OVS/VOCA Elder Abuse Interventions and E-MDT Initiative

E-MDT Hub Readiness Assessment Review Tool  
Nonprofit Organization/Local Government Organization

**E-MDT Multi-County Hubs**: Entities serving as E-MDT Multi-County Hubs must be able to fulfill the requirements specified in the Readiness Assessment for E-MDT Multi-County Hubs by a Nonprofit Organization/Local Government Organization.

* E-MDT Coordinators are included within the Hub staffing complement.
* The E-MDT Coordinator is responsible for providing specified services and supports to each of the county E-MDTs in the Multi-County Hub catchment area.
* The Hub catchment area includes the designated counties associated with the E-MDT Multi-County Hub for such coordination services.

Instructions: Please complete each question in the Readiness Assessment Review Tool as part of the application to determine a Nonprofit Organization/Local Government Organization’s readiness to perform as the E-MDT Multi-County Hub organization for county-based E-MDTs.   
Please include required supporting documentation to verify your readiness. Required documentation is specified under each question (as applicable). On supporting documentation, label and number the document(s) that you provide with the corresponding number of the question from the Readiness Assessment Review Tool.

Explanation of Response Categories:

Yes: Organization currently leads and/or participates, as specified in the question, in existing activity in the county and has full commitment to the item described.

To Some Extent: Organization has or will have, as specified in the question, some involvement in existing activity, but does not lead or participate regularly in the county.

Not Yet: Organization is aware of existing activity but is not currently active or engaged in the activity in the county or may not engage in the activity, as specified in the question.

Don’t Know: Organization is not aware of existing activity in the county at this time or is unwilling to engage in such activities, as specified in the question.

Supporting Documentation: For questions 2 through 7, indicate whether supporting documentation is attached (Yes or No)

**Please Note: It is not necessary to submit duplicate documents. Please provide a heading and page numbers for each supporting document attached and enter in the Brief Comments box.**

Brief Comments: Add any brief comments and clarifiers specific to the item. If you wish to include a detailed description for any of the items, please attach the description as additional supporting documentation for that question.

**Please Note: Question 8 requires the applicant to provide additional information in the comments column.**

| **Multi-County Hub Organization:** | **Yes** | **To Some Extent** | **Not Yet** | **Don’t Know** | **Supporting Documents Attached?**  **Y/N** | **Brief Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| **Background and Organizational Management** | | | | | | |
| 1. Is the organization’s leadership informed about current trends in elder abuse in this county? |  |  |  |  | NA |  |
| 1. Does the organization have **formal** working relationships with Adult Protective Services and the Aging Services Network?   *(Documentation to attach - memorandum of understanding or written contract)* |  |  |  |  |  |  |
| Has the organization led a regional or multi-county coalition, task force, multi-disciplinary team, or other grassroot activity on elder abuse interventions?  *(Documentation to attach - potential documents: write-ups, sign-up sheets, meeting minutes.)* |  |  |  |  |  |  |
| 1. Has the organization successfully received and managed government and/or private grants that require subcontractors?   *(Documentation to attach - reference to the grant year and duration, amount of funding, brief description/purpose of funds, required subcontractors)* |  |  |  |  |  |  |
| 1. Has the organization participated in a leadership role with other nonprofit organizations, local government agencies, and/or regional entities on a common mission and related activities?   (*Documentation to attach - potential documents: name of initiative; organizations involved; meeting minutes; sign-in sheets; written materials.)* |  |  |  |  |  |  |
| 1. Has the organization’s leadership, and/or board of directors, and/or county leadership (e.g., County Executive, borough President), as required, formally approved the organization’s role as E-MDT Multi-County Hub and its associated responsibilities? This includes: staffing an E-MDT coordinator, meeting data and reporting requirements, establishing subcontracts as necessary, etc.   *(Documentation to attach - letters of commitment from appropriate level of leadership and/or board of directors)* |  |  |  |  |  |  |
| 1. Does the organization agree to hire, train, and provide support for the E-MDT Multi-County Hub Coordinator and their responsibilities and tasks?   (*Documentation to attach - job description)* |  |  |  |  |  |  |
| **Core Partnerships and E-MDT Membership** | | | | | | |
| 1. Organizations must work in each county in the Hub region. Please check which organizations you currently have a working relationship with. In the comments column, please specify the county and organization name. | NA | NA | NA | NA | NA |  |
| * 1. Adult Protective Services |  |  |  |  | NA |  |
| * 1. Area Agency on Aging |  |  |  |  | NA |  |
| * 1. Criminal justice entity (e.g., Law Enforcement, District Attorney’s Office, Attorney General’s Office) |  |  |  |  | NA |  |
| * 1. Banking and/or financial services industry |  |  |  |  | NA |  |
| * 1. Community legal services agency |  |  |  |  | NA |  |
| * 1. Physician experienced in the care of older adults |  |  |  |  | NA |  |
| * 1. Additional organization partnering with |  |  |  |  | NA |  |
| * 1. Additional organization partnering with |  |  |  |  | NA |  |
| **Support Systems and Requirements** | | | | | | |
| 1. Will the organization be willing to undertake and enforce mandatory confidentiality agreements for all E-MDT members? |  |  |  |  | NA |  |
| 1. Will the organization be willing to ensure that all policies, including confidentiality and consent policies, are adhered to? |  |  |  |  | NA |  |
| 1. Will the organization enter into required data use agreement and other relevant agreements? |  |  |  |  | NA |  |
| 1. Is the organization willing to enter into an agreement or understanding with a nonprofit organization or local government to ensure that all data, contracts, and reports are collected? *(Answering “Yes” indicates willingness to submit contracts, data use agreements, required reports, etc.)* |  |  |  |  | NA |  |
| 1. Does the organization have the capacity to collect and report on data for case management, reporting, quality assurance, and other requirements? |  |  |  |  | NA |  |

**Additional Comments, including, if applicable, a brief optional description of participation in any form of telehealth:**