




MEMORANDUM

Date: August 24, 2022

To: Subrecipient agencies

From: Jolene Defiore-Hyrmer, Chief 
Bureau of Health Improvement and Wellness
Ohio Department of Health

Subject: Subrecipient Program VAWA Sexual Assault Prevention VW23
February 1, 2023 – January 31, 2024

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., October 3, 2022. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website [here](#). Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Beth Malchus Stafa via e-mail at Beth.Malchus@odh.ohio.gov

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: February 1, 2023 – January 31, 2024 of the total project period, February 1, 2023 – January 31, 2024. Reference the competitive Solicitation for more information.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Number of Grants and Funds Available: *Approximately \$900,000 in federal funds are expected for funding for twelve previously funded agencies. Eligible agencies may apply only for up to \$80,000. The level of funding awarded to the statewide project may differ based on the statewide planning process and the resulting discussion with ODH SADVPP staff.*

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

C. Formatting Requirements for Attachments

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants:

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday October 3, 2022.**

II. PROGRAM UPDATES:

A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application. Program reports submitted through GMIS by August 15 will fulfill this requirement.

B. Program Narrative: Complete and submit a narrative statement (do not exceed 10 pages). The narrative should be inclusive of responses to points 1 – 6 below. Attach the program narrative as a file in the GMIS Application section "Program Narrative." Attachment should be named "*(Insert Agency Name)* Program Narrative 2023"

A Word version of required attachments will be available to applicants once the RFP is posted on the ODH website. Copies will be emailed to all potential applicants who complete and submit the Notice of Intent to Apply for Funding. Contact Beth.Malchus@odh.ohio.gov for information or with questions.

1. All applicants should, at minimum, include a statement that the 2022 work plan/logic model has been reviewed, and either no changes are proposed, or explain any proposed changes. Any changes should also be included in the next section below: C. Objectives and Work Plan. Include the following:
 - a. Any needed revisions to planned programs, policies or practices (PPPs)
 - b. Re-visit last year's Community Commons Mapping Exercise (See Attachment A), and note any challenges or successes from the current year based on things learned during the original Exercise. Also review the Ohio Health Improvement Zone for your geographic area. <https://odh.ohio.gov/know-our-programs/health-equity/health-improvement-zones>. Reflect on any new opportunities or challenges related to populations with which you will be implementing programming in 2023 based on the information found using these resources.
 - c. NEW – Implementation of Social Marketing is an expectation of this funding, including participating in a learning cohort about how to implement social marketing. For those who participated in the first learning cohort of social marketing during 2022, include the timeline and activities of your plan. If your agency was not part of the first learning cohort, it is an expectation that your agency will participate in a learning cohort during the 2023 year. Plan for at least six 2 hour meetings of the learning cohort, and completion of an assignment for each session. See the excel document for recommended activity language.
 - d. Programs are encouraged to implement community mobilization activities. Note that compensation to community members who are participating on their own time (not if they are representing an agency as part

of their job) is encouraged. ODH will provide examples of model language for such compensation agreements.

e. Any other planned changes.

2. Data Sources: ODH VAWA project has been charged with identifying and utilizing national, state, and local level data sources that measure sexual assault risk and protective factors to assist with data driven decision making and outcome evaluation of prevention efforts. Refer to CQI Episode 6 for more about data. This is content that you will be reporting in your annual mid-year reporting/Prevention Strategy Forms. We will continue to work with you to collaborate with your local health department and/or community organizations to identify local data sources. Examples of new information/data sources would include photovoice, hot-spot mapping, and policy review.
 - Include any new information or updates about local data sources and affirm that you will continue to work with ODH on identifying local data sources.
3. Submit a short summary on how your prevention plan keeps equity at the center of your work using a social justice framework. Include any training staff have received during this past year in this area. Identify any technical assistance needed to increase competencies in this area.

For new employees (i.e., all program and administrative staff responsible for supporting and implementing VW-RPE) hired after October 5, 2020. Include with your VW-RPE Prevention Key Personnel documentation (either certificates of completion – if available, or a statement on your agency letterhead) demonstrating that have completed training from one or more of the following resources:

<http://kirwaninstitute.osu.edu/implicit-bias-training/>,

<http://rootsofhealthinequity.org/about-course.php>

<https://www.naccho.org/programs/public-health-infrastructure/health-equity#training>

<https://www.cdc.gov/healthliteracy/gettraining.html>

Tools available for use in centering equity include:

<https://www.preventioninstitute.org/focus-areas/health-equity-and-racial-justice>

<https://coronavirus.ohio.gov/static/MHSF/MHSF-Blueprint.pdf>

https://www.healthpolicyohio.org/wp-content/uploads/2018/10/PolicyBrief_Equity.pdf

<http://www.racialequitytools.org/act/communicating/implicit-bias>

4. Evaluation: Describe the evaluation measures that will be used to determine the overall success of the program. Describe impact measures as well as process/activity-level measures. Provide assurance agency will work with ODH evaluator. Programs must indicate and discuss in this narrative their willingness to participate and progress in the implementation of the project, including: testing or reporting on standardized evaluation items from the Item Bank for Outcome Measure Guidance, completing the Primary Prevention Capacity Assessment (PPCA) Tool annually and attending trainings/webinars facilitated by ODH Evaluator. Information about the Item Bank, PPCA, and webinars can be found at <http://www.odh.ohio.gov/odhPrograms/hpr/sadv/svp.aspx>

Provide assurance that the applicant agency will work with the ODH evaluator. Programs must indicate and discuss in this narrative their willingness to participate and progress in the implementation of the project, including: testing or reporting on standardized evaluation items from the Item Bank for Outcome Measure Guidance, completing the Primary Prevention Capacity Assessment (PPCA) Tool annually and attending trainings/webinars facilitated by ODH Evaluator. Information about the Item Bank, PPCA, and webinars can be found at <http://www.odh.ohio.gov/odhPrograms/hpr/sadv/svp.aspx>

5. Provide assurance that at least one member of your agency/staff are (or will become) members of:

- Ohio Alliance to End Sexual Violence? <http://www.oaesv.org/>
- [Support Ohio Women of Color Caucus](#) by encouraging all women of color staff, interns, and volunteers to attend caucus meetings.
- Ohio Men's Action Network ([OHMEN](#))
- The list serve sa-ohio@groups.io
- <http://PreventConnect.org> newsletter.

NOTE: Another organization to consider for membership is the Safe States Alliance.

6. Provide assurance that your agency/staff will complete the following:

[Ohio Alliance to End Sexual Violence Core Standards for Rape Crisis Programs in Ohio](#) requires a minimum of twenty (20) hours of basic rape crisis training, including training on mandated reporting, plus additional training specific to job responsibilities. All funded staff and their supervisors should attend sexual violence primary prevention basics training that follows CDC recommended principles for prevention either prior to starting in their positions or within three months after starting in a grant funded position.

New staff, student interns or volunteers receive this training during orientation. Include a statement that ensures all sexual violence prevention program staff involved with this project will have experience or receive training in concepts identified in the National Intimate Partner and Sexual Violence Prevention Specialist Core Competencies. (See Attachment B); and as part of their orientation will attend the Ohio Alliance to End Sexual Violence's *Ready, Set Go*.

NOTE: For prevention educators, cross-training with other ODH funded Sexual Violence Prevention Programs is strongly encouraged.

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed.

In addition to the narrative summary of changes and status of 2022 objectives completed above in B. Program Narrative: submit a work plan/logic model for 2023. The 2023 logic model is the basis for completing the 2023 Monthly/Quarterly Deliverable Expenditure Cost Report (Workplan/fiscal). Use the Excel Monthly/Quarterly Deliverable Expenditure Cost Report provided in Appendix D.

Logic Model:

1. Submit into the "Program Narrative" section of GMIS 2.0 the project's working Logic Model using Appendix E, which serves as the project's evaluation plan. Attachment should be named "(Insert Agency Name) Logic Model 2023"
2. Logic Models are based on the [STOP SV Technical Package](#) Programs, Policies, Practices (PPP) strategies: Creating Protective Environments, Community Mobilization, Social Marketing, Educational Strategies. These strategies work across the social ecological model. (Refer to CQI Episode 2 for more information)
3. Logic Models must reach at least one population of interest and use multiple strategies.
4. **Each Educational Strategy objectives must be paired with Creating Protective Environments and/or Social Marketing**
5. It is best practice to reach the same population of focus and using multiple strategies. Your PPP Strategy

Map (i.e., power point slides) should reflect this saturation of multiple strategies to reach the same population of focus.

6. See Attachment 3 for directions and examples of content for the logic model.
7. Logic Model's strategies and activities are determined by the Needs Assessment. (Refer to CQI Episode 6 and 7).
8. The objectives and activities in your work plan should be based on CDC's [principles of effective prevention to sexual violence](#)
9. All strategies and activities identified in Logic Model must be either the same as last year, or changes should be reflected in General Narrative (Narrative B section) note if changes were made based on the CQI series.
10. All strategies and activities must focus on primary prevention of sexual violence perpetration (i.e., Stopping sexual and gender base violence before it happens).
11. List all personnel, including contractors, who will be directly involved in program activities and working on the grant on Key Personnel Cover Page Appendix F. Personnel should also be listed in the Logic Model. Include the relationship between program staff members, staff members of the applicant agency and other partners and agencies that will be working on this program. Indicate if hiring or contracting additional staff is necessary for implementing the project. Attach Key Personnel Cover Page, position descriptions and resumes as one document in the narrative section of GMIS 2.0 for all relevant program staff. Resumes should be up to date. If the staff person is currently employed by your agency, be sure that the resume reflects that employment. The attachment should be named: "(Insert Agency Name) Key Personnel 2023."
 - **REMOVE PERSONAL INFORMATION SUCH AS HOME ADDRESS, HOME PHONE, AND IDENTIFICATION NUMBER FROM RESUMES.**

PPP Strategy Map & New or revised Prevention Strategy Forms:

Review and revise as needed; attach in GMIS "Program Narrative" an accurate PPP Strategy Map for 2023 and any new or revised Prevention Strategy Form different than those submitted for your mid-year report.

- PPP Strategy Map: Submit a new PPP Strategy Map using the 2023 format for your project. (Appendix G) Review Episode 2 of the CQI series to assist with this activity. The PPP Strategy Map should match your logic model, Prevention Strategy Forms (i.e., Midyear Report) and deliverable expenditure plan. Attachment should be named "(Insert Agency Name) Strategic Map 2023" and attached in the narrative section of GMIS 2.0.
- Prevention Strategy Forms – include all new or revised forms as one file. Attachment should be named "(Insert Agency Name) Revised Prevention Strategy Forms 2023" Be sure you include all the required information based on the guidance outlined in the CQI episodes and handouts.

Cost Expenditure Plan/Deliverables

Complete and attach the Cost Expenditure Plan (Excel) as directed in Appendix G1/G2. Attachment should be named "(Insert Agency Name) Cost Expenditure Plan 2023" and attached in the narrative section of GMIS 2.0. (See Appendix D)

D. Documentation and Progress on Health Disparity/Inequity Activities: Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations must also use the *Place Matters Documentation Spreadsheet* to document where (i.e., addresses, census tracts, census blockgroups or zip codes) health equity activities occurred during the previous funding period. (See Appendix C)

E. Program Budget: Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

1. **Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

For your convenience, a budget justification narrative example is available at [Budget Justification Deliverable Example Effective March 13 2020.doc](#)/ You will use Scenario 3. Please contact beth.malchus@odh.ohio.gov if you have any questions.

Match or applicant share is not required by this program. Do not include a match or Applicant Share in the budget and/or Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information.

2. **[20xx] Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period February 1, 2023 to January 31, 2024.

The applicant shall retain all original fully executed contracts on file.

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

3. **Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
16. Addresses observance to the National Intimate Partner and Sexual Violence (IP&SV) Prevention Specialist Core Competencies (Attachment 2) and the [Ohio Alliance to End Sexual Violence Core Standards for Rape Crisis Programs in Ohio](#).
17. Indicates that crisis intervention services are not part of the funded project, including hotline services, victim response training on how service providers should respond to victims of sexual violence will not be funded

- (i.e., hospital advocacy, law enforcement training, SANE training, judicial response);
18. Demonstrates an understanding of the public health approach to prevention (emphasis on improving the health of populations rather than a single individual) and a focus on approaches that emphasize prevention of sexual violence before it occurs.
 19. It is preferred that funding support a dedicated staff person working specifically on sexual violence prevention. It is required that all staff implementing strategies through this funding, and the supervisor(s) for such staff, show training in primary prevention of sexual violence as a pre-requisite for employment or to be obtained within the first three months of employment.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

[INTERNAL NOTE ONLY – NOT A PART OF THE ACTUAL CONTINUATION SOLICITATION.]

Program provides a list of any of its competitive Solicitation specific attachments needed for review and update; for example, clinic operating hours, Public Health Impact Statement. Make every attempt for attachments to be completed and submitted electronically. Clearly state which attachments are submitted via GMIS. (If a paper attachment is absolutely required, indicate that: “An original of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit Central Master Files address by 4:00 p.m. on or before the due date. All attachments must clearly identify the authorized program name and program number. On those paper attachments that require a signature, indicate that a signature is required and that it must be in blue ink.”)]

a. Other Required Documentation:

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission

of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

- **For Non-Profit Organizations Only:**
 1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
 2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

G. Human Trafficking:

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population;
 1. At-risk population
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ Applicable ☐ Not Applicable to VAWA Sexual Assault Prevention Program

- H. Post Submission Requirements:** Continuation applicants are required to submit subrecipient program and expenditure reports.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- a. **Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates. [Additional language is optional.] **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required

☐ No Program Reports Required

Period	Report Due Date
February 1 – 28, 2023	March 10, 2023
March 1 – 31, 2023	April 10, 2023
April 1 – 30, 2023	May 10, 2023
May 1 – 31, 2023	June 10, 2023
June 1 – 30, 2023	July 10, 2023
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 30, 2023	October 10, 2023
October 1 – 31, 2023	November 10, 2023
November 1 – 30, 2023	December 10, 2023
December 1 – 31, 2023	January 10, 2024
January 1 – 31, 2024	February 10, 2024

- b. The following are additional program requirements.
- The Annual Conference and one additional meeting must be attended by one representative from your agency. The objective for these meetings is to provide technical assistance and an opportunity for sharing successes and barriers in prevention program delivery. Costs associated with these meetings are an allowable cost for this grant proposal.
 - A success story is to be submitted as a part of the second and fourth quarter program reports.
 - Programs are required to participate in the statewide evaluation project as requested by ODH.
 - Programs are required to work with ODH as needed to make strategy changes based on CDC requirements and guidance.
 - Programs are expected to respond to reasonable requests from ODH for input necessary to complete the annual CDC application, strategic plan and annual report.
- c. **Subrecipient Reimbursement Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
February 1 – 28, 2023	March 10, 2023
March 1 – 31, 2023	April 10, 2023
April 1 – 30, 2023	May 10, 2023

May 1 – 31, 2023	June 10, 2023
June 1 – 30, 2023	July 10, 2023
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 30, 2023	October 10, 2023
October 1 – 31, 2023	November 10, 2023
November 1 – 30, 2023	December 10, 2023
December 1 – 31, 2023	January 10, 2024
January 1 – 31, 2024	February 10, 2024

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
February 1, 2023 to April 30, 2023	May 10, 2023
May 1, 2023 to July 31, 2023	August 10, 2023
August 1, 2023 to October 31, 2023	November 10, 2023
November 1, 2023 to January 31, 2024	February 10, 2024

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- d. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before March 5, 2024 (5th day of 2nd month after a grant period ends). The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of ALL Subrecipient Program and Expenditure Reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions
- C. Place Matters Documentation Template
- D. Cost Expenditure Plan 2023
- E. Logic Model
- F. Key Personnel
- G. PPP Strategy Map

ATTACHMENTS

- 1. Community Commons Mapping Exercise
- 2. National Intimate Partner and Sexual Violence (IP&SV) Prevention Specialist Core Competencies
- 3. Logic Model Directions

Appendix A

Submission Required

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health Office of
Violence and Injury Prevention Section
Bureau of Health Improvement and Wellness
Sexual Assault and Domestic Violence Program
VAWA Sexual Assault Prevention (VW23)

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by August 31, 2022.

Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov).

Appendix B1

Name of Subgrant Program:

Budget Period: February 1, 2023 – January 31, 2024

of Deliverables: 2

Use Budget Justification Scenario #3

100% Deliverables

Deliverable – Objective 1: Primary Prevention Strategies

(Must show strategies that are at least 50% at the community/society level)

Strategy 1A: Creating Protective Environments: (community/societal)

- a. Develop policies, procedures, practices and/or protocols for schools/youth serving organizations, for non-school business/workplaces, or for community (May include changes to modify physical and social elements of the setting; may include efforts related to Community Health Improvement Plans/Community Health Assessments)
 - i. Initial outreach
 - ii. Follow up/implementation
- b. Agency/organizational assessment - Climate Survey/Environmental scan/mapping or photovoice

Strategy 1B: Social Marketing (community/societal) Activities implemented must be part of a social marketing campaign.

- a. Social marketing program to implement.
- b. Electronic/social media
- c. Other media
- d. Community events or short trainings
- e. Other – specify

Strategy 1C: Educational: (individual/relationship) Each Educational Strategy objectives must be paired with Creating Protective Environments and/or Social Marketing

- a. Train the Trainer – Engage adults to work with youth or other adults
- b. Train the Trainer – Youth led
- c. Training in Knowledge, Awareness, Behavior, Beliefs and Skills (KABBS) – should emphasize skill building. Must be multi-session; audience may be youth or adults.

Objective 1D: Community Mobilization (Note: This deliverable does not count as a strategy; it does not count toward the 50% requirement level of community/societal. Coalition/networking is an activity which will inform other strategies)

- a. For new groups only - recruitment and planning for initial meeting
 - b. Development (or for on-going groups, review and revisions) of annual plan
- NOTE: Funds for activities of the group (e.g. training, policy work, messaging) should be listed as strategies on separate work sheets.

Deliverable – Objective 2: Training and Reporting

Objective 2A: Training for staff

Objective 2B: Reporting



Appendix C

Place Matters Documentation Template

County:Your County

Budget Period: _____

GMISID: _____ Agency Name: _____ Subgrant Program: _____

GeographyType	Specify Geography or Location	Data Source
Zip Code	The Zip codes (For Deliverable 1: Objective 1A; Objective 1B (community events and short training only) and Objective 1C 1C)	Postal Service

Ohio Department of Health				
VW23 Rape Prevention Education				
Deliverable Expenditure Cost Report	\$0.00			
SFY:				
Agency Name:				
Contact Person:				
Contact Email:				
Contact Phone:				
ODH Project Number:				
Reporting Period:				
Reporting Frequency: Monthly Quarterly				
Deliverable Name	Cost per Unit/Activity	Annual/Total Budgeted for the year	Annual/Total Number of Units/Activities	For ODH Use Only
Individual/Relationship strategies must be paired with Policy and/ or Messaging strategies. Each strategy must have a separate worksheet.				

Objective 1: Strategy A: Creating Protective Environments: A. Creating Protective Environments for schools/youth serving organizations/workplace that promotes safe and supportive relationships and safe learning/work environment and improves school/workplace climate. This can also include addressing community level risk factors through environmental approaches. It should be noted that this is a process that engages primary, secondary, and key stakeholders. This process includes problem identification, policy analysis, strategy and policy development, policy enactment, policy implementation and evaluation.

1:A: Conduct a baseline assessment this could include using a rubric, photovoice or mapping (TO RECEIVE REIMBURSEMENT: For each site: Submit the following: Planning Meeting (s) Agenda/Meeting Minutes, final report, and travel log. Complete the following items in the table: Name and location for policy. Indicate if using a national tool or agency developed)

1:B ODH funded project will provide written recommendations to the identified setting. TO RECEIVE REIMBURSEMENT: For each site: Submit the following: Planning Meeting (s) Agenda/Meeting Minutes that include recommendations for change, and travel log. Complete the following items in the table: Name and location for policy. Indicate if using a national tool or agency developed.

1:C. ODH funded project will follow up with the identified setting staff to discuss final policy, practice, procedure, or protocol and resolve any final considerations. TO RECEIVE REINBURSEMENT: Complete and submit the table in the Program Activities Report. For each setting submit setting, Agenda of follow up meeting, travel log.

1:D Work on local community health assessment and implement community health improvement plan TO RECEIVE REIMBURSEMENT: For each site: Submit the following: Planning Meeting (s) Agenda/Meeting Minutes CHA and CHIP weblink, and travel log. Complete the following items in the table: Name and location for policy. Indicate if using a national tool or agency developed.

Activity #1: ODH funded project will meet with (NAME ORGANIZATION(s) Identify if youth or workplace organization.		\$0.00		
Activity #2: ODH funded project will meet with (NAME ORGANIZATION(s) Identify if youth or workplace organization.		\$0.00		
Activity #3: ODH funded project will meet with (NAME ORGANIZATION(s) Identify if youth or workplace organization.		\$0.00		
Activity #4: ODH funded project will provide written recommendations to the identified setting		\$0.00		

Activity #5: ODH funded project will follow-up with the identified setting staff to discuss final policy and resolve any final considerations.		\$0.00		
Activity #6: activity to be inputted by the agency		\$0.00		
Activity #7: activity to be inputted by the agency		\$0.00		
Activity #8: activity to be inputted by the agency		\$0.00		
Activity #9: activity to be inputted by the agency		\$0.00		
Activity #10: activity to be inputted by the agency		\$0.00		
Objective total for this reporting period	N/A	\$0.00	0.00	
Deliverable Name	Cost per Unit/Activity	Annual/Total Budgeted for the year	Annual/Total Number of Units/Activities	For ODH Use Only
Objective 2: Strategy B Social Marketing (Community/societal level) Community sexual violence, prevention programing/events, social marking campaigns, and media advocacy. Messaging can be youth and young adult led or adult led. 2:B:1 Create a social marketing campaign for setting. TO BE REIMBURSED: Submit the following: Planning Meeting Agenda/Meeting Minutes and travel log. Social marketing plan (See welcome letter for what should be included in the plan). 2:B:2. Implement social marketing campaign - TO BE REIMBURSED: Submit the following: Planning Meeting Agenda/Meeting Minutes and travel log. Complete and submit Program Activities Report's table to include types of messaging. Identify Risk and Protective Factors to be addressed 2:B:3 Implement social marketing campaign - Events TO BE REIMBURSED: Complete and submit table in Program Activities Report, submit travel log, training outline with learning objectives, flyers, and any photos documenting the event. Messaging and advertisement for the event. Evaluation summary.				
Activity #1: to be inputted by the agency		\$0.00		
Activity #2: to be inputted by the agency		\$0.00		
Activity #3: to be inputted by the agency		\$0.00		
Activity #4: to be inputted by the agency		\$0.00		

Activity #5: to be inputted by the agency		\$0.00		
Activity #6: to be inputted by the agency		\$0.00		
Activity #7: to be inputted by the agency		\$0.00		
Activity #8: to be inputted by the agency		\$0.00		
Activity #9: to be inputted by the agency		\$0.00		
Activity #10: to be inputted by the agency		\$0.00		
Activity #11: to be inputted by the agency		\$0.00		
Activity #12: to be inputted by the agency		\$0.00		
Activity #13: to be inputted by the agency		\$0.00		
Activity #14: to be inputted by the agency		\$0.00		
Activity #15: to be inputted by the agency		\$0.00		
Activity #16: to be inputted by the agency		\$0.00		
Activity #17: to be inputted by the agency		\$0.00		
Activity #18: to be inputted by the agency		\$0.00		
Objective total for this reporting period	N/A	\$0.00	0.00	
Deliverable Name	Cost per Unit/Activity	Annual/Total Budgeted for the year	Annual/Total Number of Units/Activities	For ODH Use Only

Objective 3: Strategy C Educational Programs: Individual/Relationship strategies must be paired with Creating Protective Environments andPolicy and/or Social Marketing strategies.

3:C:A:1 Train the Trainers/Engage adults to work with youth or other adults.

participating in a two hour or more training/workshop

Establish and plan opportunity Establish and plan training opportunity with identified setting (e.g., bar, health care, school, faith community, business...) TO BE REINMBURSED: Submit the following: Planning Meeting Agenda/Meeting Minutes and travel log. Complete and submit the following items in the Program Activities Report's table: Name and location of the training, Identify Risk and Protective Factors to be addressed and intended audience, submit draft training outline with measurable learning objectives

(<http://www.fresnostate.edu/academics/oie/documents/assesments/Blooms%20Level.pdf>), proposed evaluation.

3:C:A:2 Present

program: TO BE REIMBURSED: Complete and submit table in Program Activities Report, submit travel log, final training outline with learning objectives, flyers, and any photos documenting the event, evaluation summary.

<p><u>3:C:B:1: Train the Trainers/Youth Led. (Youth Training 5 hours)</u></p> <p>Establish and plan opportunity Establish and plan training opportunity with identified setting (e.g., bar, health care, school, faith community, business...) TO BE REINMBURSED: Submit the following: Planning Meeting Agenda/Meeting Minutes and travel log. Complete and submit the following items in the Program Activities Report's table: Name and location of the training, Identify Risk and Protective Factors to be addressed and intended audience, submit draft training outline with measurable learning objectives (http://www.fresnostate.edu/academics/oie/documents/assesments/Blooms%20Level.pdf), proposed evaluation.</p> <p>3:C:B:2 Present program: TO BE REIMBURSED: Complete and submit table in Program Activities Report, submit travel log, final training outline with learning objectives, flyers, and any photos documenting the event, evaluation summary.</p>				
<p>3:C:C:1: Training in KABBS (Curriculum emphasizing skill building.) List school/organization to whom multi-session program will be provided. Put each on a separate line. For each school/organization, list the curriculum to be used. If the same school/organization will be receiving more than one curriculum, list a separate line for each curriculum. Identify the number of sessions to be provided in the yearIdentify School/Identified curriculum used based on CDC recommendation "Using Essential Elements to Select, Adapt, and Evaluate Prevention Approaches," (submit date, location of program and travel log. Agency should have on file records supporting staff time, and evaluation records as appropriate) TO BE REIMBURSED: Complete table in the Program Activities Report and attached travel log.</p>				
Activity #1:		\$0.00		
Activity #2: to be inputted by the agency		\$0.00		
Activity #3: to be inputted by the agency		\$0.00		

Activity #4: to be inputted by the agency		\$0.00		
Activity #5: to be inputted by the agency		\$0.00		
Activity #6: to be inputted by the agency		\$0.00		
Activity #7: to be inputted by the agency		\$0.00		
Activity #8: to be inputted by the agency		\$0.00		
Activity #9: to be inputted by the agency		\$0.00		
Activity #10: to be inputted by the agency		\$0.00		
Activity #11: to be inputted by the agency		\$0.00		
Activity #12: to be inputted by the agency		\$0.00		
Activity #13: to be inputted by the agency		\$0.00		
Activity #14: to be inputted by the agency		\$0.00		
Activity #15: to be inputted by the agency		\$0.00		
Objective total for this reporting period	N/A	\$0.00	0.00	
Deliverable Name	Cost per Unit/Activity	Annual/Total Budgeted for the year	Annual/Total Number of Units/Activities	For ODH Use Only

<p>Objective 4: Community Mobilization (youth led and adult) convene a county wide coalition to create and implement a needs assessment and/or strategic plan for sexual violence prevention, and/or will conduct a membership collaboration survey for an established coalition (Implementation of activities of the strategic plan will be elsewhere in your logic model and expenditure report. For example, if your coalition hosts an event, the planning and time would be found here. The actual event would be part of messaging plan found in B. If your coalition sponsors community messaging, that would be in also found in your messaging plan.)</p> <p>4:D::1 Needs Assessment Draft: <i>TO BE REIMBURSED: Submit date draft needs assessment was approved by the coalition/network in meeting minutes; actual draft to be available for review upon request (List each coalition separately)</i></p> <p>4:D:2 Final Report of Needs Assessment <i>TO BE REIMBURSED submit date final needs assessment was approved by the coalition/network in meeting minutes; actual output to be available for review upon request (List each coalition/network separately)</i></p> <p>4:D:3 Strategic Plan Draft implement <i>TO BE REIMBURSED: Submit date draft strategic plan was approved by the coalition/network in meeting minutes; actual draft to be available for review upon request (List each coalition separately).</i></p> <p>4:D:4 Strategic plan final approved copy. <i>TO BE REIMBURSED submit date final was approved by the coalition/network in meeting minutes; actual output to be available for review upon request (List each coalition/network separately)</i></p> <p>4:D:3 Collaborative/Membership Survey to be completed. <i>TO BE REIMBURSED: submit copy of collaborative survey (List each coalition/network separately)</i></p> <p>NOTE: Deliverables can be broken down into smaller units examples:</p> <ol style="list-style-type: none">1. (This should be recorded as a Del. 2 activity) Review the 7 videos associated with Community Engagement Tool and materials. <i>TO BE REIMBURSED: Complete and submit Activities Report and table.</i> https://www.dhs.wisconsin.gov/mch/family-youth-community-engagement.htm2. Submit a list of stakeholders (e.g., youth, people who participate in your prevention activities, community stakeholders, people with lived experiences) and describe how the survey will be shared. <i>TO BE REIMBURSED: Submit a list of stakeholders (First name only and identification who they represent in the community– Sally – youth) and submit a description of how the survey will be shared with priority population.</i> (survey - https://www.dhs.wisconsin.gov/forms/f02681.pdf)3. Submit the results of the Community Engagement Assessment Tool identifying the top 4 indicators of strengths and 4 indicators of opportunities for growth. <i>TO BE REIMBURSED: Submit results of the survey (can be done in an infographic format or PowerPoint), submit meeting minutes discussing the results.</i>4. Review your logic model and select one indicator identified as an area of opportunity to grow by the end of the year as determined by the survey tool. Create an action plan for improvement to this response that includes the population of focus. <i>TO BE REIMBURSED Submit action plan.</i>				
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5. Submit an end of year report outlining activities your focused on. *TO BE REIMBURSED. Submit an end of year report outlining activities and results of action plan (can be done in an infographic format or PowerPoint). Describe how you shared results with stakeholders.*

Activity #5: Adult led Coalition Activity to be inputted by the agency		\$0.00		
Activity #6: Adult led Coalition Activity to be inputted by the agency		\$0.00		
Activity #7: to be inputted by the agency		\$0.00		
Activity #8: to be inputted by the agency		\$0.00		
Activity #9: to be inputted by the agency		\$0.00		
Activity #10: to be inputted by the agency		\$0.00		
Objective total for this reporting period	N/A	\$0.00	0.00	

Ohio Department of Health				
VW20 Rape Prevention Education Grant				
Deliverable Expenditure Cost Report	\$0.00			
SFY:				
Agency Name:				
Contact Person:				
Contact Email:				
Contact Phone:				
ODH Project Number:				
Reporting Period:				
Reporting Frequency: Monthly Quarterly				
Deliverable Name	Cost per Unit/Activity	Annual/Total Budgeted for the year	Annual/Total Number of Units/Activities	For ODH Use Only
Training, Reporting and Evaluation				

Objective 1: Training for staff to increase preventionist competencies and skills; anti-oppression training and training around social justice issues that share the same risk and protective factors. The cost for training including staff time to participate, training and travel costs. (e.g., PreventConnect, Peer 2 Peer, Regional Meeting, Annual OAESV prevention Conference) <i>TO BE REIMBURSED: Complete and submit table in the Program Activities Report. Submit, training agenda, certificate of attendance, and travel log.</i> NOTE: Two Days in May or Crisis Intervention Training is not reimbursed through these grant funds. Please seek funding through the AGO or OCJS.				
<i>Activity #1: OAESV Conference</i>		\$0.00		
<i>Activity #2: Regional Meeting</i>		\$0.00		
<i>Activity #3: Project Directors Meeting</i>		\$0.00		
<i>Activity #4: Training Webinars</i>		\$0.00		
<i>Activity #5: Training</i>		\$0.00		
<i>Activity #6: State Wide Prevention Meeting</i>		\$0.00		
<i>Activity #7</i>		\$0.00		
<i>Activity #8</i>		\$0.00		
Objective total for this reporting period	N/A	\$0.00	0.00	
Deliverable Name	Cost per Unit/Activity	Annual/Total Budgeted for the year	Annual/Total Number of Units/Activities	For ODH Use Only
Objective 2: Reporting				
Primary Prevention Capacity Assessment - \$275 - \$375		\$0.00		
Mid-year report for CDC - \$450 - \$550		\$0.00		
<i>Activity #1: Cost for 1st/3rd quarters – no success story - \$300 - \$400</i>		\$0.00		
<i>Activity #2: Cost for 2nd/4th quarters – with success story - \$400 - \$500</i>		\$0.00		
<i>Activity #3: to be inputted by the agency</i>		\$0.00		
Objective total for this reporting period	N/A	\$0.00	0.00	

Deliverable Name	Cost per Unit/Activity	Annual/Total Budgeted for the year	Annual/Total Number of Units/Activities	For ODH Use Only
Deliverable #2: Reimbursable Outreach Totals for the reporting period	N/A	\$0.00	0.00	

APPENDIX E – LOGIC MODEL

APPENDIX E – LOGIC MODEL

LOGIC MODEL 2022 Ohio Department of Health Sexual Assault and Domestic Violence Prevention Program

Program Goal: To decrease the rate of sexual violence perpetration and victimization in (Ohio or specific community) by promoting social norms that protect against violence; providing opportunities to empower and support girls and women; create protective environments; and teach skills to prevent sexual violence.

NEW LANGUAGE based off the CQI training series: **Strategy:** Your prevention work is made up of Programs, Policies and Practices. We are using the 4 STOP SV Technical Package Strategies; they are 1) Creating Protective Environments, 2) Social Marketing, 3) Educational Programs, and 4) Community Mobilization.

Population of Focus: _____ (We are asking people to move towards having one population of focus. If you have more than one population of focus, you will need a different logic model for each population. If you are also providing strategies for secondary and key informant stakeholders related to your population of focus, strategies reaching them should be included in this logic model).

INPUTS <i>What we invest/ resources indicate people responsible for activities</i>	STRATEGIES <i>By January 2023:</i>	RISK AND PROTECTIVE FACTORS <i>to be addressed. Please refer to CDC's Connecting the Dots</i>	SHORT- TERM OUTCOMES <i>Changes we expect to see soon (typically achieved during the program or at the end of program participation)</i>	INTERMEDIATE OUTCOMES <i>Changes we expect to see 15-18 months in the future</i>	LONG-TERM OUTCOMES <i>(please don't change)</i>
<i>Key Personnel Identified in Appendix F should be listed here.</i>	<i>See Logic Model Directions for examples. These should match a) narrative, PPP Strategy Map, c) Prevention Strategy Form (midyear report) and d) Cost Expenditure Plan</i>	<i>Comprehensive list of Risk and Protective factors to be addressed (inclusive of those being addressed through all your strategies.)</i>	<i>List short term outcomes identified and associated with each strategy (Prevention Strategy Form – Midyear report) For Coalition/Council/ Network/Workgroup strategies should match a) narrative and b) Cost Expenditure Plan</i>	<i>List intermediate outcomes identified and associated with each strategy (Prevention Strategy Form – Midyear report) For Coalition/Council/ Network/Workgroup strategies should match a) narrative and b) Cost Expenditure Plan</i>	<i>Decrease the rate of sexual violence perpetration and victimization</i>
Assumptions: <i>(Your theory of how the program will work; this may be an explicit theory - see Appendix 3 "Models and Theories" - or may be assumptions based on your knowledge and experience)</i>			External Factors: <i>(Tailor these to each strategy; external factors should include things that may influence your outcome achievement)</i>		
			Evaluation Measures: <i>(tools you will use to know you have achieved your outcomes) Methods for each activity should be well thought out, with specific evaluation tools ready before project begins. Ensure this list of evaluation measures matches your narrative section.</i>		

Appendix F

Required attachment should be named “Insert Agency Name SVP Personnel 2023” and attached into GMIS 2.0 Program Narrative Section.

Key Personnel Cover Page
List Personnel and include their resumes and position descriptions

Funded projects at the \$30,000 level must employ staffing levels that reflect a minimum of one staff person designated to spend .4 time (16 hours/week) or more on primary prevention of sexual violence. Confirmed staff time should increase proportionately with additional funds requested. This person must be trained according to the IPSV Prevention Competencies (Attachment 2).

Note: All positions funded by this grant must have prevention training (See RFP page 19 – Hiring, Training and Job Performance Evaluation and page 23 – Cultural Competency Services).

Complete the cover page to demonstrate compliance with this program requirement and to list other program staff involved with this project. Project staff identified must be listed in logic model. Attach the Cover Page, resumes and position descriptions as one document in GMIS 2.0 narrative section. The attachment should be named “(Insert Agency Name) SVP Key Personnel 2023”

- Personnel/Position, Percent of Time Devoted to and Paid by SVP Grant, Function and Qualifications.

	Name of Personnel/Position	% of Time Devoted to RPE Grant	% of Time Paid by RPE Grant	Function of Position	Qualifications of Project Personnel.
Personnel for initial \$30,000 funding level - .4 hour minimum					
Personnel proportionate to additional funding					

Appendix G PPP Map - example

Random Agency - 2021

	Program, Policy, or Practice	SEM
	Implementer, setting, and population of focus	
	Educational Strategy	I/R
	Creating Protective Environments	C/S
	Social Marketing	C/S
	Community Mobilization	C/S

Implementers: Adult led and youth or young adult informed programs

Setting: HS

Population of Focus: students in HS

Community Mobilization - Teen Advisory Council (TAC) – youth led process to develop a strategic plan and marketing materials

Educational Strategy – Adult led Safe Dates curriculum for all students

Educational Strategy – annual leadership training for new TAC members

Creating Protective Environments - Policy Review for local school system

Creating Protective Environments – Building hot spot mapping and related resulting proposed administrative actions

Social Marketing Campaign – Posters throughout the school building, PSA messages, school social media prevention messaging (overlaps with campaign directed to student athletes, slide #3)

Risk Factor to be addressed	Protective Factor to be addressed

Random Agency - 2021

	Program, Policy, or Practice	SEM
	Implementer, setting, and population of focus	
	Educational Strategy	I/R
	Creating Protective Environments	C/S
	Social Marketing	C/S
	Community Mobilization	C/S

Implementers: Community Coalition

Setting: Random County: businesses and community organizations;

Population of Focus: employees of these businesses and organizations

Strategic plan development by the Coalition

Training for partner agency employees

Policy Review for member agencies

Social Marketing Plan – Posters for break rooms, agency social media messaging, agency newsletter articles

Random Agency - 2021

	Program, Policy, or Practice	SEM
	Implementer, setting, and population of focus	
	Educational Strategy	I/R
	Creating Protective Environments	C/S
	Social Marketing	C/S
	Community Mobilization	C/S

Risk Factor to be addressed	Protective Factor to be addressed

Implementers: Adult led and youth or young adult informed programs: Coaching Boys in Men

Setting: school athletic program

Population of Focus: high school student athletes

Educational Strategy - Training for coaches to implement the program during team training sessions

Social Marketing Campaign – Posters in the locker rooms and gym, PSA messages during games, pre-game and half time events, school social media pairing of social media on games/game results and prevention messaging (overlaps with general school population on slide #2)

Attachment 1

Community Commons Mapping Exercise

During the CQI series we have asked you to review different parts of your program using a racial justice and equity framework. We are aware of the health disparities and barriers that can be found in Ohio described in white papers from the [COVID-19 Ohio Minority Health Strike Force Blueprint Report](#) and assessments completed by the Health Policy Institute of Ohio. When we talk about creating racial justice and using an equity framework, we mean increasing the opportunities for everyone to live the healthiest life possible, no matter who we are, where we live or how much money we make. For our work, these efforts focus on creating an Ohio that is free from sexual and gender-based violence.

Data shows that gender based violence occurs across all the kinds of difference that exist in our communities. Access to power and resources disproportionately protects perpetrators, so white and wealthy people who cause harm are actually less likely to be held accountable for their violence. At the same time, effective primary prevention – stopping violence before it starts – actually helps the potential perpetrators as well as the survivors and the broader community in which the harm would otherwise occur as the impact of violence affects everyone involved. In this exercise, we are asking you to interrogate where your prevention resources are focused and consider possible re-direction based on community need.

Ideally the entire geographic setting within your scope has access to your prevention expertise. But the need for how this expertise is accessed may be different. For example, a school with more professional staff and smaller class sizes may be more likely to reach out to you to request prevention programming, and the school staff and teachers may be able to take on responsibility for implementing prevention strategies after training and technical assistance from your agency. A school with fewer resources may not reach out to you – they need you to come to them, and they may need more time from your team to do the work due to limitations on their staff capacity. While the first school may prefer for you to do all the work, there is also an opportunity to work with them to access their increased resources so you don't have to (or, perhaps they can pay your agency to offset the cost). The second school may need more of your time and resources to be able to implement your program at all. We want to be clear this is about access to prevention services - not about which school does or does not need to implement prevention strategies. Perpetration occurs across all communities, but access to resources is not equal. Trust building with under-resourced communities has an added level of need which will take time and attention to ensure that your work succeeds.

Step 1: A first step is observing what types of communities your PPPs are reaching. A quick and easy way to assess this is to use mapping tools created by the Center for Applied Research and Engagement System maps, found on Community Commons.

Community Commons is a collaborative initiative that serves the healthy communities movement. It is a place where tools and ideas are shared. Both of the Center for Applied Research and Engagement System maps are there for people to create maps based on state/county/zip code maps. The maps we would like you to explore are:

1. Vulnerable ⁱ populations footprint map: identifies where high concentration of populations of living in poverty and populations living without a high school diploma.
2. Local opportunity footprint map: identifies opportunity areas at the intersection of proficient schools, job opportunities and low housing cost.

Directions for finding the maps:

<https://www.communitycommons.org/collections/Maps-and-Data>

1. Scroll down to find the map apps.
2. Click on either the vulnerable populations footprint or location opportunity footprint maps.
3. Click on “view tool” button.
4. A pop-up box “get started from a location” type in the name of your county, OH

Step 2: Write a short summary based on your observations comparing where you are currently locating your strategy implementation and how that might change in the future.

In the RFP for continuation funding, which will be posted in late August and due back to ODH in early October, we will ask you to provide the summary as described in Step 2, as well as provide a plan for any changes you will make in your work plan based on the information identified

ⁱ “Vulnerable Populations” is the name of the tool; this language is being re-visited; a systems centered language approach reminds us that language matters, and the word “vulnerable” has implications of blaming the person rather than the system. Alternative language suggested includes communities exposed to additional harm, or communities currently facing discrimination and marginalization. For more see:

<https://meagoreillyphd.medium.com/systems-centered-language-a3dc7951570e>



Attachment 2

Safe States Alliance
Partner and Sexual Violence Prevention Special Interest Group

National Intimate Partner and Sexual Violence Prevention Specialist Core Competencies

By Core Competency Workgroup:
Nancy Bagnato, Beth Malchus, Diana Read, and Debra Seltzer
January 2015.
Pending Final Approval

Safe States Alliance

National Intimate Partner and Sexual Violence Prevention Specialist Core Competencies

Introduction

The following core competencies have been developed by a Core Competencies Workgroup (CCW) within the Safe States Alliance *Partner and Sexual Violence Prevention Special Interest Group (SIG)*. The Safe States Alliance (Safe States) is a national non-profit 501(c)(3) organization and professional association whose mission is to strengthen the practice of injury and violence prevention. The purpose of this SIG is to provide a forum for Safe States members to discuss and share program strategies, resources and policy initiatives aimed at reducing intimate partner and sexual violence (IP&SV). Members of the SIG felt that the development of core competencies would be an excellent resource not only for members of Safe States, but for others working in the field at both the community and state level, including state level Rape Prevention and Education (RPE) Program Directors funded through the National Centers for Disease Control and Prevention (CDC). The CCW engaged in a year-long development process that included: researching existing competencies and related guidelines; creating draft guidelines; vetting draft guidelines with SIG members; sharing draft guidelines with CDC staff; and finally, soliciting input nationally through an online survey (SurveyMonkey, Inc).

A core competency is a fundamental knowledge, ability, or expertise in a specific subject area or skill set ¹. The “core” part of the term indicates that the individual has a strong basis from which to gain additional competence to do a specific job. Theoretically, a core competency should allow an individual to expand and grow their knowledge and skills to provide a significant benefit to themselves and the people they serve.

The main purpose of these core competencies is to systematically guide the development of technical assistance and in person and on-line training programs for the IP&SV Prevention Specialist (Preventionist). These competencies can also be used to create job descriptions, to develop needs assessments, or to assist with performance evaluation. They have been designed to encompass essential knowledge and skills in five areas that are widely considered necessary to do IP&SV prevention work in the field of injury and violence prevention: general knowledge, assessment and evaluation, project management, communications and training and self-care and resiliency building.

It is not expected that an individual will need to be an expert in all of the competencies in order to effectively carry out their job. Many of the competencies may be more relevant to someone working at the state level than at the local level, or vice versa. And in some cases, larger programs may have multi-disciplinary teams that share responsibilities and therefore the competencies associated with those tasks. The intent is that the individual should ascertain those competencies that are a priority given their job responsibilities, and gain knowledge and skills throughout the course of their career in prevention to strengthen those competencies. This document is designed to accomplish this by providing the user with a roadmap for gaining and building on the competencies through 1) a three month introductory stage, 2) a subsequent nine months, and 3) progressing to ongoing growth and education. The remainder of the document is for all professionals to engage in continuous quality improvement.

The Core Competency Workgroup envisions that in the future the competencies will be distributed as a self-assessment tool that includes an individual development plan template. Individuals would be able to assess each competency using a four point scale, with:

- 1 = None. I am unaware or have very little knowledge of the skill
- 2 = Aware. I have heard of, but have limited knowledge or ability to apply the skill
- 3 = Knowledgeable. I am comfortable with my knowledge or ability to apply the skill
- 4 = Proficient. I am very comfortable, am an expert, or could teach this skill to others

The self-assessment tool will assist the IP&SV Preventionist to develop a training plan to assist with growth and advancement in the field of intimate partner and sexual violence prevention. The Core Competency Workgroup also envisions that local and national resources will be linked to each competency to provide knowledge and skills needed to become an expert.

To ensure that the IP&SV Prevention Competencies are kept up-to-date, the Core Competency Workgroup recommends a scheduled review by the Safe States Partner/Sexual Violence SIG.

"core competency." *Dictionary.com's 21st Century Lexicon*. Dictionary.com, LLC. 25 Apr. 2014.
<Dictionary.com [http://dictionary.reference.com/browse/core competency](http://dictionary.reference.com/browse/core+competency)>.

The Safe States Alliance National Intimate Partner and Sexual Violence Prevention Specialist Core Competencies document has been cross walked with the essential core competencies developed by SAVIR§-Safe States Alliance Joint Committee on Infrastructure Development. Below is the key.

Core Competencies for Injury and Violence Prevention

Developed by the SAVIR§-Safe States Alliance Joint Committee on Infrastructure Development

The essential competencies for injury and/or violence prevention are identified below. Following the general list of competencies is a more detailed list including learning objectives.

1. Ability to describe and explain injury and/or violence as a major social and health problem.
2. Ability to access, interpret, use and present injury and/or violence data.
3. Ability to design and implement injury and/or violence prevention activities.
4. Ability to evaluate injury and/or violence prevention activities.
5. Ability to build and manage an injury and/or violence prevention program.
6. Ability to disseminate information related to injury and/or violence prevention to the community, other professionals, key policy makers and leaders through diverse communication networks.

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7. Ability to stimulate change related to injury and/or violence prevention through policy, enforcement, advocacy and education.
 8. Ability to maintain and further develop competency as an injury and/or violence prevention professional.
 9. Demonstrate the knowledge, skills and best practices necessary to address at least one specific injury and/or violence topic (e.g. motor vehicle occupant injury, intimate partner violence, fire and burns, suicide, drowning, child injury, etc.) and be able to serve as a resource regarding that area.

National Intimate Partner and Sexual Violence (IP&SV) Prevention Specialist Core Competencies

First Three Months

- A. By the end of the first three months, the IP&SV prevention specialist will be familiar with:
 1. The history of the IP&SV movements including prevention. (1, 9)
 2. At least three theories as a basis for addressing IP&SV prevention. (1,3,9)
 3. The Principles of Effective Prevention. (1, 2, 3, 4)
 4. The Spectrum of Prevention and Social-Ecological Models. (1, 3)
 5. The concept of anti-oppression practice (9)
 6. The principles of social justice (1, 8, 9)
 7. Effective presentation and facilitation skills. (9)
 8. The continuum of evidence for IP&SV prevention discussed in the Center for Disease Control's paper Understanding Evidence. (1, 2, 4)
 9. Tools for program planning: grand writing, logic model, work plans, goal writing and outcome statements. (2, 3, 4, 5)
 10. State and federal laws regarding IP&SV that have an impact on program policies and procedures. (5,7,9)
 11. Procedure for handling disclosures that could include mandated reporting requirements. (5,7,9)
- B. After the first three months the IP&SV specialist prevention will or is able to:

General Knowledge:

1. Apply the public health approach to IP&SV prevention. (1,2,3,4,9)
2. Distinguish the difference between primary prevention compared to secondary and tertiary prevention in IP&SV. (1,9)
3. Give examples of how primary prevention can contribute to social change. (1,7)
4. Identify modifiable risk and protective factors for IP&SV perpetration. (1,9)
5. Challenge personal biases and beliefs that may interfere with work. (3,9)

Assessment and Evaluation:

1. Identify sources of existing data for IP&SV related issues. (2,9)

Project Management:

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1. Identify available funding streams for IP&SV prevention. (5,9)
 2. Read IP&SV current grant guidelines and requirements applicable to position. (5,9)

Communications and Training:

1. Tailor and adapt effective communication messages and training content to meet the needs of different audiences. (3,4,6,7)
2. Describe the differences between: evidence based, evidence informed, theory based, and practice based prevention strategies. (1)
3. Identify informational sources to respond to various IP&SV prevention topics requests. (2,6,7,9)

Self-Care and Resiliency Building

1. Identify the ways in which IP&SV may affect both personal and professional life. (9)
2. Identify ways you can implement self-care into your professional life. (9)
3. Devise a plan to use clear boundaries between personal and professional life. (9)

First Year

A. By the end of the first year, the IP&SV prevention specialist will be familiar with:

1. The intersections with other forms of violence and its application to strategies in your program. (1,9)
2. The concept of a community of practice. (9)
3. Building community and stakeholder trust through collaboration and collaborative decision making process. (1,3,5)
4. Recognize the intersections (e.g., risk and protective factors or identified population) to other public health prevention program. (1,9)
5. Different types of data collection used to systematically measure outcomes of implemented strategies. (2,3,4)
6. Sustainability and institutionalizing prevention strategies and resources. (5)
7. The use of continuous quality improvement (CQI) to improve an existing service, strategies and product or to design a new service, strategies or product. (2,3,4,5)
8. Basic financial management principles. (5)
9. The differences between public relations, media advocacy and social media. (6,7)
10. The differences between lobbying, advocacy and education. (6,7)
11. Trauma stewardship and the effect of direct and indirect trauma exposure on self, co-workers, and others. (9)

B. By the end of the first year, the IP&SV prevention specialist will or is able to:

General Knowledge:

1. Apply the Principles of Effective Prevention. (1,2,3,4)
2. Recognize the importance of linking prevention program strategies to evidence and theory. (1,2,3,4)
3. Identify the connections IP&SV has to civil rights and human rights. (9)

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4. Give examples of how Social Determinants of Health contribute to IP&SV including: racism, sexism, economic inequity, power, oppression, patriarchy and privilege. (1,3,9)
 5. Address personal biases and beliefs that may interfere with work. (3,9)

Assessment and Evaluation:

1. Identify different methods for assessing community's needs and assets related to IP&SV prevention. (2,9)
2. Explain the importance of evaluating IP&SV prevention strategies. (1,2,4,9)
3. Explain the difference between process and outcome evaluation. (9)
4. Develop a work plan including goal writing and measurable outcome statements based on a community or state assessment. (1,3,9)
5. Utilize valid and reliable tools to measure the effectiveness of IP&SV prevention strategies. (2,4,9)
6. Read and interpret data sets used to inform IP&SV prevention strategies. (2,4,9)
7. Use and cite data to tell the story to engage potential stakeholders by increasing the understanding of the value and impact of IP&SV prevention on the individual, community and societal level. (2,4,6,9)

Project Management:

1. Craft goals and outcomes statements in IP&SV prevention strategies based on community or state assessment results. (2,3,4,5,9)
2. Develop evidence informed IP&SV prevention strategies using the Social-Ecological and/or Spectrum of Prevention and Effective Principles of Prevention. (1,3,9)
3. Develop IP&SV strategies that are informed by Social Determinants of Health and anti-oppression practice and social justice principles. (1,3,9)
4. Implement prevention strategies for IP&SV based on the public health approach. (1,2,3,4,9)
5. Build effective partnerships with multi-sector stakeholders by increasing connections, reciprocity and trustworthiness. (1,3,5)
6. Use evidence based and/or evidence informed curriculum, strategies and approaches for IP&SV prevention. (2,3,4,9)
7. Use collaborative decision making for developing and implementing prevention strategies. (5)
8. Identify skills needed for leadership development. (8)
9. Utilize project management skills: problem solving, decision making, planning, delegating, communication, meeting management, managing self. (5,8)
10. Identify elements needed for writing a successful grant proposal. (5)
11. Monitor grant's deliverables. (5)
12. Generate information for progress or other reports. (5)
13. Critique and assess grant applications/proposals to determine eligibility for funding. (5)
14. Leverage human, technological and financial resources to assist in implementing IP&SV prevention strategies. (1,3,5,9)

Communications and Training:

1. Utilize effective presentation and facilitation skills. (6,7,9)
2. Provide accurate and appropriate technical assistance related to IP&SV prevention tailored to specific audiences. (7,9)
3. Communicate the complexities of IP&SV prevention issues to stakeholders and the public. (5,6,7,9)

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4. Establish and maintain positive working relationships with partners and stakeholders. (1,3,4,5)

Self Care and Resiliency Building:

1. Understand how burnout, vicarious trauma and compassion fatigue may be presented in self and co-workers doing IP&SV prevention work. (9)
2. Apply self-care into your personal and professional life. (9)
3. Identify a mentor or ally to assist and help guide your efforts in IP&SV prevention. (9)

On-going Professional Competencies

The IP&SV prevention specialist will or is able to:

General Knowledge:

1. Recognize how power, patriarchy, oppression and privilege can affect IP&SV prevention strategies. (1,9)
2. Seek new ways to grow in understanding Social Determinants of Health including cultural, ethnic and racial differences, sexism, economic inequity, etc. (1,3,8)
3. Examine and challenge personal biases and beliefs towards people who are different from self. (3,9)
4. Assess personal strengths and challenges and seek out training opportunities for needed areas of improvement. (5,8)
5. Stay current on emerging and best practices, evidence and research by attending training and networking opportunities. (5,8)
6. Develop mentoring skills and practices in order support a new IP&SV prevention specialist. (5,8)
7. Recognize training and technical assistance needs for personal and professional growth. (5,8)

Assessment and Evaluation:

1. Translate data in order to tell prevention stories to engage stakeholders and diverse audiences to build their capacity of understanding the impact of IP&SV. (2,4,6,7,9)
2. Use appropriate reference materials to support IP&SV work. (5,9)
3. Use varied methods and tools for assessing community prevention needs for IP&SV. (2,3,9)
4. Coordinate the design and implementation of a community and/or state needs assessment. (1,2,3)
5. Coordinate the design and implementation of valid and reliable evaluation tools to measure the effectiveness of IP&SV prevention strategies. (2,3,4,9)
6. Analyze and interpret outcome and process data to determine what strategies should be sustained, modified or discontinued. (2,4,5)

Project Management

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1. Use continuous quality improvement to inform work strategies. (2,3,4,5)
 2. Write grant proposals to implement and sustain IP&SV prevention strategies. (5,9)
 3. Monitor budget for IP&SV programs. (5,9)
 4. Implement strategies to sustain IP&SV prevention programs. (3,5,9)
 5. Build and maintain partnerships with community and/or state stakeholders to implement and sustain IP&SV prevention strategies. (1,3,5,9)
 6. Collaborate with other public health areas and social justice efforts to address IP&SV prevention strategies. (1,3,5,9)
 7. Recognize training needs to partner with culturally specific agencies from your community to assist in implementing culturally appropriate education and build community relationships. (1,3,5,7,8)
 8. Identify new (i.e., human, technological, financial resources and other assets from community) to support implementing IP&SV prevention strategies and project management. (1,5,9)
 9. Understand the roles and responsibility related to informing policy development. (6,7)

Communication and Training

1. Use media advocacy to support implementation of IP&SV prevention goals. (6,7,9)
2. Use social media to support implementation of IP&SV prevention goals. (6,7,9)

References:

California Department of Public Health and California Partnership to End Domestic Violence, (2013). Core Competencies for Domestic Violence and Teen Dating Violence Primary Prevention. Sacramento: California Department of Public Health.

Martin, S. L., Hoehn, M., Mathew, M., Runyan, C. W., Orton, S., & Royster, L. (2009). Primary prevention of violence against women: Training needs of violence practitioners. Violence Against Women, 15(1), 44-56.

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kan, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. American Psychologist, 58(6/7), 449-456.

National Sexual Violence Resource Center, (2012). Resources for sexual violence preventionists: Core competencies for sexual violence prevention practitioners. Enola: National Sexual Violence Resource Center.

Ohio Sexual and Intimate Partner Violence Prevention Consortium, (2011). Primary Prevention Educator Competencies. Cleveland: Ohio Alliance to End Sexual Violence.

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REVISED 2023

NOTE: The logic model directions were revised based of the CQI training series. RPE prevention work is made up of Programs, Policies and Practices. There are only 4 Types of Strategies they are 1) Creating Protective Environments, 2) Social Marketing, 3) Educational Programs, and 4) Community Mobilization. See CQI Episode 2: Programs, Policies and Practices (PPP)

Yellow highlight denotes change from 2021

Logic Model & Evaluation Plan Directions

Required Program Goal: To decrease the rate of sexual violence perpetration and victimization in (Ohio or specific community) by promoting social norms that protect against violence; providing opportunities to empower and support girls and women; create protective environments; and teach skills to prevent sexual violence.

Inputs

- Staff (Note: All staff listed should be identified on the Key Personnel Cover **Page Appendix F**)
- Funding
- Resources

Strategies

Strategy A: Creating Protective Environments Formerly Policy, Practices, Procedures and Protocol (Levels of the SEM: Community/Society): Creating Protective Environments within a setting (e.g., K-12 school building or district or other school setting such as colleges/universities, non-school youth settings, businesses/organizational setting, city or county) that address the prevention of sexual violence, sexual harassment and partner violence. This can also include addressing community level risk factors through environmental approaches. It should be noted that this strategy requires a process that engages primary, secondary, and key stakeholders. The policy cycle process includes problem identification, policy analysis, strategy and policy development, policy enactment, policy implementation and policy evaluation. For more information about the policy process see [CDC Policy Process](#). The activities associated with Creating Protective Environments can be youth and young adult led or adult led. The following are examples:

- By January 31, 2023, (Name setting) will use photovoice to identify risk factors and protective factors within the community.
- By January 31, 2023, (Name setting) will provide a report that describes the cost to not implement a workplace policy compared to benefits for implementation.
- By January 31, 2023 (Name setting) will use a rubric to identify strengths and gaps in current policies.

Strategy B: Social Marketing Formerly Messaging, Social Media Campaign (Levels of the SEM:

Community/Society): Social Marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviors that benefit individuals for the greater social good. The strategy has consumer orientation, audience segmentation and focus on behavior change.

The following are examples:

- By January 31, 2023, (fill in primary population of focus, secondary population of focus) to be reached e.g., residency, parents, teachers, youth, college students, men, and faith communities) will read stories/editorials/messages about promoting safe and supportive relationships and preventing sexual violence perpetration. **Messaging can be youth and young adult led or adult led.**
- By January 31, 2023, A social marketing campaign will be created for (population(s) of focus) to increase the protective factor: connection with a caring adult. **Messaging can be youth and young adult led or adult led.**

Strategy C: Educational Programs Formerly Training Prevention Programming (Levels of the SEM:

Individual/Relationship Level) Educational Programs 1) Train the Trainer/Engage adults to work with youth or with other adults 2) Engage youth leaders to promote safe, supportive and nurturing relationships 3) Seek to increase Knowledge/Attitudes/Behaviors/Beliefs/Skills (KABBS) that promote safe, supportive and nurturing relationships

- **Strategy C 1) Train the Trainer/Engaging adults to work with youth or with other adults. Prevention programming in specific community settings:**
 - By January 31, 2023, adults (fill in: who work with youth or other adults) in (fill in specific community setting e.g., bars, health care, schools, faith communities and businesses) will participate in a two hour or more train the trainer workshop will demonstrate an overall increase in knowledge, attitude and skills to engage (youth and/or other adults) towards preventing sexual violence perpetration and promoting safe and supportive relationships. **NOTE: This strategy must be paired with Creating Protective Environments and/or Social Marketing.**
- **Strategy C 2) Engaging youth leaders to promote safe and supportive relationships:**
 - By January 31, 2023, youth (name community/organization) participating in a 5 hour or more training/workshop will demonstrate an overall increase in a positive change in knowledge, attitude and skills towards preventing sexual violence perpetration and promoting safe and supportive relationships with their peers. **NOTE: This strategy must be paired with Creating Protective Environments and/or Social Marketing.**
- **Strategy C 3) Training in KABBS:**
 - By January 31, 2012, (fill in population of focus, e.g., Halferty Hills High School Students, YWCA clubs youth, PTA parents, organizations, bat) participating in a multi-session, sexual violence, primary prevention program will be able to demonstrate an overall increase in a positive change in knowledge, attitude and skills towards preventing sexual violence perpetration and promoting safe and supportive relationships. **NOTE: This strategy must be paired with Creating Protective Environments and/or Social Marketing.**

Strategy D – Community Mobilization Formerly Coalitions/Councils/Network/Workgroup (Levels of the SEM: Community/Society): may include

1) Youth and Young Adults and/or 2) Community Coalitions/Advisory Councils 3) Project Specific Workgroup to work on sexual violence prevention programming 4) Community Engagement Readiness/Enhancement Survey This strategy brings together members of the community in planning and action. The community selects the priority(ies) to focus on. Community ownership is a key aspect of Community Mobilization. (Led by people (for the people, by the people).

- Strategy D Community Mobilization (Agency Led/Youth Led work):
 - By January 31, 2021, a strategic plan will be developed and/or implemented that addresses prevention systems to promote safe, supportive and nurturing relationships by decreasing risk factors and increasing protective factors associated with sexual violence. **This work informs Strategies A, B, & C.**
- Addendum 1: If an agency would like to implement an activity not listed here but can be clearly linked to the STOP SV Technical Package, you can submit that request for review. Complete a Prevention Strategy Form (midyear report) for the strategy that links to the STOP SV Technical Package and include that strategy on your logic model.
- Addendum 2: Implementation of your community plan: this work should be completed “up above” in A-C strategies.
- Addendum 3: Conducting a Readiness/Enhancement survey is a mechanism for improving relationships with partners and stakeholders and assist with planning and policies. The type of agency work results in PPPs that are directly responsive to the prevention needs of the community. Stakeholders and partners will identify indicators as areas for growth. (See cost expenditure plan for deliverables.) See the Wisconsin Department of Health for more information including the tool and videos. <https://www.dhs.wisconsin.gov/mch/family-youth-community-engagement.htm>

Strategy E – Coalitions/Councils/Network/Workgroup Adult only (This is not included on your PPP strategy map)

Risk and Protective Factors:

On the column in your logic model for risk and protective factors, you should list the risk and protective factors for all of your selected strategies. The following table is Ohio’s selected RPE risk and protective factors – each PPP should address at least one of Ohio’s selected risk or protective factors. The risk and protective factors in the logic model should match the risk and protective factors checked on your Prevention Strategy Forms. See CQI Episode 4: Risk and Protective Factors for more information.

Ohio’s selected RPE Risk and Protective Factors (SEM Levels – I/Individual, R/Relationship, C/Community, S/Societal)

Risk Factors	Protective Factors
Lack of non-violent problem solving skills (I)	Association with pro-social peers (R)
Cultural norms supporting aggression (S)	Connection/commitment to school (R)
Harmful norms around masculinity and femininity (S)	Connecting with a caring adult (R)
Societal norms that support sexual violence	Community support and connectedness (C)

(S)	
Weak health, educational, economic and social policies/laws (S)	Coordination of resources and services among community agencies (C)

Short Term and Intermediate Outcome:

List the short-term and intermediate outcomes identified and associated with each strategy.

- Short Term Outcome intended effects occur immediately to the end of the year.
- Intermediate Outcome intended effects occur by the end of 18-24 months.

Resources for Strategies and Reporting data/Output data

Please refer to the [STOP SV Technical Package](#)

Strategy A: Creating Protective Environments See CQI Episode 6 for data collection resources and ideas.

- [The CDC Policy Process](#)
- [Community Tool Box](#) See chapters 20-26: Implementing Promising Community Interventions also see Chapter 3 Types of Community Mapping and Assessing (i.e., listening sessions, hot mapping and photovoice)
- [Thriving.us](#) America's movement for well-being and justice
- VetoViolence [Estimating Essential Elements of Prevention Strategies: Creating Protective Environments](#)
- YWCA [Healthier Communities Guide](#)
- CDC [The Built Environment Assessment Tool Manual](#)
- Workplace Safety and Equity Toolkit for reviewing and developing policy. [Futures without Violence](#)
- Prevent Connect Webinar: [Cheers to Creating Protective Environments: Sexual and IPV Prevention in Bars and Alcohol Serving Establishments](#)
- Start Strong School Policy Assessment Tool - through [Futures without Violence](#)
- [AAUW](#) Deliver Title IX Resources to your local schools
- National Women's Law Center: Let Her Learn <https://nwlc.org/let-her-learn/>
- Stewards of Children Policy Recommendations for Children and Youth Programs – [Darkness to Light](#)
- Washington Coalition of Sexual Assault Programs: [Creating Protective Environments: Preventing Child Sexual Abuse in Faith Communities](#)
- Campus and High School Policy Tool Kit – Know your IX <https://www.knowyourix.org/>
- Resource Tools for Drafting Sexual Harassment Policy – [End Violence Against Women Now](#)
- AAUW' guide: [Know Your Rights at Work Employer's Guide](#)
- National Women's Law Center: [Sexual Harassment Tools to Help Employers Prevent Harassment](#)
- ToPS: Consensus Building <https://www.top-training.net/w/>
- Sample Campus Environmental Scan from the Hunting Ground: https://s3.amazonaws.com/fwvcorp/wp-content/uploads/20160121115025/The-Hunting-Ground-Action-Toolkit_8.31.15.pdf

- Awake to Woke to Work: Building a Race Equity Culture: <https://www.equityinthecenter.org/wp-content/uploads/2019/04/Equity-in-Center-Awake-Woke-Work-2019-final-1.pdf>
- Ohio Department of Education: [Whole Child Framework](#) & [Building Better Learning Environments](#)
- Ohio CHA/CHIP: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>

Strategy B Social Marketing

- [Community Tool Box](#) See Chapter 45 and Related Toolkits Chapter 13
- [CDC Social Media Toolkit](#)
- CDC [Media Access Guide: A resource for Community Health Promotion](#)
- CDC Building our Understanding: Key Concepts of Evaluation. [Applying Theory in the Evaluation of Communications Campaigns.](#)
- Faith Communities – [Faith Trust Institute](#)
- Men and Boys, Health Care, Parents, Teens – [Futures without violence](#), [National Sexual Violence Resource Center](#) (search library “social marketing” or by population of interest)
- Media and Social Marketing – [e-learning Social Marketing as a Tool in Primary Prevention Prevent Connect](#)
- Social Media Examiner – [Strategies to measure social media success](#)
- Bystander intervention: [Engaging Bystanders in Sexual Violence Prevention](#), [Green Dot Campaign](#),
- Sexual Assault Awareness Month: <https://www.nsvrc.org/saam>
- Ohio Alliance to End Sexual Violence: I Can Be the One. <https://icanbetheone.com/>

Strategy C Educational Programs NOTE: This objective must be paired with Creating Protective Environments and/or Social Marketing

- How to write measurable learning objectives <https://www.celt.iastate.edu/teaching/preparing-to-teach/tips-on-writing-course-goalslearning-outcomes-and-measureable-learning-objectives/>
- VetoViolence Understanding Evidence <https://vetoviolence.cdc.gov/understanding-evidence>
- VetoViolence: Select, Adapt, Evaluation! [Adaptation Guidance](#) (Please refer to the CQI Episode 9: Adaptation)
- Faith Communities – [Faith Trust Institute](#), VAWNET – [interfaith toolkit](#), Transforming Communities – [One Spirit Resource](#),
- Ohio Department of Education, Anti-HIB [Resources](#)
- Ohio Department of Higher Education [Resources](#)
- Men and Boys – [Ohio Men’s Action Network](#): Ohio’s New Playbook: Standing Strong to Promote Nonviolence: Contact Ohio Domestic Violence Network, Futures without Violence - [Coaching Boys into Men](#), [White Ribbon Campaign](#), Men Can Stop Rape - [MOST Clubs](#).
- Youth Leadership – National Sexual Violence Resources Center: [Best Practice for Engaging Youth as Partners](#) Youth-led Participatory Action Research (YPAR) – Public Health Institute – [white paper series](#) (NOTE: The report and white paper series are now together)
- Prevention Action Alliance formerly known as Ohio Drug Free Action Alliance
- [Ohio Youth Lead Prevention Network](#)
- [Ohio Adults as Allies](#): Resources, White Papers and Youth Empowerment Conceptual Framework
- Ohio Domestic Violence Network: [Prevention Toolkit](#)

Strategy D Community Mobilization See CQI Episode 5: Voices Choices

- NSVRC [Innovations in Community Level Prevention](#)
- Saswati Sarkar – New York City Alliance Against Sexual Assault Recognizing the Power of Collective. [Mobilizing our communities to prevent sexual violence](#)
- Texas Association Against Sexual Violence: [Engaging Communities in Sexual Assault Prevention](#)
- Washington Coalition of Sexual Assault Programs: [Community Development](#)
- CDC: [Community Mobilization Guide](#) (CDC created this guide for STI programs, but many of the ideas can be used in sexual violence prevention work)
- CDC – [Community Health Assessment Guide](#)
- CDC - [Sustainability Guide](#)
- [Community Toolbox](#) for Building Coalitions and Task Force in Health and Chapter 7 Encouraging Involvement in Community Work
- Management Sciences for Health: [How to Mobilize Communities for Health and Social Change: Field Guide.](#)
- Communities in Action: [Pathways to Health Equity](#)
- Texas Association Against Sexual Assault – [Building Stronger Services through Collaboration](#)
- Robert Wood Johnson: [A Community Mobilization Approach to Preventing Domestic Violence](#)

Strategy E – Coalitions/Councils/Network/Workgroup

- Coalition Work Resources – [Coalition Assessment and Evaluation tools](#)

National Resources for Program Planning and Evaluation

National Sexual Violence Resource Center

- [Evaluation Tool Kit NEW 2018](#)

VAWNET

PreventConnect

Prevent Institute: [A Guidebook in Strategy Evaluation](#)

Prevent Institute: [Unity Roadmap](#)

***Shifting the Paradigm* [American College Health Association](#)**

CDC Veto Violence

- [Success Stories](#)
- [evaluACTION](#)
- [Principles of Prevention](#)
- [Understanding Evidence](#)