullied for being perceived as Gay, have a higher rate of marijuana use. For example, tenth grade marijuana use rates were higher among students who are/were:

- American Indian/Alaska Native (33.5%),
- African American (26.4%),
- Hispanic/Latino population (23.4%)
- Asian/Pacific Islander Populations (9.6%)
- Struggling in school (32.3%)
- Bullied for being perceived as gay (30.1%),
- Bullied in the past month (20.7%)

Lastly, e-cigarettes and vaping device use are on the rise among Washington youth. Latest HYS data shares that 18% of WA State 10<sup>th</sup> grade youth reported using e-cigarettes or vaping devices in the past 30 days. A number of WA State school districts are reporting that youth are using these devices for not only nicotine, but also to vaporize marijuana products.

Efforts to decrease marijuana disparities, increase the perception of harm of marijuana use among youth, and decrease favorable attitudes toward drug use laws and norms and decrease of access and availability of marijuana and e-cigarette/vaping devices by youth are needed. **Strategies dedicated to reaching the smaller but higher need priority populations described above are required.**

#### **Goals and Objectives:**

The goal of the DOH Marijuana Prevention and Education Program is to reduce initiation and use of marijuana by youth (ages 12-20) and among populations most adversely affected by marijuana use throughout Washington State.

## Request for Letters of Intent

### Washington State Department of Health Marijuana Prevention and Education Program

The long-term objectives of the program are to:

- A. Decrease percentage of 10<sup>th</sup> grade students (statewide) who have used marijuana on at least one day in the past 30 days.
- B. Decrease percentage of 10th grade students who have used marijuana on at least one day in the past 30 days in African American, Latino/Hispanic, Asian/ Pacific Islander, American Indian/Alaska Native, and LGBTQ populations.
- C. Decrease the percentage of 10th grade students who first used marijuana before they were 14 years old.

#### ELIGIBILITY

The DOH will **ONLY** accept Letters of Interest from Applicants that meet **all** of the following criteria:

- Currently provide substance abuse prevention, or other health promotion services and/or supports, including policy, environmental and systems changes, for:
  1. At least one community and/or group within the region; and
  2. Has an office in the region; and
  3. Has demonstrated fiscal capacity to manage the work for this contract including subcontracts, invoicing, tracking invoices, and otherwise timely fulfillment of contract requirements, and
- Demonstrated experience:
  1. Preventing and reducing youth substance use; and
  2. Educating policymakers and collaborating with existing coalitions; and
  3. Collaborating with schools and institutions of higher education and training, and
  4. Identifying needs of and serving youth.
- Demonstrated ability to meet tight timelines and manage demanding project requirements, and
- Demonstrated commitment to the project *through June 30, 2017*

**Examples of organizations that might meet eligibility criteria include but are not limited to:**

- Civic Organizations
- Educational Service Districts
- Institutions of Higher Education
- Local Health Departments/Jurisdictions
- Non-profit organizations
- School Districts
- Urban Indian and Tribal organizations
- Youth serving organizations

#### FUNDING EXPECTATIONS

The DOH will fund local lead organizations to develop and implement a regionally coordinated Marijuana Prevention and Education Program that prevents and reduces marijuana use by youth and incorporates tobacco prevention efforts as they align with marijuana use (i.e. electronic cigarettes and vaping devices), in their respective region. Partners and stakeholders from each region must work

## Request for Letters of Intent

### Washington State Department of Health Marijuana Prevention and Education Program

together to identify and select a regional lead organization to serve as the Regional Marijuana Prevention/Education Contractor for this work.

Accountable Communities of Health Regions	Total Allocation for Base	Total Allocation for Per Capita \$1,500,000			Total Allocations
		C1	C2	C3	
	\$ 1,125,000	\$600,000	\$300,000	\$600,000	\$2,625,000
Cascade Pacific Action Alliance	\$125,000	\$49,725	\$30,962	\$57,193	\$262,880
Greater Columbia	\$125,000	\$74,428	\$32,527	\$79,152	\$311,106
King	\$125,000	\$157,376	\$60,933	\$146,376	\$489,685
North Central	\$125,000	\$22,710	\$11,579	\$28,864	\$188,154
North Sound	\$125,000	\$100,083	\$44,570	\$93,235	\$362,888
Olympic	\$125,000	\$26,841	16,645	\$29,023	\$197,509
Pierce	\$125,000	\$70,291	\$38,533	\$74,934	\$308,758
Better Health Together	\$125,000	\$54,961	\$35,824	\$41,039	\$256,824
SW WA Regional Health Alliance	\$125,000	\$43,585	\$28,428	\$50,183	\$247,196
	\$1,125,000	\$600,000	\$300,000	\$600,000	\$2,625,000

**Criterion 1:** Number of youth ages 12-20, 2014; per capita rate of \$8.24

**Criterion 2:** Estimated number of youth ages 15-17 current smoke tobacco, based on HYS Grades 10; per capita rate of \$118.68

**Criterion 3:** Estimated number of youth ages 15-17 current use marijuana, based on HYS Grades 10; per capita rate of \$121.60

See page 9 for data describing the number of youth within each ACH Regions.

Each contractor will serve one of the nine (9) defined Accountable Communities of Health ([http://www.hca.wa.gov/hw/Pages/communities\\_of\\_health.aspx](http://www.hca.wa.gov/hw/Pages/communities_of_health.aspx)) geographic regions. Contractors will lead their regional partners to develop and implement a marijuana prevention program that will prevent the initiation of and reduction of marijuana use by youth. Programs will demonstrate the ability to address the goals and objectives of the DOH Marijuana Prevention and Education Program (outlined above) with an emphasis on the higher prevalence of marijuana use by priority population youth.

DOH will fund nine (9) local lead organizations, one in each region, that will:

A. Fulfill Project Administration Roles and Responsibilities

- Hire or assign project staff;
- Dedicate a minimum of 1.0 FTE to the project; this may be split between no more than three staff.
- Assure all staff working with youth have an acceptable criminal background check on file.
- Participate in a quarterly meeting with State Regional Marijuana Prevention grantees hosted by the DOH.
- Provide regional training and support to project partners as needed.
- Submit accurate and complete reports, per guidance and deadlines provided by the DOH.

B. Meet Evaluation Requirements

## Request for Letters of Intent

### Washington State Department of Health Marijuana Prevention and Education Program

- Participate in performance measure data collection activities in collaboration with the DOH.
- Participate in project evaluation activities developed and coordinated by the DOH.
- Participate in the recruitment of Healthy Youth Survey participation with school districts within your region.
- Maintain participant confidentiality.

#### C. Develop and Implement Work Plan

- The work plan must identify the available resources that support marijuana prevention efforts, identify community and school partners, identify community and school needs, and identify priority populations to be reached. Additionally, this work plan must include strategies that will be used to reduce initiation and use of marijuana by youth (ages 12-20) and among youth populations most adversely affected by marijuana throughout the respective region.

### LETTER OF INTENT FORMAT

The first step in the application process is to submit a Letter of Intent. **The letter is limited to four pages plus the cover sheet and the LOI Checklist of Assurances** (attached). The applicants most likely to be funded will clearly and successfully address the following questions, making the case that they are positioned to implement all strategies outlined in this LOI and, will fully meet the requirements of this funding opportunity.

1. Tell us why you are applying for this funding and how it fits into the work you are currently doing in your area to implement youth substance abuse prevention programs that:
  - a) Identifies and evaluates substance abuse prevention needs and trends within your community.
  - b) Implements effective substance abuse strategies and proven prevention approaches.
  - c) Identifies and reaches youth from priority populations or from communities that bear a high burden of marijuana use.
  - d) Engages community stakeholders, existing coalitions, and community-based resources to prevent marijuana use by youth.
  - e) Address policy, environment and systems change, and strategies used.
2. Applicants must be located in the region and should demonstrate an organizational mission and commitment to youth substance use prevention and to improving health equity. Tell us about your agency's capacity to coordinate project activities, facilitate and engage a broad range of stakeholders throughout your respective region, and meet project deadlines and requirements.
  - a. Provide a brief summary of your organization's mission.
  - b. Describe the communities and populations you currently serve within your region.
  - c. Describe your experience in addressing health equity and/or substance use disparities.
  - d. Describe your organization's experience and ability to meet tight timelines and manage demanding requirements.
3. Tell us about the environment (*for example: school, community, healthcare*) you are proposing to serve with this funding and the rationale for why you have selected this environment. How does serving this environment meet the goals of reducing initiation and use of marijuana by youth (ages

## Request for Letters of Intent

### Washington State Department of Health Marijuana Prevention and Education Program

12-20) and among youth populations with higher marijuana use rates throughout the respective region?

4. Describe your existing partnerships and/or working relationships with **all** of the following:
  - a. Local entities including, but not limited to: Local Health Departments, School Districts, Community Coalitions, Educational Service Districts, Urban Indian and Tribal Organizations, and other Youth Serving Organizations.
  - b. Communities and organizations that serve or advocate for the needs of vulnerable populations (including but not limited to: low income, mental and behavioral health population, racial and ethnic minorities, tribal communities, LGBTQ communities, groups with limited English proficiency)
  - c. **If the applying entity is not a local health jurisdiction (LHJ)**, the applicant must describe the established partnership with the LHJ(s) of the county(ies) within the ACH Region and how the LHJ(s) will be involved in this work.
  - d. **If the applying entity is proposing to serve a multi-county area**, the applicant must describe existing collaborations that include multiple counties and mechanisms for shared prevention work (memorandums of understanding, fiscal agreements, contracts, work plans, etc.).
5. Describe use of other funds, if applicable:
  - a. Describe other state or local funds used in your community to address substance abuse prevention, in addition to those potentially provided by the DOH. Please describe how these funds will build on and will -not duplicate Federally funded prevention efforts.
  - b. If receiving federal funds, please describe how these funds build on and do not duplicate prevention efforts.
6. Describe the process used that identified your organization to serve as the designated lead for your respective region, including organizations and stakeholders involved in the process.
7. Attach a minimum of two (2) letters of commitment\*. One letter of commitment must come from an LHJ and the other must come from a representative from the environment in which you intend to serve. If you are an LHJ submitting this LOI, then both letters must come from representatives of the environment(s) you intend to serve.

Letters of support are also welcome, but not required. These can come from local decision makers, governmental organizations, and health systems are encouraged but not required. These do not count toward your four page LOI limit.

8. Complete the Checklist of Assurances and sign.

*\*A letter of commitment is a statement of active participation in the project. It specifies resources that the group will commit to the project and identifies what role it will play in bringing the project to a successful conclusion. It addresses four aspects of the proposed collaboration: it identifies the project, specifies what the collaborator will contribute, is authorized by an appropriate official, and convinces the reader that the collaborator has the capacity to fulfill its responsibilities and is committed to achieving success. The tone of the letter should convey a sense of enthusiasm for participating in a worthwhile project.*

## Request for Letters of Intent

### Washington State Department of Health Marijuana Prevention and Education Program

The Letter of Intent must be received by **5:00 P.M.** on **November 20, 2015**. **Submit via email to [patti.miglioresantiago@doh.wa.gov](mailto:patti.miglioresantiago@doh.wa.gov) and place "MJ LOI" in the subject line.** Email attachment must be in PDF file format. **Please also attach the cover sheet** (attached, see last page) which is not counted in the four-page limit for your Letter of Intent. A confirmation email will be sent to the designated agency contact upon receipt of the Letter of Intent. Please contact Patti Migliore Santiago at 360-236-3645 if you have submitted a Letter of Intent and do not receive confirmation by 5:00 PM on November 23, 2015.

#### REVIEW AND NOTIFICATION

A multi-disciplinary DOH Office of Healthy Communities LOI Committee will review the Letters of Intent. Applicants selected to submit a full proposal will be notified **by 5:00 p.m. on November 30, 2015**. **All applicants invited to submit a full proposal must attend an Applicant's Conference on December 7, 2015 from 10:00 – 11:00 a.m. which will be conducted via conference call** (a toll free number will be provided). The Applicant's conference call will include guidance on components of a successful application proposal. Full applications will be due to OHC by 5:00 p.m. on December 23, 2015. Please be advised that Letters of Intent and proposals are non-binding.

For additional information or questions, please contact Patti Migliore Santiago with the DOH Office of Healthy Communities at [patti.miglioresantiago@doh.wa.gov](mailto:patti.miglioresantiago@doh.wa.gov).

## Request for Letters of Intent

### Washington State Department of Health Marijuana Prevention and Education Program

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#### Criterion 1: Number of youth ages 12-20, 2014

Accountable Community of Health	# youth 12-20 yrs	% youth 12-20
Peninsula/Olympic	36,030	2.24%
Cascade Pacific Action Alliance	66,748	4.15%
Pierce	94,355	5.86%
King	211,254	13.11%
SW WA Regional Health Alliance	58,506	3.63%
North Sound	134,347	8.34%
Greater Columbia	99,908	6.20%
North Central	30,485	1.89%
Better Health Together	73,777	4.58%
	805,410	

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#### Criterion 2: Estimated number of youth ages 15 - 17 current smoke tobacco, based on HYS Grades 10

Accountable Community of Health	# residents 15-17 year currently smoking	% 10th graders currently smoking including King County
Peninsula/Olympic	1,246	2.77%
Cascade Pacific Action Alliance	2,317	5.16%
Pierce	2,884	6.42%
King	4,560	10.16%
SW WA Regional Health Alliance	2,128	4.74%
North Sound	3,336	7.43%
Greater Columbia	2,434	5.42%
North Central	867	1.93%
Better Health Together	2,681	5.97%
	22,452	

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#### Criterion 3: Estimated number of youth ages 15-17 current use marijuana, based on HYS Grades 10

Accountable Community of Health	# youth 15 - 17 years currently using marijuana or hashish	% 10th graders currently using marijuana or hashish
Peninsula/Olympic	2,295	2.42%
Cascade Pacific Alliance	4,523	4.77%
Pierce	5,926	6.24%
King	11,576	12.20%
SW WA Regional Health Alliance	3,969	4.18%
North Sound	7,373	7.77%
Greater Columbia	6,260	6.60%
North Central	2,283	2.41%
Better Health Together	3,245	3.42%
	47,450	

**Request for Letters of Intent**

Washington State Department of Health Marijuana Prevention and Education Program

**LETTER OF INTENT COVER SHEET**

**Marijuana Prevention and Education Program**

**WA State Department of Health**

Due November 20, 2015 by 5:00 p.m.

**Applicant Organization** \_\_\_\_\_

Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

**Organization Contact/Title** \_\_\_\_\_

(Correspondence will be directed to this person unless otherwise requested by applicant)

Address \_\_\_\_\_

Phone/Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## Request for Letters of Intent

### Washington State Department of Health Marijuana Prevention and Education Program

#### Letter of Intent to Apply Checklist of Assurances

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/>	We understand that up to nine organizations will coordinate with the DOH on this project.
<input type="checkbox"/>	If selected to apply, we agree to work on the same interventions and measures as required by the WA State Department of Health Marijuana Prevention and Education Program.
<input type="checkbox"/>	We are willing to implement effective substance abuse strategies and proven prevention approach to: <ul style="list-style-type: none"><li>• reduce initiation of marijuana use by youth (ages 12-20)</li><li>• prevent the use of marijuana by youth (ages 12-20)</li><li>• reduce the initiation of and prevent marijuana use among youth populations most adversely affected by marijuana.</li></ul>
<input type="checkbox"/>	We assure that we can develop and implement a work plan specific to the program requirements. Work plan must identify available resources used to address marijuana prevention efforts, identify community and school needs, and identify priority populations to be served.
<input type="checkbox"/>	We assure that we can meet all evaluation requirements, which may include participation in performance measure data collection activities, participation in project evaluation activities developed and coordinated by DOH, recruitment of Healthy Youth Survey participation with school districts within your region, and maintaining the confidentiality of evaluation/survey participants.
<input type="checkbox"/>	We assure that we will collaborate with existing coalitions, community-based resources, and businesses that have a vested interest in reducing marijuana use by youth. Partnerships may include various sectors of the community, such as: youth; parents; law enforcement; schools; local businesses; local media; youth serving organizations; religious and fraternal organizations; civic and volunteer groups; healthcare professionals; state, local and tribal agencies; other organizations involved in reducing substance use.
<input type="checkbox"/>	We assure that we can demonstrate support for this project from local community leaders such as mayors, tribal leaders, city/county officials, school superintendents, business associations or corporate leaders, philanthropic leaders, Federally Qualified Health Centers, community coalitions, community health centers and other clinics, boards of health and health officers, public health advocates, substance abuse prevention advocates, representatives from other sectors including agriculture, transportation and planning, or other leaders with policy influence in the community, as applicable and population subgroups experiencing health disparities in the area.
<input type="checkbox"/>	We assure that we can demonstrate linkages with other state, local and tribal efforts and funding streams.
<input type="checkbox"/>	We assure that we are able to meet reporting requirements such as programmatic, financial, and management benchmark as required by the DOH.
<input type="checkbox"/>	We assure that all staff working with youth will have completed and will have acceptable background checks on file.
<input type="checkbox"/>	We agree to participate in reporting systems as required by DOH. We understand that lack of progress may result in redirecting funds.
<input type="checkbox"/>	We agree to assist and actively participate with DOH to develop and distribute communication documents created for the funder, stakeholders, and/or community members highlighting the successes of our work
<input type="checkbox"/>	We agree we are able to provide minimum staffing requirements of 1.0 FTE to manage the program for the duration of the grant period (April 1, 2016-June 30, 2017) establish and maintain other staff, contractors, and consultants sufficient to implement activities that address strategies identified by DOH work plans; participate in DOH convened meetings to facilitate peer exchange, training and technical assistance; and ensure that a sustainability plan is in place at the end of the grant period that leverages all available resources.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_