

# **Rape Prevention and Education (RPE) Bidder's Conference**

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**August 18, 2021**

# BACKGROUND



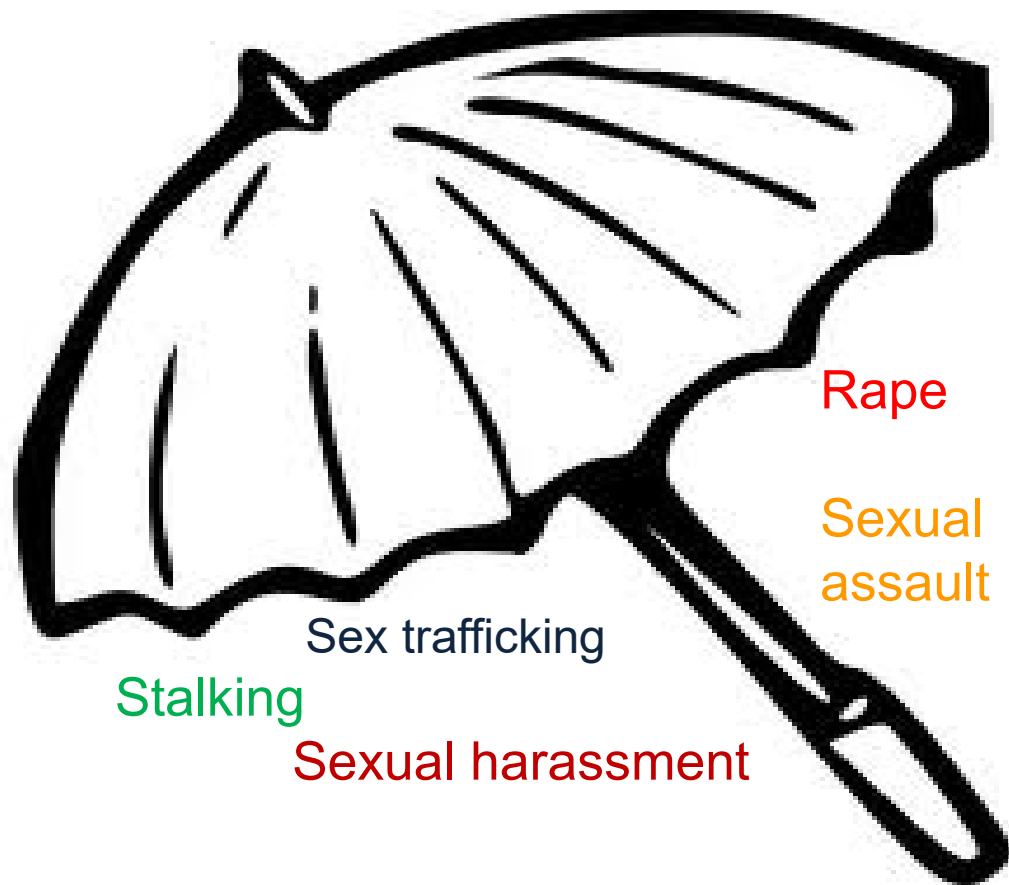
# RPE Program Basics

- Centers for Disease Control and Prevention (CDC) awards Rape Prevention and Education funding to every state and territory health department using a population-based formula.
- Program began in NC in 1996
- Includes state-level work led by NC Division of Public Health and NC Coalition Against Sexual Assault, as well as local-level work led by competitively selected subrecipients

# The Division of Public Health's Role in RPE

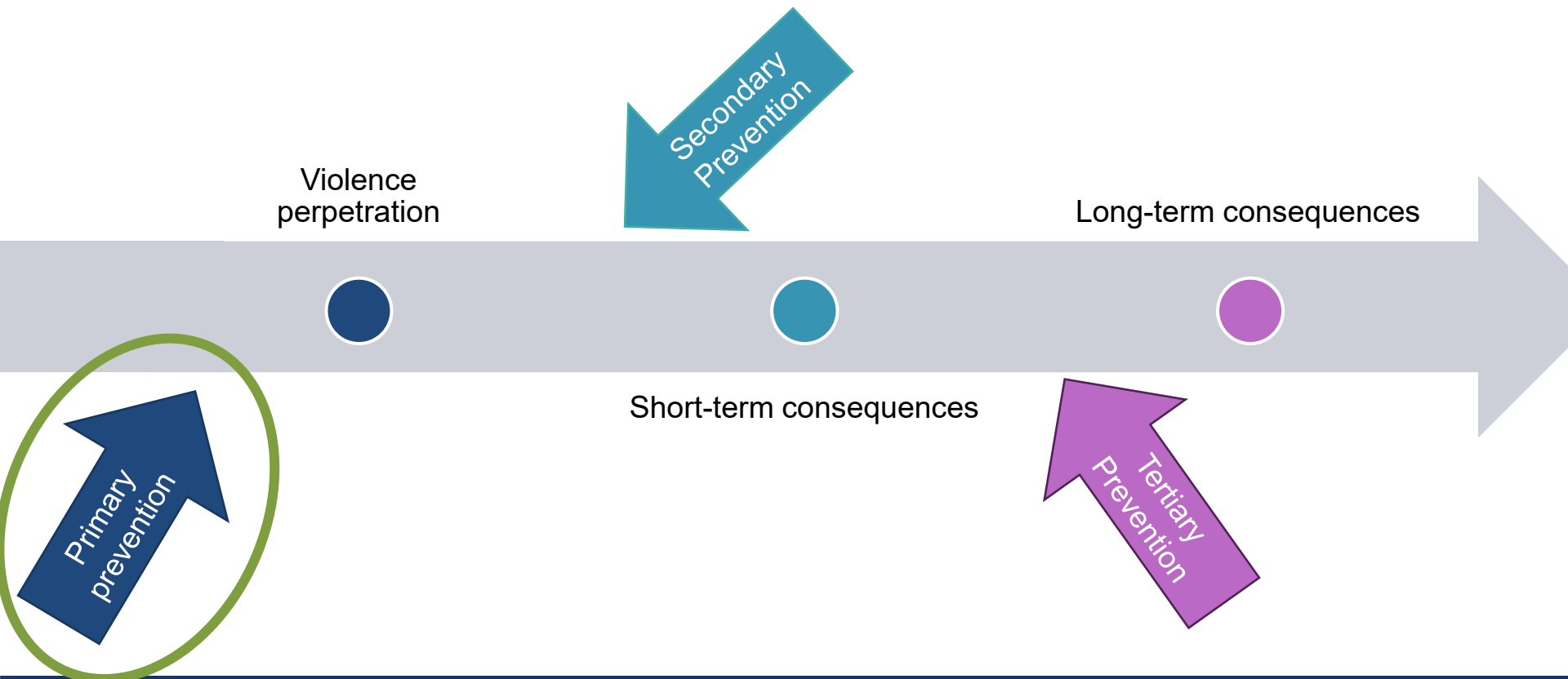
- Administer the program through the Injury and Violence Prevention Branch
- Lead state-level work that complements grantees' local work.
- Support grantees – sharing resources and technical assistance, helping work through program challenges and adaptations
- Fund NCCASA to provide training and TA to grantees and to help build capacity.

# What Do We Mean by “Sexual Violence (SV)”?

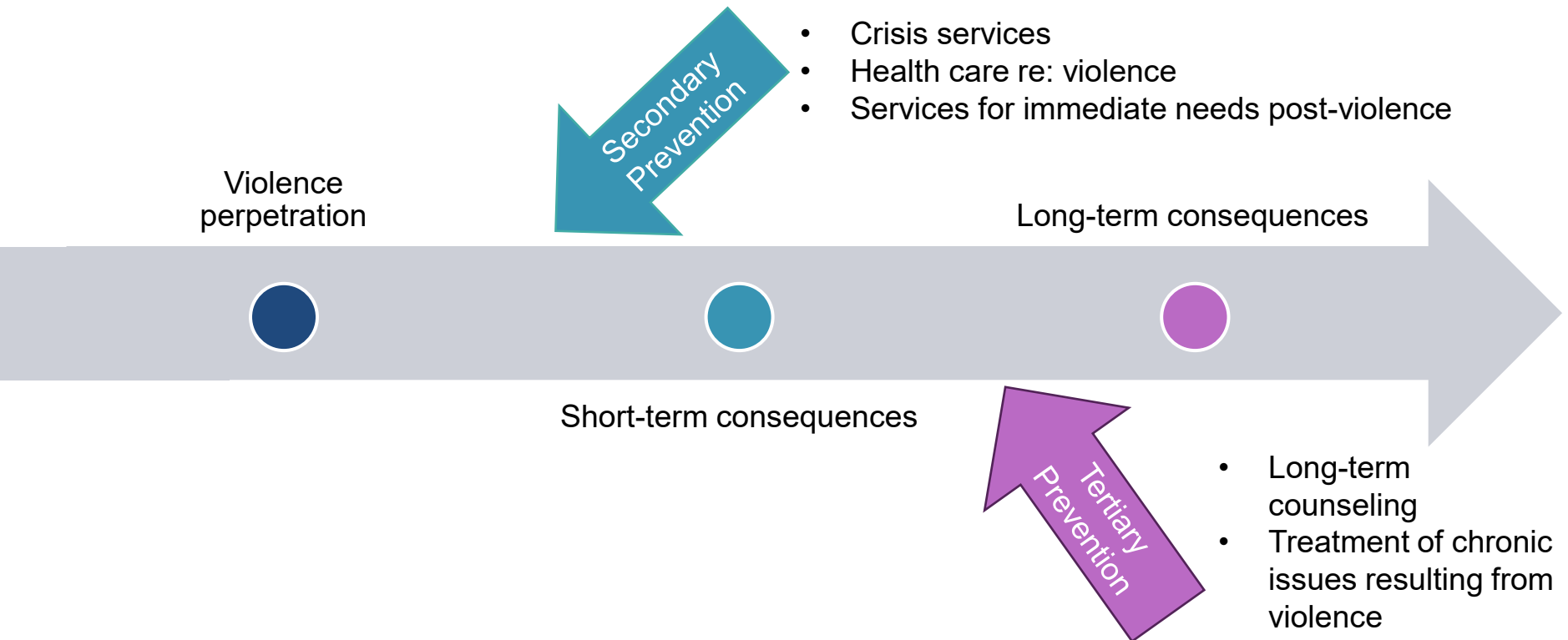


# Funding priorities

- Primary prevention – changing conditions so that sexual violence doesn't occur in the first place
  - Not focused on response, awareness, or outreach



# NOT funded by RPE



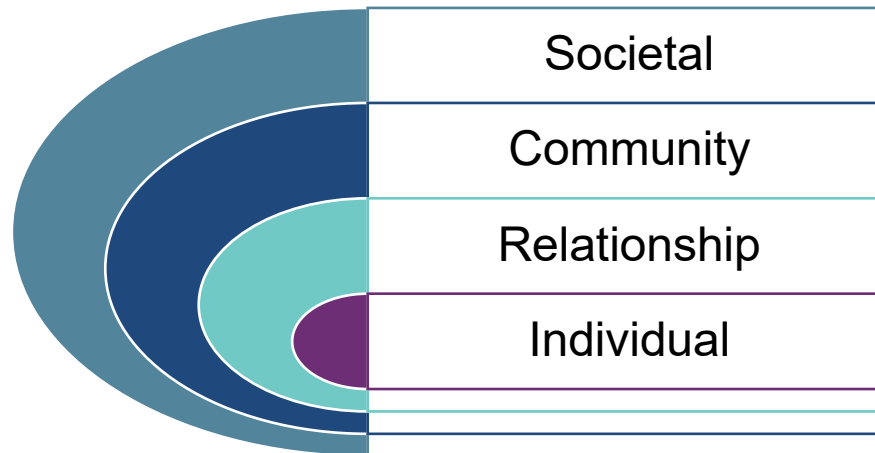
# Public Health Approach

- Historically linked to physical and medical issues
- Focuses on the health of entire communities and populations, not just of individuals. How do we prevent sexual violence from being a problem for our whole community?
- Allows us to view sexual violence as a preventable problem by breaking down the influences that contribute to and allow sexual violence to occur
- Ties sexual violence to causes outside of the victim/ survivor (e.g., social norms, social and economic inequality, perpetrators)
- Acknowledges that sexual violence is a huge problem affecting all of us (victims/survivors; partners, family, and friends; and society as a whole)



# Funding priorities

- Public health approach: risk and protective factors, data-driven planning, evaluation
- Increasingly prioritizing community and societal level change
- Health equity



# Risk and Protective Factors

- A *risk factor* is an influence that precedes an undesirable outcome and is associated with an increase in the likelihood of that outcome.
- A *protective factor* is an influence that buffers against the risk of an undesirable outcome. It is a characteristic that reduces the likelihood of negative outcomes.

# What is SV Primary Prevention?

- Previously we called things prevention that are actually risk reduction or responsibility shifting
  - Self-defense
  - Safety tips
- Primary prevention will require true social change.
- It involves changing the social conditions that cause people to harm other people in the first place.
  - Changing the attitudes and beliefs that lead to specific behaviors
  - Changing communities, structures, and institutions through policies and community-level interventions

# Shared Risk and Protective Factors

- Some risk and protective factors that affect sexual violence perpetration also affect many different outcomes, like other forms of violence or community well-being.
- This is why organizations that do not have sexual violence prevention as an explicit part of their mission may still be a great fit for the RPE program.
- See the CDC's Connecting the Dots report for more information on shared risk and protective factors.
- If your organization is eligible and wants to engage in any of the allowable strategies and activities (in Scope of Work section), you are encouraged to apply.

# Health Equity

- All proposals are expected to integrate health equity into their work.
- Health equity is when all people, regardless of their identities or circumstances, have full, fair, and just opportunity to attain their highest level of health. Building toward health equity requires working to end health disparities, or preventable differences in health outcomes. To achieve health equity, we must address the root causes of health disparities, such as poverty, racism, sexism, and ableism. *“The route to achieving health equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances”* (Paula Dresser, Race Matters Institute).

# Evaluation

- Evaluation is a critical component of the public health approach and the RPE program.
- But we do **not** expect grantees to be evaluation experts!
- NCCASA will lead evaluation efforts and will work collaboratively with grantees to make sure evaluation efforts are successful.

# Evaluation continued

- All programs are expected to collect data in accordance with plans made with NCCASA and as required by IVPB for RPE progress reports.
- It is important that community partners/participants be open to participating in data collection activities.
- Current evaluation tools include surveys for:
  - Youths who receive curricula related to skills to prevent sexual violence
  - Community partner organizations
  - General community members

# THE 2021 RPE REQUEST FOR APPLICATIONS



# Current RPE Request for Applications (RFA)

- August 2021: RFA Released for 2/1/2022-1/31/2025
- Up to 11 local subrecipients will be funded
- Eligible Applicants include: public or local governmental agencies, non-profit organizations with a current 501(c) (3) status, excluding colleges and universities
- Open to agencies that do not have addressing sexual violence as their primary mission, provided they have adequate capacity to meet program requirements

# Components of 2021 RPE RFA

- Background (and key terms)
- Scope of Services
- Contract Period
- Basic Requirements of the proposal
- Funding Priorities for all applicants
- Budget Requirements
  - Ineligible Expenses

# More on Scope of Services

- Funding categories:
  - Category A: Up to \$70,000/year, at least 35% of project time dedicated to community- and societal-level approaches
  - Category B: Up to \$87,000/year, at least 75% of project time dedicated to community- and societal-level approaches. Up to 5 Category B awards.
- Health equity
- Shared risk and protection bonus

# More on Scope of Services

- Up to 3 strategies TOTAL. Choosing more than one strategy does not necessarily increase the application score.
- All applicants **must choose at least one** of the following community or societal level strategies:
  - Improving safety and monitoring in schools/communities
  - Establishing and consistently applying protective workplace policies
  - Addressing community-level risks through built environment approaches
  - Mobilizing community to support protective social norms
  - Strengthening economic supports for women and families
- All applicants **may choose up to two** of the following individual/relationship level strategies:
  - Teaching skills to prevent sexual violence
  - Increasing uptake of economic supports for women and families

# CDC STOP SV Technical Package



<https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>

# CDC STOP SV Technical Package

- The STOP SV Technical Package is an overview of the current evidence base for sexual violence prevention.
- Activities that are not “evidence-based” according to STOP SV are still allowable, as long as:
  - They are informed by evidence from research and from your community;
  - They align with one of the allowable strategies outlined in the RFA; and
  - They can reasonably be expected to lead to changes in risk and/or protective factors for sexual violence.
- STOP SV includes lots of room to focus on health equity. Applicants are expected to include specific plans to integrate health equity into their work, regardless of the strategies and activities that are chosen.

<https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>

## More on Scope of Services

- See Table 1 on pages 19-21 for more details and example activities
- Applicants **may** propose activities that are not listed in Table 1, as long as they align with the selected strategy/strategies.
- Be sure to review the required deliverables on page 22.
  - Will be supported by IVPB and NCCASA.
  - Allow some room for additional community assessment and program planning.

# Task Force Development

- Grantees are required to participate in (or lead) a sexual violence primary prevention task force that consists of members who are engaged in work that is related to the RPE project.
- Task Force can be developed specifically for RPE or can be a pre-existing group.
- The Task Force's goals and activities must be focused on primary prevention, not on response to incidents of violence.
- Opportunity to focus on shared risk and protection.



# Application Review Process

- 08/04/2021 Request for Applications released to eligible applicants
- 08/18/2021 Bidder's Webinar
- 08/20/2021 Q&A period ends. Questions due in writing by 5 PM
- 08/30/2021 Answers to questions released to all applicants as addendum to RFA
- 08/30/2021 Optional and non-binding Notice of Intent due by 5 PM
- 09/13/2021 Applications due by 5:00 PM
- 10/12/2021 Applicants will be notified either way whether they have been selected
- 02/01/2022 Proposed contract start date

# Notice of Intent

- Optional and non-binding
- But very helpful for planning the review process, so Notice of Intent is encouraged if possible.

# Appendix A: Forms for Reference

- Do NOT complete these forms as part of your application
- Applicants are **strongly encouraged** to review the 2021 Application Scoring Rubric in Appendix A
- Risk Assessment form will be completed by IVPB with successful applicants after they are selected
- Other forms in Appendix A will be filled out by grantees after they are selected

# Appendices B-F: Resources

- B: Connecting the Dots – shared risk and protection
- C: Sexual Violence Risk and Protective Factors
- D: The Evidence Project Overview – describes different kinds of acceptable evidence
- E: Principles of Effective Prevention
- F: IAP2 Spectrum of Public Participation – describes levels of community participation in projects

# Budget Worksheet Attachment

- Budget proposal **must** be submitted as an Excel sheet using this template
- Contact [MegAnn.Smith@dhhs.nc.gov](mailto:MegAnn.Smith@dhhs.nc.gov) with questions about subcontractor budgets, if applicable, or [Deena.fulton@dhhs.nc.gov](mailto:Deena.fulton@dhhs.nc.gov) with any other questions about the budget worksheet.

# Evaluation Criteria and Application Checklist

- Be sure to include ALL requirements in the Application Checklist on page 38 to the specifications of the RFA in order to prevent initial disqualification.
- Each application will be scored by three reviewers.
- Reviewers will use the 2021 Application Scoring Rubric as it appears in Appendix A (pgs. 54-57) to determine scores.

# QUESTIONS AND ANSWERS



## Questions received prior to 8/18

- Are colleges and universities excluded from the requirement to be a nonprofit or local government? Or are they excluded from eligibility?
  - Colleges and universities are excluded from eligibility.
- Are university-affiliated research centers eligible to apply for this RFA?
  - University research centers are not eligible to apply, as they are part of a college/university. However, they may be involved in a project under this RFA as an applicant's subcontractor or as a community partner.



## Questions received prior to 8/18

- The RFA says it's open to agencies that do not have addressing sexual violence as their primary mission. Does that mean my agency is ineligible to apply if addressing sexual violence is part of our primary mission?
  - No, it does not. This statement in the RFA is intended to broaden inclusion criteria to also include agencies that do not have addressing sexual violence as their primary mission, not to exclude those who do. Non-profit or local government agencies that have addressing sexual violence as part of their primary mission are eligible to apply.

# Questions received prior to 8/18

- Is a Letter of Support from the North Carolina Coalition Against Sexual Assault required?
  - No, there is no requirement that applicants should submit a Letter of Support from NCCASA, nor from any other specific community agency or organization. Letters should be from community agencies/organizations/leaders with whom the applicant has a relationship.
- Can you share a clearer copy of the application scoring sheet than the image in the appendix?
  - Yes, the application scoring sheet is now posted as a PDF on the RFA webpage, <https://www.injuryfreenc.ncdhhs.gov/A386.htm>

**Additional questions?**

# RPE Contact Information

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