ACERT Readiness Demonstration Checklist

☐ ACERT 101 introductory presentation given by ACERT Technical Assistance Center to cross-sector community partners, including local police department(s)

☐ Police department generated data for 6-12 months re: children exposed to traumatic incidents (at a minimum domestic calls), in order to validate the need for ACERT (attach to checklist)

☐ Ability and agreement to ongoing collection of key data indicators (listed in ACERT Core Components section of the ACERT Community Expansion Guidelines) beginning at the initial implementation period and submitted to Manchester ACERT on a semiannual basis (attach a statement regarding how it is anticipated key data will be collected).

☐ Trauma-informed services training, by a qualified instructor, for police and other first responders (if applicable) and all other ACERT service personnel is incorporated into planning (checking the box indicates commitment)

☐ Convene regular meetings (monthly during planning and initial implementation phases; bi-monthly or quarterly after 3-6 months of implementation) of ACERT planning and review committee for quality assurance purposes (checking the box indicates commitment to convene regular meetings)

☐ Willingness to engage in a learning community of other cities/towns/regions/states who embrace ACERT programs (checking the box indicates willingness to engage in a learning community)

☐ Community partnership with cross-sector representation exists or is being built to create a shared vision about addressing ACEs and focusing on prevention (refer to ACERT Community Expansion Guidelines for minimum requirements and attach list of community partners and a brief statement of vision)

☐ Police department (and other first responders as appropriate) and at least one other (preferably two) community partners will comprise team staff (checking the box indicates commitment)

☐ ACERT will exist as a referral service mechanism, as opposed to crisis response mechanism (checking the box indicates commitment)

After completing the checklist, submit the signed document to: acert@amoskeaghealth.org Following checklist review and approval, the ACERT Memorandum of Understanding will be provided with follow-up instructions.

Community Representing:

Name:

Agency:

Date:

Name:

Agency:

Date:

Name:

Agency:

Date: