TUPE Tier 2 Grant 2020-21 Progress Report Completion Guidance

1. How and when are Tier2 grantees expected to submit their annual progress report?

Access to Tier 2 Grant Annual Progress Report Module is scheduled to roll out to TUPE GEMS users by noon on July 1, 2021. Tier 2 grantees are required to complete and submit their annual progress report via TUPE GEMS. No other method of submission is acceptable. As this report already contains the elements from the Annual Online Service Report, separate submission to Duerr Evaluation is no longer needed. TUPE GEMS will be the one and only place for Tier 2 annual progress report submission. The report's submission deadline is September 30 of each year.

2. Will there be any guidance and resources to support grantees in report completion?

The following guidance documents have already been posted online at TUPE GEMS under Resources

Tier 2 Grant Progress Report Guidance Webinar
Link: https://drive.google.com/file/d/1biAFrIyJsqoM9AMa8TyquDnoq48aim2z/view

Tier 2 Grant Progress Report Guidance Webinar PowerPoint
Link: https://docs.google.com/presentation/d/1iv5ru5Dl33zMPYNFtmmKgeY2aF26B7mv/edit#slide=id.p1

Tier 2 Grant Progress Report TUPE GEMS Tutorial
https://sites.google.com/view/tupegemsresources/grantees/tier-2/2020.

3. Do grantees need to review their applications prior to completing the progress report?

As a Tier 2 progress report is now closely aligned to its application/implementation plan, reviewing the application prior to completing the progress report is highly recommended, especially for Section 9 Project Monitoring and Evaluation which was designed to serve as your progress self-assessment road map.

4. When will the function of data auto population from an application to its matching progress report be available.

Data auto population will start in Year 2, automatically referencing what grantees entered for Year 1 in the Progress Report. The Progress Report Module has been designed to auto-populate relevant fields from form-based applications, which will be for future grant applications. Tier 2 2020-2023 applications were file-based uploads which made online application submission possible in a short period of time but does not permit data auto pulling. In order to still benefit from the data auto population function in

this grant cycle, the progress report module has been modified to permit a one-time back entry of the information in the 2020-21 reporting year. Grantees will need to manually enter their program area goals in Level 1, the service title, brief introduction, and measurable objectives for each service in Section 3, 4, 5, and 7 where measurable objectives are required in Level 2 of the progress report. Grantees should specifically have Section 9 of their application handy as most of the information needed for the progress report is already aggregated in Section 9 of an application. This will be the first and also last time a grantee needs to copy and paste information from their application to their progress report. Starting in Year 2, related information will be auto populated into the Year 2 progress report from the Year 1 progress report.

5. Could a grantee add, delete, or modify services, program goals, and measurable objectives in the progress report?

Yes. To reflect the actual implementation of a program, a grantee is allowed to add, delete, and modify services, program goals, and/or measurable objectives. Detailed guidance is as follows:

a. Program area goals may be added, deleted and/or modified if they were updated during the implementation of the program.

b. Measurable objectives may be modified too. If a grantee proposed more measurable objectives for a service in the application but actually utilized fewer for service assessment and had no plan to utilize the rest of the measurable objectives in Year 2 program assessment, this grantee may only need to enter the utilized measurable objectives for each service in this Year 1 report to increase reporting efficiency. We hope this process will help grantees in identifying SMART objectives for their future program implementation plan development.

c. Services may also be added, deleted, and/or modified. If a service was proposed in the application but not implemented, this service still needs to be entered in the progress report and reasons for no implementation should be required. If a new service was added, related information regarding service title, a brief description, and SMART measurable objectives should be entered too as well as whether the objectives were met or not.

6. Which levels of the progress report should a grantee start at?

Grantees are highly recommended to complete sections at Level 2 and Level 3, before starting Level 1, as Level 1 is more of a summary of what is reported in Level 2 and Level 3.

7. For Level 1 Program area “Project Monitoring and Evaluation”, we were not required to provide a goal for this area in our application. What should we do?

For Project Monitoring and Evaluation, a program area goal was not required in the original application template. However, in the progress report, please provide a general goal for this area that you have intended to reach for Year 1. This will help to provide a more holistic view of this program area.

8. For Level 1 Program area "Services Targeting Health Disparity Groups", if we do not have any specific goals for this area as our services were designed for all students, can we skip it?

Yes. If health disparity groups were not specifically targeted and services were intended only for the general student population, this program area is then not applicable to you. Please enter N/A for all the sub areas.

9. For Level 2 Policy Certification, where could we get the required certification information?

Grantee leads may choose to obtain the information from their district coordinators directly since if any district did not complete policy certification, reasons for the delay and the projected certification completion date are required to be provided in the report. Grantees may also contact the TUPE office tobacco free policy certification lead Nicole Pineda for certification information of specific districts at NPineda@cde.ca.gov.

10. For Level 2 CHKS administration, where could we get the required survey administration information?

For **school level CHKS administration verification**, grantee leads may choose to obtain the information from their district coordinators directly since if any schools did not administer the survey, local justifications and the projected administration date shall be provided in the report by the grantee. Grantees may also contact CalSCHLS help desk with the grantee membership directory submitted in the application to request a CHKS administration update for all the schools identified in the directory.

For **required survey population and modules**, the TUPE Office expects our grantees to administer a student Core Module in grades 5th or 6th, and then 7th, 9th, 11th and non-traditional (NT) schools in the first and third years of the grant period in order to ensure comparable data across all schools. If administering the CHKS elementary core module, a grantee is also expected to administer the TUPE elementary supplementary module to understand tobacco related perception and behavior of their 6th graders enrolled in the TUPE program. For more details, please refer to the TUPE Resources on CalSCHLS at https://calschls.org/resources/tupe-resource/. If a grantee is approved for the traditional every other year administration in the 2020-23 cycle, other than a first and third year sequence, it is still valid. The TUPE office plans to implement the first and

third year approach for new grants in the future to enable grant wide program assessment via CHKS data.

11. For Level 2 Measurable Objectives, what criteria are there for developing an appropriate measurable objective?

Measurable objectives must be specific, measurable, attainable, relevant, and timely. A minimum of one measurable objective is required for each service. The CDE highly recommends that applicants identify no more than two measurable objectives for each proposed service, one on outcome and one on process.

Applicants should only include measurable objectives for services offered in the first year of the grant cycle. Grantees update their objectives at the progress reporting stage for all three years. The second and third year initial measurable objectives will be based on what were submitted in the progress report for the previous year. Changes to measurable objectives at the progress reporting stage is allowed.

Examples of measurable objectives:

- Provide a prevention education program to grade 7th to 9th students.
    - Objective: Upon completion of the program, 90% of participants will report that tobacco is harmful.
- Develop an alternative to suspension program.
    - Objective: By the end of the school year, all participating districts will adopt this program. By the end of the school year, 65% of the students caught using tobacco products will be provided this alternative to suspension program, instead of suspension.
- Enhance family and community engagement.
    - Objective: By the end of school year, four quarterly e-newsletters will be distributed to parents via email and website posting.

12. For Level 3 Unduplicated Student Count, could you provide an example?

For the “unduplicated student count”, the purpose of collecting this information is to find out the reach of our local program—how many students we have reached to provide

services. The purpose is not to collect how many services by students have been provided. There is a big difference between student counts and service counts.

For example, a local program has 300 students enrolled in 7th grade. If 3 services were provided to these students, the unduplicated student count of receiving TUPE services should be 300. But if we count the students by services, then it would be 3 services and each served 300 students, which will reach 900 as a service count, not student count. In this case, the 300 count is what we expect and the 900 is not. This is because 300 shows we reached 100% of our student population while 900 triggers a serious data quality issue as it would be hard to explain while we only have 300 students enrolled, how could we actually served 900 students.

13. For Level 3 Cessation Program, what is considered as a cessation referral service?

Cessation referral services must include the following key elements: **active** identification of individual students who need such a service; active tracking of the service provision status; and assessment of the referral process.

Sending general cessation information flyers to all students is not a referral service and must not be reported in this cessation section. For the general information flyer activities, please report them under the prevention category.

14. Cessation Referral could not be tracked because data privacy is the concern.

Student data privacy should not be a concern in this case because only referral status should be kept locally, such as the date a student was referred, the date the student started to receive cessation service and the date the student completed the service. Nothing more. For the truly sensitive data regarding the cessation services, it is collected and stored by those cessation service providers, usually external agencies.

In addition, in the progress report, a grantee is expected only to report aggregated numbers of students receiving such services at the grantee level. No data privacy issue would be triggered at the reporting stage.

15. What should a local cessation referral program be if providing cessation information flyer is considered as a prevention activity, not a cessation referral service?

As cessation referrals are for high-risk students and usually provided by outside agencies, its program structure should and need to be different from a general prevention service such as a planned Red Ribbon Week. A cessation referral program should contain at least the following key elements to ensure program success:

- Active Identification of individual students who need such a service;
- active tracking of the service provision status;
- assessment of the referral process.

16. For Level 3 Staff Information, what are considered as TUPE and non-TUPE staff?

TUPE Staff: Refers to school staff members (both certificated and classified staff) that are partially- or fully-funded with TUPE funds, including stipends and/or substitute cost for TUPE trainings. For cases in which a staff member is not funded by TUPE but delivers TUPE services in-kind, either as a TUPE program administrator or direct TUPE service provider, an applicant may count that staff member as TUPE staff.

Non-TUPE Staff: Refers to the rest of the school staff members that are neither funded through TUPE nor provide TUPE services.

17. Whose signatures are required for the Tier 2 progress report and why?

Two signatures are needed for the progress report. Both Superintendent or Designee and the Grantee Lead will need to sign off. If the grantee lead happens to be the assistant superintendent as the official superintendent designee, the signature from this assistant superintendent will be sufficient for both signatures. The superintendent/designee who will sign the progress report could be the same person who signs the Tier 2 GAN. If it is for a consortium grant, only the superintendent/designee of the grantee lead agency who signs the Tier 2 GAN needs to sign off, not any leadership from participating districts.

By signing off the Tier 2 progress report, we hope your leadership would have the opportunity to see the good work performed by your TUPE program, in both service provision and program management, as you have been sharing in our monthly TUPE calls. In this way, when there are inter-departmental collaboration opportunities, TUPE programs with its resources and expertise will be on the top invitee list. These collaboration opportunities will benefit the students and staff we serve as additional resources and support will come with them.

An extension to the progress report submission due date is possible taking into consideration of the time needed for signatures. We want your leadership to see the good work of your TUPE program with a complete report. Please send a request to the state TUPE office or directly to your regional consultant when you have a more precise

estimate of how many more days you need for the superintendent/designee signature, if applicable.

18. Who should we contact if we have grantee specific questions?

For technical questions regarding the report module, please contact the TUPE GEMS helpdesk at tupegems@health.ucsd.edu. For program questions regarding the content of the report, please contact the TUPE Office at tupegems@cde.ca.gov.