



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	1366
Project Alert	2901
Project Northland	0
Project SUCCESS	0
Project TND (Towards No Drug Abuse)	1583
Project TNT (Towards No Tobacco Use)	0
SPORT	0
State-Wide Indian Drug Prevention Program	0

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

All programs are great and were very successful.

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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.

NA

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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	75
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	50
Youth Involvement in Anti-Tobacco Advocacy	19,000
Tobacco use prevention Peer Educator	800
Tobacco use prevention focused Service-Learning Projects	100

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.

NA

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:

19th annual Teens Kick ASH was sponsored by the Ventura County Office of Education, District Tobacco Use Prevention Grants, and other agencies. The main presenter was Dr. Victor DeNoble, a well known scientist in the use of tobacco. Breakout sessions throughout the day were held and directed by Straight Up, Friday Night Live, Art Trek, Public Health and Newbury Park High School Journalism students. Two days were devoted to this event, one each for Middle and High School students with over 300 students in attendance from all over Ventura County.

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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	171	37
Craving Identification and Management (CIM)	0	0
Intervention with Teen Tobacco Users (TEG)	10	10
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)	12	12
California Smoker's Helpline	1400	1400
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)*

*The American Lung Association provided instruction in the prevention and cessation program of N-O-T. Four CVUSD specialists (counselors) were certified to provide the services for our district.

*Information about California Smoker's Helpline was widely distributed to all students in middle and high school with specific information about access to this resource.

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		
7th Grade	x		x	x	
8th Grade	x	x	x	x	
9th Grade	x	x	x	x	x
10th Grade	x	x	x	x	x
11th Grade		x	x	x	x
12th Grade		x	x	x	x
Non Traditional	x	x	x	x	x

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	x	x	x	x	x
American Indian or Alaska Native	x	x	x	x	x
Asian	x	x	x	x	x
Pacific Islander	x	x	x	x	x
Hispanic/Latino	x	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	5
Number of parenting and/or pregnant minors served	5
Number of parenting and/or pregnant minors in school based programs	5
Number of parenting and/or pregnant minors referred to community programs	5

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	5	20
Trained to deliver program curriculum	5	20
Trained to deliver youth development strategies	0	18
Trained to deliver intervention strategies	0	4
Trained to deliver cessation strategies	0	4
General TUPE information	125	450

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.

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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? 15,500

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	Yes	Yes	Yes
Youth Development activities	Yes	Yes	Yes	Yes
Cessation activities	Yes	Yes	No	Yes
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.