[STATE/TERRITORY] Adverse Childhood Experiences Partnership Assessment

**Introduction**

The Association of State and Territorial Health Officials (ASTHO) and [STATE/TERRITORY PUBLIC HEALTH JURISDICTION/AGENCY] invite you to participate in the ***[STATE/TERRITORY] Adverse Childhood Experiences*** ***Partnership Assessment***. The information gathered through this assessment will support partnership development around preventing and addressing adverse childhood experiences (ACEs) for state health agencies.

The collection and analysis of ACEs-related data will inform statewide prevention strategies, coordination efforts, and resources. Your participation in the assessment will help the state public health department (DPH) identify current partnerships and partnership needs.

This assessment will take approximately 20-30 minutes to complete. It is intended to quickly capture the quality of your partnerships to better strengthen collaborative efforts to address the prevention of ACEs, adversity, and community resilience. ACEs are potentially stressful or traumatic incidents that harm social, cognitive, and emotional functioning and undermine the safe, stable, nurturing relationships and environments children need to thrive. ACEs include child abuse and neglect, exposure to violence, and household challenges. Please note that this assessment includes questions that extend past the 10 ACEs to include programmatic work around risk and protective factors.

While this survey should be completed by one individual within your organization, feel free to reach out to others within your organization to gather information, if necessary, and please confirm that only one person submits the survey. Please submit any responses to this survey by [MONTH XX, 202X].

If you have any questions about this assessment, please contact ASTHO's Social and Behavioral Health team at SBH@astho.org. Thank you for your participation in this assessment effort!

**Part I: Background Organization Information**

1. Please provide your contact information below. This information will only be used if ASTHO needs to follow up with you about your survey responses and will NOT be included in any reporting.

*Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Email address*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the name of your organization?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following best describes your organization?
   * Healthcare (e.g., Treatment Center, Clinic, Mental Health Services, Hospital)
   * XXX Department of Health (XDH)
   * XXX Department of Family and Children Services (DFCS)
   * State government organization (not XDH or DFCS)
   * Local government (county or region)
   * Law enforcement
   * Nonprofit organizations
   * Academic institution
   * Social services
   * Other, please specify *[Text box]*

1. Are you working on a state, region, or county level (select all that apply)?

* Statewide
* County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *[Display if Q4 Region is selected]* What type of region are you working on (select all that apply)?

* [Region X]
* [Region Y]
* [Region Z]

1. Is there a dedicated department or team working on ACEs?
   * Yes
   * No
   * In progress
2. Please estimate your agency's capacity to address shared risk and protective factors at each functional group of the social-ecological model for ACEs. Given the overlapping nature of shared risk and protective factors, please note that these can be interpreted as the lack or presence of some factors.

**0 = Not Applicable (N/A):** Your organization does not perform this work directly.   
 **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 | None | Limited | Some | Full |
| 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 (e.g., maternal depression) |  |  |  |  |  |
| Parental incarceration |  |  |  |  |  |
| Treatment of underlying psychiatric disorders |  |  |  |  |  |

**Community and Societal**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | N/A | None | Limited | Some | Full |
| Financial challenges (e.g., unemployment) |  |  |  |  |  |
| Housing quality |  |  |  |  |  |
| Housing stability |  |  |  |  |  |
| 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) |  |  |  |  |  |
| Systemic racism |  |  |  |  |  |
| Sexual orientation/gender identity |  |  |  |  |  |
| Community violence |  |  |  |  |  |
| Safe places to live and play outside |  |  |  |  |  |
| Built environment |  |  |  |  |  |
| Transportation |  |  |  |  |  |
| Forced displacement/refugees/immigrants |  |  |  |  |  |

1. What other risk or protective factors does your organization work on to prevent ACEs?

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1. Consider, to what extent do you intentionally incorporate the perspective of [people with lived experiences](https://www.sprc.org/livedexperiencetoolkit/about) (e.g., families and/or involved youth, persons in recovery, survivors of suicide) to inform programmatic decisions and your overall work?
   * N/A
   * Never
   * Sometimes
   * Always
2. Please select the following options that best identify the types of public/private partners your organization coordinates ACEs activities with (select all that apply):
   * Healthcare Organizations
   * Behavioral/mental healthcare organizations

* Primary and secondary schools
* Institutions of higher education
* Community-based nonprofit organizations
* State-level nonprofit/philanthropic organizations
* National-level nonprofit/philanthropic organizations
* Law enforcement/public safety organizations
* Criminal and juvenile justice systems
* Human services organizations
* Faith-based organizations
* For-profit businesses
* Media organizations
* Community-based coalitions
* Family Support networks
* Veteran serving organizations
  + Medicare and/or Medicaid
  + State public health
  + Local public health
  + Social Services I (e.g., welfare, children and family services)
  + Social Services II (e.g., Employment Services)
  + Social Services III (e.g., housing)
  + My organization does not engage in partnerships [*exclusive answer, skip to Q13 if selected]*

**Part II: Organization Infrastructure**

This section includes key components that affect partner engagement, including leadership buy-in, funding, data, and resources for preventing ACEs. As a reminder, ACEs are potentially stressful or traumatic incidents that harm social, cognitive, and emotional functioning and undermine the safe, stable, nurturing relationships and environments children need to thrive. ACEs include child abuse and neglect, exposure to violence, and household challenges. Please keep in mind that while completing this assessment, although questions specify ACEs, answers should extend past the 10 ACEs to include other risk and protective factors.

1. Please indicate the overall level at which your organization coordinates ACEs activities with each type of partner you selected in the previous question. Note: Please select the level of coordination that best fits each partner type.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | We have no joint activities with this type of partner | We loosely coordinate some activities with this type of partner, occasionally planning activities in collaboration | We closely coordinate activities, regularly collaborating with this type of partner, but without a common work plan | We regularly conduct activities in partnership with this type of partner under a common work plan |
| *\*Display if selected in Q10\**  Healthcare Organizations |  |  |  |  |
| *\*Display if selected in Q10\**  Behavioral/mental healthcare organizations |  |  |  |  |
| *\*Display if selected in Q10\**  Primary and secondary schools |  |  |  |  |
| *\*Display if selected in Q10\**  Institutions of higher education |  |  |  |  |
| *\*Display if selected in Q10\**  Community-based nonprofit organizations |  |  |  |  |
| *\*Display if selected in Q10\**  State-level nonprofit/philanthropic organizations |  |  |  |  |
| *\*Display if selected in Q10\**  National-level nonprofit/philanthropic organizations |  |  |  |  |
| *\*Display if selected in Q10\**  Law enforcement/public safety organizations |  |  |  |  |
| *\*Display if selected in Q10\**  Criminal and juvenile justice systems |  |  |  |  |
| *\*Display if selected in Q10\**  Human services organizations |  |  |  |  |
| *\*Display if selected in Q10\**  Faith-based organizations |  |  |  |  |
| *\*Display if selected in Q10\**  For-Profit businesses |  |  |  |  |
| *\*Display if selected in Q10\**  Media organizations |  |  |  |  |
| *\*Display if selected in Q10\**  Community-based coalitions |  |  |  |  |
| *\*Display if selected in Q10\**  Family Support networks |  |  |  |  |
| *\*Display if selected in Q10\**  Veteran serving organizations |  |  |  |  |
| *\*Display if selected in Q10\**  Medicare and/or Medicaid |  |  |  |  |
| *\*Display if selected in Q10\**  State public health |  |  |  |  |
| *\*Display if selected in Q10\**  Local public health |  |  |  |  |
| *\*Display if selected in Q10\**  Social Services I (e.g., welfare, children and family services) |  |  |  |  |
| *\*Display if selected in Q10\**  Social Services II (e.g., Employment Services) |  |  |  |  |
| *\*Display if selected in Q10\**  Social Services III (e.g., housing) |  |  |  |  |

1. Please indicate your level of agreement with the following statements:

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| --- | --- | --- | --- | --- |
|  | Strongly disagree | Somewhat disagree | Somewhat agree | Strongly agree |
| My organization's executive leadership supports ACEs prevention work |  |  |  |  |
| My organization's executive leadership understands what ACEs are |  |  |  |  |
| My organization's executive leadership understands how ACEs relate to my day-to-day work |  |  |  |  |
| My organization has the resources we need to prevent ACEs |  |  |  |  |
| My organization shares resources (e.g., staff, funding, office supplies) with partner organizations to support ACEs prevention work |  |  |  |  |

1. Please indicate the funding sources used for ACEs prevention work within your organization. Select all that apply.

* State government
* Health Resources and Services Administration
* Centers for Disease Control and Prevention
* Substance Abuse and Mental Health Services Administration, HHS
* Administration for Children and Families, HHS
* U.S. Department of Education
* U.S. Department of Justice
* U.S. Department of Housing and Urban Development
* National Institutes of Health
* Department of Defense
* Veteran Affairs
  + Philanthropic organizations (e.g., Robert Wood Johnson Foundation, Casey Family Foundation)
  + For-profit/private
  + Nonprofit (local, region, or state-based)
  + Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_
  + N/A, our organization does not currently receive funding for ACEs

1. In a future where your organization received flexible funding for ACEs prevention work, where would you direct the funds?
   * Supporting collaboration with other organizations
   * Workforce development (e.g., workgroup development)
   * Support current programming
   * Surveillance/data activities
   * Outreach, Awareness-building
   * Additional Staff
   * Other
2. Please use the following space to expand on your answer to the previous question:

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1. Please indicate all current surveillance data sources that your organization has access to.

* Behavioral Risk Factor Surveillance System (BRFSS)
* Federal Youth Risk Behavioral Surveillance System (YRBSS)
* State-specific YRBSS survey
* Pregnancy Risk Assessment Monitoring System (PRAMS)
* National Children's Health Data
* Vital Records Death Data
* Medical Examiners Death Data
* Emergency Department Discharge Data
* Hospital Admissions Data
* Law Enforcement Data
* Fatality review data
* National Vital Statistics System
* National Violent Death Reporting System (NVDRS)
* National Medical Services information system
* Locale specific data source (city, county, region, state), please specify: \_\_\_\_\_\_\_\_\_\_\_\_
  + Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_
* N/A, our organization does not currently have access to any surveillance data sources

1. What has been your organization's greatest success over the past year related to ACEs prevention?

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1. What resources does your organization need to further support ACEs prevention work? Please select all that apply.

* Funding
* Data sources
* Partnerships
* Subject matter expertise (SME)
* Outreach materials (e.g., infographics, webinars, guidebooks)
* Knowledge
* Coordination
* Stakeholder support
* Communication between partners
* Communication within your organization
* Other, please specify: \_\_\_\_\_\_\_\_\_

1. How could stronger partnerships assist you in overcoming these barriers?

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1. This question 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*](https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf) for more details. For the following components, please specify the level of capacity your organization has demonstrated in supporting CDC's strategies to date, using the criteria listed below.

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**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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | N/A | None | Limited | Some | Full |
| Strengthen economic supports to families through financial security and family-friendly work policies (e.g., paid family leave, subsidized child care, assisted housing mobility) |  |  |  |  |  |
| Promote social norms that protect against violence and adversity (e.g., public education campaigns, bystander approaches, men and boys as allies) |  |  |  |  |  |
| Ensuring a strong start for children (e.g., early childhood home visitation, high-quality childcare, preschool enrichment with family engagement) |  |  |  |  |  |
| Teaching skills (e.g., social-emotional learning, healthy relationship skill programs, and parenting skills and family relationship approaches) |  |  |  |  |  |
| Connecting 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, treatment to prevent problem behavior) |  |  |  |  |  |

**Part III: Engagement with the [STATE/TERRITORY** **Public Health Jurisdiction/Agency]**

1. How can the **[STATE/TERRITORY** **Public Health Jurisdiction/Agency]** support your organization in advancing your ACEs prevention work?

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1. What opportunities exist for continuing to build your partnership with the **[STATE/TERRITORY** **Public Health Jurisdiction/Agency]**?

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