Community-Based Primary Prevention Programs & Community Readiness Grantees

FY2021 Evaluation Report

CDVSA | Alaska's Council on Domestic Violence & Sexual Assault

STRATEGIC PREVENTION SOLUTIONS

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Acronyms, Abbreviations, and Terminology

CBPPP – Community-Based Primary Prevention Program grantee

CDC – Centers for Disease Control and Prevention

CDVSA – State of Alaska Council on Domestic Violence and Sexual Assault

CDVSA Prevention grantees – Community-Based Primary Prevention Program and Community Readiness and Capacity Building grantees

CNA – Community Needs Assessments

CR – Community Readiness and Capacity Building grantee

CRA – Community Readiness Assessment

CQI – Continuous Quality Improvement

DV – Domestic Violence: *Domestic violence is perpetrated by romantic partner(s), household or family members and includes a pattern of violent, controlling, coercive behaviors intended to punish, abuse, and control the thoughts, beliefs, and actions of the victim*

GD – Green Dot

GOTR – Girls on the Run

IPV – Intimate Partner Violence: *Any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship*

SPS – Strategic Prevention Solutions

SA – Sexual Assault: *Sexual assault occurs any time a person is forced into a sexual act through physical violence, verbal threats, manipulation, abusing authority, or other ways that a person cannot and does not consent to sexual acts*

SV – Sexual Violence: *Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advanced, acts to traffic, or otherwise directed against a person's sexuality, using coercion, threats of harm or physical force, by any person, in any setting*

TA – Technical assistance

TDV – Teen Dating Violence

Acknowledgements

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Executive Summary

Twelve grantees funded by the State of Alaska's Council on Domestic Violence and Sexual Assault (CDVSA) completed their final year in a four-year funding cycle to improve the primary prevention of domestic violence and sexual assault (DV/SA) in the state. This report aggregates progress reporting and evaluation findings of the CDVSA Community Readiness and Capacity Building (CR) and Community-Based Primary Prevention Programs (CBPPP) grantees' efforts to highlight key areas of capacity development and prevention activities implemented during FY2021 and reviews grantees' progress and efforts over the course of the funding cycle. In addition to making notable efforts to build prevention capacity at their organizations, in FY2021, grantees[1]:

➢ Facilitated 526 coalition/prevention team meetings
➢ Established 102 new community agency partnerships, MOUs, or other informal or formal agreements for community-based primary prevention efforts
➢ Dedicated, on average, 126 hours per week to the primary prevention of DV/SA among agency staff and coalition partners
➢ Provided presentations and community activities, 74% of which included a conversation on equity and/or inclusion
➢ Trained over 4,300 community members on DV/SA awareness, resources, and prevention programming; of those who attended trainings and were asked, an average of 81% reported an improvement in their awareness of/access to community resources for DV/SA
➢ Trained over 750 Alaskans in Green Dot or another bystander program, including 128 community members and 620 high school students
➢ Facilitated prevention activities (e.g., presentations, equity dialogues, community meetings, specific prevention activities, coalition involvement) for nearly 7,600 youth
➢ Implemented 26 unique primary prevention strategies in 11 communities, including Girls on the Run and Green Dot

A review of the semi-annual reports submitted by grantees during FY2021 indicated they experienced numerous successes and worked to overcome challenges related to efforts to improve their capacity for primary prevention, engage community members in violence prevention strategies amid the ongoing impacts of the COVID-19 pandemic, adapt programming to best meet current community needs, and increase the comprehensiveness of their prevention efforts. These implementation efforts are consistent with best practices, and over time will continue to have a positive effect on reducing violence in Alaska.

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[1] When indicated, more information about these values is provided in the relevant sections of this report.

Introduction

The purpose of the CR and CBPPP grants is to strengthen and enhance the comprehensiveness of existing community-based, coalition-driven strategies that address the primary prevention of DV and SA. Other forms of violence and terms associated with DV/SA include intimate partner violence (IPV), teen dating violence (TDV), and sexual violence (SV). Importantly, the language and terminology used in violence prevention discourse is nuanced and variations in terminology can greatly influence how the issues are conceptualized, researched, and discussed.

Primary prevention efforts focus on acting prior to a condition or when a problem occurs. Primary prevention consists of activities aimed to prevent IPV from occurring in the first place- to prevent IPV from ever occurring[2,3]. This approach can also be combined with strategies that target whole populations or groups that might be at higher risk for experiencing a problem in the future[2,3]. In DV and SV prevention, this means reducing and eliminating the incidence of DV and SV[4]. IPV, DV, and SV are major public health concerns in the United States, with costs estimated to exceed $3.6 trillion (2014 US$) over the lifetime of

Figure 2. IPV Lifetime Costs

$104K
Avg. Lifetime Cost for Females

$3.6 Trillion
IPV Victims

$24K
Avg. Lifetime Cost for Males

$82K
Avg. Lifetime Cost

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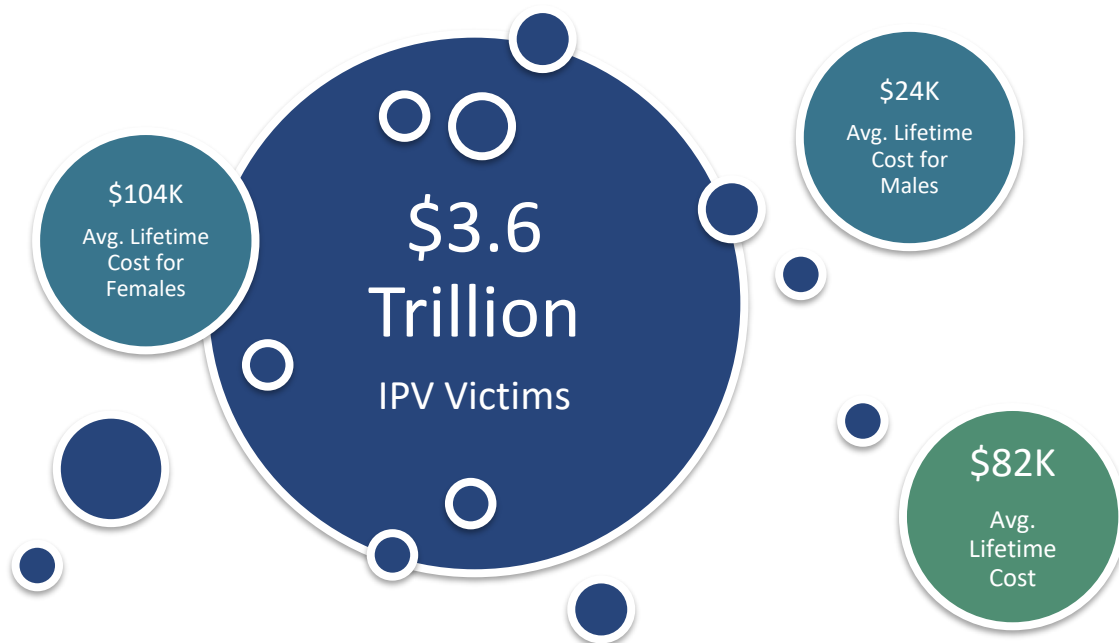
[2] Kisling LA, M Das J. Prevention Strategies. [Updated 2021 May 9]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan. Available from: https://www.ncbi.nlm.nih.gov/books/NBK537222/
[3] Department of Health and Human Services: Delaware. Prevention Definitions and Strategies: Institute of Medicine Classification System. Retrieved from: https://www.dhss.del

US adults who have experienced IPV[4]. Preventing DV and SV is possible and a critical endeavor for preventing aversive harmful sequelae or lifetime occurrences and IPV across the lifespan. Primary prevention efforts complement, not replace, or take priority over, interventions to respond to those who have experienced abuse and has the potential to reduce cost to individuals, systems, and society in general.

The CR and CBPPP grants provide opportunities for community programs with and without primary prevention program to acquire primary prevention and evaluation conceptual and applied experience through technical assistance delivery and consultation. The four-year awards are overseen by CDVSA and supported though technical assistance by the Alaska Network on Domestic Violence and Sexual Assault (ANDVSA). These grants were initially intended to be three years of funding, but due to impacts of COVID-19 on program implementation, an additional year was funded (i.e., FY2021). Those community agencies less experienced or with less primary prevention programming capacity receive funding through the CR grant, while the CBPPP grant provides support to communities with existing prevention plans and greater capacity for primary prevention efforts.

CR funds were granted to programs in seven Alaskan communities:

- ➢ Abused Women's Aid in Crisis (AWAIC) – Anchorage
- ➢ Advocates for Victims of Violence (AVV) – Valdez
- ➢ The LeeShore Center (LSC) – Kenai
- ➢ Tundra Women's Coalition (TWC) – Bethel
- ➢ Safe and Fear Free Environment (SAFE) – Dillingham
- ➢ Women in Safe Homes (WISH) – Ketchikan
- ➢ Working Against Violence for Everyone (WAVE) – Petersburg

During the final year of funding, CR grantees focused on the following tasks:

- ➢ Revising and/or modifying prevention and evaluation plans
- ➢ Participating in statewide technical assistance (TA)
- ➢ Hiring and/or retaining an evaluator
- ➢ Building, enhancing, or sustaining a local coalition or workgroups to address DV/SA prevention
- ➢ Selecting strategies for implementation
- ➢ Implementing at least one strategy from the prevention plan

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[4] Tosh, W. L., Estefan, L. F., Nicolaidis, C., McCollister, K. E., Gordon, A., & Florence, C. (2018). Lifetime economic burden of intimate partner violence among U.S. adults. *American Journal of Preventive Medicine*, *55*(4), 433–444. Retrieved from: https://doi.org/10.1016/j.amepre.2018.04.049.

CBPPP funds were granted to programs in five Alaskan communities:

- ➢ Aiding Women in Abuse and Rape Emergencies ([AWARE](#)) – Juneau
- ➢ Cordova Family Resource Center ([CFRC](#)) – Cordova
- ➢ The Interior Alaska Center for Non-Violent Living ([IAC](#)) – Fairbanks
- ➢ Sitkans Against Family Violence ([SAFV](#)) – Sitka
- ➢ South Peninsula Haven House ([SPHH](#)) – Homer/Kenai Peninsula

CBPPP grantees focused on these tasks during their final year of funding:

- ➢ Enhancing and sustaining implementation of existing strategy(ies)
- ➢ Continuing with existing evaluation plan
- ➢ Integrating continuous quality improvement (CQI) measures
- ➢ Meeting regularly with evaluator to review findings
- ➢ Enhancing the comprehensiveness of prevention programming

CDVSA contracted with a local research and evaluation firm, Strategic Prevention Solutions (SPS), to provide state-level evaluation support. This included tasks such as identifying common indicators, tracking outcomes across grantees, and providing technical assistance at grantee meetings and summits. Grantees also receive ongoing support for strategic planning and evaluation through collaboration with hired evaluators, as well as technical assistance provided by ANDVSA and CDVSA.

WHY PREVENTION MATTERS

Historically, societal responses to addressing DV and SA have consistently and predominantly centered on crisis intervention. While crisis intervention services are critically important for individuals and families impacted by these issues, they alone are not enough to comprehensively address these complex social issues. A response-only focused approach serves survivors but neglects to address the root causes of perpetration and thereby affords no benefit of preventing these forms of violence from occurring. To truly impact levels of DV and SV in Alaska, crisis intervention services must be complemented by proactive prevention strategies. This is supported by literature that began emerging in the 1990s and suggests prevention is valuable and can affect the overall health and quality of life for individuals[5]. In Alaska, we are building comprehensive prevention programming in communities, informed by existing and emerging primary prevention science and research. This includes promoting, using, and providing technical assistance to CDVSA DV/SA prevention funded communities around prevention theory, research-based models and strategies for prevention, and best practices. A comprehensive primary prevention approach means that communities are implementing activities that take place in various settings, with a variety of

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[5] C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. American Psychologist, 58, 449-456. doi: 10.1037.0003-066X.58.6-7.449.

populations, across the community, and throughout the year. This contributes to consistent messaging and norm setting that saturate the various levels of the social ecology so that an individual is exposed to prevention activities in multiple settings they live and throughout their lifetime.

Comprehensive prevention programming helps to ensure that everyone in the community can participate, learn skills, and take an active informed role in fostering safe, non-violent communities. Prevention activities are not just one-time events in a classroom or at a community awareness event. Violence is complex, and to address it, prevention efforts must be recurring and multifaceted, with sufficient dosage and community engagement across all levels of the social ecology. The Social Ecological Model (SEM) can be used to show the intersection of different factors that influence DV/SV; individual factors (age, education, income), relationship (social groups, family members), community (schools, workplaces), and societal factors (health, economic, social policies that contribute to inequity)[6].

Figure 2. Social Ecological Model

Individual

Relationship

Community
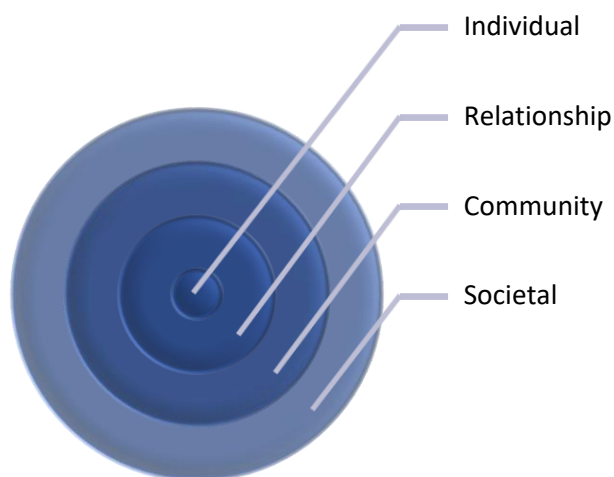
Societal

The SEM helps to identify and understand the complex relationships between an individual, their interpersonal relationships, the local communities, and groups of which they are a part, and the larger societal factors that influence their life. This model is particularly useful in understanding risk and protective factors and how these relate to violence across the social ecology, and the Centers for Disease Control and Prevention (CDC) have compiled a list of these factors and how they correspond to each level of the SEM.

The SEM provides a framework for conceptualizing factors and needed changes at different levels that work separately and collectively to prevent violence. For example, implementing programing at the individual level can instill improved attitudes, dispel myths about violence, and teach behaviors for preventing domestic violence. Attending family-focused programming, such as family nights, can help strengthen relationships between youth and parents and reduce conflict. Changes in local or state policy can strengthen community resources or lower violence rates by addressing equity[6].

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[6] Center for Disease Control and Prevention (2021). The Social-ecological model: A Framework for Prevention. Retrieved from: https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html

As communities increase resources for prevention, their ability to implement comprehensive prevention programming improves; this improves their ability to impact and reduce violence in their communities. It takes time, upwards of eight years, for communities to establish the needed resources and capacity for comprehensive prevention. The first few years of prevention programming are often dedicated to gaining knowledge and building community partnerships, internal organizational capacity, and community capacity for prevention. This is consistent with the prevention efforts put forth by CR grantees over the past four years. As capacity and resources grow, prevention expands within the community such that schools, youth mentors and organizations, tribes and tribal agencies, public health professionals, law enforcement, mental health professionals, and others are actively working together to prevent violence. With continued support, communities can begin implementing more comprehensive prevention programming, as demonstrated by CBPPP grantees; however, should that support be substantially diminished or removed, the years of capacity building and resource development efforts put in by a community will be challenged to actualize this transition. It is of critical importance that comprehensive primary prevention efforts in the state remain an ongoing legislative priority to truly impact the incidence of violence in Alaska.

OVERVIEW OF PREVENTION STRATEGIES

The CDC highlights strategies from the best available evidence to support states and communities in preventing violence[7]; several of these are presented in Table 1. Grantees are supported through technical assistance and coordinated state training opportunities in identifying and selecting strategies to support reductions in the incidence of DV and SA. These strategies are additionally informed by a local community needs assessment completed during the first year of funding, which helps to ensure they are congruent with the unique needs of the communities and populations served. Although it will take many more years of funding to see a significant reduction in community-wide rates of violence, these well-designed and targeted prevention strategies have laid the foundation for continued progress and sustainable change.

STRATEGY	APPROACHES
Teaching safe and healthy relationship skills	➢ Social-emotional learning programs
Engaging influential adults & peers	➢ Men and boys working as allies in prevention ➢ Bystander empowerment and education ➢ Family-based programming
Disrupting the developmental pathways toward partner violence	➢ Parenting skill programs ➢ Early childhood enrichment and family engagement
Create protective environments	➢ Improve organizational policies ➢ Improve school climate and safety

Table 4. CDC's IPV: Prevention Strategies

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[7] Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

INTRODUCTION

One of the ways that grantees are striving to make prevention strategies more efficient and effective is to identify the and target issues that are interconnected and share the same root causes (e.g., youth suicide, substance misuse, teen dating violence) [8]. When communities and coalitions work from an approach that understands the overlapping causes of violence, and things that can prevent or subvert violence, they are better equipped to prevention violence in all its forms [9]. Communities utilize information (i.e., needs assessment, evaluation) and collaborative action through coalition and partnership to identify and implement a program that addresses factors to build individual strengths, promote healthy development and relationships, and establish conditions to support safety and well-being for all.

CR and CBPPP grantees implement prevention strategies in their community that prevent and address overlapping root causes of violence (i.e., risk factors) and promote factors that enhance the resilience of people and their communities (i.e. protective factors). An example of this is Girls on the Run, a prevention strategy being implemented by several CDVSA prevention grantees. This program targets elementary school-aged girls, as well as their families and communities. It addresses a multitude of protective and risk factors across the social ecology via activities intended to improve girls' self-esteem, encourage healthy relationships, strengthen family connectedness, and enhance social support. The impacts of these activities are far-reaching, helping to address and prevent several issues simultaneously, including teen dating violence, youth violence, suicide, and bullying[10].

Grantees' prevention efforts generally emphasize one or more of four core domains: capacity building, youth protective factors, bystander engagement, and the promotion of positive social norms. These domains and practices work in ways that are mutually reinforcing.

Capacity Building

The CDVSA prevention grants were designed to build and enhance the capacity of local stakeholders who could play a critical role in advancing IPV prevention in Alaska. Nearly every CR and CBPPP grantee developed, convened, participated in, and maintained engagement with a community coalition. Broadly, the goal of these coalitions is to engage community members, local organizations, agencies, faith-based, and tribal entities in building or enhancing culturally appropriate responses to DV/SA primary prevention. Community engagement is a form of social action, based on principles of empowerment, authenticity, and community decision-making[11].

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[8] Wilkins N, Myers L, Kuehl T, Bauman A, Hertz M. Connecting the Dots: State Health Department Approaches to Addressing Shared Risk and Protective Factors Across Multiple Forms of Violence. J Public Health Management Practice. 2018 Jan/Feb;24 Suppl 1 Suppl, Injury and Violence Prevention. doi: 10.1097/PHH.0000000000000669.

[9] National Center for Injury Prevention and Control, Division of Violence Prevention. (January 2021). https://www.cdc.gov/violenceprevention/about/connectingthedots.html

[10] US Department of Health & Human Services. (n.d.). *Discover connections.* Connecting the Dots. https://vetoviolence.cdc.gov/apps/connecting-the-dots/content/discover-connections

[11] National Institute of Health (2011). CTSA Community Engagement Key Function Committee Task Force on the *Principles of Community Engagement* (2nd ed.) NIH Publication No. 11-7782.

Multisector community collaborations, and coalitions, help to expand and leverage resources, implement, evaluation, and expand strategies, and enhance local capability to achieve outcomes that would otherwise be difficult for a single entity alone[12]. CR and CBPPP grantees' participation in local coalitions, a form of community engagement, is to promote and advocate for primary prevention of DV and SA. Through this collaborative endeavor, communities streamline and leverage their knowledge, resources, and networks to improve health and wellbeing for all.

Grantees build organizational and local capacity through impactful partnerships and engagement in community coalitions. Prevention grantees increase the readiness and capacity of fellow members to also implement increasingly comprehensive programming to build healthy relationships, promote equity, and emphasizes community connectedness. Capacity building and collaborative partnerships also cultivate improved knowledge and sense of community, increasing skilled and knowledgeable preventionists, enhancing coordination and social service availability in the community, encourage local investment in prevention, and improve safety[11].

Youth Protective Factors

Protective factors are conditions that decrease the likelihood that violence will occur by providing a buffer against risk[13]. Protective factors are useful and inform prevention programming for grantees, helping coordinators and coalitions to consider how and where their efforts should be focused, and what strategies might be most effective in supporting their aims. Research with youth has indicated that preventing dating violence is a promising primary prevention strategy for IPV victimization[14,15], as well as using strengths-based programming that focuses on building youths' skills and capacities for healthy relationships. Education-based programming also often targets conflict resolution, interpersonal skills, and promoting youth social-emotional learning competencies.

Among youth populations, effective programs provide opportunities for participants to build positive relationships with each other and program staff. Many of the grantees worked to identify collaborative opportunities with local schools or developed partnerships to expand prevention activities into school-

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[12] Prevention Institute. 2017. How community safety and early childhood development practitioners can collaborate with community development. *Cradle to Community: Multiplying Outcomes in Place-based Initiatives.* https://www.preventioninstitute.org/publications/multiplying-outcomes-place-based-initiatives-how-community-safety-and-early-childhood

[13] Centers for Disease Control and Prevention. Risk and Protective Factors for Sexual Violence. www.cdc.gov/violencepreveniton/sexualviolence/riskprotectivefactors.html

[14] Exner-Cortens, D., Wells, L., Lee, L. et al. Building a Culture of Intimate Partner Violence Prevention in Alberta, Canada Through the Promotion of Healthy Youth Relationships. Prevention Science (2019). https://doi-org.proxy.consortiumlibrary.org/10.1007/s11121-019-01011-7

[15] Centers for Disease Control and Prevention [CDC]. (n.d.). *Promoting respectful, nonviolent intimate partner relationships through individual, community and societal change*. Retrieved from https://www.cdc.gov/violenceprevention/pdf/ipv_strategic_direction_full-doc-a.pdf.

based settings. This aids in creating a school climate that promotes respect and provides youth with opportunities to build relationships with trusted adults and experience a sense of belongingness.

Bystander Engagement

Violence is a learned behavior – it can be unlearned or not learned; it is preventable[17]. Bystander interventions are increasingly promoted in prevention programming as an effective skills-based approach to prevent violence by empowering individuals and equipping them with knowledge and skills to stop situations that could lead to violence[18,19]. These approaches emphasize education, understanding barriers to intervening, debunking misinformation, building confidence, and teaching skills for intervening. Prominent bystander strategies include Green Dot Violence Prevention Strategy and Bringing in the Bystander. Bystander intervention emphasizes the role every individual can play in preventing violence in their community. Bystander programs have increasingly been touted as helping to increase male engagement in programming and expand the roles men can fulfill in preventing violence against women.

Promote Positive Social Norms and Healthy Relationships

There are different types of communication strategies that exist along a continuum of behavior change – from public awareness (targeting awareness) to social norms change (targeting perceptions) to social marketing (targeting behavior change)[20]. Public awareness campaigns are a common approach to primary prevention used to address the stigma and silence surrounding issues of DV and SA. Social marketing campaigns are also employed, disseminating persuasive messages informed by stakeholders, providing alternatives to behaviors, or focusing on dispelling misinformation related to DV/SA. Research indicates that those who adhere to norms and beliefs that are supportive of violence are more likely to perpetuate violence[21]; thus, promoting positive social norms involves motivating individuals and groups to adopt social norms that result in positive changes[22].

> Healthy relationships are respectful, autonomous relationships where decision-making is shared, and conflict is negotiated in effective, non-violent ways[15].

[17] U.S Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; and National Institutes of Health, National Institute of Mental Health. Youth Violence: A Report of the Surgeon General. Rockville, MD: 2001.

[18] Coker, A.L., Fisher, B.S., Bush, H.M., Swan, S.C., Williams, C.M., Clear, E.R., & DeGue, S. (2015). Evaluation of the Green Dot bystander intervention to reduce interpersonal violence among college students across three campuses. *Violence Against Women*, *21*(12), 1507-1527.

[19] Katz, J. & Moore, J. (2013). Bystander education training for campus sexual assault prevention: An initial meta-analysis, *Violence and Victims*, *28*(6), 1054-1067.

[20] Violence Prevention Technical Assistance Center. *Community-level change: A communications perspective.*

[21] Salter, M., & Gore, A. (2020). *The tree of prevention: Understanding the relationship between the primary, secondary, and tertiary prevention of violence against women.* Sydney N. S. W. pp. 67-91.

[22] VetoViolence. (2010). https://vetoviolence.cdc.gov/violence-prevention-basics-social-norms-change

INTRODUCTION

As capacity and comprehensiveness of prevention programming evolves, CR and CBPPP grantees have increasingly exerted effort and reported in this domain; indeed, during FY2021, several grantees reported that they were engaging in various community-level communication strategies as part of their programming to promote healthy prevention-focused messaging. These strategies included enhancing agency social media presence to disseminate information and resources, developing public awareness and media campaigns, including prevention content on the agency website, and facilitating community outreach and awareness events.

Methodology

CDVSA contracted with SPS to aggregate, analyze, and report on CDVSA's CR and CBPPP grantees' semi-annual reports. In addition to these reports, CDVSA requested SPS review grantees' annual evaluation reports provided by each site to identify and highlight complementary outcomes and impacts of grantees' primary prevention programming efforts. This review was cursory and is not intended to be exhaustive or a cross-site examination of outcomes and findings. Additional information about individual grantees' specific programming and outcomes is documented in their individual site evaluation reports.

This information was reviewed with a focus on documenting and interpreting changes in grantees' capacity for and the comprehensiveness of their primary prevention programming. The findings will be used to support continuous quality improvement (CQI) efforts, as well as assess and report on statewide DV/SA primary prevention capacity, program implementation, and the outcomes and impacts of grantees' efforts.

The following questions were used to guide the analysis:

Process Evaluation Questions

1. What specific risk and protective factors were targeted by CDVSA prevention grantees' programming?
2. What populations were reached?
3. How many community members were exposed to DV/SA prevention messaging?
4. To what extent did primary prevention programming include content related to equity and inclusion in their activities and practices?
5. How did COVID-19 affect program implementation?
6. How are CDVSA grantees working with evaluators to assess the implementation, outcomes, and impact of their prevention programming?

Outcome Evaluation Questions

7. What changes or improvements in prevention capacity or program and strategy implementation were documented?
   a. To what extent did prevention grantees increase their capacity to implement and evaluate DV/SA primary prevention programming?
   b. Have communities seen an increase in opportunities for youth to be involved in DV/SA primary prevention programming?

    c.   To what extent are grantees utilizing opportunities and resources to promote positive norms surrounding DV/SA primary prevention and non-violent, respectful relationships within their community?

    d.   Has community leader and/or agency representation expanded to be more inclusive and/or representative of the community?

       i.   Changed policy and/or practice to support DV/SA primary prevention work?

8. What does the local data tell us about short term and intermediate outcomes (by the end of the CDVSA funding period) that can lead to longer term impact (beyond end of the CDVSA funding period) across grantees?

    a.   What effects did programming have on participants (i.e., changes in knowledge, attitudes, behavior, skills, or practices)?

DATA COLLECTION AND MANAGEMENT PLAN

SPS oversaw the maintenance and technical support of the online semi-annual reporting system for CDVSA prevention grantees. Data were compiled in secure electronic databases (i.e., SurveyGizmo) to track and maintain over time.

Primary Data Sources

CDVSA Semi-Annual Reports

During FY2021, CR and CBPPP grantees submitted semi-annually their CDVSA Prevention status reports online via a survey and data management system. Grantees are asked to report on their efforts related to capacity development, implementation and evaluation of programming, TA needs, and a set of common indicators during the previous reporting period.

Individual Evaluation Reports

As part of their funding obligations, CDVSA prevention grantees conduct an evaluation of their prevention efforts and submit an end-of-year annual evaluation report to CDVSA. Reports contain information relevant to grantees prevention program implementation, activities, capacity and staffing changes, and evaluation findings. Individual site evaluation activities and methods vary in type and complexity. In addition to enhancing local capacity for communities to implement comprehensive primary prevention programming, CDVSA is also building local evaluation capacity.

Secondary Data Sources

In addition to the aforementioned sources of data, this report also utilizes findings from the CDVSA Prevention status reports submitted by grantees on a quarterly basis during FY2018-FY2020, grantees' evaluation reports submitted during this same time period, and the evaluation reports prepared for CDVSA by SPS during FY2019 and FY2020.

METHODOLOGY

CONSIDERATIONS

During FY2021, grantees reported biannually on their implementation efforts using the online reporting system. It has been observed that some narrative and quantitative responses are identical across reporting periods; this may indicate some values should not be assumed to be discrete – which may inflate the summative count. In the presentation of the findings, this is noted throughout as a consideration where applicable.

Readers should bear in mind several cautions when interpreting results presented in this report. Survey responses, from both primary sources in this report, as well as findings reported by CDVSA grantees in their annual reports, are used as estimates of attitudes, intentions, and frequency of behaviors in a larger population than is sampled. It is possible that those who participate in any survey are different from those who opt to not participate. This is one important limit to the generalizability of the findings.

DATA ANALYSIS PLAN

Data analysis used suitable statistical methodologies including observed counts of participants, implementation (process), information (key demographics, attendance, challenges), frequency counts, distributions, and averages were appropriate.

For each of the quantitative analyses the following steps were taken:
1. Examine the data for incomplete, duplicative, anomalous, or superfluous responses
2. Review item variance and outliers
3. Perform intended analysis
4. Generate data visualization and graphics

No substitutions were made and overall, the responses were complete. Results presented in this report were calculated rounding to a whole number. Values .49 and below were rounded down, values .50 and higher were rounded up. For qualitative data collected (i.e., open-ended entries), responses were organized and analyzed using structured theme-mining.

Year Four Findings

This section provides an overview of grantees' progress and end-year status in relation to the various primary prevention efforts being tracked. These include evaluation support, organizational capacity, common indicators, and prevention strategies being implemented.

Prior to reviewing grantees' efforts in each of these domains, it is important to consider various contextual factors that may be influencing the results. Perhaps the most notable of these factors are the ongoing impacts of the COVID-19 pandemic. This includes not only grantees' need to navigate fluctuating community responses to the pandemic, which for many has included the closure of local organizations and schools at various points, but also the time and effort needed to effectively transition the delivery of programming in ways that allow grantees to continue engaging in their communities amid the pandemic. Individual site evaluation reports document site-specific adaptations and modifications to their programming, and consideration of ways in which the findings that follow may have been impacted by COVID-19 is incorporated as appropriate.

> "…the brunt of COVID panic has dissipated, and now capacity is growing to get out of the intervention of the pandemic into [the] forward thinking of prevention." - Grantee

EVALUATION SUPPORT

Evaluation is a vitally important component of effective primary prevention, as it is through the process of evaluation that a program or strategy's effectiveness can be fully validated. As part of their award, CR grantees are required to contract with an evaluator to promote and develop evaluation capacity, whereas CBPPP grantees are encouraged to consult or contract with an evaluator to assist them with evaluating their programs. By the end of FY2021, one grantee had the staff capacity to complete the evaluation internally, and 11 of 12 grantees reported working with an external evaluator. As part of an open bid process, five grantees were contracted with Strategic Prevention Solutions, four with Goldstream Group, and two with Agnew::Beck.

Community Needs and Readiness Assessment

Primary tasks for CR grantees included conducting a community needs assessment (CNA) and/or readiness assessment (CRA) and developing a strategic plan for their DV/SA primary prevention efforts. These assessments provide critical information to support planning a tailored comprehensive primary prevention program and are necessary to efficiently utilize limited prevention resources. The CNA, CRA, and strategic planning period enables and empowers communities to align prevention strategies to the specific characteristics, resources, and needs of the local community. CRAs can be a strong support in this process;

moreover, they have the capability to function as both a planning tool and a snapshot of the local systems, policies, and strategies currently underway[23]. By the end of FY2021, 10 grantees reported on the ways in which information gleaned from the CNA/CRA was being used to inform primary prevention efforts, such as:

➢ Informing and guiding selection and implementation of prevention programming efforts
➢ Planning for and administering community surveys to target individual CNA goals, evaluate the impact of programming, and identify effects of the pandemic on prevention efforts
➢ Providing new coalition members with the findings as part of their onboarding process
➢ Integrating specific strategies to meet identified community needs

Developing a Strategic Community Prevention Plan

Grantees, in partnership with local stakeholders and coalitions, undertake strategic planning to develop a DV/SA Prevention Plan for their community(ies). This process, informed by the CNA and CRA, considers the unique features of a given community and outlines how prevention resources (e.g., funding, staffing, volunteers, partnerships, communal spaces) will be leveraged to support prevention efforts (e.g., activities, strategies, workshops, trainings). Of the nine grantees who reported on the status of their community prevention plan, by the end of FY2021, three were working to implement an existing prevention plan. Six grantees reported they had recently finalized their prevention plan or were in the process of doing so; importantly, this included several grantees who engaged in a lengthy revision process in order to best identify and address the needs of their local community.

Community Coalitions and Partnerships

Historically, violence prevention efforts were incredibly siloed by topic (e.g., TDV) with separate funding streams, organizational structures, and stakeholder groups[24]. Informed by the CDC's Risk and Protective Factors framework, grantees have a better understanding of the different ways in which forms of violence are intertwined; this allows them to collaborate with other practitioners to coordinate and implement efforts across historical siloes, streamline initiatives, and scale up prevention efforts to better address all forms of violence. In congruence with best prevention practices, CR and CBPPP grantees implement, participate in, or facilitate a local coalition that incorporates DV and SA violence prevention in its goals and objectives.

526

Coalition or prevention team meetings in FY2021

Figure 3. Number of coalition or prevention team meetings in FY2021.

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[23] CDC, 2013
[24] Wilkins et al., 2018.

Each of the grantees reported on their progress engaging as part of a community coalition. Members of these coalitions represented diverse sectors and groups in their communities including local government and leadership, healthcare, nonprofit agencies, education, businesses, and tribal entities. During FY2021, grantees held a total of 526 coalition/prevention team meetings (average per site: 11, range: 3-58; please note, these values exclude one outlier site that reported 298 meetings, as it considerably skewed the results). They described some of the efforts and progress made related to their prevention team/coalition, including:

"The visionary council has been a crucial part of [our] progress this reporting period. It is made up of a circle of advisors from diverse cultural and professional backgrounds to ensure decisions, on behalf of the coalition, are made through an equitable lens. The goal of this council is to bring together leaders in our community to create opportunities where members can thrive, grow resilient communities, and

➢ Meeting regularly with workgroups and building relationships among members
➢ Establishing new leadership teams and training opportunities
➢ Using frameworks (i.e., Collective Impact Framework; Shared Risk and Protective Factors framework) to align goals, outcomes, and programming across partner agencies and track progress toward overlapping objectives
➢ Focusing coalition structure and efforts around specific prevention goals
➢ Establishing targeted workgroups to strengthen communication within the coalition and support outreach, evaluation, and resource development efforts
➢ Adapting programming for delivery in a virtual context

Grantees noted several challenges related to their coalition efforts this year, such as:

➢ A variety of impacts resulting from the ongoing COVID-19 pandemic, including reduced attendance at virtual meetings, needing to postpone coalition officer elections, and limited opportunities to engage in outreach
➢ Difficulties associated with staff turnover, including the challenges associated with position vacancies, changes in organizational capacity, and onboarding more than one staff member simultaneously
➢ Fewer opportunities to engage in collaborative prevention programming efforts with community partners

Additional Evaluation Support

Ten grantees described additional support they received from their external evaluator. This support typically involved tasks such as:

- ➢ Developing a comprehensive primary prevention plan
- ➢ Writing mission and vision statements, goals, and objectives
- ➢ Developing a logic model
- ➢ Aligning goals and objectives across different grants
- ➢ Providing technical assistance to collect, organize, analyze, and use data efficiently
- ➢ Assisting with meeting final reporting requirements

ORGANIZATIONAL CAPACITY ASSESSMENT

A second area of focus for the CR and CBPPP grantees was their efforts to build and enhance organizational capacity to implement comprehensive DV/SA primary prevention programming. Grantees reported on their progress during FY2021 across five capacity domains:

- ➢ Leadership
- ➢ Structures & Processes
- ➢ Staffing
- ➢ Partnership Development
- ➢ Resource Development

These will be reviewed in turn; a table showing the specific areas of change that were selected by grantees across the grant funding cycle, as well as their reported status at the end of their respective FY, is available in the appendix.

Leadership

The leadership domain refers to the level of support for and prioritization of primary prevention among an organization's Executive Director, senior management, and Board members. Four CR grantees reported on their efforts to improve capacity in this domain during FY2021. Notably, in prior years some grantees described ways in which it seemed their primary prevention efforts had *not* been supported and prioritized by leadership – during FY2021, no grantees reported concerns related to this.

The specific capacity changes grantees endeavored to make include the following (a full list is available in the appendix):

- ➢ Our Board members [vote] on adapting the organization's [mission statement, strategic plan, training materials, etc.] to include primary prevention
- ➢ Our organization integrates regular primary prevention agenda items into Board meetings

➢ Our organization has established ongoing training for organization leadership about primary prevention

Overall, grantees described a variety of ways in which their primary prevention efforts were supported and prioritized by their organization's leadership during FY2021. These include:

➢ Involving leadership in prevention efforts
➢ Discussing prevention efforts and information during Board meetings
➢ Engaging Board members who understand primary prevention
➢ Providing primary prevention training for Board members
➢ Offering support for prevention activities to receive additional funding

Structures and Processes

The structures and processes domain refers to the incorporation of primary prevention in the way an organization formally organizes and operates. Five CR grantees reported on their efforts to improve capacity in this domain during FY2021. The specific structures and processes capacity changes grantees made efforts to achieve include the following (a full list is available in the appendix):

➢ Our organization has revised mission/vision statements to include the goal of primary prevention of IPV
➢ Our organization has updated or created [communication items/materials] with a focus on prevention
➢ Our Organization has added a section to the organization website about prevention of IPV, TDV and SA

Grantees described several ways they incorporated primary prevention into their organizational structures and processes, such as:

➢ Integrating prevention into the organization's mission statement and description of services
➢ Including content related to IPV, TDV, SA, and/or primary prevention on the organization's website and social media platforms
➢ Incorporating primary prevention topics into presentations, meetings, and other events hosted by the organization

Staffing

The staffing domain refers to the integration of primary prevention into staff training and operations within the organization. Each of the CR grantees reported on their efforts to improve capacity in this domain during FY2021. Over the course of the year, five grantees reported staff were hired to fill a total of six positions, while staff in six positions were terminated or otherwise transitioned out. These transitions included the turnover of Prevention Coordinators for three grantees; the challenges associated with staff

turnover were noted by several grantees as impacting their ability to effectively implement prevention programming. Finally, one grantee reported engaging new volunteers in Girls on the Run and Let Me Run programming. The specific staffing capacity changes grantees worked to complete include the following (a full list is available in the appendix):

➢ Our organization has revised all organization job descriptions to include prevention activities for staff members
➢ Our organization added a staff member whose primary work is in primary prevention of IPV, TDV, and/or SA
➢ Our organization incorporates IPV, TDV, and/or SA prevention topics into regular staff meetings

Grantees described their efforts to make improvements in their staffing capacity, including:

➢ Involving students to work on prevention-oriented projects
➢ Developing outreach- and advocacy-focused positions
➢ Hiring staff members to focus on enhancing prevention efforts related to youth
➢ Providing primary prevention training to all new staff members
➢ Training prevention staff to implement varied prevention programming efforts

Resource Development

The resource development domain refers to grantees' efforts to pursue and attain funding or in-kind support for primary prevention work. Five CR grantees reported on their efforts to improve capacity in this domain during FY2021. The specific resource development capacity changes grantees endeavored to make include the following (a full list is available in the appendix):

➢ Partners provide [in-kind resources] to the organization to support primary prevention work
➢ Designate a percentage of general funds raised to support primary prevention initiatives
➢ Apply for/receive funding specifically for IPV prevention activities

Grantees reported a variety of ways in which they have worked to enhance their resource development capacity and attain support for primary prevention work, including:

➢ Pursuing funding opportunities intended to support primary prevention efforts
➢ Engaging in planning sessions to coordinate and enhance community-based prevention efforts
➢ Partnering with local and state organizations and coalitions to provide resources that directly support primary prevention activities

Partnership Development

The partnership development domain refers to the process of engaging new partners or developing existing partnerships for the purpose of building and/or supporting primary prevention work. All seven CR

grantees reported on their efforts to improve capacity in the partnership development domain during FY2021. Grantees reported establishing partnerships with a variety of community-based entities, including:

- ➤ Community leadership
- ➤ Local primary and secondary schools
- ➤ Tribes and tribal agencies
- ➤ Local university programs
- ➤ Justice department
- ➤ Law enforcement
- ➤ Youth-focused organizations
- ➤ Social service agencies
- ➤ Local hospitality businesses
- ➤ Behavioral health agencies

Grantees described their efforts to improve capacity related to partnership development, which included:

- ➤ Developing strategies to increase coalition member participation, skills, and expertise
- ➤ Collaborating with partners to strengthen prevention efforts and provide relevant education, resources, and support to the local community
- ➤ Planning events to bolster community wellness and resilience
- ➤ Increasing the number of community members involved in prevention coalitions
- ➤ Engaging in planning for post-pandemic partnership development and prevention programming opportunities

COMMON INDICATORS

Starting in 2018, CDVSA and SPS worked extensively to develop and refine a list of common indicators that would provide CDVSA with a consistent means of measuring the impact and outputs of prevention programming across grantee sites that were diverse in both their service populations and programming efforts. These common indicators also allow CDVSA and grantees to use the data for CQI, strategic planning, technical assistance, and legislative advocacy. Grantees' progress and end-year status on the current iteration of the common indicators will be reviewed at this point, followed by multi-year comparisons that review grantees' efforts on selected indicators across the four years of the grant funding cycle.

New Partnerships

Grantees reported establishing a total of 102 (average: 8.5, range: 1-38) new community agency partnerships, MOUs, or other formal or informal agreements developed for prevention efforts during FY2021. These new partners included:

- ➢ Local government offices and businesses
- ➢ Regional prevention coalitions
- ➢ School districts and educators
- ➢ Tribes and tribal organizations
- ➢ Behavioral health providers

102

New agency partnerships, MOUs, or other agreements for prevention efforts at funded sites this year.

Figure 4. Number of new agency partners in FY2021.

Compared to last year, grantees established more new partnerships overall (FY2020: 77); this is likely a reflection of grantees' efforts to maintain and strengthen existing partnerships, as well as ensure sufficient sector representation among current membership. This indicator is reviewed in greater detail in the multi-year comparisons section of this report.

Weekly Prevention Hours

Grantees reported that during FY2021, lead agency staff and coalition partners dedicated an average of 126 hours per week (range of site averages: 23-400) to DV/SA prevention programming. Across all grantees, this equated to an average of 1,509 hours – about the equivalent of 37.7 full-time positions – being contributed by lead agency staff and coalition partners every week.

Importantly, in the semi-annual reporting system, this indicator is intended to separate hours contributed by lead agency staff and coalition partners; however, not all grantees reported these values separately. For the 11 grantees who reported their hours separately, lead agency staff provided an average of 65 hours per week (range of site averages: 21-150) and coalition partners contributed an average of 36 hours per week (range of site averages: 2-163).

Equivalent full-time employees

37.7

Across all grantees and their partnering agencies, there were 37 people working on DV/SA prevention full time.

Figure 5. Full-time employee equivalent to FY2021 prevention hours reported.

Compared to last year, grantees dedicated an average of 12 additional hours per week to prevention efforts (FY2020: 114). This is notable considering the transitions and adaptations many grantees have experienced related to their planning and implementation efforts since the onset of the COVID-19 pandemic. This indicator is reviewed in greater detail in the multi-year comparisons section of this report.

Figure 6. Average weekly prevention hours in FY2021, by grantee and overall.

All but one grantee reported weekly prevention hours equating to at least one full-time employee working on DV/SA prevention every week; nearly half of grantees (42%) reported hours equivalent to over 2 full-time employees.
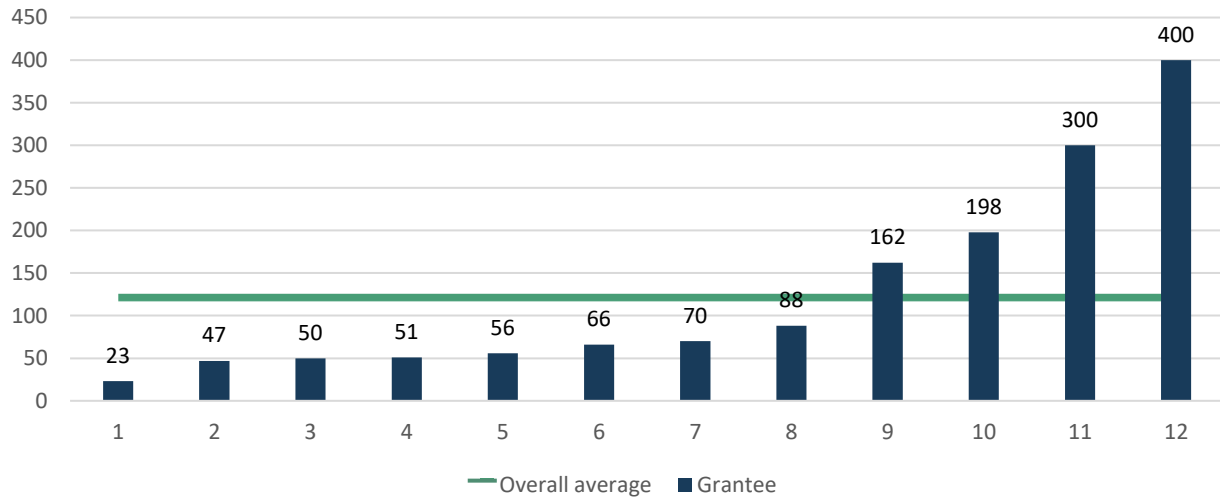
Table 1. Average, range, and FTE equivalent of weekly hours dedicated to prevention by grantees and their partnering agencies in FY2021.

Grantee	AVG # Hours/Wk	Range	FTEs
1	23	3 - 43	0.6
2	47	43 - 50	1.2
3	50	40 - 60	1.3
4	51	43 - 58	1.3
5	56	55 - 57	1.4
6	66	66	1.7
7	70	70	1.8
8	88	64 - 112	2.2
9	162	158 - 165	4
10	198	105 - 290	4.9
11	300	171 - 430	7.5
12	400	400	10

Equity

In order to address underlying conditions and systems of inequity that create and perpetuate violence, prevention efforts can be strengthened through the promotion and advancement of equity, inclusion, and related concepts. During FY2021, grantees reported that on average, about 74% (range of averages: 20-100%) of their presentations or other community-based prevention activities included a conversation on equity and/or inclusion. Compared to previous years, grantees reported a slightly lower percentage (FY2019: 75%; FY2020: 79%) of activities that included a conversation on equity and/or inclusion. Given that many grantees indicated that most or all their prevention programming includes an equity lens or explicit discussion about equity and inclusion, the reported rates may in part be reflecting difficulties associated with effectively collecting or tracking data for this indicator.

Domestic Violence/Sexual Assault Training

Eleven grantees reported that during FY2021, 4,372 community members were exposed to a DV/SA training facilitated by grantees or their partnering agencies (total per community range: 10-1,209; please note, these values are cumulative and do not necessarily represent unique individuals engaged in training activities). The participants included students, direct service providers, community partners, and general members of the local community. One grantee reported they were not tracking this indicator's information.

Overall, fewer people were exposed to DV/SA trainings in FY2021, compared to FY2020.
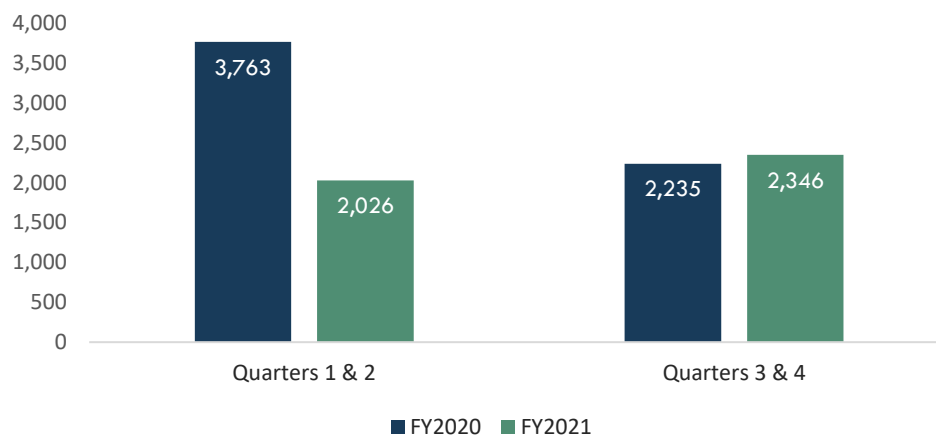
Figure 7. Number of people exposed to DV/SA trainings, by semi-annual period, in FY2020 and FY2021.

Compared to last year, fewer community members (FY2020: 6,001) were exposed to DV/SA trainings facilitated by grantees or their partnering agencies, a decrease of about 27%. Grantees described both successes and challenges in offering DV/SA trainings amid the direct and indirect impacts of the ongoing COVID-19 pandemic. With the transition to a predominantly virtual format, some grantees reported strong engagement by community members, while others had difficulty maintaining consistent participation.

Others noted they were unable to offer community trainings during the reporting period, which for some was due to local schools' transition to remote learning and other community-based mitigation strategies. This indicator is reviewed in greater detail in the multi-year comparisons section of this report.

Awareness

Seven grantees reported during FY2021 that an average of 81% (range of site averages: 52-100%) of people who attended a training demonstrated or reported an improvement in their awareness of and access to community resources related to DV/SA. Five grantees reported this information was not being collected as part of their prevention activities. Compared to previous years, grantees reported a slightly higher average percentage (FY2019: 72%, FY2020: 79%) of individuals who increased their awareness of and access to community resources related to DV/SA.

Bystander Training

Five grantees reported a total of 755 people were trained in any bystander program (e.g., Green Dot; please note, these values are cumulative and do not necessarily represent unique individuals engaged in bystander training) during FY2021. This included 128 community members (reported by four grantees; average per site: 17, range: 8-37), 620 high school students (four grantees; average: 200, range: 32-290), and 4 university students, staff, or faculty (one grantee). Partners' programming reportedly reached an additional 3 people over the course of the year (one grantee). During FY2021, the percentage of people who attended a bystander training and described having initiated follow-up conversations with peers, colleagues, family and/or friends, or participated in other active efforts, was not reported on by any grantees, with most noting they did not collect this information.

Compared to last year, grantees reported considerably fewer people (FY2019: 1,322; FY2020: 2,654) were trained in any bystander program. Several grantees attributed this change to COVID-19 related impacts, such as the need to adapt programs to virtual platforms and their inability to facilitate bystander trainings with youth, typically engaged in school settings, due to districts' transition to remote learning during the pandemic. This indicator is reviewed in greater detail in the multi-year comparisons section of this report.

Social Emotional Learning in Public Schools

By the end of FY2021, 10 grantees reported that a total of 167 public schools in their service areas were implementing elements of social-emotional learning (SEL; e.g., empathy, goal-setting, social engagement, problem-solving, appreciating diversity and culture, identifying emotions, self-confidence, self-efficacy) curricula in their classrooms. This included 100 elementary schools, 30 middle schools, and 37 high schools; there was minimal change in the number of schools reported across the different quarters. Compared to FY2019 and FY2020, more public schools in grantee communities (FY2019: 128; FY2020: 142) were reported to be implementing SEL curricula. This likely reflects an increase in interest, availability, and adoption of SEL materials, as well as increased partnerships with local school districts.

Six of the grantees provided feedback related to the number of public schools in their service area that were implementing elements of SEL-based curricula. Three grantees reported that each of the schools in their community were implementing SEL-based curricula. Two grantees described specific strategies or programs, such as 4th R, Great Body Shop, and Sources of Strength, that were being planned or implemented. Two of the six grantees reported the implementation of SEL curricula by schools in their area had been impacted by the pandemic.

Youth Engagement

Grantees reported that during FY2021, a total of 7,597 youths (range: 4-2,991; please note, these values are cumulative and do not necessarily represent the number of unique individuals who engaged in youth programming) participated in prevention activities, such as attending a prevention-focused presentation (4,097 youths in 120 communities, range: 2-1,716), serving as a peer mentor (135 youths in 3 communities, range: 3-122), participating in specific prevention activities or strategies (e.g., Girls on the Run, LeadOn!; 3,235 youths in 9 communities, range: 4-2,931), engaging as a youth member on a coalition (53 youths in 5 communities, range: 1-15), or taking part in other prevention planning and implementation efforts (77 youths in 7 communities, range: 1-15).

Compared to last year, grantees reported notably fewer youths engaged in prevention activities (FY2020: 9,659). Importantly, many grantees' prevention efforts for youth are school-based; several grantees noted the impact of ongoing school closures and districts' transition to remote learning as a result of the COVID-19 pandemic on their opportunities for youth engagement. This indicator is reviewed in greater detail in the multi-year comparisons section of this report.

Around 7,500 youths participated in primary prevention programming.	
Grantee	**# Youths Engaged**
1	4
2	4
3	31
4	156
5	185
6	189
7	245
8	247
9	455
10	636
11	2,454
12	2,991

Table 2. Number of youths engaged in prevention activities during FY2021, by grantee.

Four grantees reported an average of 54% of youths (range of site averages: 5-72%) described feeling like they belong in their community. Importantly, some grantees indicated using a variety of measures (i.e., Girls on the Run survey, Boys Run survey, School Climate and Connectedness survey, Sitka Youth Leadership Committee post-survey) to indirectly evaluate youths' feelings of belongingness. Several grantees reported difficulty assessing this information due to the ongoing impacts of the COVID-19 pandemic.

Compared to previous years, this number reflects a substantial decrease in the number of youths who described feeling as though they belong in their community (FY2019: 83%; FY2020: 85%). This may reflect changes associated with the COVID-19 pandemic and subsequent limitations on opportunities for community engagement amid ongoing mitigation strategies. It may also be indicative of difficulties with accurately and effectively gathering and tracking this data. As this represents a notable protective factor for youth, it may be an area future grantees consider targeting and collecting data for specifically.

ADDITIONAL FEEDBACK

Grantees shared some of their additional thoughts related to implementation processes, collaborations, successes, and challenges, including:

> Nearly all grantees indicated the ongoing pandemic had an impact on programming, prompting changes in whether and how programming was prioritized and implemented. Several grantees described the ongoing challenge of engaging participants via virtual platforms, particularly amid the "virtual burnout" many are experiencing at this point in the pandemic. One grantee stated the sense of uncertainty related to the pandemic has made it difficult to move forward with planning efforts for programming and implementation. Other grantees described positive impacts, noting some programs experienced very successful transitions to virtual formats, reaching more community members than in-person events historically have and providing an ongoing opportunity for grantees to stay connected within their communities. One grantee reported using the increased virtual engagement as an opportunity to begin building an online archive of webinars and informational material related to violence, violence prevention, and equity topics. Another indicated they successfully hosted a virtual "prom" event, during which younger high school students were able to dress up and play online group games. Several grantees remarked favorably that their use of and engagement through social media platforms had increased substantially since the onset of the pandemic.

"Existing prevention staff are over capacity as they juggle too much in order to deliver high quality effective programming, carry out evaluation measures, adapt programs to be virtual during COVID, while continuing to build capacity for prevention at an organizational and community level."

> Another experience shared by several grantees was related to the turnover and transition of prevention staff. Grantees described challenges related to position vacancies, including a perceived decrease in prevention programming participation, loss of data during the transition in staff members, limited ability to progress forward with prevention efforts, and the difficulties

associated with virtually onboarding multiple staff simultaneously. Other grantees described positive experiences related to staff transitions, such as an increase in organizational capacity resulting from having a fully staffed prevention team and the development of new areas of focus after bringing on staff members with particular areas of expertise.

➢ One grantee reported seeing long-term positive impacts of youth programming; specifically, that youth previously involved in school-based programming were more often seeking support for themselves and friends after graduating.

➢ One grantee indicated focusing on developing avenues by which coalition members can share their expertise and resources with one another to strengthen the coalition and support the development of new skills for its members.

➢ Several grantees reported successes related to programming, including in-person implementation of Girls on the Run while following COVID-19 mitigation protocols; development and implementation of an adapted, gender-inclusive, virtual version of the Boys Run curriculum; a resilience/protective factors affirmations messaging campaign that emerged as a pivot from a previously planned ACEs (i.e., risk factor-focused) campaign; and having the staff capacity to host a full month of programming during Domestic Violence Awareness Month for the first time.

➢ No grantees reported having a grievance or other formal complaint filed against them.

Grantees also shared feedback related to their questions and concerns regarding resources, implementation, programming, reporting, and evaluation, which included:

➢ One grantee expressed needing to develop effective evaluation tools that gather information about unmet community needs and help to improve prevention programming

➢ One grantee reported concerns related to not meeting grant requirements due to COVID-related programmatic changes

➢ One grantee described challenges related to changes in leadership and administration in school settings, as key partners have transitioned out of those roles

➢ Two grantees indicated a need for strategies to more effectively track and report outcomes, including through staff transitions and in ways that meet the needs of different grant reporting requirements

➢ One grantee shared experiencing challenges related to prioritizing prevention efforts amid staff turnover and position vacancies

Finally, grantees described some of their needs or suggestions for technical assistance topics or areas for discussion during monthly statewide prevention calls, such as:

➢ Advocating for prevention needs within an agency or board

➢ Effective prevention training for non-prevention staff

➢ Evaluation tool development and strategies for tracking data required for reporting purposes

➢ Cybersecurity for nonprofits, including safe software options for youth to connect virtually
➢ Building organizational capacity for prevention, including retaining prevention staff, maintaining forward momentum with programming, engaging volunteers, and sustaining a volunteer base
➢ Community coalition best practices, including strategies for increasing member engagement
➢ Funding opportunities for media outreach campaigns
➢ Strategies for effective social media outreach

Two grantees provided additional feedback related to the ways in which technical assistance and other training is provided. Specifically, one grantee reported they found engaging in dialogue with other grantees about what has and has not worked for prevention in their respective communities to be very helpful for planning and implementation efforts. Another shared that the virtual format of this year's Prevention Summit allowed more of their prevention team's staff to attend, which contributed to an increased capacity for implementation within the organization.

PREVENTION STRATEGIES

A final area in which the CR and CBPPP grantees have dedicated a great deal of time and effort is the realm of specific prevention strategies. Eleven grantees reported implementing a total of 26 unique primary prevention strategies (average per grantee: 2.6, range: 1-8), with a total of 36 strategies implemented across all the sites.

	Girls on the Run	Youth Engagement[24]	Parent Engagement[25]	Green Dot	Male Engagement[26]	Community Engagement[27]	# OF STRATEGIES PER SITE
Abused Women's Aid in Crisis (AWAIC) – Anchorage		2	2				**4**
Advocates for Victims of Violence (AVV) – Valdez							**0**
Aiding Women in Abuse and Rape Emergencies (AWARE) – Juneau	1	2			1	1	**5**
Cordova Family Resource Center (CFRC) – Cordova	1	1					**2**
The Interior Alaska Center for Non-Violent Living (IAC) – Fairbanks	1	3		1	1	2	**8**
The LeeShore Center (LSC) – Kenai				1			**1**
Safe and Fear Free Environment (SAFE) – Dillingham							**0**
Sitkans Against Family Violence (SAFV) – Sitka		2					**2**
Tundra Women's Coalition (TWC) – Bethel		1					**1**
South Peninsula Haven House (SPHH) – Homer / Kenai Peninsula	1			1			**2**
Women in Safe Homes (WISH) – Ketchikan		6		1		1	**8**
Working Against Violence for Everyone (WAVE) – Petersburg	1	1					**2**
TOTAL # OF SITES IMPLEMENTING STRATEGY/IES	**5**	**8**	**1**	**4**	**2**	**3**	

Grantees reported that over 6,200 Alaskans were engaged with these prevention strategies, including more than 4,600 youth (please note, these values are cumulative and do not necessarily represent the number of unique individuals who were engaged). Two strategies were implemented by more than one grantee and will be reviewed in greater detail; these are:

➢ Girls on the Run
➢ Green Dot

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[24] **Youth Engagement** strategies: Safe Dates, Live Respect, Heart & Sole, Believe It Or Not I Care (B.I.O.N.I.C.), Sitka Youth Leadership Committee (SYLC), Boys Run, Sources of Strength, Coaching Boys into Men, Healthy Relationships, Teens Acting Against Violence, Alaska Safe Children's Act, Ketchikan Youth Alliance, Ketchikan Youth Peer Educators, High School Bystander Intervention, Let Me Run, ROCK Juneau

[25] **Parent Engagement** strategies: Communication Skills for Parents, Darkness to Light,

[26] **Male Engagement** strategies: Passport to Manhood

[27] **Community Engagement** strategies: Equity Toolkit and Community Conversations, Awareness Month activities, Community outreach, Safe Bars

Girls on the Run (GOTR) is an empowerment program for 3rd-8th grade girls. The program combines training for a 5k running event with healthy living and self-esteem enhancing curricula. GOTR instills confidence and self-respect through physical training, health education, life skills development, and mentoring relationships. The 10 week/20 lesson afterschool program combines life lessons, discussions, and running games in a fun, encouraging, girl-positive environment where girls learn to identify and communicate feelings, improve body image, and resist pressure to conform to traditional gender stereotypes.

During FY2021, five grantees reported implementing Girls on the Run. Grantees and their community partners had about 186 meetings and facilitated 193 activities to plan and implement this strategy. A total of 53 youth (age 5-11) and 42 adults were engaged over the course of FY2021.

Importantly, due to the ongoing impacts of the COVID-19 pandemic, several sites made substantial adaptations to the original GOTR programming. Most often, this meant transitioning the GOTR lessons to a primarily or exclusively virtual platform. One site cancelled their GOTR program for the season, choosing not to adapt GOTR as they were also offering a similar, gender-inclusive program virtually. Some feedback was collected from girls, parents, and coaches who participated in GOTR during FY2021. Sites reported difficulty gathering this feedback, noting post-season surveys administered online tended to have a lower response rate than those administered in person (i.e., pre-COVID). Three sites shared informal feedback they received, which was positive:

- o "Thank you for all you all are doing to help the girl out and helping them to believe all that they can do." – GOTR Parent

- o "I learned about other ways to be positive." – GOTR Participant

- o "Thank you all so much for working hard to make this program happen this year despite all of the many challenges. It's been great for [my daughter]." – GOTR Parent

Green Dot Alaska (GDAK) is a nationally recognized bystander intervention program with the goal of preparing organizations or communities to take steps to reduce power-based personal violence, including sexual violence and domestic violence. The "green dot" refers to any behavior, choice, word, or attitude that promotes safety for everyone and communicates intolerance for violence.

During FY2021, four grantees reported implementing Green Dot. Four grantees and their community partners had 69 meetings and facilitated 28 activities to plan and implement this strategy. A total of 175 youth and 124 adults were engaged in this strategy during FY2021. Much of grantees' feedback related to this strategy described the impact COVID-19 on Green Dot programming efforts, including challenges associated with maintaining participant engagement in a virtual setting, as well as the limits on their ability to engage youth due to being unable to do so within the school setting. Other sites reported notable

successes with their Green Dot programming during FY2021. Two sites described planning for a community "relaunch" of Green Dot programming, with the intention of re-engaging individuals previously involved in Green Dot, as well as encouraging others to become involved. Individuals who participated in Green Dot during FY2021 shared some of their thoughts related to their experience with the program. The feedback that was shared was generally positive and included comments such as:

- o "I got more confidence to help and stand up for people." – Green Dot Participant
- o "I enjoyed the activities and the information was perfectly relayed." – Green Dot Participant

Protective & Risk Factors

Grantees indicated which protective/risk factors they were attending to through implementation of various prevention strategies. The five most frequently endorsed factors – in other words, a substantial portion of the current prevention programming being undertaken by grantees is intended to address these factors – were:

- ➢ Unhealthy family relationships and interactions
- ➢ Gender equity
- ➢ Youth violence
- ➢ Belief in strict gender roles
- ➢ Sexual Violence

Conversely, the five least frequently endorsed factors – those less often or not at all a target of grantees' current prevention efforts – were:

- ➢ Substance use or abuse
- ➢ Child abuse
- ➢ Academic achievement
- ➢ Reproductive health
- ➢ Poverty (no strategies targeted this risk factor)

The most and least frequently endorsed items are virtually identical to those reported during FYs 2019 and 2020, suggesting that grantees continue to make efforts to ground their violence prevention programming efforts in relevant protective/risk factors, consistent with use of the Shared Risk and Protective Factors framework. There continue to be some inconsistencies in how protective/risk factors are reported; specifically, in some cases, the same grantee reporting on the same strategy selected slightly different factors than during the previous reporting period. However, these are unlikely to have significantly impacted the findings for this section.

Social Ecology

As described previously, the social ecology helps to identify and understand the complex relationships between an individual, their interpersonal relationships, the local communities and groups of which they are a part, and the larger societal factors that influence their life. It also serves as a planning tool to identify where prevention efforts exist and are needed. The CBPPP grantees, in particular, made efforts to improve the comprehensiveness of their prevention programming and reviewing their reach across the social ecology is one way to evaluate this.

Of grantees' reported strategies across both reporting periods during FY2021, 98% of those strategies attended to both the individual and relationship levels of the social ecology. Grantees reported that 96% of strategies focused on the community level, which is a substantial increase from FY2020 (74%). The societal level continued to be attended to by the fewer number of strategies (62%); however, this too is a significant increase from the number of strategies targeting the outermost level of the social ecology in FY2020 (38%). Continuing to offer additional, targeted support to grantees as they consider strategies that focus on the outer levels of the social ecology is likely to have a positive impact on their ability to develop and expand their prevention capacity and comprehensiveness. This, in turn, has positive implications for prevention programming efforts statewide.

Multi-Year Comparisons

The following section transitions from FY2021-specific findings to a review of grantees' efforts in selected domains, including organizational capacity and several of the common indicators, over the course of the funding cycle (FY2018-FY2021). This will allow for a consideration of how prevention work is changing over time in Alaska because of the CR and CBPPP grants, including a review of those factors that may be influencing the findings.

ORGANIZATIONAL CAPACITY

Overall, grantees most frequently endorsed efforts to build and strengthen organizational capacity for prevention work related to resource development, followed by structures and processes, leadership, and staffing. A full table illustrating capacity domain items' selection and completion status at the end of their respective FY, as reported by grantees on their quarterly and semi-annual reports, is available in the appendix. The most frequently selected capacity development items, ordered by domain, were:

- ➢ Resource development: E1 - Apply for/receive funding specifically for IPV prevention activities (selected by 6 grantees)
- ➢ Resource development: E2 - Partners provide [in-kind resources] to the organization to support primary prevention work (selected by 6 grantees)
- ➢ Structures and processes: B1 - Our organization has revised mission/vision statements to include the goal of primary prevention of IPV (selected by 4 grantees)
- ➢ Structures and processes: B4 - Our organization has added a section to the organization website about prevention of IPV, TDV and SA (selected by 5 grantees)
- ➢ Leadership: A1 - Our Board members [vote] on adapting the organization's [mission statement, strategic plan, training materials, etc.] to include primary prevention (selected by 5 grantees)
- ➢ Leadership: A2 - Our Organization integrates regular primary prevention agenda items into Board meetings (selected by 5 grantees)
- ➢ Staffing: C8 - Our Organization added a staff member whose primary work is in primary prevention of IPV, TDV and/or SA (selected by 6 grantees)

Most grantees had at least one item they selected for capacity development efforts each year of the grant funding cycle. Notably, there did seem to be a relationship between the number of years an item was selected and rates of completion for that item. Specifically, those items that were selected for capacity development efforts for a single year tended to have the lowest completion rates (64%), those selected for two years saw somewhat higher completion rates (74%), and those selected for three or four years had the highest rates of completion (85% and 86%, respectively). This highlights the ongoing nature of capacity development for prevention efforts, and grantees may benefit from specific encouragement to select capacity development areas that can be targeted consistently over the course of the funding cycle, in addition to specific items that would be addressed during a given year.

Reviewing the number of capacity domain items selected by year, the greatest number of specific items selected occurred during FY2019, the second year of the funding cycle. During the final two years of the grant, the number of items selected decreased. It is likely that this reflects not only the onset of the COVID-19 pandemic and subsequent impacts on organizational capacity for prevention, but also grantees' prioritization of and efforts to maintain and strengthen their existing capacity during this challenging time for community-based work.

COMMON INDICATORS

Selected common indicators will be reviewed in terms of changes noted over the course of the CR and CBPPP grants, from FYs 2018-2021. Potential emerging trends, contextual factors influencing the

Item completion by number of years it was selected.
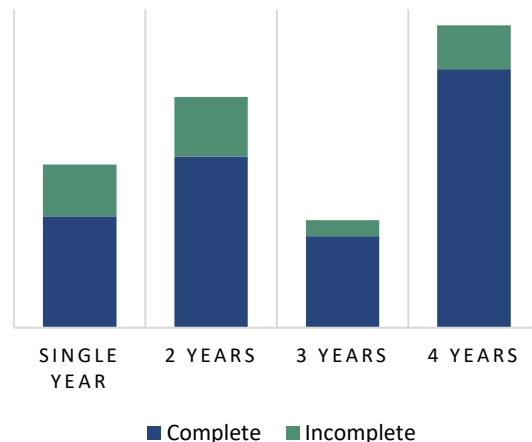

Complete ■ Incomplete

Figure 8. CR organizational capacity developments achieved by number of years selected.

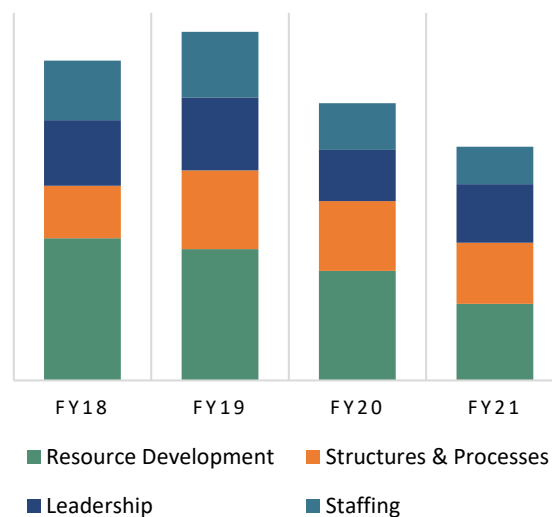### Grantees worked to enhance organizational capacity every year, most efforts in FY19.

■ Resource Development ■ Structures & Processes
■ Leadership ■ Staffing

Figure 9. Organizational capacity domains selected by year.

findings, and considerations for future cohorts will be considered as appropriate. Importantly, grantees' use of the online reporting system as it currently exists was initiated during the second quarter of FY2018; as such, it is likely that the FY2018 values slightly underestimate grantees' true efforts, and findings should be reviewed with this in mind.

New Partnerships

Grantees reported over 370 partnerships, formal and informal, generated over the funding period to support DV/SA primary prevention programming throughout Alaska. Across each year of the funding cycle, grantees endeavored to establish new partnerships within diverse community sectors, as well as maintain and strengthen existing partnerships. Engaging in coalitions, establishing formal MOUs, and involving local businesses and community leaders in programming are a few of the ways in which grantees strived to further prevention efforts taking place in the community. Reviewing the number of new partnerships established over time, a nearly 30% decrease is noted to have taken place between FY2019 and FY2020. Considering that this change was not sustained into FY2021, it is likely related to the impacts

Grantees steadily increased community and agency partnerships every year funded.

Figure 10. New partnerships by FY.

of the COVID-19 pandemic and resultant pivots in grantees' prevention efforts and may also indicate a shift toward maintenance of existing partnerships, rather than establishing new ones, during that time.
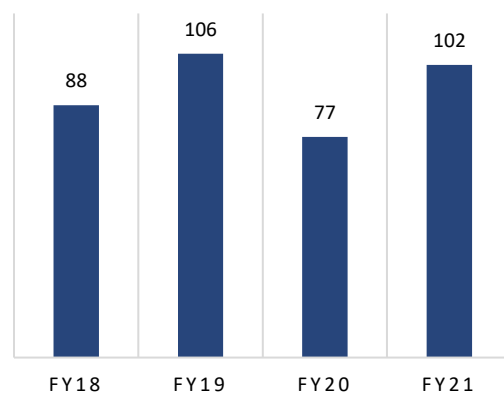
Weekly Prevention Hours

Over the course of the past four years, the efforts of grantees and their partners have contributed to the dedication of more than 20,000 hours to the primary prevention of violence in their communities. The average number of hours spent per week, per site on prevention work and number of full-time positions needed to provide those hours across all sites increased by 35% and 39%, respectively, over the duration of the grant funding cycle. Notably, the amount of time grantees and their partner organizations spent on prevention efforts is one of few indicators for which maintenance or an increase was noted

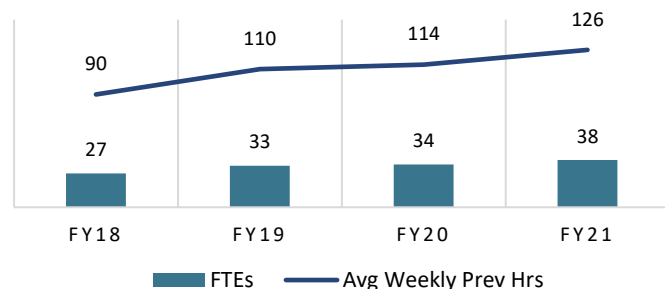**Avg. weekly prevention hours increased every year funded.**

FTEs ■   Avg Weekly Prev Hrs ▬

Figure 11. Avg. weekly prevention hours per site and number of full-time employee equivalent.

across the four years, despite the onset and continuation of the COVID-19 pandemic. As implementation of specific strategies was drastically reduced during this time, it is likely that this continued upward trend reflects the collaborative efforts and time spent by grantees and their partners to adapt and mobilize prevention efforts to meet the current and changing needs of their communities, during a time of significant transition and uncertainty.

Domestic Violence/Sexual Assault Training

A primary avenue through which grantees have engaged community members in prevention efforts over the last four years has been through the provision of various awareness-building activities, informative sessions, and other trainings related to domestic violence, sexual assault, and violence prevention. The number of participants in such educational activities has varied somewhat widely from year to year. During FY2019, nearly two times as many individuals participated in DV/SA trainings as in the previous year; however, it is also important to note that a single grantee reported having engaged over half of the total number of participants during one quarter – six to ten times the number of participants than they had engaged during previous quarters. While accurate in terms of the number of community members reached, it is likely that the particular strategy being reported on is more indicative of an anomalous year, rather than part of an overall trend. To illustrate, using the average number of participants engaged by this grantee for the other quarters in place of the reported outlier value brings FY2019's total to 6,235 (the value indicated by

Nearly 5,000 community members received DV/SA trainings each year.
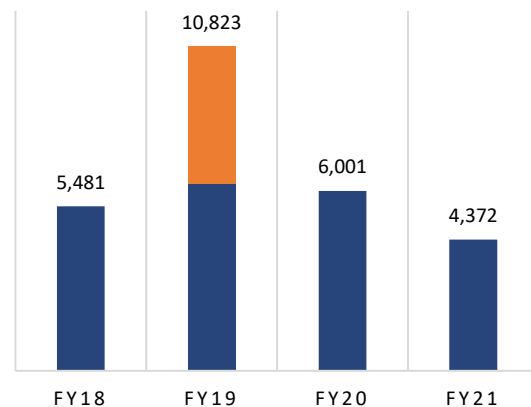
Figure 12. Number of people engaged in DV/SA training by FY.

the darker section of FY19's chart data), which is more consistent with the number of participants engaged during the surrounding years. Considering other factors that may be contributing to the findings in this domain, it is one noted by multiple grantees to have been substantially affected by the onset and continuing impacts of the COVID-19 pandemic, including community mitigation protocols that resulted in grantees' inability to facilitate in-person prevention strategies, and the efforts required to adapt and transition programming for virtual delivery.

Bystander Training

An additional strategy utilized by several grantees over the course of the grant funding cycle was that of bystander training – providing education and skills training to support and empower youth and adults to intervene in situations to prevent violence. The most frequently utilized strategy among grantees in this domain was Green Dot, a nationally recognized bystander intervention training program. The number of individuals reached by such efforts, like the DV/SA trainings described previously, varied somewhat substantially from year to year. The greatest number of participants was engaged during FY2020; notably, grantees began reporting on bystander training opportunities facilitated by partners in FY2020, which accounts for much of the substantial increase in participants from the year prior. Importantly, just over 10% of all FY2020 participants were engaged in training during the fourth quarter of that year, which likely reflects the onset of the COVID-19 pandemic; this is further indicated by the significant decrease in participants during FY2021. Several grantees reported engaging in adaptation efforts to prepare their bystander programming for a transition to virtual delivery in response to the numerous impacts of COVID-19 on prevention efforts across the state. It is likely that as grantees' use of alternative means of engaging participants (i.e., virtual delivery) becomes better established, and the influence of the pandemic on day-to-day life recedes, community participation in bystander training will increase.

Grantee delivered bystander trainings every year, with the greatest participation during FY20.

Legend: Community | High School | University | Partners

Data:
- FY18: Community 525, High School 200, University 30
- FY19: Community 492, High School 476, University 350
- FY20: Community 950, High School 788, Partners 884
- FY21: Community 128, High School 620, University 4, Partners 3

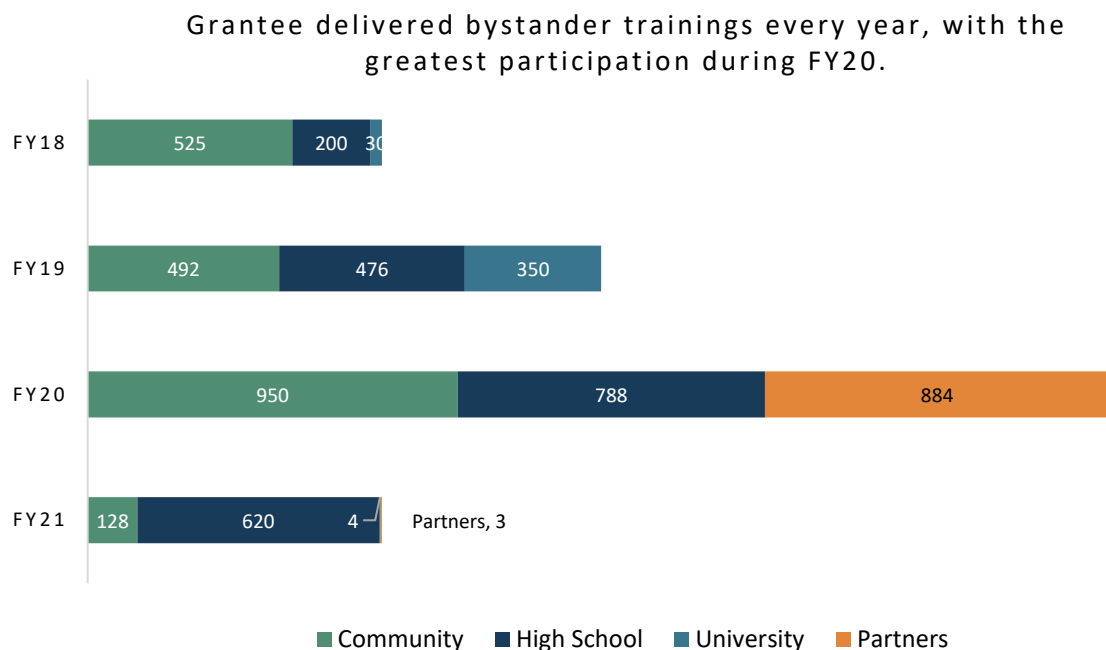**Figure 13. Number of people engaged in bystander trainings by FY.**

Youth Engagement

Grantees additionally endeavored to provide opportunities designed specifically for youth to become engaged in primary prevention efforts throughout their involvement in the CR and CBPPP grants. Youth involvement in grantees' prevention efforts took many forms, such as attending a school assembly or class presentation focused on prevention, serving as a peer mentor, being interviewed by local radio stations about healthy relationships, and engaging in specific prevention strategies for youth (e.g., Girls on the Run, Sources of Strength). Grantees first began reporting the number of youths engaged in programming efforts in FY2019; this was further refined in FY2020 and grantees were asked to also report how these youth were involved in programming. Overall, the

Youth engaged in prevention efforts each year, with greatest participation in FY19.

Figure 14. Number of youths engaged in prevention efforts by FY.

number of youths engaged in prevention programming efforts seems to have decreased by over 40% between FYs 2019 and 2021; however, it is important to note a few factors likely influencing these findings.

First, the current iteration of the data reporting structure is anticipated to inflate the number of youths engaged somewhat. For example, in FY2020, two grantees reported the same number of participants in more than one category – this alone increased the number of youths involved in prevention programming that year by 35% (the value indicated by the darker section of FY20's chart data represents the number of youths engaged in prevention efforts excluding these duplicate values). Another challenge is noted with including the potential reach of large-scale prevention efforts, such as PSAs delivered over the radio or other messaging campaigns, in combination with other types of youth engagement. While these do reflect the number of youths who may have been reached by prevention messaging, they also exert a notable impact on the overall findings in this section. Specifically, in FY2019, 30-50% of the youth involved in prevention efforts were engaged through these types of efforts, and as many as 60% of youth were reached in this way during FY2021. Should this indicator continue to be used for future cohorts, it may be worthwhile to consider tracking separately the reach of messaging campaigns and similar large-scale efforts to increase the overall validity of these findings. Finally, as with most of the other indicators, the onset and continuing impacts of the COVID-19 pandemic exerted a substantial impact on grantees' ability to engage youth in prevention. A significant portion of most grantees' efforts typically takes place within school settings; school closures and districts' transition to remote learning in response to the pandemic contributed to diminished opportunities for youth involvement in programming and outreach.
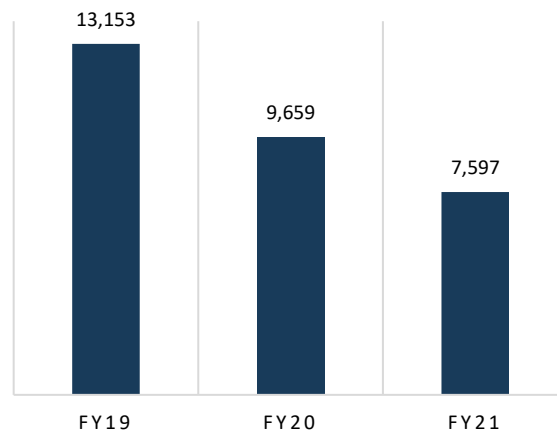
Staffing Transitions

A final element influencing grantees' work to plan and implement violence prevention programming over the last four years is that of the ongoing challenges associated with the turnover of prevention staff. These transitions are often unexpected and can be disruptive, exerting significant impacts on grantees' capacity for prevention planning, implementation, and evaluation efforts. Multiple grantees were faced with hiring and training new Prevention Coordinators – a position that, for most grantees, serves a critical role on their prevention team, helps to strengthen organizational capacity for prevention, and ensures prevention efforts are moving forward in a strategic and cohesive manner.

Some grantees described ways in which staff turnover has presented opportunities for their organization. One noted they had, "hired and trained a new Prevention Coordinator… who has reconvened and reinvigorated the coalition to turn towards the current context and reevaluate the most feasible prevention activities and implementation plan for [next fiscal year]." Others described an improved ability to engage in outreach and other efforts as a result of new employees' expertise. However, more often than not, grantees expressed concerns related to the negative impact of staff turnover on their prevention work. These concerns were generally focused on perceived losses in capacity for implementation and evaluation, engaging partners in programming, and maintaining relationships with other agencies. Other grantees also noted a decreased ability to focus on and make progress toward achieving prevention-related goals and objectives. The loss of institutional knowledge, evaluation data, and other information that occurred during staff transitions was also noted as a challenge by some grantees.

More than half of grantees experienced the turnover of at least one prevention position each funded year.

Number of reported transitions
(Note: grantees who referenced staff turnover but did not detail the transitions were counted as 1)
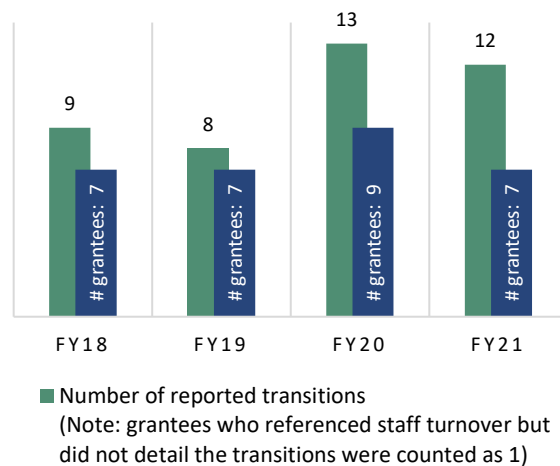
Figure 15. Number of grantee sites reporting staff turnover and the number of transitions, by FY.

"Turnover significantly impacts the timeline in which goals are met… on average, it takes one year for the prevention coordinator to be fully onboarded… with the new coordinators needing to familiarize with the CDC's public health approach to violence prevention, receive training in facilitation to meet essential job requirements, and provide deliverables from the previous reporting period when [the] position [was] unfilled."

MULTI-YEAR COMPARISONS

Given the importance of staff retention in maintaining organizational capacity for prevention efforts, it is likely that the regular turnover of prevention staff is contributing to a decreased ability to make forward progress with implementing comprehensive prevention programming across the state. It is likely that supporting grantees (i.e., through technical assistance or similar targeted means) to select and retain qualified individuals, as well as develop strategies to more effectively weather the challenges associated with staff turnover, will have a significant positive impact on grantees' capacity for prevention over time.

Recommendations

The following recommendations are based on the analysis of available information and relevant contextual information. These recommendations are aimed at strengthening technical assistance delivery, execution and documentation of grant requirements and activities, and to further enhance and advocate for statewide DV/SA primary prevention efforts.

1. **Identify opportunities for coordination.** Foster meaningful relationships with other statewide initiatives surrounding violence prevention and risk and protective factors work. Identify key overlaps in efforts among state agencies with a similar focus.

2. **Engage in strategic planning with other statewide violence prevention efforts and promote use of the shared risk and protective factor approach.** Identify and prioritize common risk and protective factors and leverage points for coordination to achieve impact on multiple outcomes related to violence prevention.

3. **Promote best practices for effective primary prevention.** Continue to educate practitioners and support the evaluation of grantees' implementation of evidence-based practices and programs. Effective primary prevention programming is comprehensive, appropriately timed, of sufficient dose, administered by well-trained staff, socio-culturally relevant, theory-driven, and utilizes varied teaching methods.

4. **Provide additional support to navigate COVID-19 related transitions in programming.** Offer grantees opportunities to connect with each other to discuss programmatic changes being implemented in response to the ongoing impacts of the COVID-19 pandemic. Provide additional TA as needed to ensure grantees feel confident and supported in their ability to meet grant requirements while adapting their efforts.

5. **Promote increased comprehensiveness of programming that includes the outer levels of the social ecology**. Provide additional guidance to grantees on building the comprehensiveness of their programming, expand messaging efforts, and implement activities that engage the broader community and society (e.g., promote equitable structures and processes; civil and criminal law reform).

6. **Support ongoing capacity development efforts to deliver high-quality implementation of prevention programming.** To sustain significant local buy-in to prevention initiatives, continue to fund primary prevention programming and support grantees in reducing barriers in organizational environments by promoting organizational norms supportive of prevention, and engaging and training organizational leadership about the benefits of prevention, policies, and resources.

7. **Promote robust monitoring, record keeping, and documentation of primary prevention efforts.** Consider providing an example of an 'exemplar' quarterly/semi-annual report submission.

Integrate a training on completing the CDVSA quarterly/semi-annual report as part of the onboarding for new prevention coordinators and/or an annual technical assistance activity.

8. **Review quarterly/semi-annual reporting requirements.** Consider using grantee feedback to review and update how organizational capacity development efforts and progress related to the common indicators are being tracked and evaluated. Provide examples of relevant strategies or customizable tools for data collection in domains required by the grant.

APPENDIX

Appendix

- ➤ Grantees' end year status on selected capacity domain items, FY2018-FY2021

APPENDIX

Grantees' end-year status on selected capacity domain items, FYs 2018-2021[1]

Grantee	Leadership						Structures and Processes										Staffing														Resource Development			
	A1. Adapt mission statement, strategic plan, etc.	A2. Integrate prevention agenda board meetings	A3. Integrate prevention agenda board retreats	A4. Board member prevention experience	A5. Established ongoing training for leadership	A6. Integrated in Executive Director orientation	B1. Revised mission/vision statements	B2. Updated or created materials with a focus	B3. Prevention in legislation/advocacy talking points	B4. Add website about prevention	B5. Newsletter section on prevention	B7. Utilizes theory/data to inform prevention	B8. Utilizes data to inform prevention priority areas	B9. Incorporates prevention in strategic plan	B10. Add prevention resources to library	B11. Prevention check in	C1. Form a staff team or workgroup	C2. Focus to work group or planning group	C3. Goals within staff individual development plans	C4. Incorporates prevention topics into staff meetings	C5. Revised standard staff training materials	C6. Staff primary prevention trainings	C7. Added prevention to staff training materials	C8. Added prevention staff member	C9. Revised volunteer positions	C10. Revised job descriptions	C11. Revised staff positions to include prevention	C12. Primary prevention in staff orientation	C13. Staff to receive prevention training/TA	C14. Increased staff access to research	E1. Apply/receive funding IPV prevention	E2. Partners provide in-kind resources	E3. % of funds raised support prevention	E4. Priority for board development
Anchorage	AB	a			a						a						AB	a		Abcd		b		aC							ac	ac		
Bethel	D			D	D		ABCD	aBCD		ABCD									AB			ABCD									A			
Dillingham	BC	Bc		BC			CD	Bc	BD	BCD		bCd		B	b		AbCd	B		B	cd		b	ABCD	d		c	b			ABCd	ABCD	B	
Kenai										ABCD	ABCD					ACD								ABCD	ABCD		CD				ABCD	ABCD	ABCD	
Ketchikan	C	C		A	ABCD	ABC	C			C				C								B	aB	AC	C	BC		abcd	a	ABC	ABCD	ABC		C
Petersburg		BD						BD	B	AB		c	C	bC	A			D						A							A	D		
Valdez	aBD	ABD	ab	D			ABd		BD		D	aB			A				d					B					aB	AB	AB	B	AB	AB

a – Incomplete/near completion end of FY2018

A – Complete end of FY2018

b – Incomplete/near completion end of FY2019

B – Complete end of FY2019

c – Incomplete/near completion end of FY2020

C – Complete end of FY2020

d – Incomplete/near completion end of FY2021

D – Complete end of FY2021

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[1] This measure was completed on a quarterly or semi-annual basis by all CR grantees.