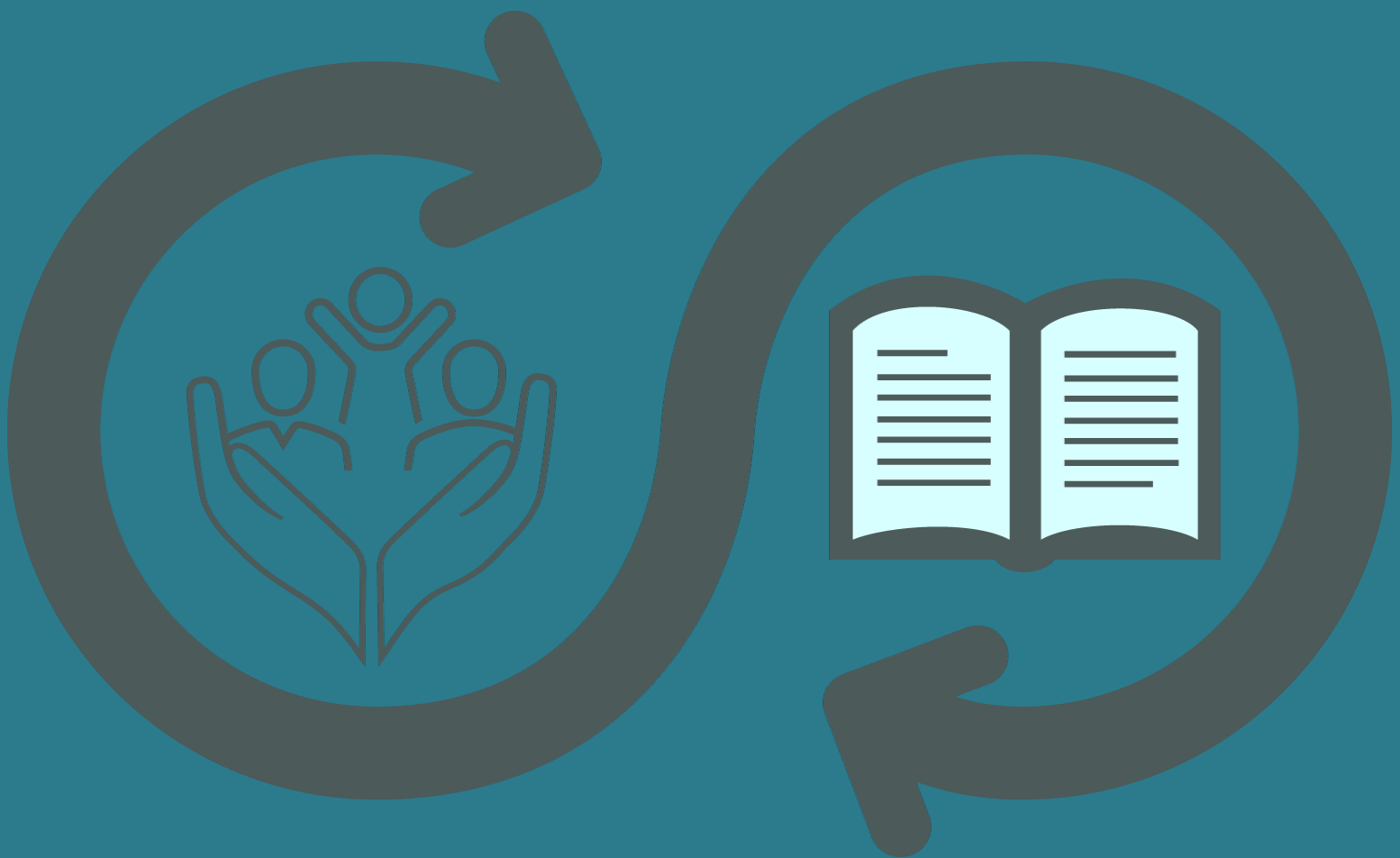


2021

RAPE PREVENTION & EDUCATION EVALUATION REPORT



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

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This project was completed with The Blueprint Collaborative, which works side by side with organizations to help maximize their impact through successful organizational and fund development strategies.



Introduction and Background

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. It continues through reauthorization and expansion of the original legislation. The RPE Program focuses on preventing first-time perpetration and victimization of sexual violence (SV) by reducing risk factors and increasing protective health and environmental factors. 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 RPE Program, in coordination with grant subrecipients, has worked to implement community prevention strategies. Through these efforts, the RPE program builds and strengthens state capacity through programs aimed at risk and protective factors related to violence prevention.

The theory for action is based on research on SV.¹ Some of these findings include:

1. Sexual violence is highly prevalent.
2. Sexual violence starts early in the lifespan.
3. Sexual violence is associated with several risk and protective factors.
4. Sexual violence is connected to other forms of violence.
5. The health and economic consequences of sexual violence are substantial.
6. Sexual violence can be prevented.

Together, the findings have led to the development of the STOP SV (sexual violence) framework.

Summary of STOP SV Framework

STOP SV Components	Description
<u>S</u>ocial Norms	Promote social norms that protect against violence
<u>T</u>eaching	Teach skills to prevent sexual violence
<u>O</u>pportunities	Provide opportunities to empower and support girls and women
<u>P</u>rotective Environments	Create protective environments
<u>SV (Support Victims)</u>	Support victims/survivors to lessen harms

¹ 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: Centers for Disease Control and Prevention.

STOP SV and Nevada's Programming

	STOP SV Component	Example Approaches	Nevada 2021 Programming
S	Promote social norms that protect against violence	<ul style="list-style-type: none"> • Bystander approaches • Mobilizing men and boys as allies 	<ul style="list-style-type: none"> • Provided training to prevent sexual assault in the entertainment and hospitality sector through Project 86. (Safe Embrace) • Provided active bystander intervention training to prevent sexual assault in bars and casinos through the Stay SAFE program. (Signs of Hope)
T	Teach skills to prevent sexual violence	<ul style="list-style-type: none"> • Social-emotional learning • Teaching healthy, safe dating and intimate relationship skills to adolescents • Promoting healthy sexuality • Empowerment-based training 	<ul style="list-style-type: none"> • Professional Development Education (PDE) provided in Clark County Schools to educate teachers on SV prevention including the warning signs that indicate abuse and the effects of trauma on children. (Signs of Hope) • Provided training to prevent SV at the University of Nevada Las Vegas campuses (UNLV) through the CARE Peer Program. (UNLV) • Provided trainings for rural school staff on mapping strategies, policy development and implementation to create protective rural middle & high schools environments. (NCEDSV)
O	Provide opportunities to empower and support girls and women	<ul style="list-style-type: none"> • Strengthening economic supports for women and families • Strengthening leadership opportunities for girls 	<ul style="list-style-type: none"> • Tracked legislation that would economically impact women, girls and victim-survivors through the 2021 Nevada Legislative session. (NCEDSV) • Convened statewide Economic Justice Workgroup consisting of 15 organizations across the state from a wide variety of fields/specialties. (NCEDSV)
P	Create protective environments	<ul style="list-style-type: none"> • Improving safety and monitoring • Establishing and consistently applying workplace policies • Addressing community-level risk through environmental approaches 	<ul style="list-style-type: none"> • Influenced workplace policies and procedures within Nevada's gaming and entertainment sector through the Project 86 and Stay SAFE Programs. (Safe Embrace and Signs of Hope) • Provided input on proposed legislation regarding sexual misconduct at Nevada System of Higher Education institutions and other campus matters related to SV. (UNLV) • Attended national training on Creating a Community Action Plan for the Prevention of Child Sexual Abuse. (Signs of Hope) • State of Nevada partnerships in place. • Social media and campaigns driven by subrecipients.
SV	Support victims (Lessen harm)	<ul style="list-style-type: none"> • Victim-centered services • Treatment for victims of SV • Treatment for at-risk children and families 	<p><i>These services are not funded through RPE but are part of a state coordinated response to sexual assault.</i></p>

The socio-ecological model (SEM) also informs the approach to prevention.²

The figure below shows nested, hierarchical levels that influence health through both risk reduction and protection. Nevada's RPE programs are shifting toward community and environmental level strategies. Focus on the SEM community and environmental levels may help to have a greater impact, given limited resources for funding.

CDC Social Ecological Model (SEM)



Purpose and Objectives for Evaluation

The 2021 RPE program evaluation is intended to provide information to stakeholders about what is working and what can be improved in preventing SV in Nevada. Evaluation data is also used to measure progress toward CDC and Nevada outcomes.

The following evaluation questions were provided by the CDC and directed the focus of the evaluation:

1. To what extent has the state built or enhanced partnerships for SV prevention?
2. To what extent has the recipient used data to select and prioritize the subrecipients, the prevention strategies, and approaches, and the population of focus?
3. To what extent have targeted risk and protective factors for SV outcomes changed at the state level?
4. To what extent have selected prevention strategies been implemented in the state?
5. Which factors are critical for implementing selected prevention strategies and approaches?
6. To what extent are subrecipient activities aligned with state-level goals and outcomes stated in the State Action Plan and recipient work plans?

² Centers for Disease Control and Prevention <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>

Methods

The process evaluation of 2021 RPE programming was conducted utilizing a variety of methods outlined below. This included a review of documentation such as contract documents and quarterly reports submitted by subrecipients, in addition to a video conference with all subrecipients and separate video conference calls with each subrecipient team. The process evaluation and resulting 2021 Evaluation Report and updated RPE Action Plan has been conducted by The Blueprint Collaborative, a consulting firm based in Reno, Nevada.

Evaluation, like other aspects of programming, were impacted by COVID-19. Due to staffing issues related to COVID-19, an evaluator was not in place for much of the reporting period. This limited the progress made on refining indicators, data collection, analysis, interpretation, and synthesis. However, a CDC Foundation evaluator has been identified and funding has been secured through the CDC Foundation for 2022. This evaluator will provide capacity to the overall RPE program, subrecipients, and RPE stakeholders. Recommendations for RPE and the evaluation position are included in this report.

Data Sources

Evaluation Interviews. Interviews were conducted in two different venues. A video conference was conducted with all subrecipients and subsequent follow up video conferences were conducted with teams from each subrecipient. Through interviews with the contracted evaluator, The Blueprint Collaborative, subrecipients reflected on and shared successes, challenges, and opportunities for improvement.

Quarterly Reports. Subrecipients submit quarterly reports to the Program Director. These reports were compiled and supported the Annual Progress Report, which was also a source for this report. The 2021 subrecipient quarterly reports for quarters 1, 2, and 3 were reviewed for this report. Fourth quarter reports were not due until after this evaluation was concluded, therefore are not represented in this report.

Literature Review. Relevant publications and documents were provided by the RPE coordinator as sources for the 2021 Evaluation Report.

The Context for RPE Implementation and Evaluation

The COVID-19 pandemic presented substantial challenges in 2020 and while some of those challenges were mitigated in 2021 with widespread availability of COVID-19 vaccines, expanded testing availability, and the re-opening of many institutions such as schools and colleges, COVID-19 continues to challenge full implementation of all subrecipient activities. Adaptability and flexibility were mentioned broadly by subrecipients as key factors for success. Key factors are described below.

Increased Demand for SV Related Services

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 unable to leave abusers. In addition, other COVID-19 related factors such as employment and income losses further exacerbated 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 impacts 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.³

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.⁴

Reduced Capacity for Prevention

In 2020, both nationally and at the state level, COVID-19 required government personnel to shift priorities. At the community level, personnel resources were also reprioritized. Temporarily, community-based organizations oriented their attention from prevention and strategic issues to the immediate needs of people in crisis. This resulted in a backlog of work, especially in the human services, public health, and emergency response sectors. In 2021, many organizations reported being able to “refocus” on grant-funded work, a priority before the pandemic, since the necessary immediate response to COVID-19 had subsided. Subrecipients reported their community partners seemed to be experiencing a similar shift in capacity. While government entities continue to work under modified operational conditions with many employees continuing to work from home, normal duties have been resumed by most program staff.

“Organizations seem more focused on the ability to collaborate as the impact and operations under COVID-19 has stabilized significantly.”

RPE Subrecipient

Due to the RPE coordinator vacancy in the Maternal, Child, and Adolescent Health unit from May to August 2021, each of the four RPE subrecipients were temporarily supported by two interim coordinators. These coordinators were responsible for conducting monthly calls, along with handling all other grant responsibilities until the new coordinator was in place and introduced August 2021.

³ 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>

⁴ 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.

Risk Amplified by Social Determinants of Health Inequities

The pandemic has had a disproportionate impact on the economic situation for people with low incomes and has also disproportionately impacted women. Globally, nationally, and locally, "the virus is significantly increasing the burden of unpaid care, which is disproportionately carried by women. This, among other factors, means that women's employment is dropping faster than average, even accounting for the fact that women and men work in different sectors".⁵

While the focus of RPE is on SV, the approach to prevention focuses on known risk and protective factors, described in the STOP SV technical package. One of the major levers for impact is opportunities to empower and support girls and women. Poverty or low socio-economic status is a risk factor for SV.⁶

Disproportionate Impacts of COVID-19 by Gender, Race, and Ethnicity

COVID-19 has also impacted people of color at greater rates compared to white individuals, compounding the risk of economic vulnerability. People of color are over-represented in low wage jobs within Nevada and are also at greater risk of contracting the virus, experiencing unemployment, having high rent burden, and lacking access to healthcare.⁷ While Governor Sisolak proclaimed racism as a public health problem in August of 2020, significant disparities remain across the State of Nevada.

Program Capacity Stretched

The impact of the pandemic response has subsided to a certain degree, yet challenges related to the pandemic continue to necessitate flexibility and adaptability. While the pandemic has required considerable shifts to RPE State and subrecipient plans and programming, some opportunities for improvement through altered program implementation have been identified.

Challenges resulting from the pandemic and resolutions corresponding to the challenges include:

Challenge	Resolution
Limitations on indoor gatherings changed the work location and in person meeting opportunities for nearly all staff, subrecipients, and contractors.	Meetings, programming, and communication moved to online platforms.

⁵ Madgavakar, A., White, O., Krishan, M., Mahagan, D., & Azcue, X. (2020) COVID-19 and gender equality: Countering the regressive effects.

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: Centers for Disease Control and Prevention.

⁷ Guinn Center (2020) The Impact of COVID-19 on Communities of Color in Nevada. <https://guinncenter.org/wp-content/uploads/2020/09/Guinn-Center-Impact-of-COVID-19-on-Communities-of-Color-in-Nevada.pdf>

Continued staffing shortages and public health restrictions on safe gathering and isolation timeframes limited access to childcare for the staff of organizations.	Staff 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.

2021 Evaluation Results

The evaluation results are organized by the evaluation questions provided by the CDC.

1. Building and Enhancing Partnerships for Prevention

Outcome Highlights

Increased number of partners working at community and environmental level (CDC 7)
Increased use of partnerships to influence community and environmental change (CDC11)
Increased alignment among state-level goals and prevention strategies at state and local levels (CDC 3)

Summary

In 2021, both the State RPE Program and its subrecipients engaged with new partners involved in SV prevention to provide training to new audiences and expand the reach of programming. Partnerships within the state (internal partners) and with other organizations (external partnerships) were strengthened through sharing information about RPE, attendance and engagement in others' meetings, and discussions regarding SV prevention. Three of four subrecipients noted considerable progress in establishing relationships with new organizations during the program year despite the significant challenges COVID-19 continued to present. The RPE Program leveraged Maternal and Child Health (MCH) Block Grant and Preventive Health and Health Services (PHHS) Block Grant funds.

Partnership/Partner engagements from subrecipient quarterly reports identify:

- At least **8** active State Level Partnerships
- At least **18** Organizational (Public) Partners
- **25** (Private) Partners engaged through programming

Subrecipient Spotlight

Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) was able to convene 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.

Supporting Data: Building and Enhancing Partnerships for Prevention

2021	Key Partners	Partnership Goals
State Level Partnerships	State Attorney General’s Office Nevada Department of Education Subrecipients: NNCEDSV, Signs of Hope, Safe Embrace, UNLV The Blueprint Collaborative (Evaluation)	Coordination and collaboration to advance RPE outcomes
NCEDSV	Advocates to End Domestic Violence Children’s Advocacy Alliance Cupcake Girls Faith in Action Nevada Guinn Center League of Women Voters Nevada Make it Work Nevada Mi Familia Voto Minority Health Coalition of Nevada Nevada Housing Coalition Nevada NOW Nevada Public Health Training Center Nevada Women in Trades Progressive Leadership of Nevada (PLAN) Planned Parenthood Votes Nevada Small Business Development Center Women’s Research Institute of Nevada	Education and knowledge sharing Increase gender equity Alignment of shared policy goals
Signs of Hope	Gender Justice The LGBTQ+ Center Legal Aid of Southern Nevada PRIDE Las Vegas Henderson Equality Center, Silver State Equality K-12 Schools in Clark County School District Businesses (Hospitality Industry) (6)	Education and knowledge sharing, training Business policies and procedures revision to prevent SV
Safe Embrace	Businesses (Hospitality Industry) in Northern Nevada (23)	Education and training; business policies and procedures revision(s) to prevent SV

UNLV	College of Southern Nevada Cupcake Girls Nevada State College Nevada System of Higher Education UNLV College of Education UNLV Gender and Sexuality Studies UNLV Office of Student Affairs UNLV Department of Educational & Clinical Studies	Implementation of Care PeerProgram (CPP)
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2. Using Data to Select and Prioritize Subrecipients, Strategies, and Approaches

<p>Outcome Highlights</p> <p>Increased data-driven decision-making for program selection (CDC 4)</p> <p>Demonstrated the selection of subrecipients based on data-driven decision- making (CDC 2)</p> <p>Demonstrated tracking of state level SV indicators (CDC 6)</p> <p>Demonstrated the use of indicator data to track implementation outcomes (CDC 9)</p>

Summary

Currently, Nevada does not participate in a competitive funding process for RPE due to a limited number of Nevada-based agencies focusing on primary prevention. Current subrecipients of RPE funding are provided an opportunity to propose strategies for 2021-2022 by following guidelines set by RPE Program staff to identify priority areas and clear boundaries for continued funding.

During the program year, data was used to continue agreements with existing subrecipients, with data provided through reporting tools (administrative data). State RPE and its subrecipients used data to plan program activities; all subrecipients used a systematic approach to select prevention strategies using data.

State and national data also informed program work during the year. Several sources, including a needs assessment (2018), the STOP SV technical package (2016), and the recent state-level YRBS data, were used to inform program strategy.

These documents are reviewed to identify potential challenges and necessary revisions. RPE continues to update the Logic Model, State Action Plan, and Evaluation Plan annually.

Subrecipients also used data during the program year to refine their efforts. For example, subrecipients providing trainings utilized pre- and post-training surveys to assess knowledge gains among training

participants and to shape future program improvements. Signs of Hope utilized the participant polling function during virtual trainings to keep program participants engaged and to assess for knowledge gains. Signs of Hope also utilized a technical assistance (TA) survey to understand what additional TA schools needed to fully implement the recommended child safety standards. They also distributed post-training surveys to attendees after each presentation and tracked qualitative and quantitative data to strengthen future presentations. UNLV also utilized pre- and post-training surveys to gauge knowledge gains.

Additionally, UNLV utilizes a broad array of data sources, including national data specific to risk and protective factors. One example, the National College Health Survey, provided a basis for focusing outreach efforts on people with marginalized identities who are more at risk for SV, such as individuals who identify as transgender or gender non-conforming. UNLV also utilizes campus climate and National College Health survey results to assess baseline data on a comparative population. Similar information to the campus climate survey is gathered from prevention programming audiences allowing for comparison purposes and potential modification of prevention education strategies.

While COVID-19 presented many challenges, it also provided unique opportunities to refine data collection and data utilization to inform subrecipients’ program improvements. As trainings shifted to virtual formats, sub-recipients reported utilizing participant polls during virtual trainings to provide real time data on participant knowledge gains and to identify areas that needed further clarification, which was not an available opportunity when in-person training modalities were utilized.

Subrecipient Spotlight

Signs of Hope (formerly Rape Crisis Center Las Vegas) distributed and collected a technical assistance survey to all K-12 classroom teachers who participated in the child safety standards training. This data informed what additional technical assistance was needed for schools to fully implement the child safety standards.

Supporting Data: Using Data to Select and Prioritize Subrecipients, Strategies, and Approaches

Data Level	Source	How Data was Used
National Level Data	STOP SV National College Health Survey	Guided the RPE program strategy; influenced community & society level-focus. Identify risk factors and target populations for prevention strategies among college students
State-Level Data	2018 Needs Assessment	Guided state prevention efforts toward specific aspects of Nevada's environment, for example, "party culture" and associated risks at clubs and bars.

Community Level Data	YRBS Data – County Level	YRBS data at the county level provided information about trends in rural and frontier communities. COVID-19 supplemental funding was directed to resources within these communities and distributed to subrecipients to implement program activities.
Hyper-Local Data	Training Participant Survey/Poll Data UNLV Campus Climate Survey	<p>Safe Embrace: Utilized training pre/post test data to determine knowledge gains from training provided and shape further training improvements.</p> <p>Signs of Hope: Utilized virtual training polls and chat functions to obtain real time data from training participants on knowledge gains and areas needing further clarification. Utilized training pre/post test data to determine knowledge gains from training provided and shape further training improvements.</p> <p>UNLV: Training pre and post data utilized to assess knowledge gains. Campus climate survey provides a comparative baseline by which prevention programming participant data can be compared.</p>

3. Targeting Risk and Protective Factors for Sexual Violence

Outcome Highlights

Reduced acceptance of SV and related behaviors in the workplace and on college campuses, demonstrated through formal policies, procedures, and practices (NV2)

Increased active bystander behavior (NV 5)

Increased feelings of safety in one’s school, workplace, or neighborhood (NV 6 & 7)

Increased economic stability for women (NV 8)

Reduced tolerance for SV within the community (NV 9)

Demonstrated environmental and community changes that result from selected community-level strategies (OC 11)

Summary

As the state continues to implement a more data-driven approach for RPE, improvements to data collection are needed to inform progress on both risk and protective factors.

In 2020, improvements to the Evaluation Plan were made, focusing on the logic model and associated indicators. However, these changes, as well as the implementation of the Evaluation Plan, were greatly slowed due to COVID-19. In 2021, as the need to allocate staffing resources to the COVID-19 response lessened and staff have been able to resume programmatic duties, new means of collecting and utilizing data emerged. Based on available information, COVID-19 increased risk and decreased protective

factors for some SV outcomes. However, RPE program work was able to promote protective factors for some populations.

Subrecipient Spotlights on Targeting Risk and Protective Factors for Sexual Violence

Nevada Coalition to End Domestic and Sexual Violence

The Nevada Coalition to End Domestic Violence convened a statewide Economic Justice workgroup. An action plan was developed focusing on five key policy areas: Housing, Workplace Equity, Education, Health Care, and Public Benefits. Workgroup participants included non-traditional partners such as policy and advocacy agencies focused on issues such as affordable housing, childcare, health care, and education. Action plan goals included elevating victim-survivor voices and building a grassroots advocacy community to pursue policy goals such as increased access to safe and affordable housing. NCEDSV also provided trainings for rural school staff on hot-spot mapping strategies, policy development and implementation to create protective environments in rural middle and high schools.

Signs of Hope

Signs of Hope (SOH) focused on increasing protective factors and decreasing risk factors both inside and after leaving bars, clubs, casinos, and Adult Entertainment venues. Nevada's entertainment industry is unique, resulting in high incidences of sexual abuse and violence. SOH will continue partnerships with gaming and hospitality venues to provide trainings and create policies requiring mandatory SV prevention training for all staff. Additionally, SOH provided training to teachers to increase safety and social-emotional learning skills in children K-12. These trainings improved teachers' understanding of the warning signs that can indicate abuse and the effects of trauma in children and provided information on strategies school staff can implement to support students.

Safe Embrace

Safe Embrace (SE) has continued to work with entertainment and hospitality venues in northern Nevada to provide staff trainings on how to create protective environments and provide technical assistance on workplace policies that create protective environments, such as implementing zero tolerance policies and workplace reporting requirements for SV.

University of Nevada Las Vegas Jean Nidetch Care Center

University of Nevada Las Vegas Jean Nidetch Care Center (UNLV) supported a CARE Peer Program to increase leadership opportunities for women providing campus-based presentations on campus SV issues. The CARE Peer Program (CPP) is an empowerment-based 45-hour training curriculum with interactive modules focused on promoting social norms that protect against violence (e.g., bystander approaches, etc.) and components of a healthy relationship/communication. It is offered to all UNLV

students with an outreach emphasis on priority populations of women, female-identified, and LGBTQ+ students. The acronym "LGBTQ+" is commonly used to refer to people who are Lesbian, Gay, Bisexual, Transgender, or Questioning/Queer. The acronym more accurately includes all groups, as they are currently known.⁸ Graduates of the CARE Peer Program can become CPP Leaders and graduate students are eligible for scholarships, thereby improving both leadership skills and economic stability as they are supported in completing their education.

4. Implementing Prevention Strategies in Nevada

Outcome Highlights

Increased percentage of community/societal-level approaches implemented (CDC 7)

Aligned state priorities around violence prevention, SV, and associated risk and protective factors (NV 4)

Increased knowledge and skills to prevent SV using evidence-informed practices in various environments (e.g., businesses, universities, casinos, service industry) (NV 1)

Related Process Measures

- Reach
- Dose
- Adaptation

While COVID-19 continues to limit in-person interactions, many programs and prevention efforts have shifted to virtual formats that have become more commonplace. Prevention programs targeted at the entertainment, gaming, and hospitality industries have resumed now that restrictions are lifting on in-person gatherings and venues have resumed operations. The entertainment, gaming, and hospitality workforce that was largely laid off in 2020 due to COVID-19 have been rehired, resulting in staffing turnover and an increased need to train new staff members on strategies to prevent SV in the workplace.

Modifications to implementing prevention strategies in 2021 included:

- UNLV CARE Peer Program – In progress; trainings moved to a virtual format due to COVID-19
- Signs of Hope Stay SAFE Program – Minor modifications due to COVID-19
- Signs of Hope PDE Program – Virtual meeting format due to COVID-19
- Safe Embrace Project 86 – In progress, some modifications due to COVID-19
- NCEDSV Statewide Economic Justice Workgroup – Virtual meeting format due to COVID-19
- Attend and support Statewide Task Force to prevent child sexual abuse – In progress; virtual meeting format due to COVID-19
- Statewide efforts for collaboration- In progress; virtual meeting format due to COVID-19

⁸ Nevada's Strategic Plan for Sexual and Gender Minorities' Health Care, 2018

Supporting Data: Implementing Prevention Strategies in Nevada

	Capacity Building Activities	Extending the Reach
State Level Partnerships	<p>Participation in:</p> <ul style="list-style-type: none"> ● RPE Annual Council Meeting ● Association of Maternal and Child Health Programs (AMCHP) conference ● Nevada Coalition to end Domestic and Sexual Violence NCEDSV conference: <i>Compassion Through Crisis: Cultivating Resiliency and Overcoming the Unexpected</i> ● Program site visits ● Evaluation workshops (technical assistance & capacity building) 	<p>The information acquired in training and conferences were disseminated through appropriate Rape Prevention and Education (RPE) partners and MCAH staff by sharing applicable conference training slides and materials.</p>
NCEDSV	<p>The Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) implemented strategies to increase economic opportunities for women through a statewide Economic Justice workgroup. They connected with a variety of organizations in Nevada working on economic justice issues, which may or may not have connected the relationship between economic justice and sexual violence. Additionally, NCEDSV provided trainings to rural program/school staff on hot-spot mapping strategies, policy development and procedure implementation to create protective environments in rural middle and high schools.</p>	<p>The workgroup meetings were well attended and participatory. NCEDSV was able to fuel interest on issues of economic justice and provide non-traditional partners with opportunities to further engage and align policy goals to strengthen economic supports for women and families statewide. The school trainings were well attended, and each session had a scheduled follow-up TA session where attendees were able to explore the presented material in depth with the presenters. All trainings conducted have been posted on the agency website to further extend the reach. In addition, participants who attended live training sessions were offered Continuing Education Credits (CEUs), which resulted from a partnership with the Department of Education (DOE).</p>

Signs of Hope	SOH has focused on increasing protective factors and decreasing risk factors in bars, clubs, casinos, and strip clubs. Nevada's entertainment industry is unique, resulting in high incidences of sexual abuse and violence. SOH continued partnerships with gaming and hospitality venues to create policies requiring mandatory staff trainings. Additionally, SOH provided training to teachers to increase safety and social-emotional learning skills in children K-12.	While participation was a challenge in 2020 due to COVID-19, venues have reopened and demand for staff training in gaming, hospitality ,and entertainment venues increased. With schools adopting virtual formats, providing PDE trainings to teachers virtually has been more broadly accepted.
Safe Embrace	Safe Embrace (SE) continued their work in northern Nevada to partner with entertainment and hospitality venues to address sexual violence policy, provided staff trainings and expanded those efforts to new venues.	Save Embrace reached numerous businesses throughits Project 86, and through a successful social media campaign.
UNLV	The University of Nevada Las Vegas Jean Nidetch Center (UNLV) continued to implement the CARE Peer Program, an empowerment-based 45-hour training curriculum with interactive modules focused on promoting social norms that protect against violence (e.g., bystander approaches, etc.) and components of a healthy relationship/communication. It is offered to all UNLV students with an outreach emphasis on priority populations of women, female-identified, and LGBTQ+ students. Graduates of the CARE Peer Program can become CPP Leaders and graduate students are eligible for scholarships, thereby improving both leadership skills and economic stabilityas they are supported in completing their education.	Implementation of Care Peer Program (CPP) moved online during COVID-19.

5. Critical Factors for Implementation of Prevention Strategies

Implementation Factor Highlights
Leadership and key champions (for RPE) within agencies, organizations, and institutions
Availability of data to measure and monitor
TA and capacity building to support success
Cultural relevance and context for programming
Evidence of effect for the selected strategy
Status of pandemic and its influence on staffing and implementation strategy

Some critical factors for successful implementation were underscored during the 2021 program year. As the response to COVID-19 started to wind down in 2021, some COVID-19 related challenges remained. New opportunities were identified, such as increased comfort level with online training modalities. This provided the ability to provide online training and meetings at a lower cost due to reductions or eliminations in travel costs associated with in person trainings. Additionally, COVID-19 supplemental funding was awarded to Signs of Hope to increase staffing to expand access to their crisis hotline.

2021 actions to address critical factors are identified here:

Critical Factors	2021 Actions
Leadership and key champions (for RPE) within agencies, organizations, and institutions	<p>Many new partners were established during 2021</p> <p>The RPE program hired a new Program Coordinator who is a champion for the program.</p>
Availability of data to measure and monitor	<p>A delay to contracted evaluation, coupled with an RPE leadership change, impacted the ability to refine data collection efforts and activities.</p> <p>Some progress was made in improving tools and reporting during 2021</p>
Technical assistance and capacity building to support success	<p>The RPE Program Coordinator and subrecipients attended and participated in considerable TA and capacity building. For example, the RPE coordinator and the MCAH Section Manager participated in a workgroup to develop statute-required SV resources for hospitals throughout Nevada; the final resource is currently being utilized statewide.</p>
Cultural relevance and context for programming	<p>Little to no data is available yet for this factor. However, in year 3, RPE staff regularly shared resources (via webinars and reports) with subrecipients about disparate burden by race, ethnicity, socioeconomic status, and geographical location. In addition, Diversity, Equity, and Inclusion (DEI) training was embedded in subaward requirements to increase capacity and familiarity of subrecipient program staff.</p>
Evidence of effect for the selected	<p>Pre and post test data is being utilized to assess effectiveness of some trainings.</p>

strategy	
Status of pandemic and its influence on staffing and implementation strategy	<p>In many ways 2021 saw significant improvement in the pandemic related challenges from the year previous, however, limitations due to the pandemic have not been ameliorated. In general, implementation of prevention strategies required flexibility and adaptability, some prevention strategies were able to be implemented during the pandemic, and others were not.</p> <p>These factors included:</p> <ul style="list-style-type: none"> • whether the prevention strategy could be modified to take place virtually, or whether it required in-person convening • the degree to which the target population was engaged in “regular” activities (e.g., at bars, clubs, and casinos, living on campus, etc.) • resources available through programs (e.g., laptops, webcams)

Despite major challenges due to COVID-19, several positive changes have also been noted. These included:

- Increased use and uptake of social media messaging, indicating increased reach of some messaging and campaigns.
- Increased confidence and competence with the use of online platforms for training. This is promising as many people find fewer barriers to attending training online as opposed to in-person.
- The hospitality industry's mandatory closure and related slow-down contributed to more time for owners and managers to engage in training. Additionally, with venues reopening and hiring new staff, increased demand for trainings was reported by subrecipients.
- Because nearly all meetings across the state and nationally have gone virtual, the Nevada Coalition (and other partners) note connecting with potential partners is less challenging 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 formats.
- While not directly an RPE activity, improvements to telehealth statewide, including mental and behavioral health services, may help more people access resources.

6. Alignment of Goals at State & Subrecipient Levels

Outcome Highlights
<p>Increased percentage of community/societal-level approaches implemented (CDC 7)</p> <p>Increased knowledge and skills to prevent SV using evidence-informed practices in various environments (e.g., businesses, universities, casinos, service industry) (NV 1)</p> <p>Reduced acceptance of SV and related behaviors in the workplace and on college campuses, demonstrated through formal policies, procedures, and practices (NV 2)</p> <p>Increased active bystander behavior (NV 5)</p> <p>Increased feelings of safety in one's school, workplace, or neighborhood (NV 6 & 7)</p> <p>Increased economic stability for women (NV 8)</p> <p>Reduced tolerance for SV within the community (NV 9)</p>

Summary

Significant progress has been made to align subrecipient activities with state-level goals. In 2021, all subrecipients had programming or efforts aimed at the societal or environmental level of the SEM.

In 2020, efforts to develop the logic model, address the community and society level of the SEM, and align the State Logic Model and State Action Plan with subrecipient workplans occurred. Continued work is needed to support data collection and analysis and further sharpen the aim of subrecipient activities to align with state-level goals and outcomes.

Supporting Data: Alignment of Goals at State and Subrecipient Levels

Risk and Protective Factor Outcomes	Prevention Strategies Selected to Impact Outcomes
<p>Increased active bystander behavior (NV5)</p>	<ul style="list-style-type: none"> • CARE Peer Program: Provide training to prevent sexual violence at UNLV. (UNLV) • Project 86: Provide training to prevent sexual assault in entertainment and hospitality businesses. (SE) • Stay SAFE: Provide bystander outreach and training to prevent sexual assault in bars and casinos. (SOH)

<p>Reduced acceptance of sexual violence and related behaviors in the workplace and on college campuses, demonstrated through formal policies, procedures, and practices (NV 2)</p>	<ul style="list-style-type: none"> ● Project 86: Influence workplace policies and procedures within the entertainment and hospitality industry. (SE)
<p>Increased feelings of safety in one's school, workplace, or neighborhood (NV 6 & 7)</p>	<ul style="list-style-type: none"> ● Influence workplace policies and procedures within Nevada's entertainment, gaming, and hospitality venues. (SOH and SE) ● Professional Development Education (PDE) provided in Clark County Schools to educate teachers on SV prevention including the warning signs that indicate abuse and the effects of trauma on children. (SOH) ● Trainings to rural school staff on policy development and procedure implementation to create protective environments in rural middle and high schools. (NCEDSV)
<p>Increased knowledge and skills to prevent sexual violence using evidence-informed practices in various environments (e.g., businesses, universities, casinos, service industry) (NV 1)</p>	<ul style="list-style-type: none"> ● CARE Peer Program: Provide training to prevent sexual violence at UNLV. (UNLV) ● Project 86: Provide training to prevent sexual assault in entertainment and hospitality industry. (Safe Embrace) ● Stay SAFE: Provide bystander outreach and training to prevent sexual assault in bars and casinos. (SOH)
<p>Increased economic stability for women (NV8)</p>	<ul style="list-style-type: none"> ● Convened meetings for a statewide Economic Justice Workgroup which included non-traditional partners to align policy goals across issues impacting women and girls. (NCEDSV)

7. State Level Training and Capacity Building

Outcome Highlights
<p>Increased capacity from partners to access and use data and leverage support (CDC 1)</p> <p>Increased capacity of partners to influence community and environmental change (CDC 11)</p>

Summary

Participation in training and TA was consistent. Between October 2020 and December 2021, Nevada’s RPE program held 15 training and TA calls with the four subrecipients. Additionally, partners engaged in numerous national and state trainings, all of which were moved to a virtual format due to COVID-19.

Supporting Data: State Level Training and Capacity Building

	Capacity Building Activities
State Level Participation	<ul style="list-style-type: none"> ● RPE Annual Council Meeting ● Association of Maternal and Child Health Programs (AMCHP) conference ● The RPE Coordinator attended online training and conferences including, but not limited to, RPE Annual Council Meeting ● RPE biannual training, monthly technical calls, and relevant webinars through The Violence Prevention Technical Assistance Center (VPTAC) were shared with subrecipients. ● New RPE Director Orientation Webinar, RPE Evaluation Webinar, Managing RPE During COVID-19, Annual Council Meeting, RPE COVID Supplement, COVID-19 Response: Promising Practices in Health Equity ● Nevada Coalition to end Domestic and Sexual Violence (NCEDSV) Conference: Compassion Through Crisis: Cultivating Resiliency and Overcoming the Unexpected ● National Network to End Domestic and Sexual Violence (NNEDV) Economic Justice Summit (3/2/2021-3/4/2021) ● Gender Justice, Sexual Assault, Housing and HUD Funding: A Webinar for State and Territory Sexual Assault Coalitions. (2/3/2021) ● Instagram Live interview with Cupcake Girls (4/16/2021) ● Reclaim Your Body, Your Journey and Your Life: A Sexual Assault Awareness Month Virtual Event with Planned Parenthood, Tu Casa Latina and Voto Latino. (4/30/2021) ● American Rescue Plan Housing Webinar by the Nevada Housing Coalition. ● RPE Coalition Mentorship Webinar put on by the Resource Sharing

	<p>Project.</p> <ul style="list-style-type: none"> • Virtual RPE Connections Meeting Space hosted by the National Alliance to End Sexual Violence. • Resource Sharing Project - Exploring the Housing Needs of Survivors of Sexual Violence. • 145 Days: The Intersections of Economic Insecurity, Violence and Race. • National Criminal Justice Training Center virtual conference: Creating a Community Action Plan for the Prevention of Child Sexual Abuse.
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	Capacity Building Activities	Extending the Reach
NCEDSV	Monthly Check-In Calls with RPE Coordinator	Subrecipients are given continuous training and technical assistance for formalizing partnerships and Memorandums of Understanding, which are mutually beneficial, outline the responsibilities of each entity and expresses a shared vision.
Signs of Hope	Monthly Check-In Calls with RPE Coordinator	Subrecipients are given continuous training and technical assistance for formalizing partnerships and Memorandums of Understanding, which are mutually beneficial, outline the responsibilities of each entity and expresses a shared vision.
Safe Embrace	Monthly Check-In Calls with RPE Coordinator	Education and Training; Business Policies and Procedures. Continuous technical assistance was provided to subrecipient, including two in-person TA visits. In addition, Safe Embrace staff redirected funds to attend and observe two in-person Signs of Hope Stay SAFE/SAINT trainings and plan to use this knowledge to strengthen future 86 Project trainings.
UNLV	Monthly Check-In Calls with RPE Coordinator	Implementation of Care Peer Program (CPP)

2021 RPE Evaluation Findings

- The State RPE program and subrecipients demonstrated ongoing and new partnerships in 2021, helping to build broader support for SV prevention.
- Increased collaborative efforts toward community and societal-level change, increased alignment between state-level goals and local prevention strategies.
- Some progress was made to use data to select and prioritize the sub-recipients, the prevention strategies and approaches, and the population of focus. Improvements include utilization of pre- and post-test data and virtual training tools to guide training improvements. Continued efforts to improve and standardize data collection and reporting will be a focus in 2022.
- Some progress was made to align targeted risk and protective factors for SV outcomes with subrecipient programming. Continued effort will be made to clearly identify targeted risk and protective factors for SV outcomes with program goals and objectives.
- Prevention strategies were largely implemented in Nevada. The pandemic continues to require flexibility and adaptability in program implementation; however, all subrecipients implemented agreed upon strategies. Some subrecipients made program implementation revisions to aid in improved data collection to guide program improvements.
- Subrecipients are well-aligned with state-level goals and outcomes written in the state action plan and subrecipient work plans. Progress was made in improving communication and collaboration between and among subrecipients, which will continue throughout 2022.

Recommendations and Next Steps

The recommendations below are segmented by proposed evaluation and program actions.

Recommendations for Evaluation

Complete and Continue to Align CDC Evaluation Plan and Evaluation Efforts

- Efforts are still needed to continue to align and enhance data collection efforts. Building a robust evaluation system will take continuous effort. Soliciting input from current subrecipients may provide key opportunities to implement efficient and meaningful data collection and reporting. Utilization of the CDC Foundation evaluator, who is joining the RPE team in 2022, may aid in this effort.

Refine and Standardize Tools to Assess Program Implementation, Quality, and Related Indicators

- Subrecipients are already collecting data that can further tell the story of implementation and early outcomes. Improving tools and communication among and between subrecipients and the State will help to enhance learning from evaluation.
- Standardizing data collection tools across subrecipients with similar audiences and utilizing similar modalities may provide opportunities for efficiencies in assessing outcomes. Utilization of the CDC Foundation evaluator may aid in this effort.

Continue to Adapt to Pandemic Related Challenges and Opportunities

- Despite challenges during COVID-19, there were benefits and unintended consequences that allowed for improved data collection, increased collaboration, and an increased ability to reach target populations. In 2022, evaluation should continue to adapt to assess changes in program modalities and their corresponding impacts on outcomes.
- Support ongoing information sharing from CDC Foundation Assignee to RPE Coordinator and partners regarding testing, vaccines, booster information, IPV and COVID-19 information, etc.

Recommendations for the Program

Building or Enhancing Partnerships for SV Prevention

- The State and subrecipients should continue to build partnerships, using the STOP SV framework to expand and connect partners working toward related aims.
- Subrecipients expressed a strong desire for a regular mechanism for communicating with one another to collaborate, when possible, share best practices, and ensure current projects are not

duplicative. Suggestions included a listserv, annual meeting of subrecipients, or online tool for information sharing.

- As a small state, Nevada should leverage the proximity and relationships within and among divisions and departments to share information and best practices related to SV prevention. Many activities at the State and local levels have similar prevention aims; working together can help to ensure that strategies to prevent SV are included in messaging, programming, and services.
- Establishing a means of making funding distribution decisions more transparent (share subaward information) may improve collaboration and relationship building between the State and subrecipients.

Using Data to Select and Prioritize Subrecipients, Prevention Strategies and Approaches

- The State and subrecipients should continue to refine data collection tools to standardize data collection and increase efficiency of outcome assessment.

Targeted Risk and Protective Factors for SV Outcomes at the State Level

- Identification of state, community or local level data on risk and protective factors may help shape optimal strategies to refine current efforts.
- State agencies, licensing boards, and statewide coalitions may be further leveraged to target known risk and protective factors.

Implementation of Selected Prevention Strategies in the State

- The State and subrecipients have made considerable progress in redirecting a majority of efforts toward policy and environmental levels of the SEM. Continue to monitor progress at the policy and environmental levels.
- The pandemic changed the context for work, but State RPE and subrecipients were able to pivot their approach and continue the established strategies using modifications. As noted, some opportunities made available through online platforms may be important strategies to continue even when not necessitated by pandemic restrictions.

Critical Factors for Implementing Selected Prevention Strategies and Approaches

- Many critical factors for implementation were explored. The State RPE staff and subrecipients should continue to work together to reduce barriers to full implementation of strategies and optimal alignment of subrecipient programming with the State Action Plan and Logic Model.

Alignment of Sub-recipient Activities with State-level Goals and Outcomes in the State Action Plan and Recipient Work Plan

- Sharing of critical documents such as the State Action Plan, Evaluation Plan, and STOP SV technical package in an online location easily accessible by subrecipients may increase utilization and integration of these documents into subrecipient activities.
- The Logic Model and Evaluation Plan provide a platform for continued alignment toward actions. In 2022, a focus on refining indicators toward the desired outcomes will serve to improve learning and reporting on RPE efforts. Utilization of the CDC Foundation evaluator may aid in this effort.
- Future iterations of State Logic Model should incorporate subrecipient input to ensure buy-in is obtained at the subrecipient level. High levels of engagement from subrecipients such as attending regular meetings, trainings and webinars will also be critical in this effort to ensure alignment across all levels.

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