Improving Services for Violence Against Children During a Pandemic

Assessing State-level Systems Transformation

The Improving Services for Violence Against Children During a Pandemic project focuses on fostering partnerships between pediatric practices and domestic violence (DV) and child welfare agencies to support children and women experiencing violence during the pandemic and recovery. Throughout this document we refer to Intimate Partner Violence as IPV.

This assessment tool was adapted for the Improving Services for Violence Against Children During a Pandemic project, a collaboration between the American Academy of Pediatrics (AAP), UPMC Children's Hospital of Pittsburgh, Futures Without Violence, and the Centers for Disease Control (CDC) to expand and strengthen the capacity, collaboration, and coordination of pediatric health care providers and service agencies to identify and support children and women impacted by violence during the COVID-19 pandemic.

This assessment tool is intended to guide Leadership Teams, including AAP chapters, state DV coalitions, and other child-serving partners, to evaluate existing organizational policies, programs, and practices that support families experiencing domestic violence within the pediatric health care delivery system and to serve as a blueprint for improvement. This tool is intended to both assess current status of response of individual organizations of the Leadership Team and collaborations among organization, as well as serve as a guide for future improvements.

Please complete as a Leadership Team:

Technical Support					
	Yes	No	Planned	Unsure	
Has the leadership team shared a model/guide to build partnerships between pediatric practices and DV agencies?			□x		
Has the leadership team offered strategies and technical assistance to strengthen partnerships between pediatric practices, DV service providers, and child protection service workers?	□x				
Has the leadership team offered strategies and technical assistance to create models for EHR integration of IPV into pediatric practice workflow?	□x				
Has the AAP chapter shared tools and resources for pediatric providers to respond to IPV on their chapter website (Such as <u>Futures Without Violence Safety Cards,</u> <u>ACES Aware materials, Pediatric Health Setting Video</u>)?	□x		□x		
Has the AAP chapter shared trauma related tools and resources for pediatric providers (like the <u>AAP Trauma and</u> <u>Resilience ECHO Series</u> , PATTeR Child Health Advice for Trauma (CHAT) Manual - <u>Level 1</u> and <u>Level 2</u>)?	□x		□x		

Scaling up Training Implementation					
	Yes	No	Planned	Unsure	
Has the leadership team offered a shared online site to pediatric practices so they can access training tools related to IPV (such as <u>IPVHealthPartners.org</u>)?	□x		□x		
Has the leadership team offered a shared online site to DV agencies so they can access training tools related to IPV and health (such as <u>IPVHealthPartners.org</u>)?	□x				
Does the leadership team offer routine training for pediatric providers on IPV?	□x				
 If YES, how often? (Please circle <u>one</u>) 	Monthly	Quarterly	Other Frequency (please specify):		
If YES, what format? (Please circle <u>one</u>)	In person training X	Webinars X	Other Format (please specify):		
Does the leadership team offer routine training for IPV programs on assessing the health needs of survivors and their children?	□x				
If YES, how often? (Please circle <u>one</u>)	Monthly	Quarterly	Other Frequency (please specify):		
If YES, what format? (Please circle <u>one</u>)	In person training	Webinars X	Other Format (please specify):		

Pediatric Health Settings Protocols and Policies				
NOT planned yet in ALABAMA – will be used for our blueprint moving forward	Yes	No	Unsure	
Are pediatric health care providers encouraged to provide Universal Education (for example, <u>providing a safety card</u> , <u>hotline numbers</u> , or other resources) to every parent?				
Are pediatric health care providers encouraged to see parents alone for portion of visit to discuss domestic violence?				
Are pediatric health care providers encouraged to utilize trauma informed practices when making a report?				
Are pediatric health settings encouraged to have a policy that every adolescent patient is seen alone for some part of the visit to discuss adolescent relationship abuse?				
Are pediatric practices, aside from those involved in the demonstration sites, encouraged to have a formal partnership with a domestic violence program?				
Is there an established format for a memorandum of understanding?				
If YES, is the memorandum of understanding available on the AAP chapter website?				
Does each pediatric practice have a designated "IPV Prevention Champion" who is responsible for ensuring all staff are trained and aware of IPV policies and protocols?				
Has the leadership team shared sample scripts that pediatric clinical teams can tailor for their setting, including specific scripts for telehealth visits? (<u>Available here and here</u>).				

Commented [VD1]: Do we want to add something about trauma informed reporting

Domestic Violence Programs and Health Services			
	Yes	No	Unsure
Are domestic violence programs required to assess all clients and their children for health-related concerns?		□x	
Are domestic violence programs required to have a health care partner to whom they can refer clients in need of medical and mental health services (including substance abuse treatment)?		□x	
Is there an established format for a memorandum of understanding?		x	
If YES, has the leadership team shared the memorandum of understanding format with the DV programs?			
Are domestic violence programs required to hold and report annual staff training in assessing health needs of clients?		□x	
If YES, do the trainings address assessing for the health needs of children of clients?			
Are domestic violence programs required to report annual staff training in trauma-informed approaches to advocacy?	□x		