2021

RAPE PREVENTION AND EDUCATION STATE ACTION PLAN

Updated January 31, 2022

Nevada Department of Health and Human Services
Division of Public and Behavioral Health
Maternal, Child and Adolescent Health
Updated January 2022 by The Blueprint Collaborative

Contents

Introduction

The Nevada Rape Prevention and Education (RPE) Program is part of a national effort launched by the Centers for Disease Control and Prevention (CDC) in response to the Violence Against Women Act of 1994 and continues through reauthorization and expansion of the original legislation. The RPE Program focuses efforts on preventing first-time perpetration and victimization by reducing modifiable risk factors and increasing protective health and environmental factors in the prevention of sexual violence (SV). The RPE Program is funded by CDC, sexual violence set-aside through Preventive Health and Health Services (PHHS), and the Title V Maternal and Child Health (MCH) Program.

The Nevada State Action Plan (SAP) was developed in 2018 by the Nevada Rape Prevention and Education (RPE) Program and its partners. The SAP describes a strategic approach and framework for implementing SV prevention strategies using the Public Health Approach, based on the best available evidence and data. The plan prioritizes the increased implementation of community/societal-level strategies, focuses on state and local-level data sources, and how SV indicators will be identified and tracked. The SAP also focuses on the key activities linked to funding efforts. It describes strategies and activities implemented using RPE funding and how subrecipients' efforts relate to RPE-funded work. The contents of the SAP align and link to the State RPE Program's Logic Model and Evaluation Plan.

Partnerships, capacity building activities, indicators, data, impact, and implementation are recurring topics in the SAP. Data is a central theme of the work, including how it is used to identify priority populations and address health disparities. Although no community is immune to violence, it is the most socioeconomically disadvantaged populations who face a disproportionate burden of violence. Demographics such as race, ethnicity, gender, educational inequality, intellectual disabilities, poverty, and employment status increase risk factors for priority populations.

Nevada's SAP recognizes that while violence (SV, intimate partner violence, explicit or implicit violence) can be prevented, lasting prevention requires a cross-sector, public health approach. Violence prevention is more effective when public health, education, faith-based, nonprofit, housing, business, economic development, transportation, zoning and land use, and many other sectors and interests are involved.

The successful implementation of the SAP relies on identifying, establishing, and leveraging partnerships and resources that can sustain the work of the RPE Program beyond the current five-year cooperative agreement with the CDC. New partners and new ways of streamlining processes have emerged through the development of the SAP. As the plan is implemented, we expect to uncover further opportunities to increase the capacity of subrecipients and partners to work at the community and societal levels of the Social-Ecological Model (SEM) and ultimately decrease SV occurrence in Nevada.

Over the remaining period of the grant funded project and beyond, the RPE Program, subrecipients, and partners expect to see the positive impact of working together as data demonstrates changes in the short-term (1-2 years), mid-term (2-5 years), and long-term (5 years and more) goals and outcomes.

The chart below outlines the outcomes, risk and protective factors, and desired impact of the SAP.

Short to Mid-Term Outcomes	Long-Term Outcomes
Program and System Outcomes • Increased capacity of subrecipients and partners to implement relevant evidence-informed strategies • Increased number of partners working at community and environmental level • Increased capacity of partners to influence community and environmental change • Increased capacity from partnerships to access and use data and support • Demonstrated selection of subrecipients based on data decision making • Increased alignment among State, subrecipients, and partners working to achieve the intermediate and long-term outcomes • Increased data-driven decision-making • Increased number of process and outcome evaluation activities from the evaluation plan • Demonstrated tracking of state-level data **Risk and Protective Factors** • Increased active bystander behavior • Reduced tolerance of SV within the community • Increased feelings of safety in one's school, workplace, or neighborhood • Increased economic stability for women • Reduced excessive alcohol use at the community level*	**Program and System Outcomes** • OC 8. Increased use of partnerships to implement community/society level changes • OC 9. Demonstrated the use of indicator data to track implementation outcomes • OC 10. Demonstrated use of data-driven decision making **Desired Impact** • Reductions in SV victimization and perpetration • Reductions in the acceptability of SV • Reductions in the perpetration of related forms of violence (e.g., stalking, intimate partner violence, dating violence) • Increases in gender equality and the economic status of women • Reductions in alcohol-facilitated sexual assault at the community level*

*Currently, no strategies are focused on alcohol; however, this remains in the plan for future consideration.

Strategies and activities to achieve these outcomes are reviewed annually as part of the RPE Program funding cycle. Strategies selected are those capable of achieving short-term and mid-term outcomes. Current strategies include improving social norms that protect against violence, teaching social-emotional learning and healthy relationship skills, increasing active bystander behavior/action, increasing positive attitudes towards girls and women, increasing leadership skills and economic opportunity and stability for girls and young women. A workplan outlining the RPE Program's goals and objectives for the 2022-2023 grant year has been included in Appendix C for reference. The program's long-term outcomes will take many more years to achieve statewide.

Nevada's SAP is considered a "living document," recognizing the need for the RPE Program, its subrecipients, and partners to remain flexible and adapt to pursue opportunities as new partners, resources, research, and evaluation findings emerge from the work and the data. As such, it is reviewed and regularly updated to reflect changing conditions.

The SAP was first created in 2018, year 1 of the CDC RPE grant project period, and updated in 2019. This 2021 update includes all information from the previous SAP updates, as well as current information on program activities and anticipated strategies and goals for the upcoming program year. At the time of the 2021 update, a data update was conducted. However, to provide a complete and comprehensive picture, when updated information/data was not available, data cited in previous updates was maintained as most current.

The Context for State Action Planning

Overview of Nevada

Nevada is a geographically large state with 17 counties. Nevada has three urban centers (Las Vegas, Reno/Sparks, and Carson City), as well as vast rural and frontier areas. Of the remaining 14 counties, three are considered rural (Douglas, Lyon and Storey) and eleven are frontier (fewer than 6 people per square mile). According to the Census Bureau, the racial distribution in Nevada includes 75% individuals who identify as White, 9% individuals who identify as Black or African American, 9% as Asian, 5% as two or more races, 1% as Native American, and 1% as Native Hawaiian and Other Pacific Islander. In addition, 29% of Nevadans identify as Hispanic/Latinx. Approximately 22% of Nevadans are under the age of 18, 62% are between 18-64, and 16% are 65 or older.[1] In 2020, the state's population was estimated at 3.1 million.

Rape and Sexual Assault

According to the 2015 National Intimate Partner Sexual Violence Survey, 43.6% of women (nearly 52.2 million) and a quarter of men (24.8% or 27.6 million) experienced some form of SV in their lifetime. Those at greatest risk for intimate SV are under 25 years old, with the majority (81.3% or nearly 20.8 million) being female. An estimated 70.8% (2.0 million) of male victims report first attempted or completed rape occurring prior to age 25.

Definition of SV *(CDC 2020)*
Sexual violence is sexual activity when consent is not obtained or not freely given. It is a serious public health problem in the United States. Sexual violence impacts every community and affects people of all genders, sexual orientations, and ages—anyone can experience or perpetrate sexual violence. The perpetrator of sexual violence is usually someone known to the victim, such as a friend, current or former intimate partner, coworker, neighbor, or family member.

The CDC provides further information about sexual assault as a public health problem:

- **SV is common.** 1 in 3 women and 1 in 4 men experienced SV involving physical contact during their lifetimes. Nearly 1 in 5 women and 1 in 38 men have experienced completed or attempted rape, and 1 in 14 men were made to penetrate someone (completed or attempted) during his lifetime.
- **SV starts early.** 1 in 3 female rape victims experienced it for the first time between 11-17 years old, and 1 in 8 reported that it occurred before age 10. Nearly 1 in 4 male rape victims experienced it for the first time between 11-17 years old, and about 1 in 4 reported that it occurred before age 10.
- **SV is costly**. Recent estimates put the cost of rape at $122,461 per victim, including medical costs, lost productivity, criminal justice activities, and other costs.[2]

[1] United States Census Bureau, 2020.
[2] Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html

Sexual Assault in Nevada

Reported Rape

Most instances of SV are not reported to authorities. According to the National Crime Victimization Survey, in 2016, only an estimated 23.2% of rapes and sexual assaults were reported to police.[3] In Nevada, 1,865 rapes (both attempted and completed) were reported in 2017, the highest rate since 2013 and an 8.1% increase from 2016.[4] However, it is estimated 8,039 rapes were completed or attempted in Nevada in 2017 when the 76.8% that go underreported are included.[2] Of the 1,865 reported rapes, only 21.3% resulted in an arrest. Most offenders arrested for rape in 2017 were male (95.2%).[2] Most reported rapes occurred in Clark County (81.2%), which encompasses Las Vegas, Nevada's largest population center. The second highest number of reported rapes occurred in Washoe County (11.9%) which encompasses Reno/Sparks. The remaining 6.9% occurred in one of the rural counties.[5]

Youth Dating Violence

The percentage of students reporting dating violence is available, including both sexual and physical violence reports for Nevada's Youth Risk Behavior Survey (YRBS). The percentage of students reporting SV increased between 2015 and 2019, while physical abuse reports decreased over the same time. The table below contains data from three of Nevada's YRBS reports, 2015, 2017, and 2019. At the time of publication of the 2021 SAP, the 2021 YRBS data had not been published and was not available for inclusion in the 2021 SAP.

Students Reporting Sexual or Physical Dating Violence

Percentage of Nevada high school students reporting sexual or physical dating violence one or more times during the 12 months before the survey.	**Sexual Dating Violence (Being forced to do sexual things they did not want to do by someone they were dating or going out with, one or more times during the 12 months before the survey)**	**Physical Dating Violence (Being physically hurt on purpose by someone they were dating or going out with, one or more times during the 12 months before the survey)**
Nevada High School Students 2015	11.2	9.9
Nevada High School Students 2017	9.8	7.9
Nevada High School Students 2019	12.6 ↑	7.0

(↑) indicates a statistically significant change between 2017 and 2019.

The Nevada 2019 YRBS reported the prevalence of having experienced SV one or more times during the 12 months before the survey was higher among female (18.0%) than male (6.8%) students, as well as

[3] Bureau of Justice Statistics, 2018. https://bjs.ojp.gov/content/pub/pdf/cv18.pdf
[4] Nevada Department of Public Safety, 2018. https://rccd.nv.gov/uploadedFiles/gsdnvgov/content/About/UCR/The%20Book%202018%20FINAL%20(25%20June%2019%202).pdf
[5] Federal Bureau of Investigation, Crime in the U.S. 2018. https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018

physical dating violence of females (8.5%) opposed to males (5.4%). See Table Below – Sexual or Physical Dating Violence by Gender, 2019.

Sexual and Physical Dating Violence by Gender, 2019

Percentage of high school students reporting sexual or physical dating violence one or more times during the 12 months before the survey. (U.S. and Nevada 2019)	Sexual Dating Violence		Physical Dating Violence	
	U.S.	NV	U.S.	NV
Females	12.6	18.8	9.3	6.8
Males	3.8	8.5	7.0	5.4

For Federal reporting purposes, there are five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There are two categories for data on ethnicity: "Hispanic or Latino," and "Not Hispanic or Latino."
Reports of sexual or data violence by race is broken down in the table below.

Sexual and Physical Dating Violence by Race and Ethnicity, 2019

Percentage of high school students reporting sexual or physical dating violence one or more times during the 12 months before the survey. (U.S. and Nevada 2019)	Sexual Dating Violence		Physical Dating Violence	
	U.S.	NV	U.S.	NV
American Indian/Alaska Native	N/A	5.7	15.3	17.3
Asian	8.3	7.8	6.2	4.4
Black	6.2	10.3	8.2	6.7
Native Hawaiian/Pacific Islander	N/A	9.7	8.9	4.0
White	8.1	12.5	7.5	7.0
Other/Multiple	10.1	12.4	9.5	9.1

Some regional differences were seen among individual county data. The highest rates of sexual dating violence were reported in 2019 for Douglas and Washoe counties. The highest rate of physical dating violence was reported in 2019 for Carson City.
Note: differences in survey administration can influence reported rates.

Sexual and Physical Dating Violence by Regions and Counties

Percentage of Nevada high school students by county reporting sexual or physical dating violence one or more times during the 12 months before the survey. (2019)	Sexual Dating Violence	Physical Dating Violence
Carson City (urban)	12.3	13.7
Douglas (rural)	13.4	7.0
Elko/White Pine/Eureka (frontier)	11.7	7.5
Churchill, Humboldt, Pershing, and Lander (frontier)	11.8	4.1
Lyon, Mineral (frontier) and Storey (rural)	12.7	7.4
Nye and Lincoln (frontier)	11.1	7.3
Washoe (urban)	13.4	7.3
Clark (urban)	12.5	6.8

Youth Report Being Physically Forced to Have Intercourse

Nevada's high school YRBS reports the percentage of students ever physically forced to have sexual intercourse when they did not want to. In 2017, the percentage was 7.3%, and in 2019 6.2%. This decrease was not statistically significant.

Nevada's middle school YRBS also reports the percentage of students who were ever physically forced to have sexual intercourse when they did not want to. This percentage was 3.9% in 2017 and 4.6% in 2019. This increase was not statistically significant.

Nevada Needs and Strengths Assessment

In 2018, a Needs and Strengths Assessment for the RPE Program was developed through the Nevada Institute for Children's Research and Policy (NICRP). The purpose of the study was to identify community perceptions of risk and protective factors associated with SV, learn what community support services Nevadans knew about, gain an understanding of barriers to accessing support services, and identify additional services needed. The assessment also sought to identify new partners to engage in the primary prevention work of the RPE Program.

Risk factors identified as increasing the likelihood of SV in Nevada included homelessness; mental health and substance use (including alcohol); lack of knowledge about community resources; neighborhood appearance and infrastructure, including the inability to walk safely in the community and number of bars; lack of community connectedness and help (neighbor to neighbor); transportation and isolation; family activities, resources, and education; and economy, workforce, and housing. Women and girls were more often at risk than men and boys, with economically disadvantaged women and African American women being most at risk.

Suggested prevention efforts to increase protective factors included improving community infrastructure and access to key social services, as well as educating youth in the community and in schools to recognize and support other youth, including offering referrals and utilizing active bystander behavior. Education recommendations also extended to the business community and parents, so they know how to identify and support prevention and intervention actions. Ongoing media campaigns and educational programming were recommended as consistent efforts that engage community members and survivors of SV to change community norms and attitudes toward women and girls.

An additional Needs and Strengths Assessment was conducted in 2021, along with technical assistance (TA) to help subrecipients identify potential populations for community-level strategies per the CDC's STOP SV Technical Package.[6]

[6] Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). STOP SV: A Technical Package to Prevent Sexual Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

2021 COVID-19 Update

A dramatic increase in SV was reported in 2020, likely due to the COVID-19 "stay at home" orders resulting in many intimate partner violence (IPV) victims being unable to leave an abuser. Additional COVID-19 related factors include employment and income loss, which can further exacerbate IPV. Information collected in early 2020 pointed to decreased safety of people who were at risk of SV in their homes. In 2021, further research confirmed the detrimental impact of COVID-19 globally, resulting in a "shadow pandemic within the pandemic" as termed by the United Nations to describe the increase in SV due to COVID-19 related factors.[7]

Nationally, the number of calls made to hotlines and other SV service providers has varied. Some service providers reported a reduction in the number of calls made to hotlines, potentially due to victims limited ability to safely access services due to "stay at home" orders. Other sources showed an increase in calls for police service regarding domestic violence.[8]

In addition to reported increases in demand for services locally, Nevada's RPE work has been affected by the COVID-19 pandemic in profound ways. The tables below summarize challenges, resolutions, and realized opportunities from the crisis.

COVID-19 Challenges for RPE	**How it Was Resolved**
Shelter in place orders changed the work location for nearly all staff, subrecipients, and contractors.	Meetings, programming, and communication moved to online platforms.
Continued public health restrictions on safe gatherings have limited access to childcare and in-person education.	Staff have adjusted schedules and made other accommodations, including changing roles.
Continued public health restrictions on safe gathering limited the ability to conduct in person trainings	Trainings were offered online; meetings were conducted via video conferencing or in person utilizing social distancing and face mask protocols.
The State and other systems needed to divert staff time to help manage the crisis.	Staff time was returned to regular work assignments.

Despite major challenges, there were also ways in which the crisis revealed opportunities.

COVID-19 Opportunities for RPE	**Positive Results**
Moving programming online	Increased use and uptake of social media messaging, indicating increased reach of some messaging and campaigns. Increased confidence and competence in using online platforms for training, utilization of virtual training tools to collect better data regarding training effectiveness
Re-opening of gaming, hospitality, and entertainment venues	Renewed demand for training as new staff is hired.

[7] UN Women (2022) COVID-19 and ending violence against women and girls. https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls#view

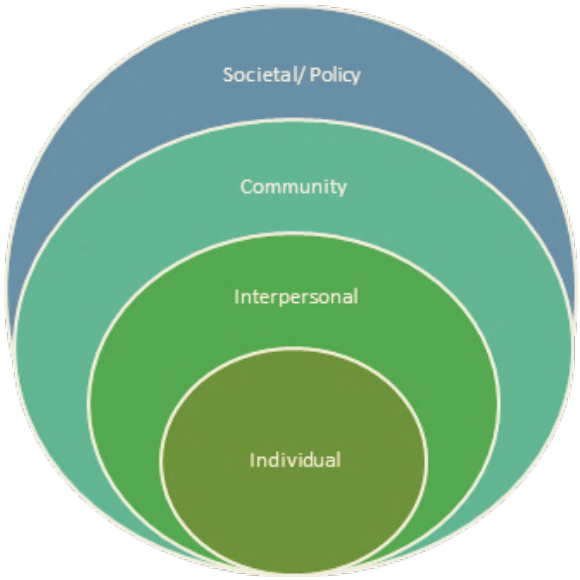
[8] Nix, J., Richards T. (2021) The Immediate and Long-term effects of COVID-19 stay at home orders on domestic violence calls for service across six U.S. jurisdictions.

COVID-19 Opportunities for RPE	Positive Results
Travel Suspended	Because nearly all meetings across the state and nationally have gone virtual, the Nevada Coalition (and other partners) note connecting with more potential partners is easier and more affordable than if they were trying to attend in-person. Some of the large state barriers, including long travel times and the expense of attending meetings in different regions, have been eliminated using virtual platforms/formats.
Telehealth	While not directly an RPE activity, improvements to telehealth statewide, including mental and behavioral health services, may help more people access resources.
Increased attention to public health issues	At the State level, there is increased attention on public health and health equity. In August 2020, Governor Sisolak proclaimed racism as a public health problem.

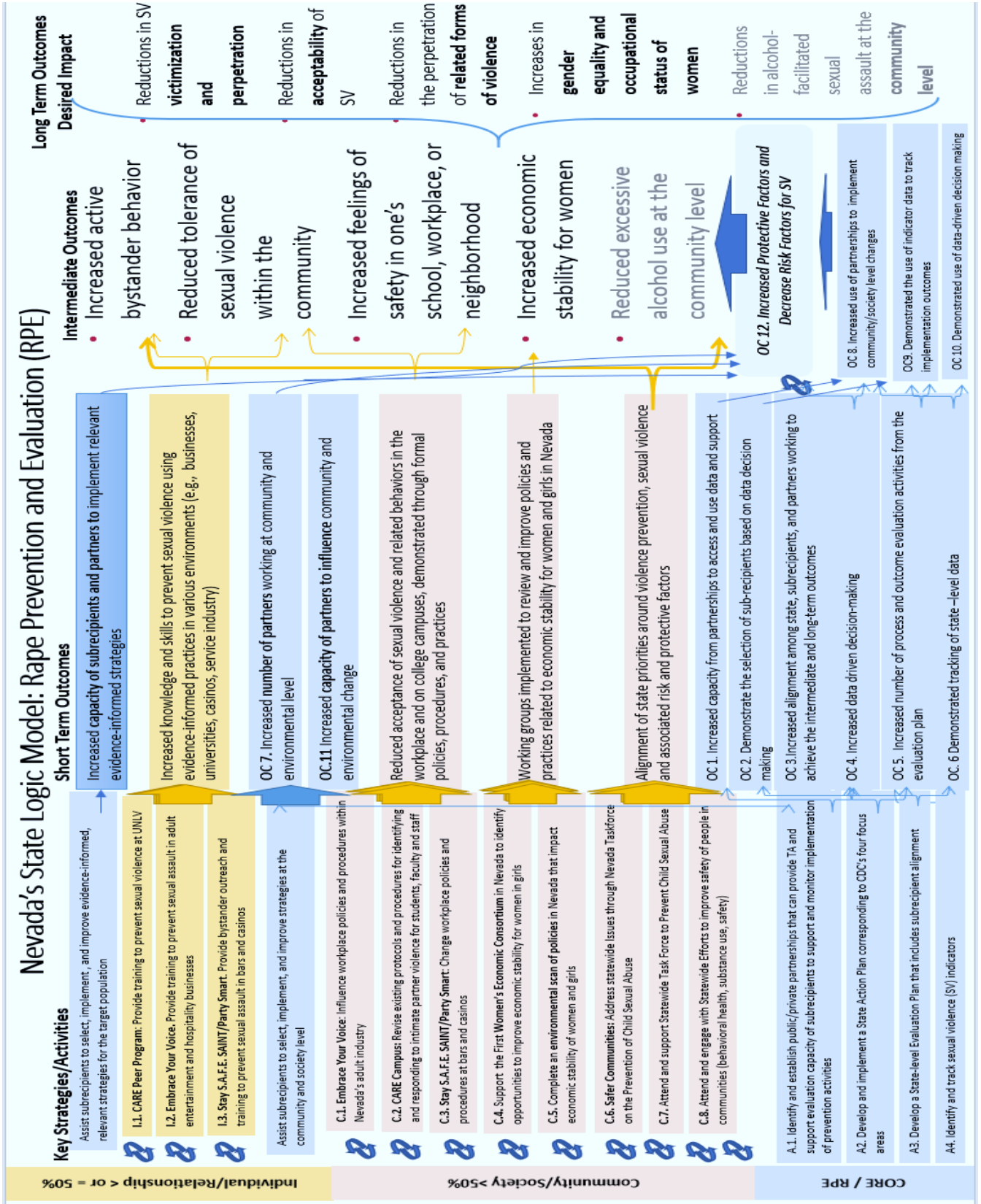
Community and Societal Level Change Priorities

To sustain community change, primary prevention must prioritize community and societal level work. Community-level strategies target the characteristics of a setting (e.g., schools, workplaces, and neighborhoods) increasing risk for, or protecting people from, SV.

This section of the SAP describes how the RPE Program, its subrecipients, and partners will prioritize primary prevention within the context of the Social Ecological Model (SEM).



The RPE Program's approaches are grounded in the State RPE Program's Logic Model, as seen on the following page.



*Strategies and outcomes focused on alcohol are shown in grey, as they are not currently active but remain an important priority over the logic model term.

Identifying, Selecting, and Implementing Primary Prevention at the Outer SEM Layers

The Nevada RPE Program used the first year (2018) of the five-year project period to transition RPE subrecipients from implementing strategies at the individual and relationship levels of the social-ecological model to strategies at the community and societal levels.

The RPE Program started moving in this direction when RPE Program staff introduced training and technical assistance (TA) to help subrecipients understand the different SEM levels and what changes would be needed to extend work into the outer layers of the SEM. These focused capacity building efforts continued into the 2019 program year. Capacity building and TA related to SEM and prevention strategies were provided to subrecipients during year 2 and 3 of the project period, as well.

In addition to providing TA and capacity building to subrecipients, an *Indicator Selection Readiness Assessment* (readiness assessment) was conducted in the last half of 2018 to assess the subrecipients' capacity and readiness to identify and select process and outcome indicators for RPE Program evaluation.

The readiness assessment was made up of two considerations:

1. The subrecipients' ability to capture, track, analyze, and report on process and outcome measures that align with RPE's short- and intermediate-term outcomes
2. Alignment with the RPE Program's work plan and the timeline for 2019-2020, the second year of the new 5-year collaborative agreement.

At that time, the readiness assessment found challenges with systematic data collection, as data provided was often based on grant requirements rather than focusing on outcomes. Additionally, most of the prevention work was happening at the program/project level.

Other findings indicated:

- Since 2015 (when the previous evaluation readiness assessment was conducted), subrecipients increased awareness of evaluation components for measuring impact while seeking additional TA support, resources, and guidance to operationalize.
- There had been increased capacity for tracking indicators (program measures) among continuing subrecipients since the 2015 readiness assessment. However, new scopes of work and activities needed to be aligned with the State's logic model.
- Barriers and capacity-building needs related to evaluation existed as subrecipients worked to align their objectives and actions with the SEM to reduce risk factors and increase protective factors. Programs had worked to adjust outcomes to match activities.
- Subrecipients expressed interest and desire to know if and how their program activities made a difference for their target audiences, including changes at the community level.
- Subrecipients were open to working across disciplines. Some had established relationships outside of the SV/IPV community that could be leveraged to engage similar partnerships locally or expand to

other state regions.

- Capacity building was needed to help subrecipients determine what and how to measure, as well as how to identify and form data-sharing relationships with others working directly or indirectly in the SV and IPV arenas.
- Subrecipients value and benefit from having time to talk about their data and how it links to a broader context, including how to transition toward the outer layers of the SEM.
- Additional support and TA were needed to help programs move toward the outer layers of the SEM for SV prevention.

During the *Indicator Selection Readiness Assessment* process, each organization identified barriers to performing program/activity evaluation including the need for tools, processes, knowledge, understanding of what was expected, and/or how to use the information once gathered. Even though partners identified barriers to evaluation or moving their work into the community and societal levels, they also expressed a desire to learn more, including knowing whether their efforts were making a difference and what moving to the outer layers of the SEM would look like. They were also open to learning and working together to advance evaluation capacity.

To further the work and efforts of the 2018 *Indicator Selection Readiness Assessment*, in 2020 the RPE Program utilized the external evaluator to complete another Indicator Selection Readiness Tool. During this process, partners were engaged in an activity to select indicators for the RPE Program.

Ensuring the RPE Funding Requirements at the Community or Societal Levels

In accordance with RPE funding requirements, at least 50% of RPE funded strategies have been implemented as community/societal-level strategies. To accomplish this, in 2018 and 2019 the RPE Program and its partners transitioned from previously implemented individual and relationship level strategies to community/societal-level strategies, and/or complemented existing individual/relationship-level strategies with a community/societal level strategy to maintain a minimum of 50% of planned strategies at the outer layers of the SEM, as set by the CDC. Additionally, to increase the number of partners working at the community and societal level, each subrecipient was asked to maintain at least one (1) MOU (or similar formalized agreement) per focus area with a partner committed to achieving similar outcomes. For example, if a subrecipient has three strategies in two focus areas, they need to maintain at least two partnerships (one for each focus area).

This approach helps the RPE Program and its subrecipients link and streamline efforts for shared results. Beyond the RPE Program, as subrecipients and partners work collaboratively toward shared long-term outcomes, additional partners and opportunities will emerge.

Advancing to the Outer Layers of the SEM

The work to move to the SEM community and societal levels began in 2020 by using a systematic approach to scaling down diverse individual program efforts and moving toward collaborative and

focused interventions directly impacting the priority populations and improving protective factors and/or reducing risk factors. Since then, the RPE Program's reach and impact has increased as subrecipients have implemented community strategies and built new partnerships that complement individual/relationship strategies they already had in place prior to the new RPE Program initiative.

As mentioned, building understanding and knowledge of how to work in the outer layers of the SEM began in 2018, and a step-by-step approach and process for choosing new strategies on the outer layers of the SEM was introduced in year 1 of the SAP. This approach asked subrecipients to complete a strategy selection assessment to determine if their proposed or current strategy would meet funder requirements. In addition to the assessment, subrecipients also provided the rationale for strategy selection and the specific risk and protective factors being addressed in the target population. By walking through these series of questions, agencies learned how to determine if their current or proposed strategies aligned with the proposed outcomes and funding requirements and addressed Nevada's target population's needs.

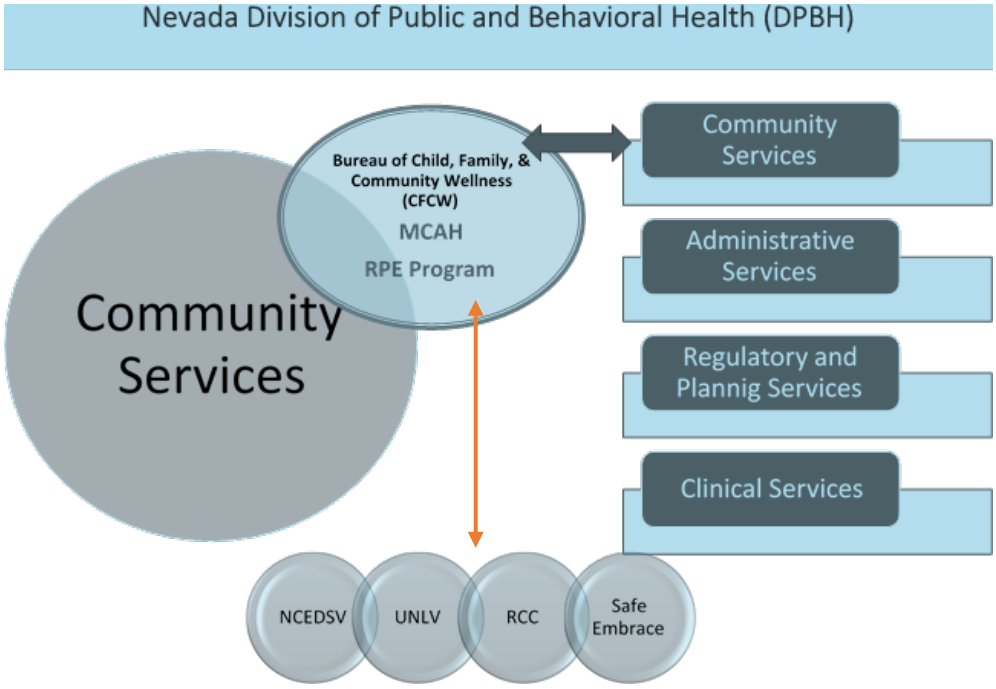
In 2019, the RPE Program engaged subrecipients and prospective partners in discussions to develop the program logic model, identify mid-term and short-term outcomes that aligned with the desired long-term results, and to discuss, review and prioritize indicators to use moving forward. The first meeting-oriented participants to RPE Program's 2019 deliverables, timelines, and engagement expectations, and obtained guidance and feedback on the logic model and stakeholder outreach approach. A second meeting oriented the RPE subrecipients to the RPE Program's Evaluation Requirements, including a State Action Plan, and shared CDC priorities for the RPE Program's future direction. Additional input and suggestions for the logic model outcomes and focus areas were also gathered at this meeting. The third meeting involved an expanded group of participants, including prospective partners and other State programs, with a shared interest in the RPE Program results. This meeting was used to review the CDC requirements, the updated logic model and to discuss outcomes and data sources. This meeting also produced valuable insights about leading indicators for bystander behavior and areas of need, and opportunities to revise and streamline climate survey data to capture information tied to the RPE Program outcomes. After the third meeting, recommendations for indicators tied to the specific outcome areas were prioritized through an online survey process. The results of the survey were used to inform this document and the evaluation plan. Organizations and participants involved in those conversations are listed in Appendix B. During the 2022 grant year, the RPE Program intends to collaborate with program subrecipients and partners to update the logic model and bring it into alignment with current data indicators and program priority areas.

In 2021, the RPE program engaged in activities that further advanced subrecipient and partner activities to the SEM community and societal levels. These activities included attending trainings and conferences, providing subrecipients with trainings on the Public Health Model and Public Health Approach to program planning efforts, and providing RPE training, monthly technical calls, and webinars to subrecipients which increased their knowledge and collaboration efforts towards community and societal-level change. This collaborative approach provided education for increasing community-level strategies through data-driven decisions and coaching about how to think through expanding work to

the outer levels of the SEM. All these activities also increased alignment between State-level goals and local prevention strategies.

State Experience and Capacity

The Nevada RPE Program resides within the Maternal, Child, and Adolescent Health Section (MCAH), Bureau of Child, Family, and Community Wellness (BCFCW), in the Nevada Division of Public and Behavioral Health (DPBH) as outlined in the figure below.



The DPBH commitment to public health is reflected in its mission statement:

"The Nevada DPBH protects, promotes, and improves the physical and behavioral health of the people in Nevada."

DPBH possesses the required infrastructure to support SV prevention efforts at the State level through access to state data and qualified staff to provide TA.

The programs within DPBH and the BCFCW utilize the public health approach internally and with their partners. The focus has been driving community level and system/societal level changes within the state through grant-funded programs, including the RPE Program.

The RPE Program uses a public health approach to reduce multiple forms of SV in Nevada through

leveraged Preventive Health and Health Services (PHHS) and Title V Maternal and Child Health (MCH) Block Grant funds. The MCAH Section in BCFCW is home to a number of Title V MCH funded women and children's wellness programs such as Early Hearing Detection and Intervention (EHDI), Children and Youth with Special Health Care Needs (CYSHCN), Maternal Infant Program (MIP), Teen Pregnancy Prevention (TPP), Pregnancy Risk Assessment Monitoring System (PRAMS), Adolescent Health and Wellness, and Nevada Home Visiting.

Maintaining partnerships and developing new ones is key to building Nevada's RPE Program to ensure program guidelines are being met. The Nevada RPE Program functions closely with various sections within the Bureau of Child, Family, and Community Wellness and organizations at the state and local level. The Public Health Approach has been incorporated into an ever-increasing number of programs, initiatives, and funding opportunities. The RPE Coordinator meets quarterly with the Nevada Office of the Attorney General, Nevada Coalition to End Domestic and Sexual Violence (NCEDSV), and the Division of Child and Family Services to support the implementation of Services Training Officers Prosecutors (STOP) and Sexual Assault Services Program (SASP) funds. The RPE Coordinator also participates in the annual review of grant proposals for STOP and SASP activities. Additional state partners and initiatives, such as the Department of Education (DOE) and the Nevada Prevention Coalition (the Coalition) bring expertise, data, and reach to implementing community and societal strategies. The DOE and the Coalition have data, expertise, relationships, processes, and systems that can be leveraged for the RPE Program SAP implementation.

Subrecipient Experience and Capacity

The 2018 *Indicator Readiness Assessment* contained a series of steps to gauge subrecipient experience and capacity to deliver and evaluate prevention results. This work was comprised of key informant interviews, partner surveys, and document review. The process sought to identify the capacity for implementing the Nine Principles of Effective Prevention which includes: comprehensive strategies, varied teaching methods, sufficient dosage, theory-driven, appropriately timed, sociocultural relevant, well-trained staff, outcome evaluation; data capture (e.g., information on various activities funded by RPE, including changes in knowledge, skills, and behaviors of persons) and the data systems used for collecting and reporting; systems or processes in place to collect process data regularly; and, identifying capacity-building needs.

Identified capacity-building needs included:

- Improved and consistent tracking of process-level measures such as tracking staff participation in training by type, outcomes from meetings, and community training.
- Capturing short-term outcome data. Only a couple of subrecipients regularly capture short-term outcome data, and those that typically did, focused on changes in knowledge, attitudes, skills, and behaviors of those served. Only one organization reported capturing pre/post data at 3, 6, or 12-month follow up.
- Tools and data capture processes. All partners had one or more systems/processes to collect and

report client/outcomes data. Some were in place for the RPE Program, while others were used to report to specific funders, which did not allow for "connecting the dots" or streamlining efforts.
- Implementation of the public health model. Two of the subrecipients were new to the capacity assessment, while two others were able to update their 2015 'baseline' data about how they implement the public health model.
- All RPE subrecipients reported regularly using data in decision making, with most stating they used it "often or always." The exception was maintaining adequate staffing levels for evaluation planning. Only one of the four partners stated they did this often or always.
- Working across the social-ecological model. All organizations indicated there were areas where, with support and guidance, they could work deeper into the SEM.

Since the 2018 Indicator Readiness Assessment, the RPE Program has worked to address identified needs by including more descriptive language in subrecipients' subawards related to consistent tracking and reporting of process measures and outcome data, especially as it relates to specific priority populations. The RPE Program has also worked with subrecipients to streamline data capturing tools and processes and has provided TA regarding working across the SEM.

The survey and key informant activities showed opportunities to expand prevention efforts on the SEM further. Examples include:

- Leverage the Nevada Coalition to End Domestic and Sexual Violence's (NCEDSV) broad reach of providers and stakeholders, which could be expanded to include non-traditional partners with a stake in the outcomes.
- Build upon the Signs of Hope stable relationships with the Las Vegas Metropolitan Police Department (LVMPD) and the local business community to share lessons learned and achieved through this partnership. This work could be shared with others throughout the state, including possible policy recommendations.
- Expand and build upon the positive relationships that Safe Embrace has with the hospitality industry to provide policy development and institutionalize training to improve employees' safety, especially female employees and clientele, mirroring some of the work started in Las Vegas.
- Work deeper with a subset of the UNLV student population to achieve impact and measure policy and practices changes within campus organizations.
- Leverage the abundance of data being collected by UNLV's Care Peer and Women's Center to inform future RPE work and implementation, as well as sharing this data with other RPE subrecipients and programs

Since the 2018 Indicator Readiness Assessment, both the RPE Program and its partners have made progress in advancing opportunities to expand further the prevention efforts on the SEM. In 2021, NCEDSV convened a statewide Economic Justice Workgroup which included participation from many non-traditional partners, including statewide organizations focused on policy issues such as affordable housing, increasing the minimum wage, and access to affordable healthcare and childcare. In addition to this, in 2021 Safe Embrace leveraged relationships with the Hospitality Industry and begun to review and

make recommendations on company policy and procedures and developed a training on how to create a workplace protective environment.

With TA and support provided by the RPE Program, the CDC, and contract evaluators, RPE subrecipients have the expertise, relationships, and knowledge to continue to advance the prevention work and achieve the impact and results outlined in this plan.

Training and Technical Assistance to Build Capacity

Program evaluation within the DPBH consists of the RPE Coordinator, contracted evaluators, and internal staff expertise.

Training and TA have been incorporated into Nevada's SAP, Logic Model, and Evaluation Plan. Subrecipients and partners have been included in conversations and decision-making about the purpose and process, as well as context informing the work. These conversations have helped identify continued areas of capacity building support and TA.

For instance, subrecipients expressed needing support in determining what to measure and how, ensuring needed resources are available, and understanding how their RPE-funded prevention work connects to the other work (intervention, direct services, advocacy, etc.). To this end, RPE evaluators assisted subrecipients with identifying, refining, and/or developing data tools for tracking their implemented activities.

To provide training and guidance for Nevada subrecipients, RPE Program staff invited NSVRC TA providers to participate in a statewide training to share successful community strategies being implemented in other states with access to similar levels of resources. The RPE Program exchanged information and learned from other state funded RPE Directors by attending a regional RPE Director's training, an RPE Leadership Training and the 2019 annual National Sexual Assault Conference. Additionally, the RPE Coordinator increased the length of the monthly TA calls with the subrecipients from 0.5 hours to 1.0 hour to incorporate the technical reports for training purposes.

In 2021, the RPE Coordinator continued to provide monthly TA to subrecipients on identifying risk and protective factors being addressed through their prevention strategy, as well as factors for strategies they are not currently addressing. Monthly TA calls also continued to provide TA to subrecipients on data collection and reporting. Relevant webinars through PreventConnect and The Violence Prevention Technical Assistance Center (VPTAC) were also shared with subrecipients on a regular basis.

The RPE Coordinator and Director attended training and conferences including, but not limited to, RPE Annual Council Meeting, Association of Maternal and Child Health Programs (AMCHP) conference, The Power of Connections Building Equity Virtually, Nevada Coalition to End Domestic and Sexual Violence NCEDSV conference "Stronger Together: Collaborations for Social Change". The information acquired in training and conferences was disseminated to appropriate RPE partners and MCAH staff by sharing

applicable conference training slides and materials, which further increased the capacity across the state to implement strategies to prevent SV.

Ongoing training and TA will expand beyond the subrecipients in future years, including participation by collaborative partners and other allied funded programs.

Use of Data to Select and Prioritize Community and Societal Level Strategies

The RPE Program's process for selecting and prioritizing community and societal level strategies is driven by data within the context of SV, as described in Context for State Action Planning.

A review of the RPE Program indicator data and the 2018 Needs and Strengths Assessment provide insights as to which community and societal level strategies are needed. The Strengths and Needs Assessment results, along with the Indicator Selection and Readiness Assessment findings, influence how the RPE Program directs funds in Nevada. RPE funds are used to implement and expand primary prevention strategies by targeting Nevada's teens and young adults, ages 15-24, who comprise an estimated 11.9% of the state's population.[9]

Current (2021) Nevada strategies for preventing future SV include:

- Healthy relationship education and social norm change to prevent SV on college campuses.
- Bystander intervention training and awareness activities to people who work in bars and casinos.
- Bystander intervention training and awareness activities to people who work in the hospitality industry.
- Assistance to improve policies within the adult and hospitality industry.
- Improved protocols and procedures for identifying and responding to intimate partner violence on college campuses.
- Holding an economic justice statewide workgroup to align policy priorities with a diverse array of non-traditional partners with an end goal of increasing economic opportunities for women and children.
- Address statewide issues through the Nevada Taskforce on the Prevention of Child Sexual Abuse.

As part of implementing the SAP, the RPE Program and subrecipients will continue to build on what is working while also expanding partnerships and strategies that further the program's ability to operate at the community and societal levels of the SEM. The intention is to build capacity, achieve short and mid-term outcomes, affect sustainable change and, ultimately, decrease SV rates in Nevada.

Data and Strategy Selection

The RPE Program uses sole agency selection for identifying agencies to receive RPE funds (only one

[9] US Census Bureau. 2019 American Communities Survey. Table: S0101

coalition and rape crisis center in the state). Agencies chosen to receive sole-source funds need to demonstrate the use of the public health approach when proposing evidence-informed strategies and activities, as well as identify plans for collecting and tracking data, and collaborating with partner agencies.

The RPE Program uses capacity building approaches for selecting community and societal level strategies, as the RPE staff and subrecipients participate in monthly technical calls and complete quarterly reports together. This collaborative approach provides the opportunity for education on how to increase community-level strategies through data-driven decisions, as well as coaching on how to continue to think through expanding work to the outer levels of the SEM. In 2021, a training webinar presented subrecipients with an overview of the Public Health Model, the steps for using a public health approach for program planning, provided them with a list of potential data sources for program use. Bi-annual meetings, webinars, and evaluator technical support provide additional direction on how to use data to select and prioritize community and societal level strategies.

State policy work and statewide training for sexual and domestic assault advocates and professional partners is funded through the Nevada Coalition to End Domestic and Sexual Violence (NCEDSV). State and local data, as well as program data drives the focus of their advocacy and training opportunities.

Health Disparities, Inequities, and Disproportionate Burden

The CDC defines health disparities as "differences in health outcomes and their causes among groups of people."[10] Many health disparities are related to social determinants of health. Social determinants of health (SDOH) are conditions that affect a wide range of health outcomes. The CDC, along with Healthy People 2030, frame SDOH as:

- Healthcare access and quality
- Education access and quality
- Social and community context
- Economic stability
- Neighborhood and built environment

Related to this are health inequities, which, according to the WHO, are systematic differences in health outcomes of different population groups. Societal factors such as "education, employment status, income level, gender, and ethnicity have a marked influence on how healthy a person is…the lower an individual's socioeconomic position, the higher their risk of poor health."[11]

RPE highlighted racial, ethnic, tribal, and LGBTQ+ populations in the NOFO. Nevada RPE has further

[10] Centers For Disease Control. Health Disparities Among Youth https://www.cdc.gov/healthyyouth/disparities/index.HTm

[11] World Health Organization. https://www.who.int/news-room/questions-and-answers/item/social-determinants-of-health-key-concepts

refined the populations, as described in this section.

Addressing Health Disparities and Disproportionate Burden Using State or Local Level Data

To reduce SV perpetration across the state, strategies will focus on where health disparities and inequities contribute to higher rates of sexual victimization. This approach recognizes SV perpetration and victimization can impact anyone, regardless of age, gender, social status, etc. To make an impact, it is reasonable and important to focus efforts among specific populations where risk is highest. As part of this process, the RPE Program uses available data to determine where health disparities exist and persist and use it to plan, implement, and evaluate strategies addressing health disparities with stakeholders. It is important to note that the approach to expand partnerships is a crucial component of reaching and addressing disparity, in order to ensure that selected strategies are relevant and acceptable within the communities and cultures where efforts or interventions may be introduced.

There are many data sources available that uncover general health disparities and additional risks related to SV. Examples of health disparities in Nevada include:

Race and Ethnicity

- In Nevada, the proportion of people with high health status is lowest among Hispanic/Latino (44.9%), followed by Black/African American (49.9%). As a comparison, 54.9% of people who are white have a higher health status.[12]

Disability

- One of the most pronounced sexual health disparities for young adults living with a developmental disability is a heightened vulnerability to sexual assault and abuse. Significant sexual health disparities, including unplanned pregnancy, sexually transmitted infection (STI) rates, and the prevalence of sexual abuse, negatively impact this population's quality of life. Children living with disabilities are three times more likely to be victims of sexual abuse than children who do not have a disability. The likelihood is even higher for children living with certain disabilities, such as intellectual or mental health disabilities.[13] Reported instances of rape/sexual assault against persons with a disability in the United States increased from 1.7 per 1,000 people in 2009 to 3.6 per 1,000 people in 2012.[14]

Gender and Identity

- In 2020 in Nevada, the proportion of women who have high health status is 50.9%, almost identical

[12]America's Health Rankings Annual Report. (2021) https://www.americashealthrankings.org/explore/annual/measure/Health_Status/state/NV

[13] Lund, Emily M., and Vaughn-Jensen, J. (2012). "Victimization of Children with Disabilities." The Lancet, Volume 380 (Issue 9845), 867-869.

[14] Erika Harrell, Crime Against Persons with Disabilities, 2009 – 2012-Statistical Tables, (Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice, 2014), Table 1

to males at compared to 50.8% of males.[8] This is only the second time in 10 years that the proportion of women with high health status has been equal to the number of males with high health status.

- Girls and women are at higher risk for sexual assault.[15]
- A special report of YRBS in 2015 disaggregated youth responses by those who identified as LGBT. Youth who identified as LGBT were nearly three times as likely to report having been forced to have sex in their lifetime, compared to their non-LGBT peers, and nearly three times as likely to have experienced sexual dating violence (one or more times during the 12 months before the survey by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey).[16]
- Based on national data, 47% of transgender people are sexually assaulted at some point in their lifetime, and these rates are higher among transgender people of color, and persons who are American Indian (65%), multiracial (59%), Middle Eastern (58%), and Black (53%).[17]
- Boys and men are also affected by sexual assault.

Socio-economic Status

- In Nevada, income correlates with health status. Among those with incomes less than $25,000 per year, only 30.6% have a high health status. Among those in the income bracket above $75,000 per year, 63% have high health status.[8]

Frontier, Rural, and Urban Geographies

- In Nevada, only 40.1% of rural and 41.5% of people in urban areas have high health status, compared to 51.3% of those living in suburban areas.[8] The proportion of those with high health status is also lower for these groups than US rankings.
- All 17 counties in Nevada experience some type of health provider shortage (HSPAs) due to high ratios of population to provider. These areas exist both within rural and urban areas of the state.[18]

Education and Employment

- Education correlates with health status in Nevada. Among those with less than high school education, only 33.4% have high health status, compared to 65.8% of college graduates.[8]
- Lack of employment opportunities is a risk factor associated with SV in Nevada. Education is also linked to employment opportunities and income.

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[15] National Sexual Violence Resource Center. https://www.nsvrc.org/statistics

[16] Lensch, T., Yang, P., Gay, C., Zhang, F., Baxa, A., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS): Sexual Identity Analysis.

[17] James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

[18] US Health Resources and Services Administration (2022) https://data.hrsa.gov/tools/shortage-area/hpsa-find

Language and Immigration Status

- Nevada is home to a diverse population, including refugees, people seeking asylum, and other non-US national persons. Language and other factors can be barriers to accessing health care and other services.
- According to the PEW institute, Las Vegas has one of the highest rates of any city for people who are undocumented.[19] People who are undocumented or have an undocumented family member may be particularly fearful of using services or reporting crimes, including SV. Quantitative data on this issue is not currently available.
- In 2019, the Trump Administration published the "Public Charge" rule, which expanded the programs the federal government considers in public charge determinations (such as health, nutrition, and housing programs and Medicaid for non-pregnant adults). This expansion resulted in a reduction of immigrant families applying for public benefit programs.[20] The Public Charge final rule was vacated in March of 2021; however, during the time the public charge rule was in effect there was an increase in the uninsured rate, and reduction in access to care, likely leading to worse health outcomes.

Age

- In Nevada, health status is highest among young people (58.8%), and the lowest rate is among those aged 65 and over (36.9%).[8]
- According to national statistics, people ages 15-35 are at greatest risk for sexual assault.[21]
- According to national statistics, people attending college are particularly vulnerable to sexual assault. Nearly one in four (20%-25%) of women and 15% of men are victims of forced sex during their time in college.[11]

Housing Status and Shelter

- There are thousands of people who are homeless or precariously housed in Nevada. This includes adults and unaccompanied youth. On any given day, 1,285 youth are homeless in Nevada. [22]
- People who are homeless often experience difficulty accessing health care due to transportation challenges, lack of insurance coverage, mental health, and other Social Determinants of Health barriers.
- While statistics are not readily available, information from those working with homeless people, including youth, report high rates of sexual assault. People who are homeless may have difficulty reporting, especially where homelessness is a crime.

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[19] Pew Research Center (2019) https://www.pewresearch.org/fact-tank/2019/03/11/us-metro-areas-unauthorized-immigrants/

[20] Urban Institute (2020) https://www.urban.org/sites/default/files/publication/102221/amid-confusion-over-the-public-charge-rule-immigrant-families-continued-avoiding-public-benefits-in-2019_3.pdf

[21] Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Sex Offenses and Offenders (1997)

[22] United States Interagency Council on Homelessness (2020) https://www.usich.gov/homelessness-statistics/nv/

Experiences of Sexual Abuse

- Having been previously raped or sexually abused is a risk factor for experiencing additional SV. Working with youth and young people, prevention is part of a critical feedback loop.
- Providing appropriate treatment for sexual assault survivors also provides a key opportunity for introducing protective factors that may prevent further SV.

Adverse Childhood Experiences

Rates of dating and other forms of violence were correlated with the number of Adverse Childhood Experiences (ACEs) among Nevada's high school youth. Those with more than 3 ACEs were at considerably higher risk for all types of violence, including dating violence.[23]

Data Sources

Listed below are demographic data sources available that can be used to review and discuss health disparities and be considered in prioritizing target populations and future strategies.

- US Census & American Community Survey
- Nevada State Demographer
- Community Health Needs Assessments developed by Health Districts (CHAs)
- Community Health Needs Assessments developed by Hospitals (CHNAs)
- Risk and Protective Factors
- MCH Block Grant
- America's Health Rankings
- Youth Risk Behavior Survey (YRBS) including disaggregated data by gender, race/ethnicity, and LGTQ status
- Census & American Communities survey Data
- Climate Surveys (K-12), By School and District
- Climate Surveys (College Campus) National Conference of State Legislatures (NCSL)
- Children's Cabinet
- Key Informant Interviews and Focus Groups (with data in existing, published reports)
- Nevada Department of Education
- Bureau of Labor Statistics
- Healthy Southern Nevada (multiple sources)
- Policy Map (multiple data sources)
- Adverse Childhood Experiences (ACES) and BRFSS
- Child Abuse and Neglect (State & Local Reports)
- Program Level Data – Subrecipients and Partners
- Nevada System of Higher Education

[23] Gay, C., Gao, P., Lensch, T., Zhang, F., Baxa, A., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS): Adverse Childhood Experiences (ACEs) Analysis.

- Women's Law Center
- 500 Cities (Disease Burden and Disparity)
- Nevada Point in Time Count (Including Interviews)
- Vital Statistics (Teen births by age and area)
- Victimization and Perpetration
- YRBS
- Safe Voice Tip Line (K-12)
- Uniform Crime Victimization
- Local Law Enforcement Reports
- Key Informant Interviews and Focus Groups (with data in existing, published reports)
- Department of Justice
- Child Abuse and Neglect (State & Local Reports)
- FBI UCR & DOJ
- Policy Map (multiple data sources)
- National Resources and Publications on Sexual Violence
- Hospital Data including Monthly ER Data Collected at the State Level
- Nevada 211, Crisis Call Center, and other Hot & Warm Lines
- COVID-19
- CDC COVID Data Tracker
- Nevada Health Response

Health Disparities or Burdens Addressed

Current SV strategies are based on State and subrecipient attention to evidence-informed practice and work at the outer levels of the SEM. Current strategies build on RPE strengths and assets. In Years 1 and 2, the State and other stakeholders worked to align primary prevention strategies to address health disparities. The State, subrecipients, evaluation team, and partners all have a role in addressing the health disparities, burdens, or both.

During the 2021 grant year, the RPE Program's primary prevention strategies continued to focus on specific populations experiencing health disparities. Additionally, improvements and advancements to data availability were made through State partners and subrecipients. These included:

• Students on college campuses (UNLV) who are at higher risk
• Economic opportunities for low-income women and families
• Young adults (especially women) at bars and clubs
• People (especially women) in the adult/hospitality industry.

Prevention strategies are focused on priority populations selected based upon available data regarding disparity.

In the table on the following page, burdens are shown as they align with the risk and protective factors.

Burden	Examples of Rationale & Data	Risk & Protective Factor Outcomes
Define healthy relationships and consent	Rates of SV on college campuses	Increased active bystander behavior
Victimization (multiple strategies)	Sexual assault by age & gender Focus on age, socioeconomics Sexual assault by identity Sexual assault in specific environments	Increased active bystander behavior Reduced tolerance of SV within the community
Economic disparity	Housing burden, especially FHH Poverty, especially FHH with young children	Increased economic stability for women
Weak or ineffective policies	Students completing education each year by gender Female wage gap Women in leadership roles (e.g., legislature, women-owned businesses)	Reduced tolerance of SV within the community Increased feelings of safety in one's school, workplace, or neighborhood
Lack of community safety and connectedness	Self-reports of hopelessness, isolation, and safety	Increased indicators of community connectedness Increased feeling of safety
Sexual assaults in alcohol established venues	Number of sexual assaults Party Culture as an identified issue	24-hours access to alcohol Social norms promoting-irresponsibility when excessive alcohol is consumed

Populations to be Selected

Each year of the project period thus far, Nevada's youth and young adults were the focus of primary prevention with strategies to impact schools, college campuses, and other environments where youth and young adults are working. Each year the RPE Program and subrecipients have engaged additional partners positioned to work with populations who are most at risk based on available data.

It is important to include strategies with high levels of engagement and inclusion of target populations within the communities where the interventions are being planned. This is critically important for efforts that may take place within Nevada's diverse racial and ethnic populations, including Native Americans, people who are LGBTQ+, and people who have disabilities. It is also important to develop partnerships with people working in the environments for strategy implementation, such as people already working in rural, frontier, and urban areas. These activities were a focus during years 1 and 2 of the project period. During year 3, the RPE Program targeted communities in rural and frontier Nevada for more focused efforts and interventions, which included supplemental COVID-19 funds being directed toward these communities for the development and implementation of a Rural Schools Training series.

Current subrecipients have expertise and relevance, and partner relationships will continue to be developed or strengthened so that future strategies and interventions will engage people from populations experiencing disparities to lead decision making about the interventions that are appropriate and relevant.

Burden	Risk & Protective Factor Outcomes	Current Population	Future Considerations
Define healthy relationships and consent	Increased healthy relationship behaviors Increased active bystander behavior	College campus (UNLV) High Schools (Washoe County) Bars and casinos (Clark County)	Populations who are at higher risk based on available data. (e.g., geography, identity, or by race/ethnicity, disability status, experience)
Victimization (multiple strategies)	Increased active bystander behavior Increased positive attitudes towards women and girls Increased leadership skills for girls and young women Increased feelings of safety in one's school, workplace, or neighborhood	College campus (UNLV) Bars and casinos (Clark County)	Populations who are at higher risk based on available data. (e.g., geography, identity, or by race/ethnicity, disability status, experience)
Weak or ineffective policies	Increased community support/connectedness Increased feelings of safety in one's school, workplace, or neighborhood	College campus (UNLV) Bars and casinos (Clark County) Service and adult industry employees	Populations who are at higher risk based on available data. (e.g., geography, identity, or by race/ethnicity, disability status, experience), particularly in the rural communities
Economic disparity	Increased economic stability for women	Providers (reached through training and State Conference) Policymakers and leaders engaged in identifying policy recommendations at the State level	Populations who are at higher risk based on available data. (e.g., geography, identity, or by race/ethnicity, disability status, experience)
Lack of Community Safety and Connectedness	Increased indicators of community connectedness and feelings of safety	Hospitality industry employees with expanded community resources and services	Populations who are at higher risk based on available data. (e.g., geography, identity, or by race/ethnicity, disability status, experience)
Sexual assaults in alcohol established venues	Reduced numbers of sexual assaults when excessive alcohol is a known factor	Staff employed in bars, clubs, and casinos	Increase mandatory training for staff in venues serving alcohol (Not currently being advanced but remains a state priority)

Strategies to Increase and Maintain Partner Coordination

This section of the SAP describes the RPE Program and its subrecipients' current and future partners. The purpose is to maintain and strengthen existing partnerships and identify new public/private partnerships to provide TA and support for program implementation and evaluation. It is the RPE Program's intent to develop formal partnerships to improve the program's capacity to access and use data, increase implementation of community/societal-level strategies, and improve coordination of State SV prevention efforts. Therefore, this section also outlines plans for the continued engagement of current partners and new partner recruitment.

Nevada RPE Program

During the 2022 program year, the RPE Program will continue to focus on improving the public health approach in prevention efforts and increase partnerships and participation in statewide activities. RPE staff will continue to work with agencies addressing shared risk and protective factors of violence prevention. Efforts to achieve meaningful results at the end of the project period will include the following goals:

- Establish and maintain diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions.
- Increase understanding of how SV prevention initiatives can develop and achieve impact with public health approaches.
- Improve quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources.

To meet CDC deliverables in the five-year project period, the RPE Program will continue to focus on State-specific challenges and community-level outcomes, complementing individual-level changes in the target population.

Current RPE Program Partners and Subrecipients

The following section provides information about current RPE Program partners and subrecipients, including what they are currently funded to implement through RPE, their objectives, target audiences, and direction of focus. This serves to set the stage for identifying additional partnerships and building relationships throughout the state to advance the SAP for the remainder of the project period.

The RPE Coordinator maintains strong relationships with the NCEDSV, Signs of Hope, Safe Embrace, UNLV and Nevada's Office of the Attorney General. As part of the project, each year DPBH contracts with an approved vendor experienced in program evaluation and analysis to develop internal capacity to provide supplemental training and TA to subrecipients on selecting, implementing, and tracking data for continuous program improvement.

The RPE Program continues to build and strengthen internal State capacity through programs sharing the same risk and protective factors of violence prevention. The RPE Program continues to pursue internal partners for increasing collaborative efforts through leveraged Maternal and Child Health (MCH) Block Grant and Preventive Health and Health Services (PHHS) Block Grant funds. RPE collaborates internally with Children and Youth with Special Health Care Needs (CYSHN), Pregnancy Risk Assessment Monitoring System (PRAMS), Sexual Risk Avoidance Education (SRAE), Personal Responsibility Education Program (PREP), Home Visiting and Adolescent Health and Wellness (AHW) Program.

NCEDSV's policy work can help the Nevada Department of Education (NDE) determine modifications to the School Climate Survey so that results may yield information about changes in individual, relationship, community, and social norms over time.

Nevada Department of Education

The Nevada Department of Education (NDE) maintains the Office of Safe and Respectful Learning Environment (OSRLE). The mission of the OSRLE is to train, empower, educate, collaborate, advocate, and intervene to ensure that every student in Nevada, regardless of any differing characteristics or interests, feels fully protected physically, emotionally, and socially. As part of 2019 efforts, the RPE Program reached out to the Department of Education Office of Safe and Respectful Learning to pursue partnerships to ensure Nevada students' safety by decreasing incidences of sexual harassment and electronic bullying. This partnership and collaboration have the potential to be an important aspect of data and evaluation as it can provide a better understanding of trends in reported incidents within different geographic areas of the state. The Director of the Office of Safe and Respectful Learning Environment has offered the RPE Program, its subrecipients, and other interested persons to assist the Department of Education in building out the SafeVoice software program's response side. This system collects and reports on dating violence, sexual assault, sexual misconduct, among other types of reports, which the RPE Program can use along with other data to inform strategies and program selection. RPE Program stakeholders were also asked to help determine the types of training that teachers and administrators receive around these issues, which will help to change social norms. In 2020, progress was made to explore the use of this data source.

The Department of Education played a vital role in the implementation of the Rural Training Series conducted by NCDESV in 2021. To increase attendance, continuing education units (CEUs) were awarded to participants who attended live sessions. A strong relationship with the Department of Education is expected to continue in the following years.

Nevada Coalition to End Domestic and Sexual Violence

The Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) mission is to be a statewide voice advocating for preventing and eliminating violence by partnering with communities. The Coalition has a long history of serving rural areas as Nevada's Network Against Domestic Violence before becoming Nevada's designated dual sexual and domestic violence agency. NCEDSV targets individuals,

organizations, and communities with specific characteristics for its regional training. The organization conducts an annual conference each year to provide legislative updates, trends in SV prevention and victimization, and support equity and diversity education to reach high-risk populations.
In 2020, NCEDSV identified policies and legislative recommendations for increasing gender equity in Nevada to empower and support women and girls. They connected with various organizations in Nevada, working on economic justice issues that may or may not have connected economic justice and SV. NCEDSV has met with or intends to meet with: Opportunity Alliance, Nevada Women's Lobby, Nevada Women's Equity Coalition, Nevadans for the Common Good, Nevada Minority Health and Equity Coalition, Make it Work Nevada, and Make the Road Nevada, Nevada NOW, League of Women Voters Nevada, Cupcake Girls, Progressive Leadership of Nevada (PLAN), Advocates to End Domestic Violence, Mi Familia Voto, Planned Parenthood Votes Nevada, Minority Health Coalition of Nevada, Silver State Equity, Culinary Union, Nevada Housing Coalition, and Nevada Public Health Training Center.

NCEDSV researches statewide economic policies impacting women and girls, such as pay equity, childcare, education, and housing. Also, NCEDSV explores policy initiatives to help identify strategies to operationalize initiatives through changes to existing regulations, codes, and legislation. In 2021, NCEDSV convened a statewide Economic Justice Workgroup which includes participation from many non-traditional partners such as statewide organizations focused on policy issues including affordable housing, increasing the minimum wage, and access to affordable healthcare and childcare. The workgroup created an action plan that outlines the mission, purpose, and learning agreements of the workgroup. Subsequent meetings included an introduction to NCEDSV's past economic justice work at the coalition, a review of the previously produced Economic Justice as a Tool for Sexual Violence Prevention in Nevada, and a review of the workgroups identified priorities. Workgroup participants have also shared their respective policy goals in an effort to align common statewide policy goals in pursuit of bolstered support of policies that address the key risk and protective factors of those most at risk for SV.

During the 2022 program year, NCEDSV will continue working to identify policies and legislative recommendations for increasing gender equity in Nevada to empower and support women and girls. NCEDSV will continue to connect with various organizations in Nevada, working on economic justice issues that may or may not have connected with this issue and SV. NCEDSV will continue to research and share statewide economic policies impacting women and girls, such as pay equity, childcare, education, and housing, and is exploring policy initiatives to help identify strategies to operationalize initiatives through changes to existing regulations, codes, and legislation. The RPE Program will continue to provide funds for training of subrecipient's staff through participation in national, state, and regional conferences to improve internal capacity to implement strategies at the community and societal level of the Social-Ecological Model.

Signs of Hope

Located in Las Vegas, Signs of Hope[24] is Nevada's only rape crisis center and is funded to implement three main goals:
1) Increase safety and socio-emotional learning skills in children K-12 attending Nevada schools;
2) Increase collaborative partnerships with Nevada agencies;
3) Increase protective environments in Las Vegas hospitality venues to prevent SV.

To achieve the first goal, Signs of Hope collects information to summarize the needs and barriers for Nevada schools to successfully implement new child safety standards and offer technical assistance for at least five schools. Signs of Hope adapted to the challenges brought forth by the COVID-19 pandemic by assisting schools and teachers in an online, virtual format.

Signs of Hope enhances collaboration with other agencies in Nevada to examine limitations and improvements to the current bullying statute. This work has helped the organization form new allies in their efforts to prevent violence. As part of their effort to create protective environments, Signs of Hope continues to implement the Stay Safe/SAINT program targeted to the hospitality industry. While the program was initially put on hold in March 2020 due to Nevada's shelter in place order, as businesses began to reopen in 2020 and 2021, Signs of Hope held socially distanced and masked safety and security training. Through the program, Signs of Hope has worked to institutionalize relationships with MGM and Wynn and seek new partnerships to expand the safety practices. In 2022, they plan to reach out to casinos, bars, and clubs to establish and formalize relationships for programming support.

During the upcoming grant year, Signs of Hope will continue to expand the Stay SAFE curriculum, which targets security personnel and food and beverage staff, to include SAINT training to housekeeping, front desk, and support staff within the hospitality industry. The Stay SAFE/SAINT strategy's community component involves extensive meetings, conversations, and outreach to hospitality venues to define sexual assault and recognize how the entertainment culture contributes to the problem. An additional community component of Stay SAFE and SAINT is public awareness, and a social media campaign targeted to partygoers in Clark County. The campaign PartySMART encourages patrons of hospitality venues to become active bystanders for their friends through media messaging to "Arrive together, stick together, leave together" thereby reducing opportunities for sexual assault to occur. The campaign messaging is delivered through social media, a PartySMART website, and advertisements including billboards, signs, and stickers placed in heavy tourist areas.

Additionally, Signs of Hope will continue to collect information to summarize the needs and barriers for Nevada schools to successfully implement new child safety standards and offer technical assistance. Signs of Hope will continue to enhance collaboration with other agencies in Nevada to examine limitations and improvements to the current bullying statute. As part of their effort to create protective environments, Signs of Hope will continue to implement the Stay Safe/SAINT program targeted to the hospitality industry.

[24] The name was changed from Rape Crisis Center (RCC) to Signs of Hope in 2021.

Safe Embrace

Safe Embrace, with feedback from the State RPE Program, has moved away from school-based prevention to working with the Hospitality and Adult Entertainment Industry. They have begun working towards providing training on policies and practices that identify and stop red-flag behaviors. The training will target staff and management through partnerships via a memorandum of understanding (MOU) or similar written agreement. The MOU will require ongoing training/onboarding, a no-tolerance approach, and periodic access to impact evaluation staff. The agreement will specify the ability to connect staff with community resources as needed. The staff members and customers who frequent the clubs will benefit from the safer environment created by increased knowledge and skills of staff and management.

Safe Embrace is currently working to assist entertainment and hospitality organizations in Northern Nevada to establish and strengthen zero tolerance and sexual harassment policies in the workplace. In their work to create protective environments, Safe Embrace conducted outreach to new partners in the business community, highlighting how they could increase safety for staff and patrons. This program began in 2019, and during that program year Safe Embrace established MOUs with 12 establishments and received information, training, and policy guidance, while 25 additional establishments expressed interest in the program.

COVID-19 and the resulting "shut down" in 2020 reduced Safe Embrace's ability to secure additional MOUs with hospitality venues. However, during the 2021 program year Safe Embrace was able to secure MOUs with 23 hospitality venues, with 3 of those venues requesting policy review. In 2021, Safe Embrace also updated their training program, which they will roll out to hospitality venues during the 2022 program year. During the next program year, Safe Embrace will continue to focus on working with individuals in high-risk entertainment industries and will continue to pursue partnerships with northern Nevada law enforcement to address SV prevention in high-risk hospitality industries.

University of Nevada, Las Vegas

The University of Nevada, Las Vegas (UNLV) Women's Center (now named the University of Nevada Las Vegas Jean Nidetch Care Center) works with sexual assault staff on the UNLV campus, leveraging resources from Greek life, women's athletics, student diversity, and justice offices, and counseling and psychological services to engage students about issues surrounding SV and identifying harassment issues they may experience when entering the workforce. The two major goals UNLV has as part of their RPE work are to empower and support women in the UNLV community and create protective environments within the community. Starting in 2019, the UNLV Women's Center collaborated with campus leaders to increase protective environments for women on campus and their future working environments. UNLV has committed to recommendations to the President's Advisory Committee on best practice measures on SV prevention and advising on protocols and procedures to identify and respond to interpersonal violence.

In 2021, UNLV continued to implement the CARE Peer Program (CPP), an individual/relationship level strategy, and the CARE Campus initiative focused on the community level. CPP is an empowerment-based 45-hour training curriculum with interactive modules focused on promoting social norms that protect against violence such as bystander approaches and healthy relationship/communication components. It is offered to all UNLV students with an outreach emphasis on priority populations of women, female-identified, and LGBTQI+ students. Graduates of the CPP can become CPP Leaders and graduate students eligible for scholarships, thereby improving both leadership skills and economic stability as they are supported in completing their education.

CARE Campus focuses on revising existing protocols and procedures to identify and respond to intimate partner violence (IPV) for students, faculty, and staff. This work will result in tools for tracking and monitoring policy findings over time. During COVID-19, UNLV moved to virtual education, outreach, and training. During year 3 program activities gradually began to open up to in-person activities again. UNLV will continue to implement these activities during the upcoming grant year and modify them for safety restrictions as the COVID-19 pandemic continues to unfold.

Engaging Our Current Partnerships

The RPE Coordinator frequently communicates with partners, conducting monthly calls, bi-annual training sessions, sharing technical assistance and resource information, and involving partners in day-to-day action planning and evaluation planning processes.

Partners have been engaged in clarifying the target populations, specific outcomes to achieve at the program level, and training to transition their program activities towards the community and societal levels of the SEM. Partners were engaged in developing the RPE logic model, providing input on intermediate and short-term outcomes, and suggesting and prioritizing indicators to map to long-term results and intermediate progress. Partners have been engaged in the Annual Program Evaluation process and will collaborate with the RPE Program to update the Logic Model in 2022.

Partners have been involved in developing approaches for identifying, engaging, and connecting with new partners to update the SAP, and were invited and encouraged to participate in the Safe Voice project and the Climate Survey update discussions with the Nevada Department of Education. This was a new role and opportunity for subrecipients to have a voice with the Nevada Department of Education and share their knowledge from working with the community in order to help improve SV data collection statewide. Efforts to reengage partners on the Climate Survey will be undertaken in 2022.

A chart showing current RPE program partners is on the following page.

Current RPE Program Partners	
Prevent Child Abuse Nevada (PCANV)	PCANV works to build community commitment to safe, stable, and nurturing relationships for all children in Nevada. RPE shares the aims of violence prevention.
Office of Suicide Prevention	Nevada's Office of Suicide Prevention is engaged in several important cross-cutting initiatives, including Zero Suicide and Crisis Now. These endeavors share with RPE the potential to improve responses to crises, including those related to sexual assault.
Substance Abuse Prevention & Treatment Agency (SAPTA)	Nevada's SAPTA is engaged with many initiatives focused on prevention, intervention, treatment, and recovery for people experiencing substance abuse disorder. Addressing risk factors for this population, including drug and alcohol mediated sexual assault, is a place for potential collaboration.
Maternal Child and Adolescent Health	Nevada's MCAH is working on several projects that include data collection and activities to reduce adverse childhood experiences, a risk factor for negative health outcomes throughout the lifespan. RPE works alongside MCAH and will continue to identify partnership opportunities, including but not limited to, improving data systems.
Nevada ADSD	Nevada Aging and Disability Services Division (ADSD) in Nevada, Department of Health and Human Services, represents Nevada's elders, children, and adults with disabilities or special health care needs. They have staff expertise, data, and reach to help the RPE Program expand beyond its current reach and more effectively communicate messaging to populations that may not otherwise receive information at various SEM levels.
Nevada DHHS-Office of Analytics	Once indicators and data are finalized for the RPE Program evaluation plan, the RPE Coordinator and evaluation staff can continue to work with the DHHS Office of Analytics to determine the feasibility of establishing a schedule for pulling and sharing local and population-level specific to the RPE Program outcomes.
Nevada Statewide Coalition Partnership	The Statewide Coalition Partnership comprises 12 community coalitions from across Nevada with a primary focus on substance abuse prevention and community wellness. The Nevada Statewide Coalition Partnership's main purpose is to avoid duplication of efforts by facilitating statewide strategies and securing funding to support local coalitions in implementing these prevention strategies. The various coalitions have deep knowledge of and connections to their communities and are considered trusted partners due to their work over the past many years.
Nevada Disability Advocacy Law Center (NDALC)	The Nevada Disability Advocacy & Law Center (NDALC) is a private, statewide non-profit organization that serves as Nevada's federally mandated protection and advocacy system for human, legal, and service rights for individuals with disabilities. NDALC include, but are not limited to, information and referral services, education, training, negotiation, mediation, investigation of reported or suspected abuse/neglect, legal counsel, technical assistance, and public policy work. NDALC has offices in Las Vegas, Reno, and Elko, with services provided statewide. All services are offered at no cost to eligible individuals in accordance with NDALC's available resources and service priorities. The NDALC is an advocate for many of the RPE Program's target audiences and a likely partner moving forward.

Nevada Statewide Epidemiology Workgroup (SEW)	Each state in the nation has a Statewide Epidemiology Workgroup. The outcomes of this group are to provide epidemiology reports and disseminate data and special reports at the state, county, and coalition level, perinatal substance use reports, and needs assessments. The workgroup has access to data sources such as crisis calls, housing, tribal data, corner data, law enforcement, survey data, and Public and behavioral health data through its active partnerships. There is a crossover with partners and data that can benefit the RPE Program.
UNLV Women's Research Institute of Nevada (WRIN)	WRIN is focused on a few overlapping areas with the RPE Program. They conducted Gender Equality in the Workplace Survey because of AB 423, which directed the Secretary of State to collect information about Nevada workplaces' equity practices. This focus aligns with the RPE Program's work to increase women's and girls' economic stability. WRIN's NEW Leadership™ is an award-winning national, nonpartisan program to educate college women about politics and leadership and encourage them to become effective leaders in the political arena. This links to increasing women's leadership opportunities. Also, WRIN offers National Education for Women's Leadership Nevada, which is a week-long summer program to educate any university person who aspires to be a leader.
Make It Work Nevada	Make It Work Nevada is an advocacy and policy organization working for safety and dignity, specifically for Safe Workplaces. They are working on expanding current law to every Nevadan – whether they are a nanny working for a single employer, an independent contractor, or an employee of a 10-person mom and pop retail store. This includes advocating all employers to provide sexual harassment training on their clear workplace policies to help prevent harassment before it happens and require employees to receive culturally competent "know your rights" training. Toward more economic stability for women, this group advocates for 7 paid sick days per year and childcare not exceeding 7% of income.
Nevada Hands & Voices	Nevada Hands & Voices supports families with children who are deaf or hard of hearing, as well as the professionals who serve them. The organization is a collaborative group that is unbiased towards communication modes and methods. This diverse group includes families who communicate orally, with signs, cue, and/or combined methods. Nevada Hands & Voices strives to help deaf and hard of hearing children birth to twenty-one statewide reach their highest potential. Nevada Hands and Voices is a trusted organization connected to a community frequently left out of critical conversations and planning, such as those the RPE Program is conducting.

The RPE Program continues to work to increase knowledge and skills for implementing community change strategies and to demonstrate the benefits of prioritizing and documenting changes in the target population. New partners continue to offer the potential for assistance with developing and monitoring program indicators and providing external support for reporting.

New Partnerships

Establishing and maintaining new partnerships is an essential part of the plan for achieving RPE Program objectives over the project period. Subrecipients are required to maintain at least one formal partnership per focus area strategy implemented. This includes engaging key leaders in prevention efforts as well as looking for non-traditional partnerships.

The RPE Program will continue to work with subrecipients to prioritize partners, especially non-

traditional partners, and specific ways to contribute to achieving the long-term results of the RPE Program.

The RPE Program will remain aware of Nevada's interest in forming a statewide violence prevention task force/committee should the State decide to apply for CDC's Injury and Violence Prevention Grant in the future, linking activities to the achievement of longer-term results for this plan.

Continued Engagement and Partner Recruitment: Gap Analysis and Use of Data

Throughout the remainder of the grant period there will be multiple opportunities to engage subrecipients to discuss how current partners contribute to the RPE Program and to prioritize new partners that can advance the program's work. Each quarter, as process measures are captured and shared with subrecipients, facilitated conversations and peer-to-peer discussion will enhance results, and identify new strategies and potential opportunities to improve programming. Subrecipients and partners will discuss cross-agency and cross-sector data and engage in conversations about the meaning and implications in both the short and long-term related to strategy and how to engage better and utilize partnerships.

Leveraging Partnerships and Resources to Increase Nevada's Primary Prevention Efforts

Process of Working with Partners and Use of Resources

Through the five-year project period, NCEDSV will lead efforts to expand partnerships statewide. RPE funds the NCEDSV to provide regional training on topics related to sexual and domestic violence. NCEDSV participates in quarterly meetings with the Nevada Office of the Attorney General, RPE staff and recipients of STOP and SASP grant funding, which positions them at the forefront of cross-sector non-traditional partner conversations. Over the grant period, NCEDSV will focus training on expanding to the outer layers of the SEM, including how to identify and work with non-traditional partners in achieving the RPE Program's long-term outcomes.

Primary prevention expansion will occur by engaging in national, state, and regional training to gain knowledge and skills for building internal capacity to implement community-level strategies.

NCEDSV holds an annual state coalition conference to develop primary prevention approaches for domestic and SV. As mentioned, in 2021 NCEDSV created a Statewide Economic Justice Workgroup (previously referred to as a Women's Economic Consortium), which will allow agencies to work together to develop approaches and address barriers to strengthening women's and girls' economic footing in Nevada. This work will involve cross-sector partners from the State government, business sectors (finance, small business), education (higher education), and community organizers and advocacy groups, working to identify, recommend and help implement changes to existing regulations, code, or legislation that support women's economic parity and advancement.

Capacity Building and Technical Assistance

The New Partnerships section of this document described various potential partners who can help ensure primary prevention is expanded across Nevada. Over the project period, the RPE Program and subrecipients will continue to reach out to existing and potential partners to determine areas of greatest alignment, resources to be leveraged across and among partners, and specific roles each has (or could expand into) which are determined to advance RPE Program results.

Use of Data

Data will be used to help engage subrecipients and ensure partners are working toward shared aims. Data will be a critical component of engagement. Additionally, TA and coordination as described in the Capacity Building and Technical Assistance and Data Tracking and Use sections of this plan.

Data Tracking and Use

Structures, Functions, and Data Capacity

In 2020 and 2021, the State of Nevada RPE Program staff, with assistance from contracted evaluators, used a multi-step process, informed by the STOP SV technical packet, SV indicator database, and other sources to identify potential data for selection. The process for selecting data to track and report included engaging stakeholders, including key staff at agencies, current subrecipients, and potential partners. This data has been reflected in the logic model and evaluation plan. These are living documents that may continue to be improved and refined based on the best available data. Data for collection fits within the STOP SV focus areas. It is grounded in the theory of SV prevention and is intended to demonstrate the link between the program's theory to the actual outcomes addressing SV. Multiple data sources have been selected to help provide a stronger set of evidence to understand progress and challenges in preventing SV in Nevada.

During the 2021 grant year, small improvements were made to evaluation and data use capacity. Additionally, subrecipients identified several important new local data sources and are using this data to inform their work. Improving specificity of evaluation and data use provides real time and ongoing support for data-driven decisions. Subrecipients are using data to inform and improve prevention strategies. Core maternal and child health data is now available in a public facing dashboard within the MCAH section.

Nevada will continue to build on action steps identified as part of RPE efforts to enhance evaluation capacity. Recommendations and updates for consideration are below.

Area 1: Data System

Recommendations for this area focus on ensuring the final list of SV indicators align with the needs assessment, the State's theory of change for SV, and the subrecipients' activities and objectives. Additionally, subrecipients and the RPE Program will receive TA, including updated data collection tools to be pilot tested with participants.

Recommendation 1.1: Finalize the list of SV risk and protective factors, indicators, and data sources that reflect program priorities.

- **Status:** The list of SV risk and protective factors have been identified with data sources that reflect priorities. These will continue to be refined and revised.
- **Potential Action Step:** Investments in data systems for various public health projects and internal capacity. The existing data systems and contracted partners are adequate for the current RPE evaluation.

Recommendation 1.2: Build a TA structure to support RPE and subrecipient evaluation expertise and support/improve tracking and reporting work.

- **Status:** Technical assistance was provided to meet RPE and subrecipients data needs and support a culture of learning through monthly TA calls with subrecipients.

- **Potential Action Step:** Multiple and specific TA needs were identified through the process of assessment and planning. Data (collection, analysis, and informing decisions) will continue be integrated into the TA plan.
- **Potential Action Step:** The TA structure and capacity-building efforts will be assessed through Continuous Quality Improvement (CQI) to help meet emerging needs and ensure value.

Area 2: Staff and Consultants

The sole recommendation in this area is to build evaluation capacity, including understanding what the data shows and how strategies or activities should be modified or expanded to achieve results. As subrecipients have limited evaluation staff overall, the RPE Coordinator is supported by other staff or consultants to help build subrecipients and potentially their partners evaluation capacity.

Recommendation 2.1: Build the RPE Program and subrecipients' capacity to access and integrate data to track SV indicators over time and understand and use the evaluation results.

- **Status:** Consulting support is in progress to help support the needs, including building capacity. An internal evaluator will be hired in 2022. Continued TA will be provided to subrecipients who have had staffing turn over resulting in data reporting gaps.
- **Potential Action Step:** The TA structure and capacity building efforts will continue to be assessed through CQI to help meet emerging needs and ensure value. Quarterly reports from subrecipients will be monitored and discussed during the monthly TA calls to ensure data has been collected and reported.

Area 3: Partnerships

Recommendation for area 3 focuses on building a robust network of partnerships actively working to capture, report, and provide data on the impact of prevention effort. While the system does not need to be extensive, it needs to deliver reliable, regular data to guide those working on SV prevention.

Recommendation 3.1: Expand formal, active partnerships providing information, data, and analysis to help the RPE Program track SV indicators over time.

- **Status:** Initial conversations about data sharing are in progress. Several partners have indicated they have data to contribute to the RPE evaluation. Once an internal evaluator is hired, progress can be made on further engagement of partner data sharing.
- **Potential Action Step:** A network map of partners is a tool that can help show who is known to be working in alignment with RPE efforts. This tool can also be used to document new and potential partners.
- **Potential Action Step:** The RPE Program and subrecipients will pursue partnerships with groups already working with populations of interest in a culturally relevant way. These partnerships will provide a greater reach of the public health approach and RPE goals to populations of interest.

Area 4: Access and Integration of Data

The RPE Program's subrecipients work with a variety of organizations or businesses at the local level. Their ability to capture relevant data, track and evaluate changes, and share with partners and the

community is essential to sustaining the work. Recommendations in this area include working to build the RPE Program and subrecipients' ability to access and integrate data beyond their program activities.

Recommendation 4.1: Build the capacity of the RPE Program and subrecipients to access and integrate data to track and evaluate changes in SV indicators over time. (For future consideration)

Recommendation 4.2: Build the RPE Program and subrecipients' capacity and ability to communicate evaluation results with partners and stakeholders regularly. (For future consideration)

- **Status:** Through the TA and CQI process, RPE Program and subrecipients will improve their ability to communicate evaluation results with stakeholders.
- **Potential Action Step:** The evaluation team will develop tools to communicate specific key indicators to a wide audience.
- **Potential Action Step:** The RPE Program and subrecipients will be encouraged to share data for CQI purposes through monthly TA and quarterly meetings.

Area 5: Leadership

Currently, the work of SV prevention is largely driven by the RPE Coordinator, RPE Director, Title V Manager, and subrecipient organizations. However, to achieve and sustain long-term, community-level results and see positive trends on selected indicator data, it will take key champions. That leadership should come from cross-sector individuals with a shared interest in reducing and eliminating SV. The recommendation in this area is designed to move in that direction by focusing on data and trends.

Recommendation 5.1: Build buy-in and engagement of cross-sector leadership in supporting and tracking indicators over time.

- **Status:** Technical assistance and communication between the RPE Program and subrecipients have helped to build leadership. Continued progress has been made to engage new partners and strengthen cross-sector leadership.
    - **Potential Action Step:** Through the TA and CQI process, RPE Program and subrecipients will improve their ability to communicate evaluation results with stakeholders.

Aligning Potential Indicators to Selected Outcomes

The selection of indicators took place following a stakeholder agreement about selected outcomes. The process engaged stakeholders to review a list of possible indicators. Specifically, the draft logic model was developed with stakeholder opportunities for feedback. Next, using the identified and agreed-upon outcomes, evaluators used the indicator database and other sources to develop a list of possible indicators. Subrecipients and other partners then participated in a webinar to discuss the list and offer additions. Following this discussion, the subrecipients and partners were sent an electronic survey to refine the indicators further. They were asked to select the best indicators based on multiple criteria: the indicator's alignment to the outcome being measures (proxy power), the indicator's ability to be compelling and important to a large audience (communication power), and the availability/degree to which there is information available for this indicator (data power).

Further work is needed to ensure the selected indicators are available and meet standards for feasibility and accuracy. To complete this step, one of the first tasks is to collect and compile baseline data for the selected data and to document any limitations or additional considerations regarding their use. For example, the Youth Risk Behavior Survey (YRBS) data is collected every other year in Nevada. Differing consent models limit the ability to compare geographies without caution.

The RPE Program recognizes perfect data is difficult to come by, and many sources will have limitations. To address this, multiple data sources and indicators, including qualitative measures, are under consideration. In 2022 RPE staff and evaluators will continue to refresh and communicate the list of indicators with stakeholders. This activity, along with updating the Logic Model will be a program priority area for 2022.

Identifying and Accessing Data Sources to Monitor and Track Selected Outcomes

Nevada's RPE Program has begun to maintain a list of current data sources. The list includes suggestions from the CDC, and other TA providers, web research, review of State and local reports and needs assessments, and suggestions from subrecipients and partners. It is expected that as the list continues to grow it will refine the programs understanding of the best available data to use to monitor and track the programs selected outcomes.

Most indicators selected are secondary and publicly available. Many of these are lagging indicators. Some leading indicators involving direct data collection or compilation were included in the plan. In general, this data can be collected in collaboration with subrecipients and partners through simple surveys and checklists.

The RPE evaluation considers qualitative and quantitative data, and suggestions for both are included in the evaluation plan. Whenever possible, the RPE Program reviews more than one source of data to deepen the understanding of the issue or indicator.

As mentioned, Nevada's RPE Program has begun to maintain a list of current data sources. In addition to this, the program is in the process of developing new data sources. Some examples of data source development include working with partners to suggest reports and data and developing a system map to document and visualize the expansion of the partner network. Additional tools, for example, aggregation of program data that could support monitoring of a protective factor such as "increased leadership opportunities for girls," will be developed in consultation with others working on similar aims (with the RPE network or within the state). These tools will be developed as needed, given the work is developmental. To increase the programs capacity to track and share RPE data, in 2022, the RPE program intends utilize the MCH Data Dashboard resource tool to create an RPE dashboard.

Barriers and Challenges

During the planning and evaluation phase of the project period, there were both barriers and challenges identified. These include (but are not limited to):

- **Connecting Short and Long-Term Outcomes.** For many of the outcomes, especially short-term,

it may be difficult to see early results. The program's ability to track data was in development, and many of the indicators selected were at the population level. Population-level indicators are largely influenced by contextual factors and are often lagging. As a solution to this issue, the evaluation team focused on short and mid-term outcomes that could be quantified and qualified and used this information to help stakeholders to both see progress and identify new opportunities to affect the ultimate outcomes of reducing SV. The evaluation team also engaged with and learned from the CDC, other states, and practitioners working to measure prevention, learning, and leveraging knowledge and expertise toward shared goals.

- **Challenges with Language and Definitions.** Aligning data across systems can involve both adaptive and technical challenges. Among adaptive challenges, people already working in the field have working definitions that may not be consistent across partners. A technical challenge, when it comes to shared data, can include many issues related to definitions and measurement. To help address this, the RPE Program has utilized subrecipients yearly subaward scope of works to streamline and standardize data definitions, tools, and measurement processes.
- **Quality and Comparability of Data Sources.** Limitations of existing data sources can make them difficult to compare. To address this, the evaluation process has begun to use more than one source of data (including qualitative measures) to understand trends and current situations. The team has also helped build capacity among all stakeholders to improve data collection, use, and analysis.

Year 2 and 3 of the project period presented some unique challenges to the RPE Program and its subrecipients. As mentioned in the 2021 COVID-19 Update section above, project partners had to pivot their delivery of services and activities by moving to a virtual platform and/or completely delaying program activities that were not possible to transfer to a virtual environment. Although this process led to some innovative service delivery opportunities that may continue to be use in future years, it also delayed many subrecipients progress in reducing SV in Nevada. In addition to COVID-19 and the barriers it created, a State of Nevada hiring freeze that delayed the hiring of a program evaluator and staff turnover with Safe Embrace both posed temporary barriers to program success during year 3 of the project period.

Current Primary Prevention Program and Policy Strategies

During Nevada's 2017 legislative session, new health standards were created to implement social-emotional learning and safety education into new health curriculum standards for grades K-12. This effort represents a collaboration of multiple Nevada stakeholders working together to fill a gap in the comprehensive sexual health and safety education for students attending Nevada's public schools. The RPE Director and Nevada Coalition staff on the Nevada Department of Education State Standards Committee drafted new state health standards, including reproductive health standards.

During Nevada's 2021 legislative session, NCEDSV identified and tracked legislation that economically effected women, girls, and survivors of SV. The legislation was broad and covered identified topics such as access to health care, social services, education, and employment practices. NCEDSV compared legislative results to their recommendations contained within the *Economic Justice as a Tool for Sexual Violence Prevention in Nevada* report. NCEDSV will work with the Statewide Economic Justice workgroup to analyze the recommendations and create a plan for implementation, accountability, and future recommendations.

The NCEDSV annual conference, funded through the RPE Program, advances primary prevention work by building state capacity to implement primary prevention strategies within various communities and stakeholder groups. The NCEDSV annual conference each year provides legislative updates, national trends in SV prevention and victimization, and supports equity and diversity education aimed at reaching high-risk populations. In 2019, the NCEDSV conference focused on addressing the root causes of poverty and inequity, particularly as experienced by women and girls, and highlighted strategies for Nevada agencies to improve prevention programming in current and future work. Each year the conference provides an opportunity for rural agencies to receive training and technical assistance, which are presently lacking in areas far from urban developments. The conference also allows for sharing successes and challenges of working in a state with limited resources. In 2021 NCEDSV conducted their annual conference virtually.

Other Funding for SV Primary Prevention and Connection with RPE

The information below describes additional funding sources that the RPE Program, subrecipients, and partners receive to support SV primary prevention in the state. Additional information highlights how the funds are administered and used at the state and/or local levels, including what strategies and activities are implemented. It also notes how those efforts support or enhance RPE-funded work.

Additional Funding for the RPE Program

The Title V Maternal, Child, Health (MCH) Block Grant provides salary support for the RPE Coordinator (25%) to oversee sexual and intimate partner violence prevention priorities affecting women's health in Nevada. The RPE Program and Title V MCH Program are in the Maternal, Child, and Adolescent Health (MCAH) Section within the Bureau of Child, Family, and Community Wellness (BCFCW). The RPE Program is part of the MCH Unit supervised by the MCH Program Manager and participates in MCH activities with MCH Unit and MCAH Section, which allows collaborative opportunities to leverage resources and

support activities which seek similar outcomes and are tied to several risk and protective factors of SV. The Adolescent Health and Wellness and Children and Youth with Special Health Care Need programs in MCH have shared demographic and risk and protective factors overlap, fostering leveraging of partnerships.

Additional Funding for Signs of Hope

Signs of Hope (formerly known as Rape Crisis Center or RCC), an RPE Program subrecipient, receives primary prevention funding through DCFS Grants Management Unit from the Children's Trust Fund for child self-protection training for the prevention of child sexual abuse, as well as parent education training for child sexual abuse prevention.

Additionally, in 2018 Signs of Hope (RCC at the time of receiving funding) received funds from Uber dedicated to prevention efforts with clubs, bars, hotels/motels. The strategies used included active bystander prevention and understanding predatory behavior, and changing cultural norms in the security, hotel, motel, and club industry. These funds supported the education of students in schools, parents and educators of young children, as well as security and food and beverage workers.

Signs of Hope is a private non-profit organization, and funds are administered and reported on per contract agreements and Financial Accounting Standards required of nonprofit organizations.

Resources for RPE Through CDPHP

A Preventive Health and Health Services (PHHS) Block Grant SV set-aside, administered through the Chronic Disease Prevention and Health Promotion (CDPHP) Section of BCFCW, provides workshops for professionals and peer leaders working with youth and young adults on healthy relationship education and identifying signs of relationship abuse. PHHS funds also support efforts in Nevada to decrease SV and sexual assault by providing tools to professionals working with parents and individuals living with developmental disabilities, as well as those working with LGTBQ youth. The decision to focus resources on populations experiencing disparities integrates priorities of the RPE Program and the Nevada Coalition to End Domestic and Sexual Violence, which currently implements statewide trainings.

- The RPE Program receives an annual sexual assault set-aside through the PHHS Block Grant to provide educational workshops for professionals and peer leaders working with teens and young adults on healthy relationship education and identifying signs of relationship abuse. *This work links to RPE focus and priority areas for increasing protective environments.*
- The RPE Program partners with NCEDSV to support healthy relationship education to professionals and peer advocates serving Nevada youth and young adults ages 15-24. *This links to RPE focus and priority areas for addressing social norms through increasing healthy relationships; and increasing protective environments and feelings of safety in one's school, workplace, or neighborhood.*
- Outreach activities prioritize professionals overseeing the care of young adults living with a developmental disability. The decision to target professionals enhances RPE Program priorities by focusing on populations experiencing disparities and a lack of education among professionals

partnering in their care. Individuals with a developmental disability live with a heightened vulnerability for significant sexual health disparities, including unplanned pregnancy, sexually transmitted infection (STI) rates, and negative impacts on the individual's quality of life. *This work is not funded by RPE, however, links to RPE focus and priority areas teaching active bystander behavior to prevent violence and increasing protective environments through increased community connectedness and feelings of safety in one's school, workplace, or neighborhood.*

- PHHS funding for prevention and disability training *supports RPE goals on prevention and identification of risk and protective factors and building capacity of stakeholders to work at the community and societal levels of primary prevention.*
- NCEDSV efforts and website resources link to RPE focus and priorities of building capacity. Their library of resources targets a wide variety of audiences and their data reports present trends in intimate partner violence. NCEDSV also works with its member partners and allies to develop a method of collecting data on SV in Nevada. *This work aligns with the RPE Program focus on shared data tracking, reporting, and monitoring systems to tell the impact of the work throughout the state.*

The Administration for Children and Families, Family and Youth Service Bureau (FYSB), funds the DPBH Sexual Risk Avoidance Education (SRAE) and Personal Responsibility Education Program (PREP) for adolescent pregnancy prevention via evidence-based curricula. PREP curricula offers comprehensive sex education and adulthood preparation programs including, but not limited to, topics on healthy relationships, including the development of positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions, trauma-informed care, and positive youth development (PYD). These programs connect to RPE work by improving social norms related to healthy relationships; increased feelings of safety in one's school, workplace, or neighborhood; increased bystander behaviors to prevent violence. Safe Embrace was added as a new partner in 2021.

SRAE curricula offer effective strategies to educate youth on benefits associated with delaying sex and PYD. SRAE Programs also teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risks behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity. The curricula connects to RPE work through improving social norms related to healthy relationships, increased economic stability for women, increased feelings of safety in one's school, workplace, or neighborhood, increased bystander behaviors to prevent violence. Positive Youth Development, or PYD, is based on a body of research suggesting certain protective factors, or positive influences, can help young people succeed and keep them from having problems. According to this research:

- Young people may have fewer behavioral issues and may be better prepared for a successful transition to adulthood if they have a variety of opportunities to learn and participate at home, at school, in community-based programs, and in their neighborhoods.
- Some of the elements that can protect young people and put them on the path to success include family support, caring adults, positive peer groups, a strong sense of self and self-esteem, and involvement at school and in the community.

- The goal of both programs is preventing pregnancy and the spread of sexually transmitted infections (STIs) among adolescents of diverse backgrounds including, but not limited to, adolescents who are homeless, in foster care, living in rural areas or areas with high teen birth rates, and adolescents from minority groups, including sexual minorities. Connects to RPE work through improving social norms related to healthy relationships, increased economic stability for women.

RPE collaborates with SRAE and PREP. Both SRAE and PREP have similar target populations as RPE in terms of demographics and the promotion of efforts in educating youth on topics such as teen dating violence, healthy relationships, resisting sexual coercion, dating violence, including the development of positive self-esteem and relationship dynamics, friendships, dating, and romantic involvement.

SRAE and PREP programs are implemented in twelve urban and frontier counties around the state. The evidence-based programs (EBP) are administered through sub-awards to local organizations located within the twelve counties.

SRAE and PREP Coordinators have access to training and webinars relating to prevention strategies for other forms of violence (intimate partner violence, teen dating violence, youth violence, and bullying) to keep DPBH and sub-awardees updated and informed about referring adolescents to appropriate services and programs. All sub-awardees are given all applicable training, and all relevant webinars are shared. Coordinators have attended and shared webinars related to Trauma-Informed Care, Healthy Relationships and Collaboration, Healthy Life Skills, Human Trafficking, Teen Dating Violence, Teen Dating Violence and Healthy Relationships in the Digital Age, Bullying, Cyberbullying, and Social Media Safety and Help Prevent Youth Dating Violence in Your Community with grantees. *This work meets the RPE Program objectives for increasing partnerships using the public health model to enhance protection and reduce risk factors.*

Nevada SRAE and PREP work with sub-awardees to develop referral guides for specific issues related to adolescents. These referrals cover a wide variety of health and social services, which may be necessary for youth and their family as allowable under federal law. Sub-awardees can refer youth to specific healthcare services, social service agencies, voluntary agencies, and other services. Safe Embrace became a new partner of the Nevada SRAE and PREP programs in 2021.

Connection with other Forms of Violence

RPE staff participate in quarterly meetings with the Office of the Attorney General, Division of Child and Family Services (DCFS), and the Nevada Coalition to End Domestic and Sexual Violence (NCEDSV), to support statewide SV prevention and victim services. Quarterly meetings prioritize efforts to increase statewide infrastructure through partnership development and strategies for streamlining grant deliverables. Efforts to identify state priorities and desired outcomes are essential for changing policy at the community and societal level of the SEM. In addition, the RPE Coordinator participates in yearly grant review committees for administering the Office of Violence Against Women (OVW) STOP and SASP funds.

The PHHS Grant provides funding toward administering the Nevada Youth Risk Behavior Survey (YRBS). The YRBS provides useful biennial data for the RPE Program and subrecipients by identifying trends in behavior and attitudes related to multiple forms of violence. The University of Nevada, Reno (UNR) is responsible for collecting data and sharing overall state results, as well as results by county and geographic regions.

Nevada Home Visiting (NHV) supports positive parenting and promotes healthy child development through regular home visits by trained professionals. The NHV Program provides screening for intimate partner violence and domestic violence as part of the home visit using a screening tool. The NHV Program resides within the MCAH Section, allowing the sharing of information and resources readily available to the RPE Program, and funds an evaluator who provides additional technical support to RPE staff as needed.

The Office of Suicide Prevention, previously partially funded through the Title V MCH Block Grant through July of 2022 addresses bullying and suicide prevention. Suicide prevention shares similar risk and protective factors with SV. This approach includes communication, outreach, education, treatment, and support programs for youth and young adults in Nevada (school-aged youth) who either have or are at risk of developing a serious mental illness or substance abuse disorder and could be at a higher risk for suicide. The Washoe County Safe Kids Coalition implemented a teen leadership opportunity through an adolescent task force focusing on peer prevention of teen suicide and the development of anti-bullying campaigns. In addition, they investigated IPV-related deaths as part of their scope of work. Efforts to increase protective factors in youth-dominated communities are shown to reduce risk factors for suicide and SV perpetration and victimization, as well.

RPE Sustainability Plan

As defined by the CDC in the 2019 NOFO, sustainability means

"…ensuring that your program can have a lasting impact, with or without funding."

Sustainability is an essential component of planning because it focuses on sustaining benefits and results beyond any single program or strategy. It goes beyond finances to include building and sustaining partnerships, developing key champions, and embedding or institutionalizing policies and practices within systems. Sustainability planning accepts and expects things (funding, policies, attitudes, economics, etc.) **will change over time** and anticipates actions and strategies now that can build on the change that supports the long-term results or mitigates the effects of change negatively impact SV in Nevada.

In the first year of the cooperative agreement (2019), RPE Program staff worked on the program sustainability plan by focusing on the approach the RPE Program and its subrecipients. In year 3 the RPE Program used that information to develop a more detailed plan for sustainability reflecting the required elements as provided by the CDC. Resources to aid in the continued development of a sustainability plan have been requested from the CDC, and the RPE Program, in conjunction with the contracted CDC evaluator, will continue to develop and re-evaluate the sustainability plan in years 4 and 5 pending those resources being provided.

RPE Program staff understand sustainability means different things to programs at different stages of development and implementation. Items to discuss and consider during the continued creation of the sustainability plan include whether newer programs need and want to concentrate on sustaining their activities or infrastructure should initial funding end and whether more experienced programs want or need to enlarge their target population or reach, transfer their best practices to other programs, build new relationships with other agencies, or promote broader policy initiatives.

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Appendices

Appendix A: Steps to Program and Strategy Selection Process

The following process and series of questions are intended to be completed by the subrecipients to determine whether the proposed strategies will affect the underlying conditions, reduce risk factors, and increase protective factors. *Spaces and form functions have been removed for use in this appendix.*

The RPE Program subrecipients are looking for strategies that seek to change underlying factors across the levels of the ecological model (individual, relationship, community, society) that either make it more likely (risk factors) or less likely (protective factors) that sexual violence (SV) will occur. Programs should focus on whether a strategy addresses the risk and/or protective factors for SV, and not just on whether it addresses SV directly.

STRATEGY SELECTION STEPS

1. Identify focus areas (Group and RPE Program)
2. Identify needs in the focus area (**Define the problem** using current data)
3. Identify desired outcomes (**Identify risk and protective factors**)
4. Identify indicators (linked to risk and protective factors you are hoping to change)
5. Identify partner/s (engage stakeholders)
6. Chose strategies (method/s for program delivery and at which layer of the SEM)
7. Develop the strategies (**Develop and test prevention strategies**)
8. Addressing risk and protective factors
9. Include data tracking tools (which kinds and what will you collect)
10. With whom will you share the information? **(Assure widespread adoption)**
11. Based on the best available evidence and data
12. Public Health Approach

STRATEGY SELECTION QUESTIONS

1. Which of your focus areas would this strategy help you meet?
2. What is the specific population you will target with this strategy?
3. Is there reliable and consistent data (indicators) for the outcome/s you are trying to reach?
    a. If you answered “No,” you may need to find a different strategy.
4. Is this strategy designed to address the risk and/or protective factors in this population?
    a. If you checked “No,” you may need to seek out different strategies.
5. List the risk factors addressed by this strategy.
6. List the protective factors addressed by this strategy.
7. Will this strategy be implemented at the community or societal level of the SEM? If the answer is

"no," can you add a complementary community or societal-level strategy to meet the funder's 50/50 requirement to fund at least 50% of strategies at the community or societal-level of the SEM?

   a. If you answered "No," your strategy, though possibly a good one, may not meet the community prevention focus for this grant.

8. Have you identified a partner for this strategy who will collaborate resources and formalize an MOU or similar agreement stating agreement to work toward outcomes together?
9. You will need to have a minimum of (1) formal partnership for each focus area selected but may have several indicators working toward the same outcome.
10. If the strategy you are considering is education-based, is it consistent with the nine principles of effective prevention education?

Criteria to consider:

- Is this strategy consistent with the nine principles of effective prevention education?
- Is it comprehensive?
- Does it employ varied teaching methods?
- Is it designed with a sufficient dosage in mind?
- Is it theory-driven?
- Does it foster positive relationships?
- Is it appropriately timed?
- Is it socio-culturally relevant?
- Does it include outcome evaluation?
- Would the training be required for the people who would be implementing this strategy?

Appendix B: State Action Planning Participants

Nevada Bureau of Child, Family and Community Wellness, Nevada Sexual Violence Prevention and Education
Nevada Coalition to End Domestic and Sexual Violence
Nevada Department of Education, Office of Safe and Respectful Learning Environment
Nevada Department of Health and Human Services, Office of Analytics
Nevada Division of Public and Behavioral Health, Maternal, Child and Adolescent Health
Signs of Hope (formerly Rape Crisis Center)
Safe Embrace
Southern Nevada Health District
University of Nevada Las Vegas, Jean Nidetch Women's Center

Appendix C: Work Plan

The RPE program continues to refine and adjust the work plan as new partners, subrecipients, and staff is onboarded. The process measures are refined, and outcome measures adjusted as the evaluation plan and logic model evolve. Following is the RPE work plan for the next program year.

Rape Prevention and Education Work Plan and Timeline: January 2022 – January 2023

Goal 1: Increase the use of partnerships to implement community-level strategies and improve coordination of state sexual violence (SV) prevention efforts.			
Objective 1.1: Develop an approach to improve partner coordination as specified in the State Action Plan.			
Process Measures	**Outcome Measures**	***Start Date***	***End Date***
# and list of internal partners identified # of MOU's with external partners # of data use/share agreements # of collaborations with internal partners	Number, type, and diversity of new/expanded partnerships working at the community and societal levels Number of State Action Plan implementation and evaluation activities supported by partners Increased alignment between state-level goals and local prevention strategies	*2/1/2022*	*1/31/2023*
Strategies	**Who is responsible**	***Start Date***	***End Date***
Prioritize external and internal partners to engage Expand partnerships through Rape Prevention Education (RPE) subrecipients Engage and enlist potential partners within DPBH (with focus on CDC funded programs) Work with partners to increase alignment and implementation of aligned SV primary prevention strategies Discuss successful partner engagement strategies during TA calls, quarterly meetings, and biannual training sessions	RPE Director Subrecipients	*2/1/2022*	*1/31/2023*
Objective 1.2: Implement an approach to improve partner coordination as specified in the State Action Plan.			
Process Measures	**Outcome Measures**	***Start Date***	***End Date***
# and list of Regional RPE Director training and conferences attended # of teleconferences attended with regional RPE Directors # and list of training with CDC technical partners # and list of new partnerships established from the prioritized list identified in the SAP plan	Strategies and lessons learned with RPE Directors from other states	*2/1/2022*	*1/31/2023*

Goal 1: Increase the use of partnerships to implement community-level strategies and improve coordination of state SV-prevention efforts.			
Strategies	**Who is responsible**	***Start Date***	***End Date***
Attend the National Sexual Violence Resource Center (NSVRC) training Attend NSAC Prevention Track at National SA Conference in Anaheim, CA Attend RPE Director Regional Trainings Attend Prevent Connect Webinars Teleconference with regional RPE Directors Schedule training with CDC technical partners Participate in state and regional partner meetings Provide TA to subrecipients to prioritize prospective partnerships and establish relationships Implement and work through a prevention task force Establish a framework outlining partner responsibilities toward achieving shared goals, including evaluating progress	RPE Director RPE Evaluator	*2/1/2022*	*1/31/2023*
Objective 1.3: NV RPE will provide technical assistance and oversight for RPE sub-award recipients to improve the quality of program delivery through understanding the public health approach to SV prevention.			
Process Measures	**Outcome Measures**	***Start Date***	***End Date***
# of biannual meetings conducted with subrecipients # of subrecipients receiving STOP SV Technical Package # of TA and training on continuous quality improvement (CQI) for program improvements	Improved training and oversight for RPE subrecipients Increased subrecipients implementing effective community-level strategies Increased program improvement cycles	*2/1/2022*	*1/31/2023*
Strategies	**Who is responsible**	***Start Date***	***End Date***
Conduct biannual meetings for subrecipients Sharing of implementation strategies between subrecipients Provide training on violence as a public health issue Provide technical assistance for implementing data-driven strategies Share information on STOP SV Technical Package with new partners/subrecipients Refine CQI plan and provide implementation training to subrecipients on CQI processes	RPE Director Evaluators Subrecipients	*2/1/2022*	*1/31/2023*

Goal 2: Increase the use of data-driven decision making for program delivery			
Objective 2.1: Increase the use of data for the selection of focus populations and prevention approaches.			
Process Measures	**Outcome Measures**	***Start Date***	***End Date***
Data contracted evaluators hired/oriented Nevada Needs and Strengths Assessment used to focus work on priority populations State Action Plan (SAP) used as a framework for achieving results and orienting partners State-level RPE Evaluation Plan used to capture data, identify data gaps, and discuss and share results Prioritize recommendation(s) and implement one improvement for data tracking and use (structures, function and data capacity) prioritized and implementation started	State and subrecipient indicators aligned, and data used to track short-term outcomes Realignment of efforts, coordination, and collaboration as detailed in the SAP Increased capacity from partnerships to access and use data to identify target populations Increased number of partners reporting activities and data to RPE	*Continuation*	*Continuation*
Strategies	**Who is responsible**	***Start Date***	***End Date***
Hire contracted evaluators for RPE 2021 deliverables Implement the SAP with evaluators and subrecipients Review and refine strategies based on RPE focus areas Review and update the Logic Model annually Develop process supporting data collection, analysis, and reporting Train subrecipients on data-driving decision making	RPE Director Evaluators Subrecipients	*2/1/2022*	*1/31/2023*
Objective 2.2: Demonstrate the selection of subrecipients based on data-driven decision making.			
Process Measures	**Outcome Measures**	***Start Date***	***End Date***
RFP grant application developed # and types of stakeholders/partners participating in RFP process # and list of 2022 subrecipients selected # and list of 2022 focus areas identified	Data used to select and prioritize the target population in the RFP Data used to select and prioritize prevention strategies and outcomes in the RFP Expanded list of stakeholders and partners involved in the RFP process	*2/1/2022*	*1/31/2023*

Goal 2: Increase the use of data-driven decision making for program delivery			
Strategies	**Who is responsible**	***Start Date***	***End Date***
Develop an RFP for the 2022 grant application Engage stakeholders (partners, subrecipients) in the discernment of priority populations Select 2022 subrecipients using population-based data and focus area criteria Select 2022 subrecipients based on the ability to implement community-level strategies	RPE Director	*2/1/2022*	*1/31/2023*

Goal 3: Increase the use of indicator data to track program implementation and outcomes.			
Objective 3.1: Identify state-level indicators and data sources to include in the state evaluation plan			
Process Measures	**Outcome Measures**	***Start Date***	***End Date***
# and list of state indicator selected # and list of data sources identified for evaluation purposes	Tracking and use of state-wide indicators (not limited to SV) State and partners prioritize primary prevention at the outer layers of the Social-Ecological Model (SEM) Increased primary prevention approaches implemented at community and societal levels	*2/1/2022*	*1/31/2023*
Strategies	**Who is responsible**	***Start Date***	***End Date***
Identify state indicators based on indicator selection readiness assessment tool Identify data sources based on indicator selection readiness assessment tool Monitor and update the State RPE Evaluation Plan annually	RPE Director Evaluators	*2/1/2022*	*1/31/2023*
Objective 3.2: Track and report on indicators annually			
Process Measures	**Outcome Measures**	***Start Date***	***End Date***
Track and monitor indicators Agendas and meeting notes from training sessions for subrecipients and RPE program staff	Annual indicator report submitted to the CDC Subrecipients reporting data consistently on a quarterly basis	*2/1/2022*	*1/31/2023*

Goal 3: Increase the use of indicator data to track program implementation and outcomes.			
Strategies	**Who is responsible**	***Start Date***	***End Date***
Assist state-contracted evaluators in developing a plan to track and report on indicators Develop and finalize a reporting tool Provide training on the tool(s) to subrecipients Compile and report on indicators and result quarterly Assist evaluator in communicating and obtaining insights from subrecipients on indicators	RPE Director Evaluator	*2/1/2022*	*1/31/2023*

Goal 4: Create environmental and community changes that result from selected community-level strategies.			
Objective 4.1: Develop plans for implementation of environmental and community-level prevention strategies			
Process Measures	**Outcome Measures**	***Start Date***	***End Date***
Strategies identified including 1 protective factor and 1 community or environmental factor Identify plans to track indicators regularly. Include plans to track indicators in SAP and state evaluation plan	Priority focus areas identified	*2/1/2022*	*1/31/2023*
Strategies	**Who is responsible**	***Start Date***	***End Date***
Analyze Needs and Strengths Assessment and technical assistance findings from RPE subrecipient outcomes Develop at least 1 community or environmental strategy from CDC focus areas Identify at least 1 strategy to increase protective factors for reducing SV	RPE Director	*2/1/2022*	*1/31/2023*

Goal 5: Demonstrate changes in selected risk and protective factors.			
Objective 5.1: Increase the tracking of selected risk and protective factors.			
Process Measures	**Outcome Measures**	***Start Date***	***End Date***
# and list of tracked and measurable outcomes Measurable outcome baseline rates and progress	Increases in protective/decrease risk factors related to SV Engage influential persons to change social norms Strength economic supports for girls and women	*2/1/2022*	*1/31/2023*
Strategies	**Who is responsible**	***Start Date***	***End Date***
Analyze and adjust baselines created through the development of the 2018 Needs and Strengths Assessment for: SV risk and protective factors within each county/region Communities strengths and service gaps	RPE Director	*2/1/2022*	*1/31/2023*
Objective 5.2: Implement a state-level evaluation plan with process and outcome measures.			
Process Measures	**Outcome Measures**	***Start Date***	***End Date***
# of quarterly evaluation meetings with subrecipients # of subrecipients implementing CQI	Progress on goals and objectives measured Ensure activities align with state-level goals and outcomes as stated in the SAP TA and evaluation processes evaluated and enhanced	*2/1/2022*	*1/31/2023*
Strategies	**Who is responsible**	***Start Date***	***End Date***
Conduct CQI process to assess perceptions of quality for TA and evaluation support Meet quarterly with subrecipients to evaluate program implementation at the community-level	RPE Director Evaluator	*2/1/2022*	*1/31/2023*