



2016/17 Tobacco-Use Prevention Education (T.U.P.E.) Competitive Grant Annual Report

1. Contact Information

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2. Which of the research-validated or evidence-based programs listed below were implemented?

Botvin's Life Skills Training	0
Keepin' It Real	0
Minnesota Smoking Prevention Program	0
Project Alert	0
Project Northland	0
Project SUCCESS	0
Project TND (Towards No Drug Abuse)	0
Project TNT (Towards No Tobacco Use)	662
SPORT	0
State-Wide Indian Drug Prevention Program	0

3. Comments pertaining to question 2 are located in the appendix. (Optional)

A new tracking process and form was implemented during this reporting period and disseminated to all school sites, as well as reviewed at curriculum trainings. However, only 29% of school sites submitted forms for the 16/17 school year. Due to the inconsistent reporting compliance among sites, an accurate total number of students served is not available. Although not all

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4. Which other curriculum-based programs (e.g., LEA adopted health curricula, lessons addressing specific populations, etc.) listed below were offered to students in the general population during the 2016/17 school year?

Program/Strategy Name	Number of Participating Students
Anti-Tobacco Media Blitz	0
Blowing Away Big Tobacco's Big Lies	0
Classroom Animation Studio Kit	0
Decisions for Health Series	0
Effective Youth and Adult Partnerships	0
Enough Snuff	0
Guiding Good Choices – Families That Care	0
Hands Off Tobacco! Series	0
Health and Wellness Series	0
Personal/Social Lessons: The Missing Link	0
Project ABCD (Analyze, Beware, Create, Disseminate)	0
Project ALIVE! (Arts Leading Into Vital Education)	0
Project SCAT (Schools and Communities Against Tobacco)	0
Something Stinks in Hollywood	0
Stay On Track Series	0
Teen Health Course Series	0
Teens Tackle Tobacco	0

5. If a non researched-validated curriculum-based program not listed in the table above was offered, please specify the name of the program/strategy along with the number of projected and participating students in the boxes below.

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6. Comments pertaining to question 4 & 5 are located in the appendix. (Optional)

7. Which of the non-curricula activities listed below were offered to students in the general population during the 2016/17 school year?

Non-Curricula Activities	Number of Projected Students
Assembly Presentations	1,080
Law enforcement sting operations to monitor tobacco sales to minors (i.e., Stop Tobacco Access to Kids Enforcement (STAKE) Act or others)	0
Media Literacy and Youth Media Production to Counter the Influence of the Tobacco Industry	0
Youth Involvement in Anti-Tobacco Advocacy	13,701
Tobacco use prevention Peer Educator	42
Tobacco use prevention focused Service-Learning Projects	0

8. If a non-curricula activity not listed in the table above was offered, please specify the name of the activity along with the number of projected and participating students.

9. If you selected *Assembly Presentation* as an activity, please specify the names of the speaker(s) and a brief description of the presentation in the space below:

Dr. Victor DeNoble

Samuel Allen

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10. Comments pertaining to question 7, 8 & 9 are located in the appendix. (Optional)

11. Which of the intervention programs listed below were offered during the 2016/17 school year?

Intervention Programs	Number of students identified	Number of students served
Brief Intervention	14	10
Craving Identification and Management (CIM)	0	0
Intervention with Teen Tobacco Users (TEG)	0	0
Project Life	0	0
Smokeless Schooldays: Smokeless Saturday School	0	0
Tobacco-Free Generations	0	0

12. If an intervention program not listed in the table above was offered, please specify the name of the program and the number of projected and participating students.

13. Comments pertaining to question 11& 12 are located in the appendix. (Optional)

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14. Which of the cessation services listed below were offered during the 2016/17 school year? For each program offered provide the number of students identified and served under this grant.

Cessation Programs	Number of students identified	Number of students served
Adolescent Smoking Cessation-Escaping Nicotine and Tobacco (ASCENT)	0	0
Enough Snuff: A Guide for Quitting Smokeless Tobacco	0	0
Helping Teens Stop Using Tobacco (TAP)	0	0
California Smoker's Helpline	14	10
Project EX: Teen Tobacco Use Cessation Program	0	0
Project N-O-T (Not on Tobacco)	0	0

15. If a cessation program not listed in the table above was offered, please specify the name of the program along with the number of students identified to be served and the number of students served in the space below. *(Please do not use acronyms)*

16. Comments pertaining to question 14 & 15 are located in the appendix. (Optional)

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17. Indicate which programs were provided to students in the grades listed below

	Research-Validated or Evidence-based curricula-based programs	Other Curricula-based programs	Non-curricula activities	Intervention programs	Cessation programs
6th Grade	x		x	x	
7th Grade	x		x	x	x
8th Grade	x		x	x	x
9th Grade					
10th Grade					
11th Grade					
12th Grade					
Non Traditional					

18. Comments pertaining to question 17 are located in the appendix. (Optional)

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19. Indicate which programs were specifically targeted to students in the priority populations listed below (i.e.; a conscientious decision was made to select or tailor programs to impact priority populations). Enter an “x” in the appropriate boxes below for the school year.

	Research-Validated or evidence-based curricula-based programs	Other Curricula- based programs	Non-curricula activities	Intervention programs	Cessation programs
African American					
American Indian or Alaska Native					
Asian					
Pacific Islander					
Hispanic/Latino	x		x	x	x

20. Comments pertaining to question 19 are located in the appendix. (Optional)

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21. How many parenting and/or pregnant minors were identified and served during the 2016/17 school year under this grant?

	Number of students
Number of parenting and/or pregnant minors identified	0
Number of parenting and/or pregnant minors served	0
Number of parenting and/or pregnant minors in school based programs	0
Number of parenting and/or pregnant minors referred to community programs	0

22. Please use the space below to comment on your answers to question 21. *(Optional)*

23. Report the total number of classified and/or certificated staff trained in one or more of the areas listed in the table below. Then identify how many individuals received each type of training.

Training Type	Classified	Certificated
TOTAL persons receiving any kind of training related to the TUPE program	25	42
Trained to deliver program curriculum	1	5
Trained to deliver youth development strategies	8	18
Trained to deliver intervention strategies	8	1
Trained to deliver cessation strategies	0	0
General TUPE information	8	18

24. If staff were trained in areas not listed in the table above please specify the type of training and how many classified and/or certificated staff were trained in the box below.

E-Cigarettes & Teens: What Educators Need to Know (workshop) - 2 Certificated, 3 Classified

LGBTQ-Inclusive Classrooms (training) - 4 Certificated; 8 Classified

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25. Comments pertaining to question 23 & 24 are located in the appendix. (Optional)

26. How many parents received general TUPE information during the 2016/17 school year under this grant? 1,000

27. If parents received training other than general TUPE information, please specify in the space below the type of trainings or information they received and the number of parents participating in each activity.

28. Comments pertaining to questions 26 & 27 are located in the appendix. (Optional)

29. Were the activities listed in the table below offered in collaboration or coordination with LEAs, community agencies or other organizations?

Activity Type	Local Education Agency	Local public health agency	Local governmental agency	Local non-governmental organization
Curriculum Implementation	Yes	No	No	No
Youth Development activities	Yes	Yes	Yes	Yes
Cessation activities	Yes	No	No	No
Intervention activities	Yes	Yes	No	Yes
Local tobacco control coalition planning meetings	Yes	Yes	Yes	Yes

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30. If an activity other than those listed in the table above was offered, please specify the type of activity and if the activity was in collaboration with an LEA, community agency, local coalitions, or another agency.

31. Comments pertaining to question 29 are located in the appendix. (Optional)

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Comments regarding question 4:

Comments regarding questions 5:

Comments regarding questions 7, 8 & 9:

Comments regarding questions 11 & 12:

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Comments regarding questions 14 & 15:

Comments regarding questions 17:

Comments regarding questions 19:

Comments regarding questions 21:

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Comments regarding questions 23 & 24:

Comments regarding questions 26 & 27:

Comments regarding questions 29 & 30:

If you are the lead agency for a consortium, please list in the space provided below which districts in your consortium contributed to this report.

Antioch Unified

Byron Union

West Contra Costa Unified