Adverse Childhood Experiences Prevention Capacity Assessment Tool (ACECAT)

2022

Introduction: Adverse Childhood Experiences (ACEs) are potentially stressful or traumatic incidents experienced in childhood (0-17 years) that harm social, cognitive, and emotional functioning and undermine the safe, stable, nurturing relationships and environments children need to thrive. ACEs can include child abuse and neglect, violence, and growing up in a family with household challenges (e.g., mental illness problems, substance use problems, witnessing violence, parental separation and/or divorce, or parental incarceration). Preventing ACEs involves cross-sector collaboration focused on impacting risk and protective factors at the individual, relationship, community, and societal levels. Furthermore, creating and promoting activities and experiences that enhance a child's life results in successful mental and physical health outcomes, known as positive childhood experiences (PCEs). The Association of State and Territorial Health Officials (ASTHO), in collaboration with the Centers for Disease Control and Prevention (CDC), developed the Adverse Childhood Experiences Prevention Capacity Assessment Tool (ACECAT) to help state, territorial, and local health agency staff understand how they are addressing ACEs in their jurisdiction and identify opportunities to maximize resources and impact.

Target Audience: The ACECAT is for state, territorial, and local health agency leadership and staff working to prevent ACEs. This involves state, territorial, and local health agency staff that work on programs that specifically address ACEs and focus on child maltreatment prevention and/or address risk and protective factors for ACEs (e.g., economic mobility, community connectedness).

Purpose: Preventing ACEs often involves cross-sector partnerships and collaboration with community partners at the local level. Health agencies may serve as conveners of these stakeholders rather than directly implementing programs and services. The ACECAT is an internal health agency collaborative self-assessment to take inventory of capacity to address ACEs. The ACECAT should spur discussion, reflection, and planning to address ACEs, including the strengths and weaknesses of the agency's current capacity to advance data-driven, evidence-based prevention in this area.

Value: The ACECAT data will benefit health agencies by allowing them to inventory their current capacity to address and prevent ACEs. The ACECAT assists in identifying assets and challenges, providing insight for strategic planning, program improvement, technical assistance requests, and future funding opportunities to explore.

Companion Documents:

- Glossary: This document is a glossary for participants to reference when completing the ACECAT.
- Capacity Scale: The ACECAT uses a four-point capacity scale. Familiarizing yourself with the scale beforehand will be helpful.
- Notetaking Template: This document is a template to take notes as your team completes the ACECAT.

Additional Resources:

ASTHO first administered the ACECAT in 2019 to state, territorial, and freely associated state health agencies and compiled the reports listed below based on the results. Note: the 2019 ACECAT administration was a point in time, establishing baseline information. This updated tool is available for jurisdictions to use once they are ready to assess again.

- Regional Reports:
  - Region 1
  - Region 2
  - Region 3
  - Region 4
  - Region 5
  - Region 6
  - Regions 7 & 8
  - Region 9
  - Region 10
- Infographic Series
- Braiding and Layering Report

Questions: If you have questions about the ACECAT content or function, please contact ASTHO's Social and Behavioral Health team at SBH@astho.org

Section I: Background

1. Does your agency have funded staff that works full-time or part-time in adverse childhood experiences prevention?

❍ Full-time
❍ Part-time
❍ Staffing in progress
❍ No designated staff and none in progress

2. Please estimate your agency's capacity to address risk and protective factors at the individual/relationship and community/societal levels. For the following question, please refer to the scale below to define your agency's level of capacity in different areas.

0 = Not Applicable (N/A): Your agency does not perform this work directly. However, the health agency may support other partners at the community or local level who perform this work

1= No Capacity: No efforts are currently underway (e.g., due to lack of funding or other reasons).

2= Limited Capacity: Preliminary efforts and plans are underway (e.g., an action plan).

3= Some Capacity: Have assessed and developed initial responses, but important program gaps or challenges remain.

4= Full Capacity: Have targeted initiatives for those in need. Your agency has addressed most gaps and challenges related to implementing strategy.

*Please leave any questions **blank** if you are **unsure** about the answer.

Individual and Relationship

	N/A	No Capacity	Limited Capacity	Some Capacity	Full Capacity
Physical abuse	❍	❍	❍	❍	❍

Sexual abuse	❍	❍	❍	❍	❍
Emotional abuse	❍	❍	❍	❍	❍
Parental separation or divorce	❍	❍	❍	❍	❍
Emotional neglect	❍	❍	❍	❍	❍
Physical neglect	❍	❍	❍	❍	❍
Physical or intellectual disability	❍	❍	❍	❍	❍
Family history of trauma (e.g., suicide, overdose)	❍	❍	❍	❍	❍
Familial support	❍	❍	❍	❍	❍
Educational attainment	❍	❍	❍	❍	❍
Access to basic needs (e.g., food, shelter)	❍	❍	❍	❍	❍
Resiliency	❍	❍	❍	❍	❍
Self-Efficacy	❍	❍	❍	❍	❍
Spirituality	❍	❍	❍	❍	❍
Violence in the household	❍	❍	❍	❍	❍
Substance misuse in the household	❍	❍	❍	❍	❍
Mental illness in the household	❍	❍	❍	❍	❍
Parental incarceration	❍	❍	❍	❍	❍

Community and Societal

	N/A	No Capacity	Limited Capacity	Some Capacity	Full Capacity
Financial challenges (e.g., unemployment)	❍	❍	❍	❍	❍
Housing instability	❍	❍	❍	❍	❍
Food insecurity	❍	❍	❍	❍	❍
Providing social support	❍	❍	❍	❍	❍
Providing extracurricular activities	❍	❍	❍	❍	❍
Reducing the stigma associated with help-seeking behaviors	❍	❍	❍	❍	❍
Enhancing health equity and addressing disparities	❍	❍	❍	❍	❍
Teaching life skills (e.g., effective coping strategies and problem-solving skills)	❍	❍	❍	❍	❍
Access to quality medical care and mental health services	❍	❍	❍	❍	❍
Availability of lethal means (e.g., firearms or medications)	❍	❍	❍	❍	❍

Section II: Infrastructure Capacity: Infrastructure capacity includes multiple components affecting program capacity, implementation, and sustainability. Key components are networked partnerships, multilevel leadership, managed resources, engaged data, and responsive planning. For the following questions, please refer to this scale to define your agency's level of capacity in different areas. Health agencies are encouraged to download the capacity scale for reference while completing the ACECAT.

0 = Not Applicable (N/A): Your agency does not perform this work directly. However, the health agency may support other partners at the community or local level who perform this work
1= No Capacity: No efforts are currently underway (e.g., due to lack of funding or other reasons).
2= Limited Capacity: Preliminary efforts and plans are underway (e.g., an action plan).
3= Some Capacity: Have assessed and developed initial responses, but important program gaps or challenges remain.
4= Full Capacity: Have targeted initiatives for those in need. Your agency has addressed most gaps and challenges related to implementing strategy.
*Please leave any questions **blank** if you are **unsure** about the answer.

Networked Partnerships: Networked partnerships are strategic partnerships at all levels (national, state, and local), across sectors (e.g., health systems, public safety), and with multiple types of organizations (e.g., government, nonprofit) that enhance coordination, foster champions, and contribute to sustainability.

3. Please specify the level of capacity your agency has demonstrated in operating different partnerships.

	N/A	No Capacity	Limited Capacity	Some Capacity	Full Capacity
Partnerships with public sectors at your same jurisdictional level (e.g., state public health and state education; local public health and county mental health) to prevent ACEs	❍	❍	❍	❍	❍
Partnerships across different jurisdictional levels (e.g., state to regional level) to prevent ACEs	❍	❍	❍	❍	❍
Public-private partnerships (e.g., nonprofit organizations, for-profit companies, or health systems) to prevent ACEs	❍	❍	❍	❍	❍

4. What is the overall level at which your agency coordinates activities with critical partners to prevent ACEs?
   ❍ No joint activities with our key partners
   ❍ Loose coordination of some activities with our key partners, occasionally planning activities in

collaboration

- ❍ Regular collaboration with partners, but without a common work plan
- ❍ Regular collaboration with partners under a common work plan

5. Please select the types of public/ private partners with whom your agency coordinates for ACEs prevention activities (select all that apply):

Healthcare organizations	❑
Behavioral/mental healthcare organizations	❑
Primary and secondary schools	❑
Institutions of higher education	❑
State or community-level nonprofit/philanthropic organizations	❑
National-level nonprofit/philanthropic organizations	❑
Law enforcement/public safety organizations	❑
Criminal and juvenile justice systems	❑
Faith-based organizations	❑
For-profit businesses	❑
Media organizations	❑
Community-based coalitions	❑
Family support/parenting organizations	❑
Veteran serving organizations	❑
Medicare and/or Medicaid	❑
State public health	❑
Local public health	❑
Children, family, and adult social service organizations (e.g., child welfare agencies)	❑
Employment service organizations (e.g., labor and unemployment offices)	❑
Housing service organizations (e.g., homeless services, community development offices)	❑

Multilevel Leadership: Multilevel leadership includes the people and processes that make up leadership at all levels of an agency that interact and collaborate to impact the program.

6. Please select the statements that are true for your agency:

	Yes	No	In Progress	I Don't Know
Leaders of this topic interact across three or more sectors (e.g., maternal and child health, housing, and Medicaid)	❍	❍	❍	❍
Leaders of this topic interact across multiple levels (e.g., state territory, county, and city)	❍	❍	❍	❍

Managed Resources: Managed resources refers to effectively monitoring financial, human, and program resources as they are needed. Such resources may include, but are not limited to, sustained funding, new funding sources, staffing, and internal resource sharing. Note: Sustained funding is a reliable, recurrent funding source.

7. Do you have a sustained funding source for ACEs prevention?

❍ Yes
❍ No
❍ In progress

8. If you responded "yes" to the previous question, is this funding source directed towards a specific risk/protective factor or multiple risk/protective factors?

❍ A specific risk/protective factor
❍ Multiple risk/protective factors
❍ I don't know

9. Does your agency's ACEs prevention program engage in resource sharing (e.g., in-kind contributions, shared staffing) with any other internal program areas?

❍ Yes
❍ No
❍ In progress

10. Please indicate the funding sources used for ACEs prevention work within your agency. Select all that apply. Please leave the response blank if you are unsure about the answer.

Local government	❑
State government	❑
Philanthropic organizations (e.g., regional, state, and local foundations)	❑
For-profit/private	❑
Centers for Disease Control and Prevention	❑
Health Resources and Services Administration	❑
Substance Abuse and Mental Health Services Administration	❑
U.S. Department of Education	❑
U.S. Department of Justice	❑
U.S. Department of Housing and Urban Development	❑
Administration for Children and Families	❑
National Institutes of Health	❑
Department of Defense	❑
Veterans Affairs	❑

Other, please specify: _____	❑

11. For the funding sources selected in Q13, please provide additional information about the specific funding line(s) received.

Data and Surveillance: Engaged data refers to strategies that routinely track and monitor ACEs. This includes identifying and working with data in a way that promotes action and ensures that data are used to promote public health goals.

12. Does your agency collect ACEs surveillance data to inform prevention strategies, policy, or program evaluation?
    - ❍ Yes
    - ❍ No
    - ❍ In progress
    - ❍ I don't know

13. If applicable, please explain how your agency uses ACEs surveillance data to inform prevention strategies, policy, or program evaluation.

14. Select all surveillance data sources that your agency uses for ACEs prevention.
    - ❍ Youth Risk Behavior Surveillance System (YRBSS)
    - ❍ Behavioral Risk Factor Surveillance System (BRFSS)
    - ❍ National Survey of Children's Health (NSCH)
    - ❍ Pregnancy Risk Assessment Monitoring System (PRAMS)
    - ❍ Vital Records Death Data
    - ❍ Medical Examiner Death Data
    - ❍ Emergency Department Discharge Data
    - ❍ Hospital Admissions Data
    - ❍ Law Enforcement Data
    - ❍ Fatality review data
    - ❍ Other, please specify: _____

15. Please indicate whether your agency does the following:

	Yes	No	In progress	I Don't Know
Include ACEs in YRBSS	❍	❍	❍	❍
Include PCEs in YRBSS	❍	❍	❍	❍

Include ACEs module in BRFSS	❍	❍	❍	❍
Include PCEs in BRFSS	❍	❍	❍	❍
Identify areas surveillance to identify areas or populations with a high prevalence of risk factors for ACEs	❍	❍	❍	❍
Analyze administrative data on indicators of ACEs to understand service and program needs	❍	❍	❍	❍
Analyze community-level data on the social determinants of health to understand risk factors for ACEs and/or PCEs	❍	❍	❍	❍
Analyze community-level data regarding access to social supports	❍	❍	❍	❍

16. If replied yes to question 15, please indicate whether your agency does the following:

	Yes	No	In progress	I Don't Know
Answer if Yes to Include ACEs in YRBSS Analyze ACEs YRBSS results	❍	❍	❍	❍
Answer if Yes to Include PCEs in YRBSS Analyze PCEs YRBSS results	❍	❍	❍	❍
Answer if Yes to Include ACEs module in BRFSS Analyze ACEs BRFSS results	❍	❍	❍	❍
Answer if Yes to Include PCEs in BRFSS Analyze PCEs BRFSS results	❍	❍	❍	❍

17. If you answered No for any of the statements in the previous matrix, please explain why (e.g., funding, leadership, staff expertise).

18. Please select the statements that are true for your agency:

	Yes	No	In progress	I Don't Know
Administer a needs assessment to collect ACEs data	❍	❍	❍	❍

Participate in ACEs data sharing/ dissemination	❍	❍	❍	❍
Conduct annual surveillance	❍	❍	❍	❍
Maintain a state ACEs data dashboard	❍	❍	❍	❍
Conduct program evaluation	❍	❍	❍	❍

Responsive Planning: Responsive plans are formal written documents developed among program staff and partners to be dynamic, responding to contextual influences such as changes in the science, health agency priorities, funding levels, and external support from the public and leadership. In addition, responsive planning is informal communication and collaboration that promotes cross-sectoral action and goal-setting among program staff and partners.

19. Does your agency have a state strategic plan that addresses any of the following topics? Select all that apply.
    - ❑ Injury and violence
    - ❑ Child abuse, neglect
    - ❑ Adolescent trauma
    - ❑ Early child development
    - ❑ Family and child health
    - ❑ Intimate partner violence
    - ❑ Sexual violence
    - ❑ Shared risk and protective factors
    - ❑ Suicide prevention
    - ❑ ACEs
    - ❑ None of the above

20. Are ACEs or child abuse and neglect incorporated into your State Health Improvement Plan (SHIP)?
    - ❍ Yes
    - ❍ No

21. What level of coordination within your agency occurs across formally written strategic plans to prevent ACEs?
    - ❍ No coordination at all
    - ❍ Minimal coordination within our agency (e.g., occasional ad-hoc planning meetings)
    - ❍ Some coordination within our agency (e.g., quarterly or bi-annual scheduled planning meetings)
    - ❍ Significant coordination within our agency (e.g., bi-weekly or monthly scheduled planning meetings)
    - ❍ Not applicable

22. What level of responsive planning occurs for ACEs prevention to inform your programmatic work?

❍ No shared planning at all
❍ Minimal shared planning, occasionally planning activities in collaboration
❍ Some shared planning and regular collaboration within our agency, but without a common plan
❍ Significant shared planning, regular collaboration within our agency, and with a common plan
❍ Not applicable

23. What challenges does your agency face in addressing ACEs prevention? Please select all that apply. Leave the response blank if you are unsure about the answer.

Funding resources	❑
Staff resources	❑
Subject matter expertise	❑
Internal coordination across programmatic areas	❑
External coordination across state/local sectors	❑
Data	❑
Competing priorities (e.g., Covid-19 response)	❑
Stakeholder support and ongoing engagement (e.g., academic institutions, law enforcement, community leaders)	❑
Communication/messaging across programmatic areas	❑
Communication/messaging across state/local sectors	❑
Training	❑
Policymaking	❑
Stigma surrounding ACEs prevention work	❑
Other, please specify: _____	❑

Section III: Topical Capacity: Topical capacity refers to multiple strategies that work together to form a comprehensive response to addressing ACEs. A comprehensive response includes primary, secondary, and tertiary prevention components. This section covers evidence-based primary prevention, health disparities, and workforce capacity. For the following questions, please refer to this scale to define your agency's level of capacity in different areas.

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4= Full Capacity: Have targeted initiatives for those in need. Your agency has addressed most gaps and challenges related to implementing strategy.
*Please leave any questions **blank** if you are **unsure** about the answer.

ACEs Prevention – Best Available Evidence: This section refers to evidence-based strategies focused on preventing ACEs before they occur. See CDC's *Preventing Adverse Childhood Experiences (ACES): Leveraging the Best Available Evidence* for more details.

24. Please specify your agency's capacity to implement ACEs prevention efforts at each level of intervention.

	N/A	No capacity	Limited capacity	Some capacity	Full capacity
Primary prevention efforts that aim to **stop ACEs from occurring in the first place** by reducing risk factors and promoting protective factors	❍	❍	❍	❍	❍
Secondary prevention efforts that aim to **identify individuals at high risk for ACEs** (e.g., early screening and assessment)	❍	❍	❍	❍	❍
Tertiary prevention efforts that aim to **reduce the health impact of ACEs**	❍	❍	❍	❍	❍

25. Please specify your agency's capacity for each of the following primary prevention efforts.

	N/A	No Capacity	Limited Capacity	Some Capacity	Full Capacity
Strengthen economic supports to families through financial security and family-friendly work policies (e.g., paid family leave, subsidized childcare, assisted housing mobility, enhanced earned income tax credit)	❍	❍	❍	❍	❍

Promote social norms that protect against violence and adversity (e.g., public education campaigns, legislative approaches to reduce corporal punishment, bystander approaches, and men and boys as allies in prevention)	❍	❍	❍	❍	❍
Ensure a strong start for children (e.g., early childhood home visitation, high-quality childcare, preschool enrichment with family engagement)	❍	❍	❍	❍	❍
Teach skills (e.g., social-emotional learning, healthy relationship skill programs, and parenting skills and family relationship approaches)	❍	❍	❍	❍	❍
Connect youth to caring adults and activities (e.g., mentoring programs and after-school programs)	❍	❍	❍	❍	❍
Intervene to lessen immediate and long-term harms (e.g., family-centered treatment to lessen the harms of ACEs, treatment to prevent problem behavior, and family-centered treatment for substance use disorders)	❍	❍	❍	❍	❍

Health Disparities: This section refers to prioritizing populations disproportionately affected by ACEs. CDC defines health disparities as "differences in health outcomes and their causes among groups of people." For example, females and racial/ethnic minority groups are at a greater risk for experiencing ACEs, which have been linked to increased risk for depression, asthma, cancer, and diabetes.

26. Please indicate your agency's level of capacity to address health disparities in populations disproportionally affected by ACEs.

	N/A	No Capacity	Limited Capacity	Some Capacity	Full Capacity
Identify priority populations through a needs assessment	❍	❍	❍	❍	❍
Implement focused initiatives based on needs assessment	❍	❍	❍	❍	❍
Collaborate with justice systems and their involved populations	❍	❍	❍	❍	❍
Collaborate with education systems and their involved populations	❍	❍	❍	❍	❍
Collaborate with mental health systems and their	❍	❍	❍	❍	❍

involved populations					
Collaborate with additional systems and their involved populations	❍	❍	❍	❍	❍

27. If applicable, please list any additional systems your agency collaborates with.

28. Please indicate your agency's level of capacity to address health disparities with each population disproportionally affected by ACEs.

	N/A	No Capacity	Limited Capacity	Some Capacity	Full Capacity
Protective services and children in foster care	❍	❍	❍	❍	❍
Communities experiencing concentrated poverty	❍	❍	❍	❍	❍
Communities experiencing concentrated violence	❍	❍	❍	❍	❍
Individuals who identify as Lesbian, Gay, Bisexual, Transgender, or Queer	❍	❍	❍	❍	❍
Veterans and military service members	❍	❍	❍	❍	❍
Individuals who have a serious physical health condition or disability	❍	❍	❍	❍	❍
Individuals with a mental health/behavioral health condition (e.g., substance use disorder)	❍	❍	❍	❍	❍
Individuals who have previously experienced an overdose	❍	❍	❍	❍	❍
Survivors of suicide loss	❍	❍	❍	❍	❍
Individuals with prior suicide attempts	❍	❍	❍	❍	❍
Individuals experiencing homelessness	❍	❍	❍	❍	❍
Rural and frontier populations	❍	❍	❍	❍	❍
Racial and ethnic minorities	❍	❍	❍	❍	❍
American Indian/Alaskan Native and tribal populations	❍	❍	❍	❍	❍
Immigrant populations	❍	❍	❍	❍	❍

29. To what extent does your agency intentionally incorporate the perspective of people with lived experience (e.g., families and/or involved youth, persons in recovery, survivors of suicide) to inform programmatic decisions and overall work?

- ❍ Never
- ❍ Sometimes
- ❍ Always
- ❍ I don't know

Workforce Capacity: This section refers to the education and training of 1) mental or behavioral health providers within the jurisdiction of the health agency, 2) providers external to the jurisdiction of the health agency, and 3) health agency staff. Providers include social workers, peer support specialists, and other medical professionals who prevent, identify, treat, and mitigate the harms of ACEs.

30. Please specify your agency's level of capacity in each of the following areas.

	N/A	No Capacity	Limited Capacity	Some Capacity	Full Capacity
Support providers in identifying and reducing stigma	❍	❍	❍	❍	❍
Support providers in providing patient-centered care, giving referrals, and coordinating continuity of care	❍	❍	❍	❍	❍
Promote strategies identifying individuals at risk through screening and assessment	❍	❍	❍	❍	❍
Support hospital, healthcare, or emergency systems to identify, monitor, and develop initiatives to prevent injury or violence	❍	❍	❍	❍	❍
Support non-traditional provider settings (e.g., homeless shelters, schools)	❍	❍	❍	❍	❍
Strengthen the integration of behavioral/mental health and physical health care	❍	❍	❍	❍	❍
Train health agency staff in evidence-based prevention strategies	❍	❍	❍	❍	❍
Train health agency staff in trauma-informed care	❍	❍	❍	❍	❍
Engage employers in preventing ACEs by encouraging family-friendly workplace policies	❍	❍	❍	❍	❍

31. Please specify your agency's level of capacity to communicate with each of the following audiences.

	N/A	No Capacity	Limited Capacity	Some Capacity	Full Capacity
Support providers in identifying and reducing stigma	❍	❍	❍	❍	❍
Support providers in providing patient-centered care, giving referrals, and coordinating continuity of care	❍	❍	❍	❍	❍

Promote strategies identifying individuals at risk through screening and assessment	❍	❍	❍	❍	❍
Support hospital, healthcare, or emergency systems to identify, monitor, and develop initiatives to prevent injury or violence	❍	❍	❍	❍	❍
Support non-traditional provider settings (e.g., homeless shelters, schools)	❍	❍	❍	❍	❍
Strengthen the integration of behavioral/mental health and physical health care	❍	❍	❍	❍	❍
Train health agency staff in evidence-based prevention strategies	❍	❍	❍	❍	❍
Train health agency staff in trauma-informed care	❍	❍	❍	❍	❍
Engage employers in preventing ACEs by encouraging family-friendly workplace policies	❍	❍	❍	❍	❍

32. If your agency selected N/A to the previous question, please indicate whether you are working with other partner organizations to complete this work.
    - ❍ Yes
    - ❍ No
    - ❍ I don't know

33. If your agency selected yes to the previous question, please explain how you are working with other partner organizations to complete this work.

Section IV: Final Thoughts

34. What has been your agency's most significant success over the past year related to ACEs prevention?

35. What is your perception of the top 3 gaps regarding ACEs prevention in your state?

36. What challenges do you face in addressing the barriers you listed above?

37. What is your state prioritizing in terms of ACEs prevention?

38. How does your agency work with partners at the community or local level to address ACEs (e.g., community coalitions, formal partnership agreements or memorandum of understanding, subcontracts with chief business officers, information sharing or referral protocols, funding)?

39. Where would you direct the funds if your state received additional funding for ACEs prevention?