Mass Violence After Action Report Review:
Focus on Victim Services and Behavioral Health Services

**Review Conducted by Consultants for the
National Mass Violence Victimization Resource Center and NMVVRC Staff**

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Introduction

An After Action Report (AAR) produced after mass violence incidents (MVIs) often includes a wealth of information about pre-event preparations, acute response and post-event support services that can help community leaders and agencies as they prepare for — and respond to — future MVIs. However, few guidelines exist for generating AARs, especially in regards to summarizing the provision of victim/survivor services and mental health services. The National Mass Violence Victimization Resource Center (NMVVRC) staff and consultants conducted a review of existing AARs in the field to establish the general structure of AARs and to assess the degree to which victim services and mental health components are included in these reports. Specific recommendations for future AARs are provided.

In addition to providing in-depth guidance about how to plan and develop an AAR, this Review also provides a strong foundation to help plan a coordinated response to MVIs across multiple agencies and jurisdictions.

Methodology

This report was developed by two violence prevention researchers, Drs. Heidi Zinzow and Martie Thompson, who serve as consultants to the NMVVRC. The consultants were asked to review existing AARs from MVIs; determine which components are generally included in the AARs, especially those specific to victim/survivor response and assistance; and make recommendations regarding what elements AARs should include in the future that address the MVI response to, and services and support provided to victims. They were also asked to summarize key recommendations for responding to MVIs that were included in the AARs to assist synthesizing lessons learned for victim services.

The U.S. Department of Justice Office for Victims of Crime defines an act of mass violence as "an intentional violent crime that results in physical, emotional, or psychological injury to a sufficiently large number of people and significantly increases the burden of victim assistance and compensation for the responding jurisdiction, as determined by the OVC Director" (OVC, 2016). Each of the two consultants reviewed the documents provided to them by the NMVVRC team, and then reviewed AARs pertaining to the following MVIs: Newtown (Connecticut State Police), Orlando Pulse (Community Oriented Policing Services), Navy Yard (Metropolitan Police Department), Boston Marathon (multi-agency report) and Las Vegas (FEMA). The Virginia Tech Review Panel report was also included because this report was commissioned by the Governor, was performed by an independent review panel, and mirrored the scope and purpose of other AARs. The consultants also reviewed the SAMHSA Dialogue (2017, Volume 13, Issue 3-4), "Mass Violence: Planning, Responding Recovering" and the OVC 9/11 Report (Lessons Learned from VOCA Administrator Agencies) for recommendations. Documents pertaining to the following incidents were reviewed but not included in the report because they were "lessons learned" documents that were not commissioned as official AARs: Aurora, Oklahoma City, Santa Barbara, Fort Hood, and San Bernardino. The NMVVRC team also conducted an in-depth review of the "Crisis Response Debriefing in the Aftermath of the Navy Yard Shooting," commissioned and published by the D.C. Mayor's Office, as it is the singular "report and recommendations" document that is *specific* to MVI victim services and mental/behavioral health, with its findings included in this document.

The consultants then developed a table to summarize the information across the various reports. This table presents (1) key elements across the various AARs, (2) descriptions of the key elements, and (3) key recommendations and lessons learned for preventing and responding to MVIs, based on AAR findings. It refers the reader to MVI AARs that serve as good examples for the various key report elements recommended for future AARs. The consultants also developed a corresponding database that indicates which elements were present in each of the reviewed reports.

Recommendations

While most of the reports generally did a thorough job describing the incident timeline, tactical operations and operational communications, there were several areas that many reports did not discuss in detail. For future AARs written in response to MVIs, it might be helpful to emphasize these elements in greater detail:

- Limitations of the report, such as restrictions on creating the report including available data and representation of the groups who contributed to the data and report.
- Procedures to identify risky individuals and refer them to services or sanctions. This includes procedures for reporting student or employee aberrant behavior, misconduct, or mental health concerns as well as procedures for restricting access to firearms, psychiatric holds and reporting to law enforcement when someone is a danger to self or others.
- Policies and procedures to enforce gun policies on campuses and in workplaces.
- Security and safety features of the installation, building or venue where the MVI occurred, such as surveillance and alert systems, alarms, entrances and exits, guards, security cameras, barricades for crowd control, gates and locks. Sometimes, such features can interfere with or impede an efficient emergency response.
- Community capacity and education, such as descriptions of what resources communities have offered to educate the public about how to prepare for and respond to MVIs, as well as descriptions of community resources for mental health.
- Descriptions of community agencies and roles, as well as pre-existing relationships and/or collaborations prior to the MVI.
- Emergency response protocols that were in place prior to the incident, and how they were followed. These protocols may describe plans used by emergency response agencies to help control, direct and coordinate personnel, equipment, and other resources on the scene, as well as transport to care and services needed after the incident.
- Hospital system responses such as procedures for diverting elective procedures, security, gathering evidence, and assisting families. There could also be more elaboration on communication systems and strategies employed to communicate among on-scene agencies, medical services, and families.
- Strategies to protect the community during and after the MVI, as well as ways that the community infrastructure can be bolstered to protect community members from further harm.
- Strategies to ensure that the community and responding agencies continue to adequately support other entities and clients not related to the MVI in order to ensure a continuity of quality service provision for ALL crime victims and survivors.
- Strategies to utilize victim service providers (VSPs) and mental/behavioral health professionals in planning, immediate response, and long-term recovery. This can include assistance in establishing the initial Response Center, Family Assistance Center (FAC), Resiliency Center (RC), crisis intervention, death notification, family reunification, liaising with appropriate agencies, and linking victims and families to mental/behavioral health and financial resources.
- Strategies to restore operation of the community such as accessing resources, restoring infrastructure, ensuring individual and community safety to the degree possible, and helping community members and businesses to resume activities.
- Feedback from victims and their family members regarding their perceptions of strengths and weak-nesses of agency responses. Ideally, these sections would also describe in detail the methodology that was employed to gather victim, family, and community feedback (e.g., timeline for obtaining feedback, assessment procedures, and personnel responsible for obtaining feedback).
- A table or rubric that depicts how community capabilities were aligned with various aspects of the response.

Other important considerations when writing AARs are to include specific details about the methodology for developing the report, minimize the use of acronyms, and include clear summaries of the recommendations in a brief format. Regarding recommendations, some consistent themes that emerged across reports were the need to:

1. Establish unified systems of communication;
2. Engage in pre-incident, multidisciplinary training exercises;
3. Establish procedures to coordinate and oversee self-dispatching issues and scene management;
4. Have a clear leadership plan for establishing unified command operations and information;
5. Have protocols for consistent and timely communication with the news media that is sensitive to victims' and families' needs;
6. Have protocols to establish Joint Operations Centers, Joint Information Centers, the initial Response Center and Family Assistance Center;
7. Have protocols to coordinate among first responders and medical services during MVIs, as well as procedures to effectively manage mass casualties within medical systems;
8. Assess community capacity and maintain current lists of resources to employ during MVIs;
9. Establish resources for first responder, victim, and family wellness, including liaisons, victim service providers and navigators to support these individuals and link them with services (this requires access to victim and family contact information); and
10. Have plans in place for short- and long-term community recovery.

"Table 1. Summary of After Action Report Elements and Recommendations" features elements of AARs with a description of each; key recommendations from AARs; and good examples from past MVI responses and their respective AARs as they relate to victim/survivor and mental/behavioral health services, in the following categories:

- Pre-incident planning
- Emergency 911 services and initial notification
- Law enforcement and initial response
- Tactical operations
- Operational coordination/relationships, command and control
- Operational communications
- Scene management and command centers
- Medical services and systems
- Crime scene management
- Criminal investigation
- Public information and notification
- Media and public relations
- Resource management
- Protecting the community after the incident
- Reporting and documentation
- Support services (for victims and first responders)
- Community engagement and management in the days and months following the incident
- Feedback from victims and their families

Table 1. Summary of After Action Report Elements and Recommendations

Report Element	Description	Key Recommendations from AARs	Good examples
Overview			
Cover Page	AAR title; agency(ies) sponsoring/funding the report; date of publication; and location of publication		
First/insert Page	Includes list of author(s); any funding source; and any disclaimer(s)		
Table of Contents	All topics cited below; appendices; and any other addenda.		
Executive Summary	Overview of event and significant findings. Typically includes details about when and where the incident happened, number of people killed, number of people injured, status of alleged perpetrator(s), and key recommendations.	N/A	Orlando Pulse
Purpose	Who commissioned the report; who was involved in developing the report; purpose and goals of the report; and intended audiences and impact.	N/A	D.C. Navy Yard (Metro Police) Orlando Pulse
Scope	The purview of the report. Describes the main topics that will be addressed (e.g. tactical operations, victim services, communications) and the agency responses that will be assessed.	N/A	Boston Marathon

Methodology	Methods and data sources for conducting the review (e.g., interviews and documents collected); who participated (both inter-viewees and interviewers/persons/panels who collected the data); timeline; and list of report authors and contributors. Indicates the representativeness of data sources and the individuals and agencies who collected the data.	N/A	Orlando Pulse
Limitations of Report	Descriptions of restrictions on the report, including available data, representation of the groups who contributed to the data, and writing/review of report.	N/A	Orlando Pulse
Background	Community background, setting, alleged perpetrator history, maps, diagrams, and photos. Provides an understanding of risk and protective factors associated with the incident and incident response.	N/A	Las Vegas
Timeline of Events/Response	Often a table with chronological detail about the exact time at which each event and response happened.	N/A	Orlando Pulse
Incident Report/Narrative	Usually a narrative of events in the order that they occurred, with an overview of agency responses. May include photos and maps.	N/A	Las Vegas Boston Marathon Orlando Pulse D.C. Navy Yard (Metro Police)

Community Capacity/ Agency Capacity, Description, and Resources	Includes list of community agencies, emergency response providers, first responders, community service providers. Also describes their capacity and resources, as well as their pre-existing relationships with each other.	N/A	Las Vegas
Observations and Recommendations			
Pre-Incident Planning	These elements list pre-existing protocols and resources that were put in place in preparation for MVIs. They may also include recommendations for future pre-incident planning. These include national incident management system protocols, plans for joint or unified command (including "operations" and "information"), diagrams, resource lists, communications procedures, training, aid staging locations, and supplies.	AAR recommendations suggest that a national incident management system protocol should be in place, although many reports did not describe the specifics of this protocol and how it was or was not implemented. Good descriptions of pre-incident planning include plans for joint or unified command, locations and facilities for unified command centers, diagrams, resource lists and contact numbers, crisis response teams, communications procedures, training, aid-staging locations, supplies, and protocols for coordination between law enforcement and hospitals. According to reports, these systems should be tested in advance in training exercises involving all potential first responders. Reports recommended that a resource list and contact information should be maintained for crisis response agencies and mental/behavioral health providers. There needs to be a protocol in place to address the financial, medical, and mental/behavioral health needs of victims and families in the event and aftermath of an MVI. Sites should be identified in advance for the initial Response Center (RC) and FAC, based upon geographical considerations within a jurisdiction; access to public and private transportation; and ADA compliance. Victim services, MH and BH providers should be familiar in advance with the physical layouts of such sites; and develop plans that determine the location and provision of safe, private and confidential victim services at the RC and FAC. A MVI "glossary of terms" that includes specific definitions of commonly-used crisis response terminology across local, state, federal, Tribal and DoD jurisdictions should be developed, using FEMA's National Incident Management System definitions as a foundation. The glossary of terms can be incorporated into all planning, training and response efforts.	Las Vegas Boston Marathon Newtown Orlando Pulse D.C. Navy Yard (Mayor's Office)

Pre-Incident Planning: Procedures to Identify At-Risk Individuals & Refer Them to Services or Sanctions	This section describes procedures that were followed or that would be recommended that identify at-risk individuals and refer them to services or appropriate sanctions, i.e., procedures for reporting student or employee aberrant behavior, misconduct, or mental health concerns; restricting access to firearms and security clearances; and/or psychiatric holds and reporting to law enforcement when someone is a danger to self or others.	This element was not included in many reports but would be useful to include in future reports. Good examples describe: 1) procedures for reporting student or employee aberrant behavior, misconduct, or mental health concerns; 2) restricting access to firearms and security clearances; and 3) psychiatric holds and reporting to law enforcement when someone is a danger to self or others.	Virginia Tech
Pre-Incident Planning: Firearms Procedures	Procedures to restrict access to lethal means and enforce gun policies on campuses and in workplaces.	This element was not included in many reports but would be useful to review in future reports. This includes describing and offering recommendations for: 1) procedures to restrict access to lethal means; 2) clarity in reporting systems for mental health status, criminal infractions, etc. that would prohibit firearm purchase; 3) background checks; 4) campus gun policies; 5) procedures for ammunition purchases; and 6) enforcing gun policies, such as on campuses (e.g., metal detectors).	Virginia Tech
Pre-Incident Planning: Pre-existing Relationships	Interagency relationships, including the nature and extent. Agreements about chain of command and who is authorized to direct personnel across agencies during incidents. Plans for a unified response protocol.	Many reports emphasized the need for strong pre-existing relationships among agencies. This can be accomplished via joint training exercises and the collaborative establishment of an emergency management and unified response protocol for the community. This protocol is recommended to include agreements about chain of command and who is authorized to direct personnel across agencies during incidents. A roster of trained victim service, MH and BH providers should be developed and readily available if a MVI occurs, to include capacity for 24/7 contact by cell phone and email. This roster must include key federal contacts, including the U.S. Department of Justice Office for Victims of Crime; FBI Victim Specialists; and U.S. Attorneys' Victim/Witness personnel. An inter-agency/organization policy and protocol can be established that clarifies the specific roles and responsibilities of VSPs, MH and BH providers within a jurisdiction's Emergency Response Plan, and at the initial RC and FAC, through follow-on victim support and services (including the creation of a longer-term Resiliency Center).	Boston Marathon D.C. Navy Yard (Mayor's Office)

Pre-Incident Planning: Prior Training Exercises	Descriptions and timelines of prior training exercises completed by first responders.	Recommendations include: • medical training for law enforcement, • communications and operations drills, • interagency drills (including not just first responders but also hospital personnel, • victim service providers and mental/behavioral health professionals), • becoming familiar with local buildings through interagency inspections, • training dispatchers, • training family liaison officers, and reviewing critical incident reports. Also training in weapons discipline, close-quarters maneuvers, emergency plans and protocols, unified command protocols, crime scene management/processing and witness management, victim/family information and notification, emergency vehicle operation, and identification of pre-designated locations for initial Response Center and FAC with planning that prepares for both.	Las Vegas Orlando Pulse Boston Marathon
Pre-Incident Planning: Cultural Competence in the Provision of Victim Services and Support	The need for cultural competence and sensitivity in victim support and services is a core tenet of the victim/survivor assistance field, and wholly applicable to MVI readiness, response and resilience.	Recognition and knowledge of how different cultures cope with tragedy, trauma and grief are important skills for first responders, VSPs and MH/BH providers. Basic training about cultural competence can be developed that reflects the various, distinct cultures within a jurisdiction, with "culture" including: • Race • Ethnicity • Language • Limited English Proficiency • Gender • Age • Geography • LGBTQI • Socio-economic status • Dis/ability • Multi-faith affiliations	NMVVRC D.C. Navy Yard (Mayor's Office)
Pre-Incident Planning: Language Access		Advance knowledge of the major languages spoken within a jurisdiction can help a community prepare for victim, family and community information and services that are available in such languages and dialects in paper resources, online, and through assistance provided by 911 and 311 operators. This can include the establishment of a Language Access Program.	NMVVRC D.C. Navy Yard (Mayor's Office)
Pre-Incident Planning: Interpreters for Deaf Victims & Clients		First responders, initial Response Centers and FACs should have a plan and protocol in place to provider ASL interpreters for Deaf victims, families and other clients; and ensure that telephone protocols include TDD/TTY services, and video/online information and services include closed-captioning.	NMVVRC D.C. Navy Yard (Mayor's Office)

Pre-Incident Planning: Recommendations for Future Training	This section describes recommendations that the report authors advance in regards to future training needs. For example, medical training for law enforcement, communications and operations drills, interagency drills, becoming familiar with local buildings, training dispatchers, training family liaison officers, training individuals involved in death notification and reviewing critical incident reports.	See above for training recommendations described in the reports. Training in trauma-informed best practices for death notification should be provided to law enforcement, VSPs, and MH and BH providers, including a protocol for "partner notification" of surviving family members by a law enforcement officer and VSP or MH/BH professional (NOTE: The D.C. Mayor's Office created a training program in the aftermath of the Navy Yard mass shooting). Basic training about the impact of MVIs on victims and communities; evidence-based trauma response protocols; and traumatic grief and loss should be developed and provided to all first responders. This training should include information about community-based victim assistance resources available within a jurisdiction, and federal resources available from OVC, the FBI, and U.S. Attorneys.	Orlando Pulse D.C. Navy Yard (Mayor's Office)
Pre-Incident Planning: Security/safety Features of Installation/Venue	This section describes security and safety features of the installation, building, or venue where MVIs take place. For example, surveillance and alert systems, alarms, entrances and exits, guards, security cameras, barricades for crowd control, gates and locks. Includes discussion of how these features can interfere with emergency response.	Recommendations include ensuring safety and security features are maximized at event venues, office buildings, schools, and other facilities. This can include installing surveillance and alert systems, security cameras, gates, locks, and alarms; ensuring entrances and exits are secure; staffing venues and facilities with security personnel and ensuring that large events have designated emergency response dispatchers; and using barricades for crowd control that don't impede emergency response. Reports also recommend that Incident Command has immediate, easy access to security footage, maps and features of the installations and/or venues.	Virginia Tech D.C. Navy Yard (Met. Police)

Pre-Incident Planning: Available Supplies, Equipment and Resources	Descriptions and recommendations of resources that are useful or needed to effectively respond to a MVI. For example, readily available medical supplies, safety equipment, "go kit" or law enforcement resource box at entry points for first responders (maps/keys/ communication info), air support, bomb squad resources, crime scene investigation equipment. Also includes plans for accessing additional equipment from outside sources during MVIs.	Recommendations for supplies and equipment include: readily available medical supplies at large events, safety equipment (gas masks, body armor, ballistic shields, reflective/ID vests), "go kit" or law enforcement resource box at entry points of buildings of event venues for first responders (maps/keys/communication information), electronic files with this information that are available to all agencies, an equipment truck with safety and medical equipment that can be rapidly deployed, medical kits for first responders/law enforcement and school resource officers, "go kits" to establish initial Response Center and FAC for victim and mental/behavioral health services, tactical robots, air support, bomb squad resources, triage ribbons and tags, decontamination and hydration station supplies, mobile command vehicle and crime scene investigation equipment. Reports also recommended having plans for accessing additional equipment from outside sources during MVIs.	Orlando Pulse D.C. Navy Yard (Metro Police) Newtown
Pre-Incident Planning: Community Capacity and Education	Descriptions of what communities have offered in terms of training community members, and providing public education about how to respond to a MVI. Descriptions of community resources for mental health, including mental health providers (both for prevention of violence and treatment of victims). Recommendations for further training needs in these areas.	Reports recommend offering training to community members, including first aid training and education about how to respond to MVIs. Communities also need to ensure that they have capacity to address mental/behavioral health needs by training providers in evidence-based care and maintaining resource lists.	Las Vegas

| **Pre-Incident Planning:** Emergency Response Protocols in Place | Plans used by emergency response agencies to help control, direct, coordinate personnel, equipment, and other resources from the scene of the MVI. Plans that address the continuum from transport to care to the conclusion of the MVI. The plan may also address services needed after the incident (e.g., FAC, donations management plan). Any use of the state's emergency planning and response protocols and National Incident Management System protocols. | As described in the Virginia Tech report, Homeland Security Presidential Directives 5 and 8 require all federal, state, regional, local, and tribal governments to adopt the National Incident Management System, including a uniform Incident Management System. This may be a written plan, used by all emergency response agencies that helps control, direct, coordinate personnel, equipment, and other resources from the scene. The plan should address continuum from transport to care to the conclusion of incident. The plan may also address services needed after the incident (e.g., FAC, mental/behavioral health resources, donations management plan).

Every state has an emergency planning and response protocol. Having a crisis response team and protocol that includes victim response and assistance established before an incident can provide a mechanism for communication/liaison with victims and their families. | Virginia Tech Boston Marathon OVC 9/11 report |
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| **Emergency 911 Services and Initial Notification** | This section describes the operation of emergency 911 services and how these services manage initial notification and dispatching during MVIs; for example, how dispatchers emotionally validate callers and give advice and information. Issues with capacity to receive and field calls. | Reports indicated that dispatchers need training about how to emotionally validate callers, give advice, and be aware of various communication systems used by responders. Such training should include information about victim trauma; the impact of MVIs on victims and families; and community and victim assistance resources readily available for victim referrals. There must be enough capacity to receive and field calls during a MVI. One recommendation is to assign dedicated dispatchers to special events (e.g., concert, football game). Dispatchers and call-takers at local installations (e.g., military) need to coordinate with 911 services in the local jurisdiction. Ensure that maps, addresses, building names, and access to security systems' video footage are updated in dispatching systems. | D.C. Navy Yard (Metro Police) |
| **Law Enforcement and Initial Response** | Personnel and operations involved in initial, immediate response to the incident. e.g., law enforcement, national guard, command centers. Accessing the scene/ facility, search and clear procedures, weapons discipline. | Recommendations include ensuring personnel are trained in emergency driving and routes, have safety and medical equipment in their vehicles, have readily identifiable uniforms or apparel, park in ways that do not restrict access to the scene, be trained in search and clear procedures/how to mark rooms to indicate they have been searched, and maintain weapons discipline.

The Newtown report suggests that each law enforcement agency keep a book in the dispatch area, as well as electronically accessible documents, with pertinent information about schools and high profile locations. This report also suggests developing a Perimeter Control Team to establish a secure perimeter, coordinate a safe accessible location for emergency response vehicles, keep a crime scene log, and maintain clear entrances. | Newtown |

Tactical Operations	Personnel and operations following the initial response. Getting to the scene/navigating vehicular traffic/maps; use and creation of various teams or units called as backup; accessing equipment and resources; and managing false distraction calls.	Recommendations suggest that personnel have ready access to tactical vehicles and safety equipment, as well as road and installation maps. Reports indicate that protocols need to be in place to manage self-dispatching, team assignment, communications plans, and how to manage distraction calls. Consider use of alternate routes to minimize traffic impediment during large scale incidents. Prioritize medical transport. Vet all information coming in to mitigate distraction calls. Ensure responders have appropriate training in tactical operations and coordination with other systems. Consider a tactical checklist that includes all immediate goals and objectives for active shooter scenarios.	Las Vegas Orlando Pulse D.C. Navy Yard (Metro Police)
Tactical Operations: Search for Alleged Perpetrators	Tactical operations to both maintain public safety and locate the alleged perpetrator(s).	Recommendations from reports include locking down facilities, shutting down transit operations, searching grids and perimeters, coordinating among tactical teams, employing weapons discipline, ensuring leadership and communication among response personnel, and managing public messaging in order to both provide accurate information but minimize alleged perpetrator(s') knowledge of law enforcement activity.	Las Vegas Boston Marathon
Operational Coordination/ Relationships, Command and Control	This section describes leadership structure and communications strategies. This includes establishing and clearly communicating who is in charge; use of an incident command protocol; establishing unified command centers and structures; coordinating and communicating among agencies from across the region (and possibly cross-state); agreements about authority of outside agency supervisors to direct personnel in other agencies; and managing self-dispatching/ self-deployment issues.	Reports recommend establishing a unified command structure and clearly articulating roles, responsibilities, relationships, and authority for all operations centers and discipline-specific missions. This needs to take into account agencies from across the region and different jurisdictions, i.e., Federal, tribal, state, local, Department of Defense, etc. One report recommended a "Logistics Chief" for the scene. There is an issue with self-dispatching of nonuniformed personnel, adding to confusion and the potential for "friendly fire" incidents. The Incident Commander or Logistics Chief can make sure nonuniformed personnel are appropriately assigned to duties, provided with identifying gear, and replaced with uniformed officers as needed. Reports indicated that there should be a protocol in place prior to the incident with clear policies for self-dispatching. All personnel should wear conspicuous identification.	Boston Marathon D.C. Navy Yard (Metro Police) Virginia Tech Newtown

Operational Communications	Observations and recommendations regarding various forms of interagency communication during the MVI, including format and language. Examples of communications formats include radio channels, cell/satellite phones and internet/online communications. Issues with language include nomenclature for direction (compass, landmarks, building side numbers, etc.).	Reports frequently described issues that included use of different channels across agencies. They also described inconsistent use of language, the need for language interpretation, the need to separate the communications channel from other talk groups, problems with the inability to communicate via the designated channel and overloading of channels of communication. There were concerns about monitoring of communications channels by alleged perpetrators or leaking of information to alleged perpetrators. Reports often recommended the need for use of one format and/or channel for communication among all agencies involved in the response. The channel needs to have enough capacity that it is not overloaded during the crisis response. Reports also recommended regular briefings with critical updates provided to all agencies. One way to establish this is through a virtual command post (central location for Joint Operations Center and Joint Information Center communications). A representative from the jurisdiction's lead victim services agency should be present in the Joint Information Center, so that timely, accurate information can be directly relayed to VSPs and MH/BH providers at the initial Response Center and FAC.	Las Vegas Boston Marathon D.C. Navy Yard (Mayor's Office)
Scene Management and Command Centers	This section describes processes related to scene management and establishing command centers/posts, staging areas, perimeters, security, and coordination among command posts; and managing self-dispatching issues (e.g., multiple non-uniformed personnel arriving, mul-tiple vehicles blocking access).	Reports recommend establishing a unified command center during the immediate scene management and response. There also needs to be a plan for which agency will establish staging areas and the unified command center. The Las Vegas AAR report recommends establishing a Multi-Agency Coordination Center: a physical location established during an incident to align response efforts in support of agencies in command by completing core objectives. Provides logistical support to incident leaders by gathering and disseminating information to relevant partner agencies, using a common operating platform. One report suggested using mobile command posts. According to reports, there is a need to minimize unnecessary self-dispatching of off-duty personnel, as it can add to confusion and block access to the scene via excessive vehicles on site. Ensure that an official is designated to maintain a safe, cleared route for emergency vehicles to quickly access and depart. A recommendation following the DC Navy Yard mass shooting was to ensure that the lead victim services representative is physically present at the Command Center (Joint Information Center).	Las Vegas D.C. Navy Yard (Metro Police) D.C. Navy Yard (Mayor's Office)
Medical Services & Systems	Describes a range of services from first response and triage to hospital system response.	Reports recommend that there should be a coordinated range of services from first response and triage to the hospital system response. The Las Vegas AAR describes a Medical Surge Area Command comprised of representatives from hospitals and health districts that coordinate and provide resources to area hospitals; provides information to unified command or triage officers to determine the most appropriate hospital(s) to send transport resources to scene; obtains accurate patient counts, injury types and patient contact information/ location; and secures a confidential system that allows for sharing of information to track victims. Provision of alerts to surrounding hospitals including communication with surrounding states if patients might be transported there (e.g., Boston), coordination via medical intelligence center, central coordination, central point for collection of patient information, collaborative planning among different hospitals, surge plan and knowledge of bed counts across hospitals in the large geographic region.	Las Vegas Virginia Tech Orlando Pulse Boston Marathon

Category	Description	Details	Source
Medical Services & Systems: First Response	Administration of medical care by first responders and bystanders.	Tourniquet protocol on site, medical tents, first aid stations, medical sweep buses	Boston Marathon
Medical Services & Systems: Equipment/ Supplies	Access at the scene and on ambulances, emergency vehicles, hospitals. Plans for accessing additional equipment from outside sources during mass disaster.	Tourniquet protocol on site, medical tents, first aid stations, medical sweep buses, blood supply at hospitals.	Orlando Pulse Boston Marathon
Medical Services & Systems: Triage	Establishing triage and treatment groups at the scene. Color coding/ marking victims. Assigning to appropriate hospitals. Determining which hospitals can send resources and accept patients. Obtaining accurate patient counts, injury status, and information.	Coordination via medical intelligence center, central point for collection of patient information, and advance collaborative planning among different hospitals.	Boston Marathon
Medical Services & Systems: Transport	Access to the scene. Coordinating transport to hospitals. Transport of the deceased. Transport to and from initial Response Center and/or FAC. Use of vehicles from various sources.	The Las Vegas AAR recommends plans to coordinate among law enforcement and medical response entities regarding triage areas, transport, and requests for ambulances. It discussed multiple options for transport when resources are in demand, such as law enforcement vehicles, civilians, and ride share service drivers. They recommend training for private ambulance companies, and a plan for communicating with them during MVIs. In addition, communications need to address locations to where victims have been transported and include coordination with hospitals. Transportation may also be needed to and from the initial RC or FAC. The Las Vegas AAR recommends prioritizing medical transports, including shutting down access to certain routes for non-emergency personnel. This requires communication about alternate routes for other responders. Memoranda of agreements should be developed in advance of an MVI with lead response agencies and a jurisdiction's public transportation system(s), and private transportation agencies (taxis, ride-shares, etc.) to improve capacity to transport large numbers of people whose access to personal vehicles may be negated by the MVI.	Las Vegas Orlando Pulse D.C. Navy Yard (Mayor's Office)
Medical Services & Systems: Communications Systems	Systems for communicating among agencies, personnel, and families.	Recommendations emphasize creating, understanding, and adhering to policies for sharing patient information and having a means and/or centralized resource to share patient information with families and providers. There is also a need for a common communications system between on-scene agencies and hospitals and addressing issues regarding HIPAA. There should be a plan in place to provide timely, accurate information about victim/patient tracking to the lead victim services agency/personnel, for use in victim and family assistance at the initial Response Center and FAC.	Virginia Tech D.C. Navy Yard (Mayor's Office)

Medical Services & Systems: Coordination Among Law Enforcement, EMS, Hospitals	Systems and communications strategies for coordinating among law enforcement, EMS, and hospitals.	Reports recommend that pre-incident planning, training exercises, communications plans, and resource sharing consider the coordination needed among law enforcement, EMS, and hospitals. One report's example is to establish law enforcement liaisons at hospitals. Others suggest including EMS and hospital personnel in training and planning exercises.	Las Vegas
Medical Services & Systems: Hospital System Response	Aspects of hospital and medical system response to MVIs. Examples include hospital multi-casualty plans; diverting elective procedures; security; gathering evidence and assisting families.	According to reports, hospitals should have multi-casualty and surge plans that include plans for diverting elective procedures, clearing emergency departments and operating rooms, maintaining security, gathering evidence, and assisting families. Recommendations stress the need for sufficient resources and coordination with law enforcement to facilitate security and evidence collection.	Virginia Tech Boston Marathon
Crime Scene Management	Description of processes involved in managing the MVI crime scene for security and evidence collection. Examples include crime scene security; control of entry points; identification of human remains for notification and documentation; and managing witnesses.	Recommend that command posts are not set up at an active crime scene. Recommendations include establishing a perimeter around the scene, strictly limiting access, allowing escort only after the scene is processed, training personnel in crime scene security and planning for cleaning and returning personal effects.	Newtown
Criminal Investigation	Describes processes related to criminal investigations procedures. Examples include controlling release of information, sensitivity about family member involvement in identification, and access to personal effects. Sensitivity to witnesses' and victims' needs when collecting information. Collection, vetting, and processing of evidence.	Reports suggest that investigators need to be sensitive to victims' and family members' needs during the investigation. This includes sensitivity to family member involvement in identification of victims, and ensuring victims and families have timely return of personal effects (see "Support Services for Victims, First Responders," below)	Newtown

Public Information and Notification; Media and Public Relations			
Public Information and Notification; Media and Public Relations: Immediate Notification of the Public	Means for immediate notification of the public regarding the nature of the incident. For example, newspaper, television, radio, social media and text messaging broadcast and emergency alert systems.	According to AARs, there needs to be an emergency alert system that quickly notifies the public of the situation. Examples include radio and text messaging systems; campus unified alerting systems; hotlines; and social media. The Orlando Police Department made a decision to use Twitter almost exclusively to provide the public and the media with updates in order to allow information to be shared in a timely and efficient manner without having to individually respond to the rising volume of press inquiries. Other social media platforms were used to point people to the OPD Twitter feed. AARs recommend use of Notification Systems including automated notification systems and/or other tools to share information. Need for frequent and coordinated communications with the media and the general public. Key leaders have worked together within the unified command center to craft clear, concise, unified messages they could deliver to the public and the media regarding the incident, its impacts, and measures that were being taken in the aftermath. Providing a single clearinghouse and trusted spokesperson for public inquiry is essential. The public should be encouraged to call this primary call center to speak directly with a trained call-taker. Designating a separate number such as 3-1-1 instead of 9-1-1 for the public to call for information. One recommendation is to develop ready-to-use templates including script outlines with basic responses and typical questions with answers that can be used by all call center staff during an emergency incident. This would save time, ensure consistent messaging, and ensure all pertinent information is being captured. Ensure call center staff are adequately trained on their use. Another recommendation is to establish protocols that would prompt and allow emergency personnel to issue emergency alerts during quickly-unfolding incidents.	Virginia Tech Orlando Pulse
Public Information and Notification; Media and Public Relations: Notification of Families	Means for notifying families of critical updates, information about family members' medical status and location. e.g., hotlines, initial RCs and/or FACs, personnel who deliver death notifications.	Recommendations include the need for a protocol or process to notify families of critical updates, information about family members' medical status and location, or the location of deceased loved ones. e.g., establishing a hotline for the incident, and/or creating an initial RC and FAC. Initial RCs should be secure, well-staffed, easily accessible and have separate areas for MH/BH professionals and victims. Consider a family liaison program to provide support and communication to victims' families, and individual and group meetings between families and law enforcement to provide updates and assistance. Consult with mental health experts and VSP leaders about victim assistance. Recommendations include the establishment of a protocol for timely and sensitive death notifications delivered by trained personnel (see "Emergency Response Protocols in Place," above). Honor family requests to view the victim, if feasible. Several reports described the frustration of family members who wanted more timely information about their loved ones, whereas responders were busy managing the process of identifying victims and collecting evidence. Need for prior planning of an initial RC and FAC.	Newtown

Public Information and Notification; Media and Public Relations: Procedures for Working with Media Outlets, Public Officials, and Other Public Information Systems	Establishing a public information center/ command post and/or locations to stage media. Means of coordinating consistent messaging, providing regular updates, addressing rumors and minimizing media interference with investigations. Use of public information officers, press kits, social media, guidelines for media. Managing visits and briefings with public officials.	Establish a public information center/command post and/or locations to stage media. Have a clear point of contact for the public to access information. Establish a Joint Information Center to coordinate consistent messaging. Ensure that consistent, accurate and reliable messaging reaches all personnel and is constantly updated and accessible. Provide templates with FAQs for MVI hotlines. Minimize media interference with victims and investigation (e.g., keep media distant from initial RC and FAC); and consider assigning a law enforcement officer to each victim family to ensure their safety and help them exercise their wishes relevant to media interactions. Address rumors. Monitor social media and other media outlets for accuracy of information. Communicate accurate information in a timely and sensitive manner; and continually publicize the one, centralized source of accurate information. Assign staff and public information officers to manage media. Verify credentials. Use of regular briefings, press kits and social media. Manage visits and briefings with public officials. May include guidelines for the media and public officials.	Virginia Tech Orlando Pulse Las Vegas
Resource Management	This section describes how communities balance and utilize their resources in multiple areas. This can include staffing, crime lab resources, ensuring officer recovery from shifts, handling non-emergency calls and utilizing community resources	AARs recommend that incident command and the staging location work to coordinate and track resources and responding personnel. The lead victim services agency should coordinate with the American Red Cross to develop a list of crime victim assistance and human/social services resources that can be used at the initial Response Center and FAC.	D.C. Navy Yard (Metro Police) D.C. Navy Yard (Mayor's Office)
Resource Management: Ensure Ongoing Coverage for Entire Region	This set of observations and recommendations discussed issues to ensure that security, emergency response, and other community services remained uninterrupted during and after the incident.	Reports recommended ensuring that security, emergency response, and other community services remained uninterrupted during and after the incident. This includes ensuring adequate staffing, coordinating with other regional/ state/Federal/Tribal agencies, having backup squads and equipment available, and designating key staff members to lead operations for non-incident-related services throughout the city or region.	
Protecting the Community after the incident	Strategies to protect the community during events that take place after the incident. May also include ways that the community infrastructure is bolstered to protect community members from further harm.	AAR recommendations include ensuring that there is a law enforcement presence at vigils, gatherings, or events where communities may be at risk for further acts of violence or terrorism.	Orlando Pulse

Reporting and Documentation	Processes for documenting the MVI and maintaining information about victims and medical status.	Recommendations include: establish a procedure for documentation and for ensuring that it occurs; establish a documentation process to more efficiently pass and/or share current information and status of teams in the field and ensure documentation to track all patients who are transported to hospitals or other locations. It may be useful to utilize equipment such as body cameras, and to maintain single files for each victim. The lead victim services agency should develop a protocol for an online database to register and track victims/clients at the initial Response Center and FAC, with paper forms available to expedite victim registration on-site.	Las Vegas D.C. Navy Yard (Mayor's Office)
Support Services (for Victims and First Responders)			
Support Services (for Victims and First Responders): Victims (General)	Descriptions of support services offered for victims, including and beyond mental health services. For example, victim assistance programs; crime victim compensation; hotlines and case management.	Reports recommend that communities need to be able to connect victims with long-term financial help for medical and mental health service bills, FBI Victim Services, and crime victim compensation. Communities need to be able to work with providers and systems across local, state, national, Tribal and sometimes international lines. Another recommendation: hold a training session for representatives from different agencies to identify their areas of expertise. Then, using visual support like a large map, agency personnel can be matched with a specific victim (or family members) based on geography and anticipated needs. Use a case management model where assigned case managers/navigators advocate on behalf of victims (help them bypass barriers to services and take care of some emotionally-draining tasks that families face). Establish a dedicated hotline for referrals (resource list needed) and victim compensation information, with languages commensurate with those spoken within the MVI's jurisdiction. Establish an efficient and trauma-informed protocol for property retrieval, cleaning and return. This will ease the process of property return and reduce potential trauma and grief reactions among recipients. Streamline protocols for MVI victims to apply for crime victim compensation benefits on-site at the initial Response Center or FAC; with a law enforcement representative and victim compensation staff member documenting the initial claim (in accordance with VOCA requirements); and immediately send it online to the state Victim Compensation Agency to open a claim/file.	Las Vegas OVC 9/11 report D.C. Navy Yard (Mayor's Office)

| **Support Services (for Victims and First Responders):** Family Members (General) | Description of general support services for family members, as well as recommendations. Examples include hospital advocates, legal advocates, personnel at initial RC and/or FAC, clergy, university liaisons, and family liaison officers; family folders to track information, family meetings for communication with law enforcement, crime scene walk-throughs. | Immediately following the MVI, most protocols entail the establishment of an initial Response Center and FAC. Report recommendations suggest that disaster preparedness plans need to designate, in advance, facilities, centers, and hotlines that would be available to serve this purpose. They also describe integrating victim compensation and victim services personnel into emergency operations.

Recommendations include keeping the media in a separate location from the Centers and ensuring that trained mental/behavioral health professionals are vetted, available, and identifiable within the Centers. Reports also recommend allowing crime scene walk-throughs after the crime scene is secure and the investigation is concluded.

There are many other professionals who may provide assistance, including victim service providers, legal advocates, hospital advocates, clergy, university liaisons, family liaisons, and family liaison officers (law enforcement). Recommendations suggest a need for coordination among providers and maintenance of records to document and retain family information in centralized, secure locations or databases. Reports recommend that these records be maintained in a manner (e.g., electronically) so that they can be disseminated across providers.

Other services provided to families in the aftermath of MVIs may include: needs assessments; crime victim compensation; workers' compensation; criminal justice/trial support; assistance with funeral arrangements; emergency travel; compensation for medical and mental health costs, lost wages and funeral expenses; temporary housing; emergency food and clothing; repatriation of remains; vocational rehabilitation; and anniversary memorial events. Scheduling public events for community members can provide outlets for grief and opportunities for recovery.

FACs can provide one-stop access to numerous resources such as attorneys to assist with custody and probate issues, insurance companies, charities, personnel from the FBI and the Social Security Administration, and representatives from airlines (among other entities). FACs also provide clergy, therapists, therapy animals, and childcare (while families complete paperwork), and link people with local services to address need for longer-term counseling and support services.

A strong, coordinated case management model can be implemented for families of victims and their families. Case managers and navigators can handle many of the emotionally draining tasks that families face.

Delineate in advance the agencies and organizations that will offer financial support and compensation to victims, what it covers, and at what monetary levels are relevant to avoid duplication of payments and ensure identification of unmet victim needs.

Reports indicate the need to ensure that an adequate number of victim compensation personnel are on-site at the RC and FAC, especially in cases where there is a large number of victims.

Reports describe the need for standardized criteria for agency funding and financial assistance to victims. | Newtown D.C. Navy Yard (Mayor's Office) OVC 9/11 report |

Support Services (for Victims and First Responders): Mental/Behavioral Health for Victims/Family Members	Mental health services and resources for victims and family members (broadly defined, and can include the community at large), access to mental health clinicians and physicians, (ensure they are trained in trauma treatments) and plans and resources for establishing disaster mental health teams.	Culturally competent, evidence-based mental health services and resources need to be available both in the short- and long-term for victims, family members, and affected community members. Reports recommend ensuring that there are adequate numbers of trained and vetted mental health professionals, and that mental health resource lists are kept up to date. One type of resource is a disaster mental health team called to respond to MVIs. Reports recommend a protocol be in place for how these resources will be accessed and deployed in the event of a MVI.

Reports suggest that coordination is needed among FACs and mental/behavioral health providers. Another recommendation was to establish walk-in mental health clinics for short-term access to services immediately following the incident. There also needs to be an appointment-based system for case workers to effectively assist clients. One recommended resource was victim support groups.

Reports highlight the need to ensure that children's needs are identified and that they are provided services to prevent long-term behavioral and emotional difficulties. | Las Vegas Boston Marathon OVC 9/11 report |
| **Support Services (for Victims and First Responders):** First Responders (General) | Needs of first responders, in addition to their safety, that should be identified and addressed. | Recommendations suggest that organizational leadership should ensure that all involved in the initial response feel valued and provided access to physical and mental health resources they may need after a MVI.

According to AARs, agencies should create a post-event wellness strategy that accommodates everyone, including on-scene responders (and their families), support personnel, and other agency employees.

Another recommendation is to have a plan for supplying food and other necessities for in-field personnel who may be activated for long periods of time.

Need to accommodate work duties to minimize burden. | Orlando Pulse Boston Marathon |
| **Support Services (for Victims and First Responders):** Mental/Behavioral Health for First Responders | Includes early intervention and ongoing stress management and mental health resources | Recommendations suggest offering a variety of resources ranging from immediate debriefing and support to long-term mental and behavioral health treatment.

Utilize Employee Assistance Programs, and offer more covered sessions for personnel who have experienced a MVI. Reports describe the need to limit exposure of personnel to trauma and the crime scene (e.g., limit access to necessary personnel and limit the need to drive by the scene). Another recommendation is to assign a mental health incident commander to monitor agency personnel, connect individuals to resources, advise leadership about decisions that impact mental health of personnel and vet mental health providers. The SAMHSA Dialogue also describes the need to ensure that clinicians receive support for stress and compassion fatigue.

Educate responders about the potentialshort-and long-term effects they might experience from assisting in an MVI and the support services they might need.

Because some may be uncomfortable with terms such as mental health, alternate terms such as "wellness activities" and "stress management" can promote receptivity. | Orlando Pulse Newtown Las Vegas OVC 9/11 report SAMHSA Dialogue |

| Support Services (for Victims and First Responders): Victim Service Providers | Describes the role of victim service providers in planning, response, and recovery. Includes recommendations for utilizing VSPs in future incidents. | **Newtown:** Describes the potential future role for VSPs in assisting with scene-walk-throughs.

Las Vegas: Developed a RC to provide long-term support for victims. Describes VSPs working with partners across state lines; support services include connecting victims with therapists, legal aid, long-term financial help, and FBI victim services. Recommends improved coordination so Centers can access victim information to contact them and develop a vetted network of licensed mental health/ beahvioral health professionals for referral.

Navy Yard: Personnel from the Mayor's Office of Victim Services led the creation of the initial Response Center and FAC. Recommends that it be clear which agency will lead victim assistance and coordinate multi-agency responses in the immediate-, short- and long-term.

Orlando Pulse: Law enforcement informed VSPs of the incident, and they responded to the four hospitals with injured survivors. VSPs supported individuals and groups in hospitals and collected contact information to pass along information. The police department made the initial statewide call out to VSPs, which resulted in additional assistance provided. VSPs also assisted with death notifications. Recommend finding a private, secure location to make notifications. Recommend having assistance from VSPs in identification, interviewing, and reunification. Describes FBI Victim Assistance Rapid Deployment Team that worked with community agencies to establish a FAC. Describes the need for victim assistance protocols to be in place prior to an incident.

Boston Marathon: The Massachusetts Office of Victim Assistance established the FAC, along with other agencies that provided financial assistance, mental health services, and coordinated services. Described difficulty accessing patient and victim information due to HIPAA laws, making it difficult to reach out to survivors and families with support and information about available services. Recommends establishing a "walk-in" MVI mental health clinic for the public and survivors.

Virginia Tech: VSPs from partnering agencies were recruited to respond to victims' needs on campus. The report notes problems with the process moving slowly in terms of getting the VSPs to the location. This was in part due to questions about whether the university or Commonwealth government was in charge of managing the emergency. Families had difficulties directly interfacing with medical examiners without the benefit of VSPs. In addition, other providers began assisting and delivering inconsistent messages about assistance that could be provided.

The victim assistance team had difficulty locating and identifying victim survivors. The victim assistance team helped: inform them of their rights as crime victims; make funeral arrangements; provide childcare; arrange transportation; offer emotional support and provide referral information. There were difficulties connecting victims to assistance professionals in their hometowns due to privacy/confidentiality issues. Many returned home without information about local resources.

VSPs arrived at the FAC within the first 36 hours, forming a victim assistance team.

Recommends that VSPs be called immediately to the initial Response Center and FAC and that each victim or family member be assigned a VSP as soon as possible. The VSP should help victims navigate the agencies at the Response Center and FAC.

Recommends that VSPs be present with families while they are briefed about the status of the investigation, identification process, and procedures for retrieving the deceased victim's body/remains. | Orlando Pulse

Virginia Tech |

Community Engagement & Management in the Days and Months After the Incident	Includes communications plan, managing donations, meeting spaces, memorials, managing volunteers, managing dignitary visits, and maintaining security during these activities.	Reports recommend communications and management plans for working with volunteers after the MVI, as well as procedures for coordinating and organizing donations. The SAMHSA Dialogue also describes employing the media to educate the community about behavioral health responses to MVIs. Media can be engaged in messaging around event anniversaries and providing information about effective coping strategies.	SAMHSA Dialogue
Community Engagement & Management in the Days and Months After the Incident: Restoring Operation of the Community/ Recovery and Accessing Resources	This section refers to plans and strategies employed to acquire resources, restore infrastructure, ensure safety, and assist community members and businesses in resuming activities.	Recommendations include applying for grants, managing emergency declaration regulations and procedures, maintaining communication between responding agencies and the community, and developing a plan for reopening businesses affected by closures.	Orlando Pulse
Feedback from Victims and Family Members	Findings from individual and group interviews with victims and family members. Feedback about strengths and weaknesses of agency responses.	The Newtown report recommends: emergency personnel should maintain composure and compassion around victims; make death notifications as soon as possible using trained personnel; ensure family members are provided with accurate and timely information about their loved one and the investigative process; provide a personal point of contact; allow family members to have private moments with loved ones; develop formal family liaison programs; be mindful and respectful of how media releases affect family members; hold group meetings between family members and investigators in collaboration with mental health professionals; offer individual meetings with family members with trained individuals from response agencies; ensure all items seized at the crime scene are cleaned and returned; and allow family members to conduct a crime scene walk-through with trained personnel.	Newtown
Other			
Summary of Recommendations	A brief summary overview of recommendations included in the report.	N/A	Newtown
Tribute/Memoriam to Victims	A list of victims' names. May include photos, background information, quotes, and other acknowledgments.	N/A	
Acronyms/Terms	A list of acronyms, key terms, and their definitions.	N/A	
Core Capability Mapping	A table aligning community capabilities with various aspects of response.	N/A	Las Vegas
Contact information	Contact information for authors, local resources	N/A	