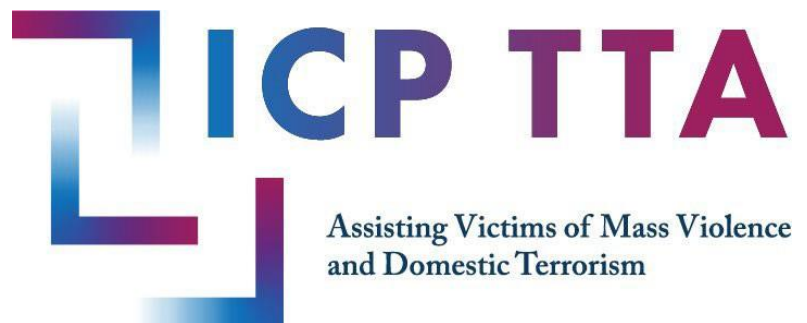
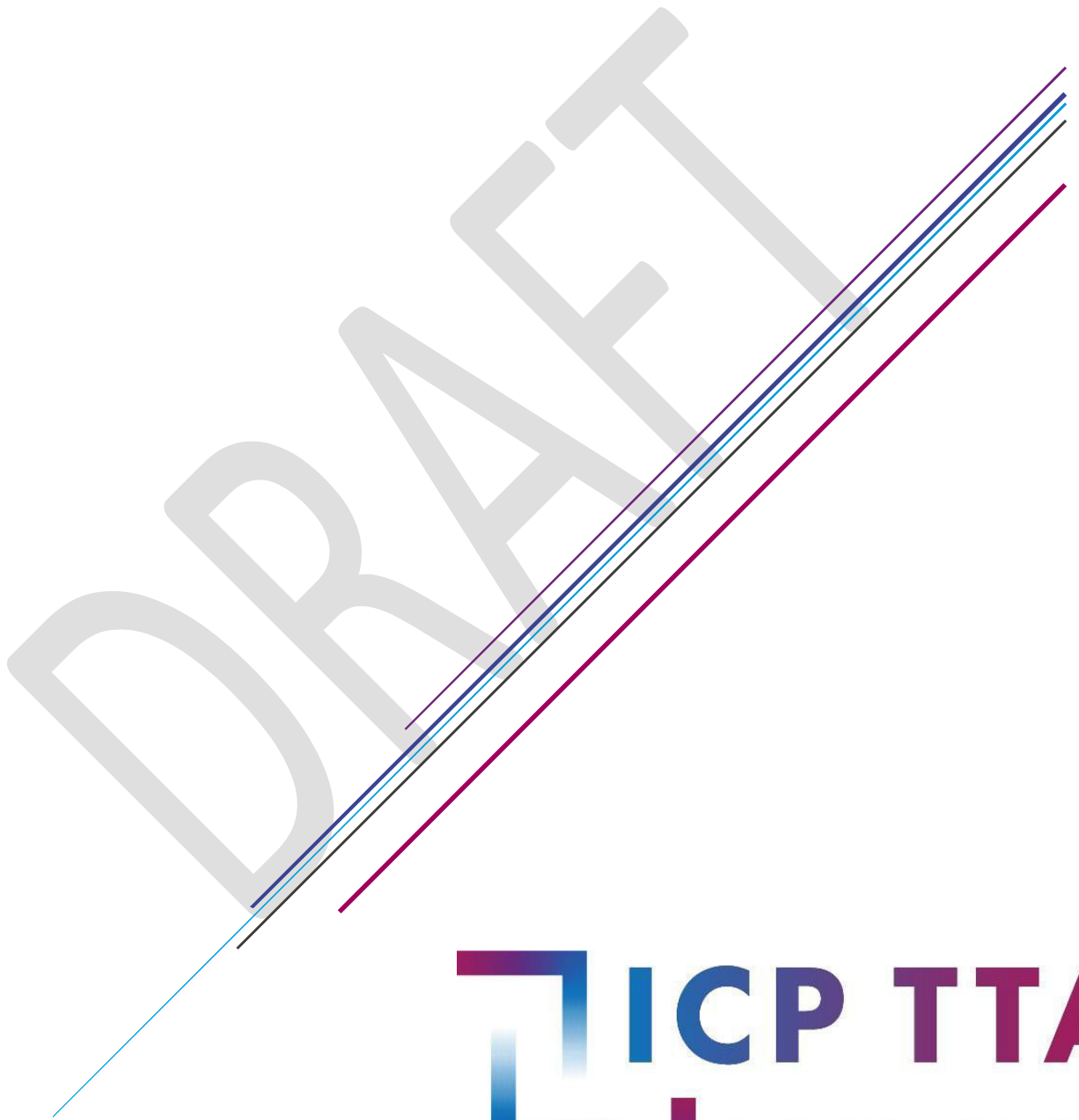


CRIMINAL MASS VIOLENCE AND DOMESTIC TERRORISM

Annex Template



Assisting Victims of Mass Violence
and Domestic Terrorism

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Introduction

The Need for Coordinated Planning and Response

Criminal Mass Violence and Domestic Terrorism (CMV/DT) incidents are challenging in both planning and response due to their size, scope, and intensity. While many of the needed response components are put into practice every day as first responders answer their typical calls, other tasks, services, and relationships are unique to CMV/DT incidents. CMV/DT incidents involve more destruction, more separations of loved ones, more injuries, and more deaths than other incidents, and it is often challenging to understand how and why the incident happened. The criminal nature of the incident is an added element. Additionally, CMV/DT incidents include non-traditional responders whose day-to-day jobs entail focusing on a single person, family, small group, or case at a time in a controlled setting.) They are rarely exposed to the Incident Command System (ICS) typically used by first responders.

In many cases jurisdictions do not have plans that comprehensively cover the needed response to victims. The unique response to CMV/DT incidents requires the expansion of plans, relationships, trainings, and exercises to ensure effective action and services. The process of developing and exercising a CMV/DT Annex will allow a community to prepare and respond from a place of awareness and community cohesion.

Purpose of an Annex

An Emergency Operations Plan (EOP) explains how a jurisdiction will deal with the effects of common hazards that are typical for a jurisdiction. EOPs are often referred to as “All Hazard Plans” and provide information on general tasks that must be addressed following incidents to ensure life safety, property conservation, and incident stabilization. For example, earthquakes, floods, and hurricanes all can destroy property and force people from their homes. The EOP includes a plan to evacuate at-risk populations, establish temporary shelter, and provide food for the displaced regardless of disaster type.

Annexes to an EOP, on the other hand, detail responsibilities, tasks, and operational actions that are needed to respond to specific incidents – in this case a CMV/DT. The contents of incident-specific annexes focus on the special planning needs generated by the subject hazard. Annexes are characterized by the following:

- Unique and regulatory response details that apply to a single hazard, and do not repeat basic information that is found in the EOP.
- Identification of actions that not only ensure effective response but also aid in preparing for emergencies.
- Presence of detailed descriptions of the methods that agencies and departments should follow for critical operational functions.
- Inclusion of supporting documents to clarify the contents of the plan or annex. Examples include maps marked with evacuation routes and responder checklists.

ICP TTA CMV/DT Victim Services Annex Template

The ICP TTA CMV/DT Victim Services Annex Template is designed to assist communities in developing effective operational plans that meet the needs of victims, loved ones, and the impacted community during and after a CMV/DT incident. The template is organized around ICP TTA’s 16 Best Practices in Planning (Best Practices, BPs). The Best Practices were collaboratively developed from the lived experience of program staff and subject matter experts from across the fields of emergency management and victim services. Each best practice defines a necessary component of an effective response to CMV/DT. The Best Practices are applicable to any mass casualty scenario and can be followed at the jurisdiction’s discretion.

1. Incident Command 	2. Committee Identification & Engagement 	3. Up-To-Date Contact List 	4. Reception and Notification Center (FRC) 
5. Victim Identification & Notification Protocol 	6. Public Information & Crisis Communications Protocol 	7. Volunteer Management Protocol 	8. Family and Survivor Assistance Center (FAC) Plan 
9. Financial Donation Management Protocol 	10. Memorial & Special Event Management Protocols 	11. Community Behavioral Health Response 	12. First Responder Support 
13. Planning & Preparedness Grants and Emergency Funding Assistance 	14. Community Resilience Planning 	15. Criminal Justice System – Victim Support 	16. Training and Exercise 

This annex template is organized into 16 chapters – one for each Best Practice. Each chapter has two sections.

- Section 1 provides planning considerations that reflect standards and lessons learned from past responses. Questions the jurisdiction needs to answer during the planning process are included. Planning conversations should be guided by the questions. Planning considerations should inform the jurisdiction’s answers to the questions.
- Section 2 is the written annex for the respective Best Practice chapter. The annex incorporates the answers developed in Section 1 into a plan that establishes common language, responsibilities, and action steps for stakeholder agencies during planning and response.

Once Section 2 is complete for each chapter, they can be compiled into a complete CMV/DT Annex for use during incident response. Section 2 for each chapter will need to be copied and pasted into a new, separate document. Alternatively, the information can be incorporated into the body of the existing EOP if that is consistent with the overall jurisdictional plans.

In addition to the chapter content, there are multiple appendices that include information that jurisdictions might find useful in the planning and response processes. These include:

- Possible floorplans for the Information and Notification Center (INC) and Family Assistance Center (FAC)
- Documents with in-depth details about concepts discussed in the chapters
- Checklists and task tear sheets for response

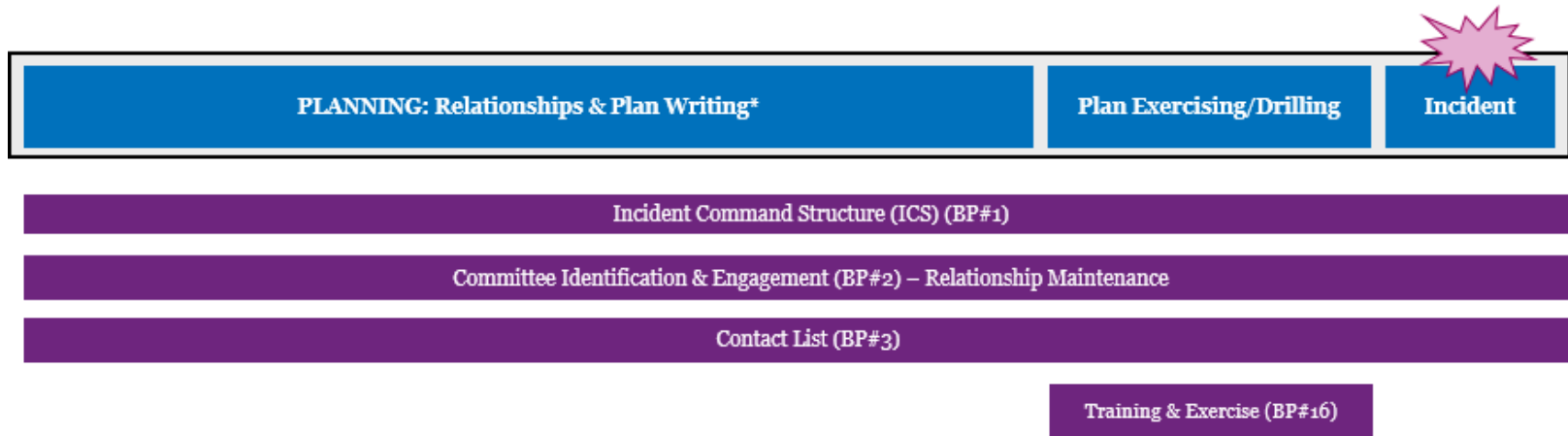
There will be links throughout the main body of the document indicating a when relevant appendices are available.

Background charts

The Sample Mass Violence Planning chart (p. 4) and the Sample Victim Services Response Timeline (p. 5) are included to assist communities in understanding how the Best Practice areas are related to each other in time, and which Best Practices will have operational tasks during an incident.

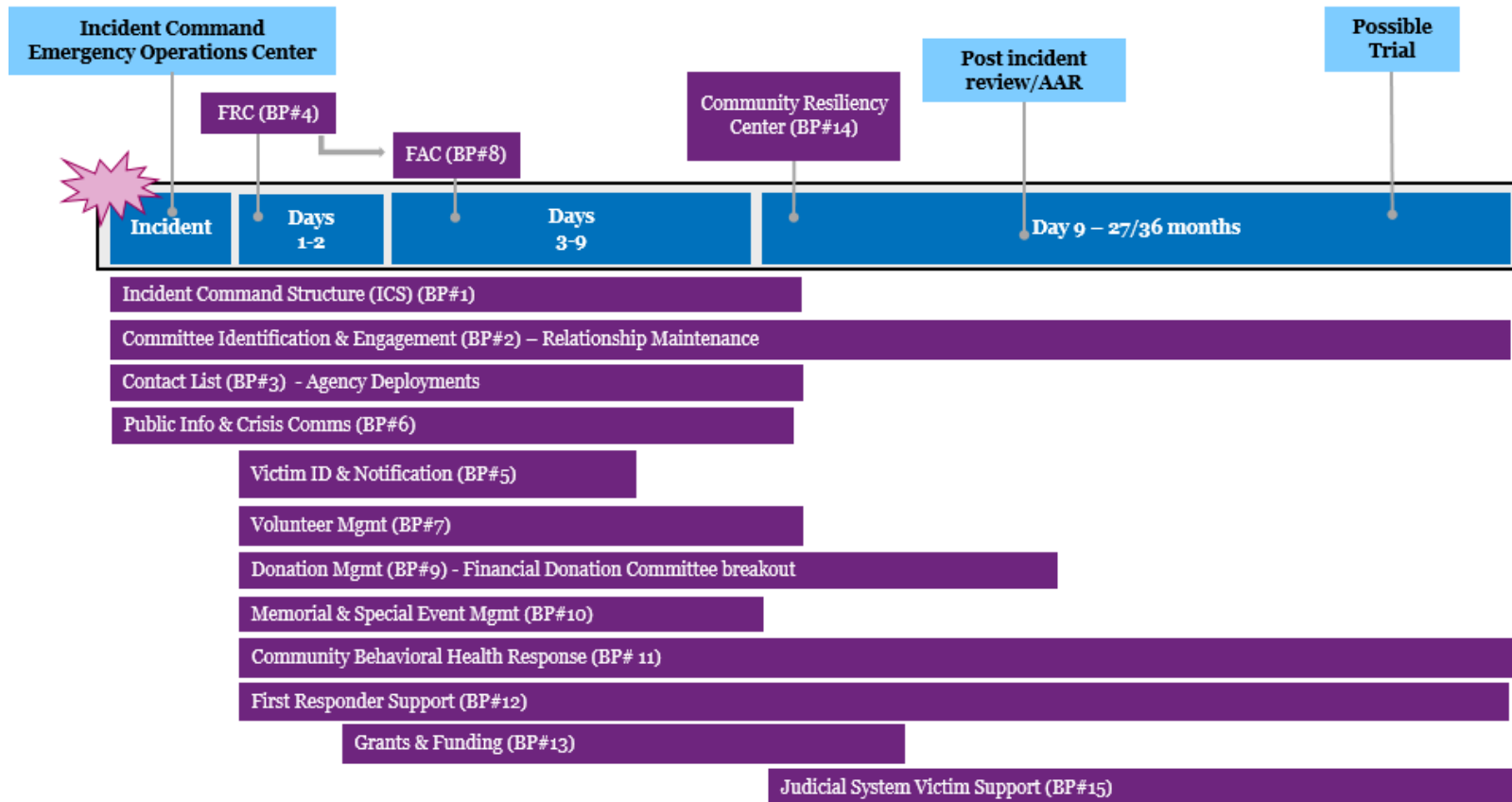


Sample Mass Violence Planning: Incorporation of Victim Care



*PLANNING encompasses developing protocols for all Best Practices (BP).
Response Timeline indicates real-time chronology of incident and implementation of protocols.

Sample Victim Services Response Timeline



Chapter 1: Incident Command System

Section 1

BP#1 Incident Command System (ICS)		
<i>It is important that all responders, including victim services professionals and other non-traditional responders, are trained in ICS or the locally adopted incident management system to reduce chaos by increasing understanding of the framework, lines of reporting, and roles. A Joint Family Support Operations Center (JFSOC) is often opened to support victim care.</i>		
	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> • All jurisdictions should have adopted and implemented a local incident management system that is based in NIMS. • All organizations and personnel involved in response should be familiar with ICS or the locally adopted incident management system. • Many VS organizations, and some first responders, are not familiar with ICS or the locally adopted incident management system. • EM and first responders are often unfamiliar with VS, especially the service strategies for a mass violence incident. <p><u>JFSOC</u></p> <ul style="list-style-type: none"> • A Joint Family Support Operations Center is often opened to support victim care with onsite logistics, planning, and coordination functions. • The JFSOC is VS Link to the Incident Command structure/Emergency Operations Center (EOC). 	<ol style="list-style-type: none"> 1. Are VS Staff familiar with ICS or your local adopted incident management system? 2. What formal training have VS staff already completed? 3. Are EM staff trained in the basics of VS? 4. Do supporting VS agencies/NGOs understand how to coordinate with IC/EOC and PIO? 5. What mutual aid agreements exist within the state/EM district/county? 6. Are the basic VS roles/responsibilities outlined in the jurisdiction's EM plan? 7. How will VS organizations be linked into the ongoing response so that services roll-out is efficient and timely?



Services	<p>JFSOC</p> <ul style="list-style-type: none"> The JFSOC coordinates a Family Reception Center (INC), a Family Assistance Center (FAC), and services related to special events/vigils/memorials. More information about these can be found in BP# 4, 8, and 10. 	
Staffing	<ul style="list-style-type: none"> Typically, VS is based out of the Operations Section of the ICS structure. See chapter 1, section 2 for a recommended structure. FEMA provides virtual ICS training options on their website. ICPTTA recommends all responders take IS 100.c, IS200.c, IS700.b, IS800.d, and IS242.b at minimum. The VS liaison should have a strong working knowledge of ICS. VS participation in EM drills and exercises can assist with this. See BP #16 for more info. <p>JFSOC</p> <ul style="list-style-type: none"> JFSOC staff plan needed will include FAC leads and EOC Liaison. 	<ol style="list-style-type: none"> Where will VS be housed within the ICS structure? What ICS training should be completed by VS and other non-traditional response organizations? How will ICS training be administered? Who is responsible for tracking training compliance? <p>JFOSC</p> <ol style="list-style-type: none"> What is the JFSOC Staffing plan? How will the JFSOC fit into the ICS structure?
Activation	Potential ESF Activation: 5, 6, 8	14. Who is responsible for the establishment of a JFSOC?
Location/Material Resources	<p>JFSOC</p> <ul style="list-style-type: none"> The JFSOC is typically collocated with the FAC to ensure rapid responsiveness to needs. 	15. Where will the JFSOC be physically located?
Communication	<ul style="list-style-type: none"> VS is not usually integrated into normal communication streams, so methods of communication with VS staff may fall outside the typical protocols. (i.e. cell phones rather than radios). See best practice #6 for more information. 	



Section 2

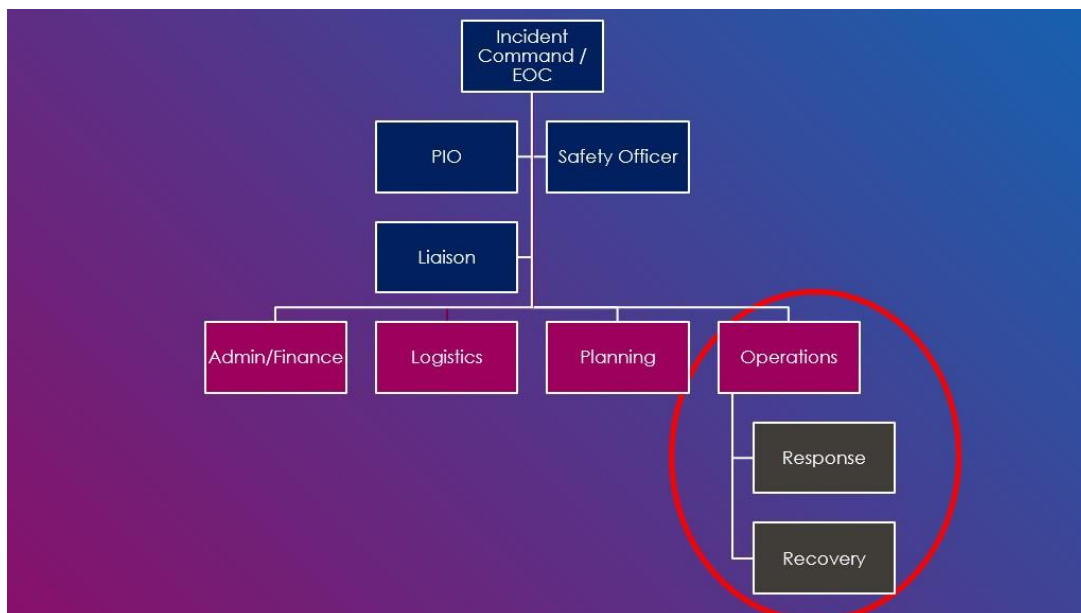
BP #1 Incident Command

Potential ESF Activation: 5, 6, 8

1.0 Victim Services Best Practice #1 Incident Command. Victim services shall be linked into the existing emergency management incident command structure to ensure that services for victims and loved ones are timely and efficient.

1.1 Incident Command System (ICS) Framework. ICS is used to coordinate the response of multiple agencies, including victim services agencies, to the same emergency. Services to victims of mass casualty emergencies are included in the Incident Command structure under "Victims Services Operations".

1.1.1 Victim services will operate ⁸as part of the Incident Command Operations Section; within the Response and Recovery Branches as shown below.



1.2 Victim Services Operations Overview. Following a CMV/DT incident, victims and their loved ones will have many needs. Victim services are organized into "response services" and "recovery services" to meet these needs in an ongoing, timely fashion.

1.2.1 Response: Response services are deployed as soon as possible following the emergency.

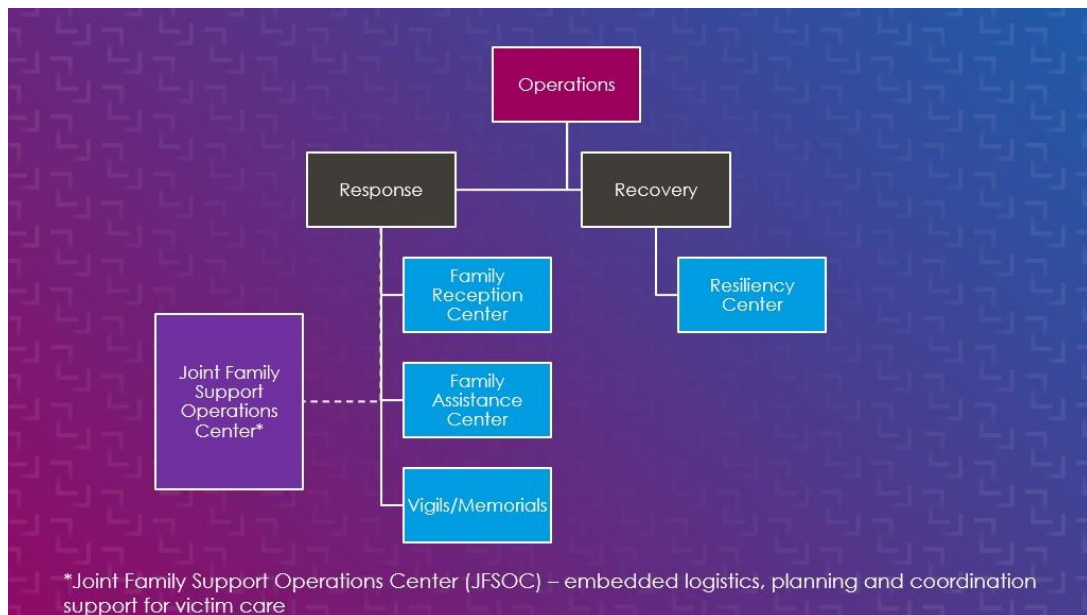
1.2.1.1 ⁷The Joint Family Support Operations Center (JFSOC) serves as the liaison between victim services operations and Incident Command in the Emergency Operations center ¹³as shown below.

1.2.1.2 The JFSOC provides logistical and planning support to the Information and Notification Center (INC), Family Assistance Center (FAC), and events such as vigils and memorials. Each of these items serves different functions.

- 1.2.1.3 The INC provides a common gathering place, information, and basic support services for survivors and loved ones for the first 24 to 48 hours following an incident. Details on the INC are in section 4 of this annex
- 1.2.1.4 When the INC is closed, the FAC provides victims with targeted, streamlined access to agencies, resources, and information to meet their immediate needs. Details on the FAC are in section 8 of this annex.
- 1.2.1.5 Vigils, memorials, and other special events may be planned by victims, families, community members, and/or dignitaries. Details on these events are in section 10 of this annex.

1.2.2 Recovery: Recovery services are designed to meet the long-term needs of victims and loved ones.

1.2.2.1 Most long-term services are funneled through a resiliency center. Details on the resiliency center are in section 14 of this annex.



1.2.3 CMV/DT incidents can quickly overwhelm available resources. The following Mutual aid agreements (Formal or informal) exist for (insert jurisdiction name) to ensure successful response and recovery efforts

5 Agency	5 Description of Aid/Services	5 Link to Agreement

1.3 JFSOC Operations

1.3.1 The JFSOC may be activated as part of the initial IC/EOC notification.

1.3.2 14 (Insert name/position) is responsible for establishment of the JFSOC.

1.3.3 When the JFSCO is established, the baseline staffing structure is as follows:

¹² Agency Name	¹² Responsibility	¹² Agency POC Name, Phone Number, Email	¹² Alternative POC Name, Phone Number, Email

1.3.4 The JFSOC can be physically located at ¹⁵ (insert location options)

1.4 Orientation and Training. All responding staff shall be familiar with the ICS framework as well as the existence and responsibilities of other responding agencies to ensure effective integration and efficiency delivery of services.

1.4.1 FEMA provides [virtual ICS training](#). All VS responders and non-traditional response organizations shall complete ⁹ (insert required trainings) at minimum.

1.4.2 ¹¹ (Insert name/organization) shall ensure personnel are aware of ICS training and facilitate the provision of trainings according to ¹⁰ (insert how trainings will be administered/incorporated into existing processes)

1.4.3 EM and traditional first responders will become familiar with the work of victim services professionals through ³ (insert means of introduction to VS)

1.5 Communications. Communications are a vital part of ICS. Communications

1.5.1 Following an incident, VS leaders shall participate in the initial incident briefing which provides Incident Command with basic situational information and resources.

1.5.2 VS resources should be discussed during incident briefings. This includes information regarding the establishment of an INC/FAC, services needed and currently available, and the number of victims and loved ones currently registered.

1.5.3 Ongoing briefings involving VS leaders shall be established as part of the Incident Action Planning process.

1.5.4 Detailed crisis communications and coordination with the PIO, JIC, and Incident Command are addressed in section 6 of this annex.

Chapter 2: Committee Identification and Engagement

Section 1

BP#2 Committee Identification and Engagement

Key stakeholders who will meet regularly to conduct planning and coordination efforts. During response to an incident, this group will help lead VS efforts and is a good source for possible key leadership positions in the response Table of Organization.

	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> Committees should include representatives from key VS providers, government agencies, non-profit, faith-based and other community-based organizations. Including key state and federal government officials (e.g., U. S. Attorney's Offices, FBI, consulates) and the state Victims of Crime Act (VOCA) administrators in planning and response will ensure comprehensive response if the event involves victims from multiple jurisdictions, states, or countries. Consider developing a conflict resolution protocol to address and resolve the conflicts that may naturally arise among agencies and individuals during planning, response, and recovery. 	<ol style="list-style-type: none"> 1. What VS stakeholder will provide coordination for the VS group - including gathering input from VS providers and assisting with plan development? 2. What agencies are currently involved in planning processes? Are there agencies/NGO/stakeholders missing? 3. How will conflict between stakeholders be managed? 4. Who will be responsible for facilitating resolution of conflict between stakeholder using established protocols?
Services	<ul style="list-style-type: none"> Committee members should collaboratively develop a plan for CMV/DT. However, lead member(s) should be identified to coordinate efforts. If the jurisdiction has a Local Emergency Planning Committee (LEPC) and/or a standing Unmet Needs Committee that meets regularly, VS Committee 	<ol style="list-style-type: none"> 5. Who is responsible for coordinating planning during steady state? 6. When and how often does the committee meet?

	<p>meeting could fit into those regular meetings.</p> <p>In the case of a real event...</p> <ul style="list-style-type: none"> • Develop a structure for conducting an initial meeting, ongoing meetings, and a debriefing 	
<p>Staffing</p>	<ul style="list-style-type: none"> • Emergency management, first responders, communications, and victim services professionals should be represented. • Non-traditional agencies with identified victim care responsibilities should be included. This includes, but is not limited to: victim advocates, district attorney representatives, VOADs, COADs, mental health professionals, spiritual care professionals, social services, and crisis resource centers. • Assigning a VS provider to work as co-chair of the committee alongside the Emergency Manager/Planner can ensure VS concerns are prioritized when needed. • Committee members may act in leadership roles during a response and should have the authority to perform the roles and responsibilities assigned under local ordinance. • At minimum, all new committee members should be provided a copy of the existing CMV/DT annex and given information regarding their role and the development process to date should be provided. 	<ol style="list-style-type: none"> 7. What agencies will be represented on the planning committee? 8. If the committee chooses to have a VS co-chair to work alongside the jurisdiction’s Emergency Manager, what agency or person will serve in that role? 9. What onboarding will new committee members receive? 10. Who is responsible for maintaining committee roster? How often will the roster be updated for accuracy?



<p>Activation</p>	<p>Potential ESF Activation: 2, 5, 6, 7, 8, 15 In the case of a real event...</p> <ul style="list-style-type: none"> • Committee members help ensure coordinated, effective short- and long-term services for victims, families, and friends. This includes: <ul style="list-style-type: none"> ○ Organizing and coordinating victim services response activities ○ Making or recommending key decisions ○ Providing critical information to incident command staff • Example criteria used to activate committee members includes size/scop of the incident, number of casualties/fatalities, and/or number of jurisdictions involved. • It is best practice for committee members to be a part of the existing ICS/EM Notification protocol used for call downs and assignments for their jurisdiction. 	<p>11. What criteria will be used to activate of the committee during an actual incident? 12. Who is responsible for activating committee members in an actual incident? 13. How will committee members be notified to begin work during an actual incident? ○ Does EM/EOC use a notification system? ○ Can VS Steering Committee members be included in EM notification system call downs? 14. What are the responsibilities of the committee during an actual incident? 15. How will committee members be brought up to speed on the incident when beginning their work?</p>
<p>Location/Material Resources</p>	<p>N/A</p>	<p>16. How will meetings be conducted during an actual incident? Virtually? In-person? 17. What technology and/or materials are needed by the committee during an actual incident?</p>
<p>Communication</p>		<p>18. What communications will committee members receive during non-activation, times?</p>



Section 2

BP #2 Committee Identification and Engagement

Potential ESF Activation: 2, 5, 6, 7, 8, 15

2.1 In coordination with the local emergency management planning committee, a victim services committee shall be established to conduct planning efforts and coordinate response efforts in the case of a CMV/DT incident.

2.2 Steady State Planning. The VS committee will be led by ^{1, 5, 8}(position(s)/agency(s)) and shall consist of the following member organizations.

⁷ Agency Name	⁷ Agency POC Name/Title	⁷ Agency POC Phone Number and Email	⁷ Alternate POC	⁷ Alternate POC Phone Number and Email

2.2.1 The VS committee shall meet ⁶(monthly/quarterly/biannually).

2.2.2 Outside of meeting times, the VS committee shall maintain ¹⁸(insert types of communications) including ¹⁸(insert information included in communications) to maintain relationships with other committee members and remain up-to-date on CMV/DT annex processes.

2.2.3 The VS committee roster will be maintained by ¹⁰(insert position/agency) and updated on a ¹⁰(monthly/quarterly/biannually) basis.

2.2.4 New VS committee members shall be provided a copy of the existing CMV/DT annex and complete recommended trainings as outlined in chapter 1 of this annex. Additional onboarding requirements include ⁹(insert required onboarding activities).

2.2.5 In the case of conflict between committee members, ⁴(insert position/agency) shall be responsible for mediating the conflict using the following procedures ³(insert conflict mediation protocols).

2.3 Actual CMV/DT Incident Response. Committee members could serve in leadership roles during a response and should have the authority to perform the roles and responsibilities assigned under local ordinance and/or agency directives.

2.3.1 Committee member responsibilities during an actual incident ¹⁴include:

2.3.1.1 Organizing and coordinating victim services response activities

2.3.1.2 Making or recommending key decisions

2.3.1.3 Providing critical information to incident command staff.

2.3.2 The VS planning committee shall be activated during an actual CMV/DT incident when ¹¹(insert criteria used to determine activation).

- 2.3.2.1 ¹²(Insert agency/position) is responsible for activating committee members using ¹³(insert system/protocol for activation) within 2 hours of a CMV/DT incident.
- 2.3.2.2 When activated, committee members will participate in ¹⁵(insert activity to bring committee up to speed on the incident and their responsibilities) organized and led by ¹⁵ (insert position/agency).
- 2.3.3 Meetings shall be conducted in an ¹⁶in-person/virtual setting.
 - 2.3.3.1 Virtual meetings will be conducted using ¹⁶ (insert platform) managed by ¹⁶ (insert agency)
 - 2.3.3.2 In-Person meetings will be held at ¹⁶ (insert location).
 - 2.3.3.3 The following technology and materials will be procured for committee member meetings during an actual incident. ¹⁷ (Insert needed supplies)



Chapter 3: Contact List

Section 1

BP#3 Contact List <i>A contact list of key responding agencies and points of contact for each should be maintained. This list should be routinely updated and easily accessible should a CMV/DT incident occur. Responding agencies will maintain their own call down lists and procedures to be enacted once the agency is deployed.</i>		
	Considerations	Questions
Planning Considerations	<p><u>CENTRAL CONTACT LIST</u></p> <ul style="list-style-type: none"> The contact list will be used to source needed responders. All organizations represented on the committee should be included on the contact list. However, the contact list may include additional agencies not represented on the committee. The contact list should provide a primary point of contact (POC) for each agency, as well as a secondary and tertiary POC. It is not a master list of all staff for each agency. <p><u>AGENCY CONTACT LISTS</u></p> <ul style="list-style-type: none"> Each agency is responsible for maintaining their own roster of available staff. At a minimum, contact lists should be updated annually. 	<ol style="list-style-type: none"> Who is responsible for compiling and maintaining the central contact list? How often is the central contact list updated? Where will the central contact list be stored? Has the VS lead for the jurisdiction identified their VS agencies? Have agencies identified their trained responders?
Services		
Staffing	<p><u>CENTRAL CONTACT LIST</u></p> <ul style="list-style-type: none"> Central contact list will include agency planning members or identified POCs. <p><u>AGENCY CONTACT LISTS</u></p> <ul style="list-style-type: none"> Agency contact lists should be developed in accordance with the staffing needs under BP chapters #4 (INC) and #8 (FAC). 	<ol style="list-style-type: none"> What agencies in your jurisdiction or surrounding areas could assist following a CMV/DT incident? What is the approval process for adding new agencies to the central contact list? How will agencies and their staff be credential prior to a CMV/DT incident?
Activation	<p>Potential ESF Activation: 2, 5, 6, 7, 8, 15</p> <p><u>CENTRAL CONTACT LIST</u></p>	<ol style="list-style-type: none"> What notification system(s) will be used for the central contact list activations? (Align with BP#2)

	<ul style="list-style-type: none"> Typically, members of the planning committee are activated through EM processes. Committee members then utilize the contact list to activate needed agencies. <p><u>AGENCY CONTACT LISTS</u></p> <ul style="list-style-type: none"> VS and partners are likely to have their own call-down procedures that are most likely separate from the EM process. 	<p>10. What criteria will be used to determine the need for activation of agency contact lists?</p> <p>11. What process will each agency use to activate their personnel?</p> <p>12. What information will be included in the notifications?</p> <p>13. What is the timeframe in which VS staff must respond?</p> <p>14. What happens if the initial notification does not provide enough VS staff resources?</p>
Location/Material Resources		
Communication		<p>15. If a centralized notification software/system is being used, who is responsible for ensuring all necessary personnel have access to and training on said software?</p> <ul style="list-style-type: none"> How and when is the notification system tested?



Section 2

BP #3 Contact List

Potential ESF Activation: 2, 5, 6, 7, 8, 15

- 3.1 **Contact List.** Because CMV/DT incidents tend to be “no notice” events, the maintenance of a contact list is critical to the successful integration of VS into the response.
 - 3.1.1 ¹(Insert name/agency) is responsible for maintaining a central contact list of vetted agencies who will fill leadership roles (within the EOC, JFSOC, INC, and FAC) and provide vital response services. Additional information regarding important roles and responsibilities for the EOC, JFSOC, INC, and FAC can be found in chapters 1, 4, and 8.
 - 3.1.2 The central contact list will be updated on a ²(insert timeframe) basis and stored ³(insert location if stored outside this annex).
 - 3.1.3 The following agencies can currently assist following a CMV/DT incident.

⁶ Service/Role	⁶ Agency	⁶ POC Name, Email, Phone	⁶ POC 2 Name, Email, Phone	⁶ POC 3 Name, Email, Phone

- 3.1.4 The POC(s) for each agency is responsible for maintaining agency contact lists of individuals within their agency that can fill critical positions and provide critical services.
 - 3.1.5 Additional agencies may be added to the central contact list by ⁷(insert approval process)
 - 3.1.6 All agencies and their staff shall be credentialed prior to a CMV/DT incident according to the following procedures ⁸(insert procedures)
- 3.2 **Activation.** and established mechanism to activate key personnel
 - 3.2.1 The central contact list be activated during an actual CMV/DT incident when ¹⁰(insert criteria used to determine activation).
 - 3.2.2 ⁹(Insert agency/position) is responsible for activating agencies on the central contact list using ⁹(insert system/protocol for activation)
 - 3.2.2.1 ¹⁵(Insert agency/position) shall ensure all necessary personnel have access to and are trained to use the notification system. The notification system shall be tested on a ¹⁵ (insert timeframe) basis.
 - 3.2.3 Once an agency has been activated, the agency POC(s) shall activate their personnel using ¹¹(insert description of procedures)

- 3.2.3.1 The following information will be provided to agency personnel as part of the activation notification: ¹²(insert notification information)
- 3.2.3.2 Activated personnel are expected to respond to activation notification within ¹³(insert timeframe) to report their availability to respond
- 3.2.4 In the case that the initial notification does not yield enough staff, ¹⁴(insert contingency plan)



Chapter 4: Information and Notification Center

Section 1

BP#4 Information and Notification Center (INC) <i>Immediately after an event occurs, it is critical to identify a temporary, safe location for families of victims and missing persons to gather as they await information.</i>		
	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> • INC is a “holding environment” where initial information will be collected from and given to victims, impacted populations, loved ones and families. • INCs are normally open for 24-48 hours after an incident (24-hours/day) • INCs often transition to the FAC if continued services to victims are needed. • INC operations should be incorporated into the jurisdiction’s exercise calendar. 	<ol style="list-style-type: none"> 1. Which stakeholders need to be involved in planning for and responding to the INC?
Services	<p>The following services are needed. Many will continue at the FAC once the transition is made.</p> <ul style="list-style-type: none"> • Disaster-trained Behavioral health • Disaster-trained Spiritual care (to include guidance and support for religious and cultural handling of remains and burial. See BP #5 for more information) • Missing persons (see BP #5 for more information) • Victim identification (see BP #5 for more information) • Reunification • Death notification (see BP #5 for more information) • Communications/IT • Transportation • Limited food/beverage 	<ol style="list-style-type: none"> 2. What agencies will provide these essential services? 3. Who is the POC for each agency?
Staffing	<ul style="list-style-type: none"> • Sample of FAC Table of Organization can be found in Appendix B. 	<ol style="list-style-type: none"> 4. What will the org chart look like? 5. Who will fill the roles identified in the Staffing Chart in section 2?



	<ul style="list-style-type: none"> • Typical roles that are needed can be found in Appendix A. • Staffing plans should include provisions to rotate personnel. 12-hour rotations are standard. • Staff briefings should be conducted at each shift change. Scheduling a 30 minute overlap between shifts allows for this. • Orientation typically includes 1. Incident overview/update 2. INC org structure and who to go to for questions 3. INC layout and current services 4. Dos/Don'ts of working with victims 5. Behavioral expectations (e.g. no cell phones, quiet voices, getting to "yes" with victims/families) • Many volunteers, both those officially linked to stakeholder agencies and those who are unaffiliated, will self-deploy. All volunteers need to follow established protocols. This includes those who arrive with dogs or other support animals. Refer to BP #7 for more in-depth guidance on volunteer and animal management. 	<ol style="list-style-type: none"> 6. How will service providers be scheduled? 7. Who is responsible for developing staffing plans? 8. What will be included in the orientation as staff start their roles? 9. How will you ensure staff are appropriately credentialed?
<p>Activation</p>	<p>Potential ESF Activation: 2, 5, 6, 7, 8, 13, 15</p> <ul style="list-style-type: none"> • Since the INC will need to be opened as quickly as possible after an incident occurs, Incident Command will often determine the need for an INC and the location. • The JFSOC should be initiated as early as possible to coordinate victim care. • Senior representatives from stakeholder agencies (often those involved in the planning process) shall be activated and will need authorization to allocate agency resources. • Once key stakeholders are activated, they often proceed to do 	<ol style="list-style-type: none"> 10. Who decides that an INC should be opened? 11. Who is activated? 12. What notification system is used to activate personnel? 13. Has the notification system been tested? 14. If a centralized notification software is being used, do all necessary personnel have access to and training on said software? 15. What information is included in activation notification? 16. Who sends activation notification? 17. How long will it take to activate and get INC up and running?



	<p>call downs and deployments of their own agency personnel.</p> <ul style="list-style-type: none"> • Activation notifications should indicate where to report to upon arrival and contain concise directions to the INC. 	
<p>Location/Material Resources</p>	<ul style="list-style-type: none"> • The EOC will likely assist with securing and allocating resources • Potential facilities should be pre-identified throughout all areas of jurisdiction • Sample floorplan for an INC/FAC can be found in section 2 of this chapter. • Demographics of the impacted population should be considered when choosing the INC location • Should be out of line of sight, sounds, and smells of the incident • Occupancy limitations must be followed • Size dependent on scope and scale of incident • Communications capabilities such as high-speed internet and phone lines are necessary at the location • Should have space for 1:1 meetings with families • Adequate parking and access to public transportation are necessary. • The ability to record information about those who enter is immediately vital to operations (electronic or paper). 	<ol style="list-style-type: none"> 18. What facilities could be used as a potential INC? 19. Have Memorandum of Understanding/Agreements been developed? If yes, are they current? 20. What criteria will be used to determine an “on-the-fly” location if none of the pre-identified locations are available? 21. Who is responsible for selecting INC location? 22. Who is responsible for preparing the facility? 23. What equipment and materials are needed? 24. What potential population characteristics need to be considered in determining location and services at the INC? (neighborhoods, known vulnerable populations, etc.)



Communication	<ul style="list-style-type: none">• Public information is essential at this stage to keep friends and family aware of where to go for continued information, assistance, and services.• Information briefings for victims and families should be scheduled periodically, and information should be provided by the highest level of authorities.	<ol style="list-style-type: none">25. Who will be the primary conduit for information sharing between VS and emergency management?26. Who will approve the public release of incident-related information?27. If possible, have template communications been created?
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Section 2

BP #4 Information and Notification Center (INC)

Potential ESF Activation: 2, 5, 6, 7, 8, 13, 15

- 4.1 Services.** An Information and Notification Center shall serve as a “holding environment” where initial information will be collected from and given to victims, impacted populations, loved ones, and families.
 - 4.1.1** The INC shall provide key short-term mental health assistance to disaster survivors and loved ones
 - 4.1.2** Victim identification and notification services shall be provided as information becomes available
 - 4.1.3** During registration/intake at the FAC, staff shall determine if victims or witnesses have contacted law enforcement regarding the incident. Those who have not shall be referred to law enforcement for investigative purposes.
 - 4.1.4** The standard services for an INC shall include:

Service	² Providing Agency	³ Agency POC	³ Agency Backup POC
Mental/Behavioral Health			
Spiritual Care			
Victim Identification/Tracking			
Communications/IT			
Transportation			
Limited food/beverage			

4.1.5 Population characteristics of victim groups shall be considered in determining additional needed services. Populations that may be impacted in the jurisdiction include ²⁴(insert prominent populations within jurisdiction).

4.1.6 Other agencies that may provide essential services to victims and families at the INC include

Service	Providing Agency	Agency POC	Backup POC

4.2 Staffing.

4.2.1 The following administrative roles shall be filled for INC operations.



Role	⁵ Filled By	⁵ Contact Information
Lead Agency Manager		
Security/Safety		
Logistics/Mass Care		
Planning		
Liaison to Incident Command (IC)		
Registration		
Witness/Victim Interviews		
Health Triage and Support		
Liaison to Centralized Victim/Patient Tracking		
Notification Team		
Staff Management		
Communications Lead (PIO or Liaison)		
Media Management		

- 4.2.2** Service providers identified in 4.1 shall report to the individual filling the staff management role.
- 4.2.3** The table of organization below depicts the INC reporting structure.
⁴(insert table of organization)
- 4.2.4** Staffing plans will be developed by ⁷(insert role / agency(s) responsible)
- 4.2.5** Service providers will be scheduled using the following parameters
- 4.2.5.1** ⁶(insert staffing requirements)
- 4.2.6** All staff members shall participate in orientation to their role prior to beginning work. Orientation shall discuss ⁸(insert topics)
- 4.2.7** ⁹All staff members shall be credentialed in accordance with the procedures explained in section 7.

4.3 Activation.

- 4.3.1** Coordination of victim services shall remain with the IC/EOC until JFSOC is operational.
- 4.3.2** ¹⁰(insert position/agency) shall determine the need for an INC.
- 4.3.3** INC site will be operational within ¹⁷(insert number) hours of notification.
- 4.3.4** ¹¹(insert who) shall be activated by ¹⁶(insert position/agency) using ¹²(insert notification system/process for both administrative and service provider roles).
- 4.3.4.1** ¹⁴(insert position/agency) is responsible for ensuring all necessary staff have access to and training on this system.
- 4.3.4.2** This system shall be tested on a ¹³(insert timeframe) basis.
- 4.3.5** Activation notification shall include ¹⁵(insert notification information)
- 4.3.6** INC shall remain open until a seamless transition to the FAC can occur – typically 24-48 hours following the incident.

4.4 Location. The INC may start operations virtually while standing up a physical facility.

4.4.1 ²¹(Insert position/agency) is responsible for determining the location of the INC.

4.4.2 The following is a list (and/or link to a GIS map) of preplanned potential FAC facilities.

¹⁸ Name	¹⁸ Facility Address	¹⁸ Occupancy Limit	¹⁸ Point of Contact (POC) Name, Phone Number, and Email	¹⁹ MOU Dates

4.4.3 In situations that require an alternative site that is not on the list, a site that fulfills the following criteria will be used to select an “on-the-fly” site. ²⁰(select and/or add options from list below)

4.4.3.1 Out of line of sight, sounds, and smells of incident

4.4.3.2 Has communications capabilities including high-speed internet and phone lines

4.4.3.3 Offers space for 1:1 meetings with families

4.4.3.4 Adequate parking

4.4.3.5 Access to public transportation

4.4.3.6 Occupancy limits appropriate to scale of incident – allowing adequate space for victims, families, and needed responders

4.4.3.7 Appropriate for population impacted by incident

4.4.4 Population characteristics of the victims shall be considered in determining INC location.

4.4.5 ²²(Insert role/agency) shall be responsible for preparing the INC facility for operation. Contact ²²(insert POC) at ²²(insert contact info).

4.4.6 The following equipment and materials shall be procured for INC operations: ²³(insert required equipment/materials)

²³ Item	²³ Quantity	²³ Procurement Options

4.4.7 A sample INC layout can be found in chapter 8.

4.5 Communications.

4.5.1 ²⁵(Insert role/entity) shall be the primary conduit for information sharing between victim services at the INC and emergency management/ICS leadership.

4.5.2 The release of incident-related information shall be approved by ²⁶(insert role) in accordance with the practices detailed in section 6.

4.5.3 Information briefings shall be scheduled for victims and families periodically at the INC.

- 4.5.4** A FAQ document that lists victim assistance and services available at the INC and online shall be developed and distributed.
- 4.5.5** INC specific communications templates can be found ²⁷(insert location, if applicable)



Chapter 5: Victim Identification and Notification

Section 1

Best Practice #5: Victim Identification and Notification		
<i>Processes are needed to identify and track large numbers of victims – including information on victims’ health and location – to facilitate notifications of involvement, injury, missing status or death. This information will also be used to connect survivors to their loved ones.</i>		
	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> • Many jurisdictions address victim identification and fatality notification in public health or existing All-Hazards plan. The CMV/DT annex must be integrated into pre-existing systems. • CMV/DT incidents can involve large numbers of both casualties and fatalities. Systems must have a large capacity to manage this. • Identification and notification can span multiple phases of the response • Notifications include involvement in the incident, injury/hospitalization, missing status and death notifications. • A comprehensive list of victims of the incident will include those recorded in hospitals, morgues, the INC/FAC, and those who self-identify when seeking services during long-term recovery and fit the legal eligibility. 	<ol style="list-style-type: none"> 1. Does the jurisdiction have a plan for victim identification/notification? 2. Are missing persons addressed in the pre-existing plan? 3. Is patient tracking addressed in the pre-existing plan? 4. Is any pre-existing plan adequate to manage large numbers of casualties, fatalities, and missing persons? <ol style="list-style-type: none"> a. If no, what processes can be modified for CMV/DT situations? 5. Does any pre-existing plan adequately address notification of family/friends regarding their loved ones’ status? 6. What agency will be responsible for the centralized comprehensive list of victims and their status?
Services	<p><u>Fatality Management Services</u></p> <ul style="list-style-type: none"> • Fatality notifications are governed by state law. Plans should align with existing state and local protocols. • Medical Examiner’s (ME) office is aware of religious and cultural observances. Spiritual care folks can assist with this and provide information. <p><u>Missing Persons Services</u></p> <ul style="list-style-type: none"> • INC/FAC staff, hospitals, medical examiners/coroners, and local law enforcement will need to coordinate to report and locate missing persons. 	<p><u>Fatality Management Services</u></p> <ol style="list-style-type: none"> 7. What adjustments need to be made to any pre-existing fatality management plans to adequately support CMV/DT response efforts? 8. What agreement is in place for Disaster Mortuary (DMORT) services through the state or FEMA? 9. What agreements exist for accessing mobile morgues if needed? <p><u>Missing Persons Services</u></p> <ol style="list-style-type: none"> 10. Where will missing person reports be made/collected?



	<ul style="list-style-type: none"> • Assistance will be required for children separated from parents/guardians or orphaned. • It can be helpful to include the National Center for Missing and Exploited Children (NCMEC) in this process. • Large volumes of missing persons reports should be anticipated. <p><u>Patient Tracking</u></p> <ul style="list-style-type: none"> • Jurisdictions will need to track the movement of injured victims as they are transported from the scene to local health care facilities. • In addition to EMS, in large incidents, victims may be transported by law enforcement, personal vehicles, ride share companies, and by foot. • Special consideration should be given to individuals with disabilities, animals, or medical equipment. • Plans should be made for both closed and open group tracking. See definitions for more information. • <i>Notifications of surviving patients</i>, hospitalized or not, are not dictated by law in most places. However, HIPAA and hospital protocols dictate release of information for those who are or have been hospitalized. <p><u>Other</u></p> <ul style="list-style-type: none"> • Family/friends may require transportation to appropriate locations to be reunited with loved ones or receive death notifications. • Personal effects will be collected at the scene and a process will be set up for people to claim items that are returnable. This process is generally delayed by a few days and extends for many months after the FAC is closed. It often becomes catalogued online on a secure website. 	<ol style="list-style-type: none"> 11. How will ME and others coordinate with EOC and larger response? 12. What is the local phone number for NCMEC, and how will they be activated? 13. What happens if a minor is separated from their parent/guardian as a result of the event? <p><u>Patient Tracking</u></p> <ol style="list-style-type: none"> 14. What actions will be taken to track patients from the scene through the course of their healthcare? 15. How will victims who do not require medical care be identified? 16. How will the INC/FAC connect with hospitals, medical examiner/coroner, and/or law enforcement? 17. How will reunification be managed? <p><u>Other</u></p> <ol style="list-style-type: none"> 18. How will personal effects be tracked and managed? 19. Who is responsible for coordinating the return of personal effects? 20. If transportation for family/friends is needed, who can provide this?
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Staffing	<ul style="list-style-type: none"> • Notification teams often consist of law enforcement (LE), victim advocates, mental health professionals, and/or faith leaders. • Ensure proper staffing of death notification team to be compliant with local and state laws. • Conducting death notifications is a draining task. Consider multiple teams to limit secondary trauma and ensure staff have the emotional capacity to conduct assigned notifications. 	<ol style="list-style-type: none"> 21. Who is the governing agency for death notification in the jurisdiction? 22. Who is responsible for managing and requesting information on missing persons? 23. Who is responsible for patient tracking? 24. Who will provide information on surviving victims, hospitalized or not? 25. Who should be included on a death notification team? 26. What training do members of death notification teams need to receive?
Activation	Potential ESF Activation: 6, 8	<ol style="list-style-type: none"> 27. How are responsible parties notified of their roles and responsibilities following an incident?
Location/Material Resources	<ul style="list-style-type: none"> • It is recommended that there be a centralized system to oversee patient and victim tracking services. This will reduce chaos and increase the speed with which connections and notifications can be made. • Victim lists should not be held solely by the FBI. This hinders their ability to share the victim list with those providing services. Victim lists should be shared with all service providers. • Victim Identification and Notification may be a function of both the INC and FAC. • Resource gaps (to include personnel, equipment, and material) may be filled by an EOC request • Family locator tools such as American Red Cross Safe and Well or Google Person Finder may be helpful. 	<ol style="list-style-type: none"> 28. What data collection and management strategies exist in the jurisdictions that can be adjusted to support victim identification and notification? 29. Who will be responsible for adapting the existing data collection tool to perform all needed tracking tasks? 30. Where will notifications be performed? 31. What data management system will be used for patient/victim tracking? 32. Who will have access to this system? 33. What training is required for use of this system? How will this be provided?
Communication	<ul style="list-style-type: none"> • LE missing persons reports should be monitored. • HIPPA and FERPA compliance may impact information able to be shared. • The American Red Cross and NTSB have HIPPA exemptions that can assist a community in patient tracking following an incident. 	<ol style="list-style-type: none"> 34. How will hospital information be shared with families? 35. What MOUs are needed to facilitate information sharing? 36. Where will the public be directed to report missing persons? 37.



	<ul style="list-style-type: none">• Call centers are often used to collect and relay information – including information regarding missing persons. See BP #6.	
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Section 2

BP#5 Victim Identification and Notification**Potential ESF Activation: 6, 8**

- 5.1 Data Management.** CMV/DT incidents typically result in victims in various locations and health statuses. A comprehensive list of victims shall be kept to track victims recorded in hospitals, morgues, the INC/FAC, and those who self-identify when seeking long-term recovery services.
- 5.1.1** ⁶(Insert position/agency) shall oversee all tracking services and manage resources used in the identification of victims. This includes the management of the centralized victim tracking list.
- 5.1.1.1** Tracking shall be managed out of the INC and FAC.
- 5.1.2** The following adjustments to existing data management systems are required to support victim identification and notification processes given the increased scope and scale of a CMV/DT incident.
- 5.1.2.1** ²⁸(Insert adjustments needed).
- 5.1.3** ³¹(Insert data management system) will be used to manage centralized victim tracking functions.
- 5.1.3.1** Access to the data management system shall be provided to ³²(insert agencies/roles). Identified staff will receive ³³(insert training type) by means of ³³(insert how and timeframe in which training will be provided)
- 5.1.4** ²⁹(Insert agency/position) shall be responsible for making adjustments to data management processes and systems needed to manage a CMV/DT incident.
- 5.1.5** MOUs that are in place/needed to facilitate information sharing include

³⁵ Summary of MOU	³⁵ Agency 1	³⁵ Agency 2	³⁵ Agency 3	³⁵ MOU Storage Location

- 5.1.6** Personal effects will be tracked and managed by ¹⁸(insert entity and process)

- 5.2 Standard Functions and Staffing** for victim identification and notification shall include:

Service	Responsible/Lead Agency	POC	Back-Up POC
Managing and requesting information on missing persons	²²	²²	²²
Patient tracking through healthcare systems	²³	²³	²³
Fatality management	²¹	²¹	²¹
Fatality notifications	^{21/25}	^{21/25}	^{21/25}
Providing information on surviving victims, hospitalized or not	²⁴	²⁴	²⁴

Personal effects return	19	19	19
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- 5.2.1** Entities responsible for conducting required functions will be notified of their roles and responsibilities following an incident by ²⁷(insert process for activation of personnel)
- 5.2.2** Staffing plans for each service shall be developed by the responsible party.
- 5.2.3** Staffing plan shall include provisions to rotate staff every 12 hours, at minimum, and provide overlap between shifts to allow for situational briefings to occur.
- 5.3 Patient Tracking** supports tracking the movement of casualties through the healthcare system.
- 5.3.1** CMV/DT incident victim groups are divided into two categories.
- 5.3.1.1** A closed group is when all potential victims are known. Closed group tracking shall be accomplished using basic accountability processes.
- 5.3.1.2** An open group is when an incident occurs in public and all potential victims are unknown. Open group tracking is more complex.
- 5.3.2** Victims who are transported from the scene will be tracked by
- 5.3.2.1** ¹⁴(insert steps to track movement)
- 5.3.3** Victims who do not require medical care will be identified by ¹⁵(insert processes)
- 5.3.4** For tracking and notification purposes, staff in the INC/FAC shall remain in contact with all entities receiving and working with victims. This will be done by:

Entity	Contact Method
Hospitals	16
Medical Examiner/Coroner	16
Law Enforcement	16

- 5.3.5** In the case of a surviving victim, family notification and reunification will be managed by ¹⁷(insert entity and process) at ³⁰(insert location for reunification)
- 5.3.5.1** Hospital information will be shared with families by ³⁴(insert entity and processes)
- 5.3.5.2** If transportation is needed for family/friends to receive notification or reunification, this can be provided/coordinated by ²⁰(insert entity/process for coordination)
- 5.4 Fatality Management.**
- 5.4.1** The following adjustments to fatality management plan to adequately support the increased scope and scale of a CMV/DT incident.
- 5.4.1.1** ⁷(insert adjustments needed).
- 5.4.2** Disaster mortuary services shall be provided by ⁸(insert agency) in accordance with ⁸(insert preexisting agreement) as needed.
- 5.4.3** Mobile morgues shall be accessed by ⁹(insert protocol and/or providing agency) in accordance with ⁹(insert preexisting agreement) as needed.

- 5.4.4 Fatality notification teams shall consist of representatives from ²⁵(insert fields/agencies). However, in accordance with ²⁵ (insert state law), ²⁵(insert agency) is required to perform the actual notification.
- 5.4.4.1 Prior to performing notifications, all team members will receive ²⁶(insert information on training content, modality, and facilitator)
- 5.4.5 Fatality notifications shall be performed at ³⁰(insert location)
- 5.4.5.1 If transportation is needed by family/friends, this can be provided provided/coordinated by ²⁰(insert entity/process for coordination)
- 5.4.6 Medical Examiner shall coordinate with the EOC and larger response efforts through/by ¹¹(insert means) to assist in patient tracking and the reconciliation of missing persons cases.
- 5.4.7 Should fatalities involve international visitors, the US state department and foreign consulates shall be contacted for additional direction and information on returning remains to a foreign country.
- 5.5 Missing Persons**
- 5.5.1 Large numbers of mission reports are expected following a CMV/DT incident. Led by the agency identified in section 5.2, INC/FAC staff, hospitals, medical examiner/coroner, and local law enforcement shall coordinate to report and locate missing persons.
- 5.5.1.1 If a centralized tracking system is not established, missing persons lists shall be reconciled with hospital and medical examiner/coroner unidentified patient lists every 24 hours at minimum.
- 5.5.2 Missing person reports will be collected through ¹⁰(insert means/locations)
- 5.5.3 The public will be directed to report missing persons by ³⁶(insert preferred missing persons reporting process).
- 5.5.4 In the case that a minor is separated from their guardian, ¹²(insert protocol to manage unaccompanied minors).
- 5.5.4.1 The National Center for Missing and Exploited Children can be contacted at ¹³(insert phone number) if services are required.

Chapter 6: Public Information and Crisis Communications

Section 1

Best Practice #6: Public Information and Crisis Communication <i>Communications professionals will need to provide continuous, accurate, and accessible information about the incident to various audiences – including victims, families, and the public.</i>		
	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> Many jurisdictions have a pre-existing communications plan. The CMV/DT annex should be integrated into pre-existing systems. CMV/DT incidents vary in size and scope. Some involve a handful of victims. Others can involve hundreds or more. Communications process must be scalable and establish timely and accurate information – regardless of size. If an incident is large, mutual aid between PIOs will likely be needed. A Joint Information Center (JIC) is often opened as a centralized point for PIOs and agency spokespeople to get and give information. Many All-Hazards plans include details for accomplishing this. 	<ol style="list-style-type: none"> Does the jurisdiction have a communications plan that could be activated in the case of CMV/DT incident? Is any pre-existing plan adequate for an incident that involves large numbers of casualties, fatalities, and missing persons? Does the plan provide direction for communication with victims, families, and the public? Does the jurisdiction have PIO Mutual Aid agreements in place?
Services	<ul style="list-style-type: none"> Talking points that include relevant and available investigative information and victim services information are often developed out of the JIC. The public should be informed of where they can share information they have regarding the incident – including if they think a loved one was impacted In addition to discussing the incident itself, information regarding predictable and common reactions to mass violence and available resources should be shared with both victims and the public. Public messaging that contains predictable and common reactions to the incident will reduce the “worried well” from flooding health and behavioral health services mistakenly 	<ol style="list-style-type: none"> How will you demonstrate care and sensitivity for victims/families in your communication efforts? How will you assist victims/families in dealing with the media and understanding their rights? What outlets will be used to broadcast INC location and services to public? Have contacts for these outlets been established? How will elected/appointed officials be directed?



	<p>believing they are demonstrating trauma reactions</p> <ul style="list-style-type: none"> • Guidance should be shared with elected/appointed officials. • Victims/families will likely receive outreach from the media. This outreach can be overwhelming for them, particularly amidst a crisis. 	
Staffing	<ul style="list-style-type: none"> • 24/7 coverage may be needed • CMV/DT incidents often involve multi-agency and multi-jurisdictional response. With so many players JICs are often used to promote consistent, verified information sharing. • Public Information Officers (PIO) are responsible for gathering, assessing, prioritizing, and communicating information to victims/families and the public. While they are assisted by others, PIOs set guidelines and hold approval power. • It can be helpful to activate a regional PIO group to provide adequate coverage of shifts and needs. • Regions and/or jurisdictions can sometimes access PIO resources through established centralized multi-agency groups (i.e. MACs or Task Forces) • VS agency spokespeople should be an integral part of the JIC to ensure open lines of communication. • Jurisdictions can outsource communications to Crisis Communication Firms to assist with developing and distributing crisis messaging. (ex. Black Swan). • Jurisdictions can outsource Call Center Communications to Crisis Communication Firms (ex. Black Swan). 	<p>10. What position/agency will fill the PIO role following a CMV/DT incident?</p> <p>11. What mechanism will be used to activate PIO networks, if applicable?</p>
Activation	<p>Potential ESF Activation: 2, 6, 15</p> <ul style="list-style-type: none"> • Spokespeople for responding victim services agencies should be notified and report to IC/EOC/JIC. 	<p>12. How will the lead PIO be notified of the need to respond?</p>



	<ul style="list-style-type: none"> • Typically, the lead PIO for the incident is activated as part of the initial activation of IC. • Agency specific spokespeople are often activated as part of the activation of the INC/FAC. 	13. How will other communications personnel be notified of their need to respond?
Location/Material Resources	<ul style="list-style-type: none"> • Small jurisdictions have been known to outsource call centers and crisis communications to crisis communications firms. <p><u>Social Media</u></p> <ul style="list-style-type: none"> • Social media can be a good tool to distribute information quickly. It is best practice to select one social media account on which to post the most up-to-date information. All other accounts should point people to the selected account. • If you choose to share information across multiple platforms (e.g. Lead Police Department’s Facebook and Twitter accounts) the messages posted should be the same. • Social media can be an ongoing challenge during a response. Information may be unofficially released about the incident and/or investigation, identities of injured and deceased, motives for the incident, etc. This information is often incorrect. Official social media will need to focus on quelling rumors and incorrect information. • Consider using third-party platforms (e.g. Hootsuite or OnSolve) to monitor social media <p><u>Website</u></p> <ul style="list-style-type: none"> • A website is another method to distribute accurate and timely information. If using, the website should be administered by a governmental agency or the 	14. What platforms will be used to provide continuous and accessible public information about the disaster? 15. Who is responsible for managing/staffing these platforms? What guidelines will be used for operation? 16. What platforms will be used to provide information to the victims and families? 17. If a call center will be used, what happens if the call center capacity is exceeded? 18. How will staff be apprised of necessary login information for those sources? 19. If applicable, what centralized phone number will be used? 20. What method will be used to monitor social media? What agency will take lead on this effort?



	<p>organization that is overseeing the response. People are referred to that specific website for “official” information.</p> <ul style="list-style-type: none"> • It can also be helpful to post information on the website of stakeholder agencies that are involved so that people can get the information from an organization that they trust. • The website will serve as a resource for call center operators who are answering inquiries and can also be updated based incoming requests for information received at the call center <p><u>Phone</u></p> <ul style="list-style-type: none"> • A centralized phone number helps minimize confusion. Chaos often results from multiple agencies putting out multiple numbers • Google Voice has been beneficial in previous incidents • Call centers are often used to both collect information and answer questions • Call center operators will use existing electronic knowledge bases to access needed response information to answer incoming calls and can also identify information missing from existing knowledge bases that can then be updated. <p><u>Push Alerts</u></p> <ul style="list-style-type: none"> • Can be beneficial when delivering news or updates to a large group of people. Example systems include Cleo Stream, Amerilert, ADT Select Link. • Your community may already have an Emergency Notification System 	
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	<ul style="list-style-type: none"> • May also be used post information regarding status updates, changes in court dates etc. 	
Communication	<ul style="list-style-type: none"> • Victims and families will need information on their loved ones, the status of the case, who to contact with questions or concerns, where to access services, and how to access donations. • Information should be tailored specifically for victims/families. This includes informing them of developments prior to the public when possible. • It is best practice to conduct regular briefings with both victims/families and the media. These should be separate events. • Specific information related to other BPs (donations, memorials/vigils) will be developed and funneled through the communications team. • It can be helpful to have pre-developed templates. At minimum, the following should be considered: <ul style="list-style-type: none"> ○ Predictable reactions to a CMV/DT incident ○ INC info (Where, who, when) ○ FAC info (Where, who (using defined victim pool), when, what services to expect) • How information is communicated will depend on if there is a criminal prosecution with a living offender. • Consider using various media and multilingual formats when broadcasting the location and services of the INC and/or FAC. 	<ol style="list-style-type: none"> 21. What population demographics need to be considered that will impact how information is communicated? (language, cultures, use and trust in the media) 22. What processes will be used to brief groups of victims? This includes updating them on the status of the case, where to go for resources, who to contact for further information, and how to access funds. 23. How will you communicate with individuals unable to travel to INC/FAC – particularly those in medical facilities? 24. How will briefings be conducted for media? How often? 25. Where will staff find templates that have been pre-developed (i.e. FAQs, fact sheets, talking points)? 26. Who will develop additional resources for victims and the public that list available victim assistance? 27. How will these resources be distributed to victims/families?



Section 2

BP # 6 PIO/Crisis Communications

Potential ESF Activation: 2, 6, 15

Note: Most jurisdictions have a communications plan as part of their all-hazards plan. If that plan is sufficient and the answers to questions 1-3 are "yes," this section may simply refer to the relevant section in the all-hazards plan. The CMV/DT annex should be integrated into existing systems.

- 6.1 Incident Public Information Officer (PIO)** shall be responsible for all public facing communications with approval or authority from the Incident Commander.
- 6.1.1** The PIO position shall be filled by ¹⁰(insert position/agency).
 - 6.1.2** The PIO will be notified of their need to respond by ¹²(insert entity and process)
 - 6.1.3** The PIO shall gather, assess, prioritize, and communicate information to victims, families, and the public.
 - 6.1.4** The PIO may be assisted by others. However, the PIO shall set guidelines and hold approval power.
- 6.2 Partner and support agencies** may also have spokespeople who assist with incident response communications. These individuals do not have authority to release information without approval from the Incident PIO.
- 6.3 A Joint Information Center (JIC)** may be opened to provide a centralized location for the PIO(s) and agency spokespeople to receive and give information. See ¹(insert plan name and location) for details on establishing a JIC.
- 6.3.1** Spokespeople from victim services agencies shall be present at the JIC.
 - 6.3.2** Individuals working in the will be notified of their need to respond by ¹³(insert entity and process)
 - 6.3.3** Talking points including relevant and available investigative and victim services information shall be developed out of the JIC.
- 6.4** 24/7 coverage may be needed following a CMV/DT incident.
- 6.4.1** If needed, ⁴(insert PIO mutual aid agreement(s)) are in place.
 - 6.4.2** PIO networks will be activated by ¹¹(insert process)
- 6.5** Information shall be categorized into two categories. Release of both must be approved by the Incident PIO.
- 6.5.1** Public Information is very general information about the incident and response that is authorized to be released to the public at large.
 - 6.5.2** Information for victims and families, on the other hand, will not be released to the public, but may be authorized to be shared with those impacted by the incident.
- 6.6** Care and sensitivity for victims and families should be prioritized at all times. The following guidelines will be used in communication efforts
- 6.6.1** All information provided to media should be shared with victims/families/friends in advance.
 - 6.6.2** ⁵(insert additional strategies).

6.7 Public Information will be shared in a continuous and accessible manner using ¹⁴(insert platforms that will be used and reference relevant section below....i.e. social medial (6.9), call center (6.11)).

6.7.1 The public shall be informed of where they can share information they have regarding the incident – including if they think a loved one was impacted.

6.7.1.1 INC location and services shall be distributed through various media and in multilingual formats for higher visibility and accessibility.

6.7.1.2 INC location and services will be shared via the following outlets.

Outlet	Contact Name	Contact Information
7	8	8
7	8	8

6.7.2 Information regarding predictable and common reactions to mass violence, as well as available resources, shall be shared with the public.

6.7.3 Population demographics shall be considered in determining communication strategies. Important considerations include ²¹(insert prominent populations within jurisdiction and impacts on communication needs).

6.8 Information for victims and families shall be briefed on the case/investigation status, where/how to obtain services and other resources, and who to contact for further information.

6.8.1 Briefings will be conducted by ²²(insert role/entity) on a ²²(insert timeframe) basis at ²²(insert location).

6.8.1.1 Some victims and family members may not be able to travel to a designated briefing location due to hospitalization of victims, for example. Information will be shared with these individuals by ²³(insert communication means).

6.8.2 Outside of briefings, information will also be shared with victims and families via ¹⁶(insert platforms/strategies that will be used).

6.8.3 Additional resources that describe available assistance and assistance and services shall be compiled by ²⁶(insert role/agency). These resources will be distributed to victims and families by ²⁷(insert how resources will be distributed).

6.8.4 Victims and families will need guidance on dealing with the media. Information regarding victim and family rights and strategies for media management will be provided through ⁶(insert how you will assist victims/families).

6.9 Mainstream Media ¹⁴(Delete if not being used)

6.9.1 ¹⁵(insert role/agency) is responsible for managing mainstream media.

6.9.2 Media briefings will be conducted via ²⁴(insert manner) on a ²⁴(insert timeframe) basis.

6.9.3 ¹⁵(insert additional mainstream media information/guidelines)

6.10 Social Media ¹⁴(Delete if not being used)

6.10.1 Social media will be used to both distribute and collect information.

- 6.10.2** ²⁰(Insert role/agency) is responsible for monitoring social media for information collection purposes.
- 6.10.2.1** Monitoring will be done by ²⁰(insert strategies for monitoring)
 - 6.10.2.2** Relevant/urgent information gathered will be shared with the JIC and PIO.
- 6.10.3** ¹⁵(Insert role/agency) is responsible for pushing out information on social media.
- 6.10.3.1** Staff will be appraised of log-in information by ¹⁸(insert process)
- 6.10.4** ¹⁵(Insert additional social media information/guidelines)
- 6.11 Website** ¹⁴(Delete if not being used)
- 6.11.1** ¹⁵(Insert role/agency) is responsible for managing website content.
 - 6.11.1.1** Staff will be appraised of log-in information by ¹⁸(insert process)
 - 6.11.2** ¹⁵(Insert additional website information/guidelines)
- 6.12 Call Center.** ¹⁴(Delete if not being used) It may be necessary to establish a centralized mechanism for managing missing person inquires and collecting information to help identify potential next of kin and to gather antemortem information to assist with victim identification. This typically involves establishing a call center to collect information about those that are missing and unaccounted for and to document the names of individuals looking for potential victims.
- 6.12.1** A centralized phone number will be used to minimize confusion. ¹⁹(Insert phone number) has been reserved and configured for crisis situations.
 - 6.12.2** ¹⁵(Insert role/agency) is responsible for managing the call center.
 - 6.12.3** ¹⁵(Insert additional social media information/guidelines)
 - 6.12.4** If call center capacity is exceeded ¹⁷(insert actions to be taken)
- 6.13 Push Alerts** ¹⁴(Delete if not being used)
- 6.13.1** ¹⁵(Insert role/agency) is responsible for sending push alerts.
 - 6.13.1.1** Staff will be appraised of log-in information by ¹⁸(insert process)
 - 6.13.2** ¹⁵(Insert additional website information/guidelines)
- 6.14** Elected/appointed officials will likely wish to be involved in response efforts. The following guidance shall be provided.
- 6.14.1** ⁹(insert strategies to balance elective officials interests with victim needs).
- 6.15** Messaging templates have been pre-developed for the following. They can be found ²⁵(insert location, if applicable)
- 6.15.1** ²⁵(Insert templates that have been developed)

Chapter 7: Volunteer Management

Section 1

Best Practice #7: Volunteer Management <i>Jurisdictions will need to identify, train, credential, and collaborate with volunteer agencies including NGOs, places of worship, and private sector organizations. Spontaneous volunteers also need to be managed.</i>		
	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> • Many jurisdictions will have volunteer management as part of their All-Hazards plan. This includes identifying, training, credentialing, and coordinating volunteer agencies • Non-typical roles are likely to be needed to meet the needs of victims in a mass violence incident. These include: mental health, spiritual care, victim advocates, and navigators. Planning will need to consider these roles and incorporate the volunteer agencies into the planning process. • CMV/DT incidents typically involve more volunteers than other incidents. The volume of volunteers, particularly spontaneous volunteers, may exceed existing plans. • It is critical to have a detailed process for dealing with spontaneous volunteers. Otherwise, masses of well-intentioned volunteers may overwhelm responders and detract from victim services. Unneeded or unsuitable volunteers should be turned away. 	<ol style="list-style-type: none"> 1. Does the jurisdiction have a plan for volunteer management? 2. Is the existing plan scalable for large numbers of volunteers? 3. Are spontaneous volunteers addressed in the pre-existing plan? 4. Does the plan include volunteers who fall outside of the typical response needs? 5. Does the jurisdiction have an active CERT program or Goodwill Ambassador program that can be leveraged? 6. What agencies in the community have been vetted and can provide needed volunteer services applicable to victims and families in a CMV/DT response?
Services	<ul style="list-style-type: none"> • Coordination of voluntary agencies, non-governmental organizations, places of worship, and the private sector ensures that capabilities, resources, and services are integrated into local, state, tribal, territorial, and insular area response. • It is best practice to create a list of agencies who utilize volunteers and work with those agencies to identify 	<ol style="list-style-type: none"> 7. What responsibilities could be managed by affiliated volunteers? 8. What responsibilities could be managed by spontaneous volunteers?



	<p>responsibilities spontaneous volunteers can fill.</p> <ul style="list-style-type: none"> • Some jurisdictions will stand up a Volunteer Intake Center to manage volunteers. Other communities may depend on agencies that use volunteers to be a clearinghouse for all volunteers. 	
<p>Staffing</p>	<ul style="list-style-type: none"> • The planning committee should determine eligibility requirements of volunteer and paid staff – including how eligibility is affected if staff are directly impacted by the incident. • Good standing with licensing or credentialing boards should be verified at the time of the incident, even for pre-identified staff. • It is best practice to ensure a background check is complete for all staff who will be working with victims, especially vulnerable populations (children, elderly, disabled). • Pre-identified, affiliated stakeholders and agencies will be aware of the specific roles that their volunteers are trained and credentialed to take on. These will vary depending on the type of agency. • Spontaneous volunteers unaffiliated with a known responding agency will need to be vetted to determine appropriateness of involvement. • Spontaneous volunteers unaffiliated with a known responding agency should have no unsupervised access to victims until they are vetted and pass an approved background check. • A volunteer management system shall have plans, policies, and procedures for the safe and appropriate use of trained facility dogs following guidance from the FBI Victim Services Division. • Individuals and teams will spontaneously deploy with support animals, especially dogs. Only trained facility dogs should be used. 	<ol style="list-style-type: none"> 9. What requirements will determine volunteer eligibility? 10. What is the organizational structure for volunteer management? 11. Who is responsible for managing affiliated volunteers? This could be an agency or a position. 12. Who is responsible for managing spontaneous volunteers? This could be an agency or a position. 13. How will licenses, credentials, and background checks be verified for pre-identified staff? 14. Who is responsible for conducting background checks for spontaneous volunteers? 15. How will spontaneous volunteers be vetted for licenses and credentials?



	<ul style="list-style-type: none"> • Clear guidance regarding the training and purpose of different types of animals will assist jurisdictions in refusing animal entry to service delivery locations. <ul style="list-style-type: none"> ○ Facility dogs are bred to remain calm during with mass casualty response, with specific training to manage large numbers of emotionally impacted individuals. ○ Therapy dogs are trained to support one person or a small group of people who are experiencing emotional stress. They become overwhelmed by the number of emotionally needy people during a CMV/DT response and should not be used. ○ Emotional support animals are not trained to provide support, but rather develop a relationship with a single person to provide constant support. They are therefore not appropriate supports to deploy during a CMV/DT incident. 	
Activation	Potential ESF Activation: 6, Volunteer Mgmt Annex (if applicable)	16. Who will determine how volunteers are used? 17. How will affiliated volunteers be activated to respond? 18. How will spontaneous volunteers be managed? 19. What type of training will spontaneous volunteers receive? 20. How will liability issues for volunteers be managed?
Location/Material Resources	<ul style="list-style-type: none"> • Check-in/registration centers will be needed for both affiliated and spontaneous volunteers. • The spontaneous volunteer registration location should be distanced from the FAC and EOC. 	21. What is the process for determining and operating volunteer check-in/registration center(s)?
Communication	<ul style="list-style-type: none"> • Volunteers should be regularly updated on available services, roles, and procedures. Briefings and 	22. Who is responsible for devising and maintaining job descriptions? 23. Where will job descriptions be stored?



	<p>debriefings are recommended at the beginning and end of each shift.</p> <ul style="list-style-type: none">• It is helpful to have volunteer job descriptions in advance to ensure volunteers are appropriately matched with roles.	<p>24. How will volunteer input and observations be collected?</p>
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Section 2

BP #7 Volunteer Management.

Potential ESF Activation: 6

Note: Most jurisdictions have a pre-existing volunteer management plan. Should that plan sufficiently address the scope and scale of affiliated and spontaneous volunteers expected for a CMV/DT incident, this section can simply refer to that pre-existing plan.

- 7.1** All volunteer management activities will be overseen by ¹⁰(insert role/agency). ¹⁰ (Insert additional information regarding reporting structure as needed).
- 7.1.1 ¹⁶(insert role/agency) will determine how volunteers are used during incident response.
- 7.1.2 ²²(insert role/agency) is responsible for devising and maintaining volunteer job descriptions.
- 7.1.2.1 Job descriptions will be stored ²³(insert location)
- 7.1.3 The JFSOC shall coordinate with ¹⁰(insert role/agency) and volunteer agencies to ensure accurate accounting of volunteer resources and hours.

- 7.2 Volunteer Agency Coordination.** Volunteer agencies shall be identified, trained, credentialed, and coordinated to support services needed by victims and their loved ones. The agencies below have been identified and vetted to support victim services in the following roles:

⁶ Agency	⁶ Role	⁶ Location
Ex. Red Cross	Behavioral Health	FAC
Ex. All Faiths Center	Spiritual Care/Vigils	FAC/INC

- 7.3** All volunteers must meet the following requirements to be eligible to volunteer.
- 7.3.1 ⁹(Insert requirements. These should encompass both affiliated and spontaneous volunteers).
- 7.4 Affiliated Volunteers** are individuals who registered with a known volunteer agency assisting with incident response.
- 7.4.1 Affiliated volunteers will be managed by ¹¹(insert role/agency)
- 7.4.2 Affiliated volunteers may be appropriate to assist with tasks including ⁷(insert tasks)
- 7.4.3 Affiliated volunteers will be activated to respond by ¹⁷(insert entity and process)
- 7.4.4 All affiliated volunteers shall be checked for good standing with licensing or credentialing boards and have a clear background check prior to beginning work. ¹³ (Insert position/agency) is responsible for verifying licenses, credentials, and background checks by ¹³(insert procedure).

7.5 Spontaneous Volunteers are individuals who self-deploy to assist with incident response and are not associated with a responding agency. Spontaneous volunteers can become a significant resource drain if protocols are not developed and enacted to deal with the influx.

7.5.1 Affiliated volunteers will be managed by ¹²(insert role/agency(s))

7.5.2 Upon self-deployment, volunteers will be directed to ¹⁸(insert process for how spontaneous volunteers will be managed).

7.5.3 Spontaneous volunteers may be appropriate to assist with the following pre-identified tasks. Typically, this list is narrow in scope. ⁸

⁸ Job/Location	⁸ Responsible Agency	⁸ Notes
<i>ex. Feeding Support/FAC</i>	<i>Salvation Army</i>	<i>X hrs/daily</i>

7.5.4 Spontaneous volunteers unaffiliated with a known responding agency must be vetted to determine appropriateness of involvement.

7.5.4.1 ¹⁴(insert position/agency) is responsible for conducting background checks for spontaneous volunteers.

7.5.4.2 ¹⁵(insert position/agency) is responsible for vetting the licenses and credentials of spontaneous volunteers using the following process

7.5.4.2.1 ¹⁵ (insert additional information on vetting procedures, as needed)

7.5.5 Spontaneous volunteers unaffiliated with a known responding agency shall have no unsupervised access to victims until they are vetted and pass an approved background check.

7.5.6 Prior to beginning work, selected spontaneous volunteers shall participate in training covering ¹⁹(insert type of training received)

7.5.7 All unneeded or unsuitable volunteers shall be dismissed or referred to agencies that may utilize volunteers for other purposes.

7.6 Support Animals. Individuals and teams will likely spontaneously deploy with support animals, especially dogs. **Only trained facility dogs shall be used.**

7.6.1 Facility dogs are bred to remain calm during with mass casualty response, with specific training to manage large numbers of emotionally impacted individuals.

7.6.2 Therapy dogs are trained to support one person or a small group of people who are experiencing emotional stress. They become overwhelmed by the number of emotionally needy people during a CMV/DT response and should not be used.

- 7.6.3** Emotional support animals are not trained to provide support, but rather develop a relationship with a single person to provide constant support. Emotional support animals should not be used to assist with CMV/DT incidents.
- 7.7** All affiliated and spontaneous volunteers shall report to a check-in/registration center prior to each shift.
- 7.7.1** The location for check-in/registration will be determined by ²¹(insert entity).
- 7.7.1.1** The spontaneous volunteer registration station shall be distanced from the INC, FAC, and EOC.
- 7.7.2** Processes for opening and operating check-in/registration are as follows
- 7.7.2.1** ²¹(insert processes)
- 7.8** Volunteers shall be regularly updated on available services, roles, and procedures.
- 7.8.1** Volunteer observations and input shall be collected ²⁴(insert how).
- 7.9** Liability concerns arise when utilizing volunteers. ²⁰(insert information on how liability issues will be managed).
- 7.9.1** Limits on liability protection should be shared with volunteer agencies and individual volunteers.



Chapter 8: Family Assistance Center

Section 1

Best Practice #8 Family Assistance Center (FAC) <i>The FAC is a secure facility that provides services to meet the immediate needs of those identified as victims by lead law enforcement and prosecution entities in coordination with the lead victim services agency.</i>		
	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> • A well-organized FAC is critical to supporting victims and their families. • FAC is established as the INC closes and remains open for 8-9 days • FAC hours of operation are dependent on incident. Typically they are open 12hrs/day or 24 hrs/day. • When the FAC closes, it is best practice to have the Resiliency Center (see BP #14) open on the next business day to avoid a lapse in services. • “Family” is not limited to a legal next-of-kin relationship and may include immediate family, friends, partners, and/or distant relatives. • Access to the FAC is generally limited to legally identified victims since some key services (Victim Assistance, Victim Compensation, federal victim resources) will only be available to those identified victims. • Media should not be allowed access to the FAC. 	<ol style="list-style-type: none"> 1. What stakeholder agencies need to be involved in conversations about victim care? 2. How will drills and exercises involving the FAC be included in the jurisdiction’s exercise calendar? 3. Who will collect information about victim/loved ones needs? How? 4. Who will determine what services will be available at the FAC?
Services	<ul style="list-style-type: none"> • FACs allow victims streamlined access to multiple partner agencies, resources, and information to meet their immediate needs • Service coordination should be overseen by one person to reduce confusion and ensure that all immediate needs are met. • The following services are needed: <ul style="list-style-type: none"> ○ Client registration 	<ol style="list-style-type: none"> 5. What agencies will provide FAC/VS essential services? 6. How will security be managed?



	<ul style="list-style-type: none"> ○ Navigators (assist with identifying needs of victims and loved ones and accessing resources within the FAC) ○ Disaster-trained behavioral health (may act as Navigators) ○ Disaster-trained Spiritual care ○ Missing persons (see BP #5 for more information) ○ Victim identification (see BP #5 for more information) ○ Death notification (see BP #5 for more information) ○ Communications/IT ○ Transportation for families of injured or deceased to and from hospitals and FAC ○ Travel and lodging services for out of town loved ones (usually 2 per victim) ○ Disaster-trained childcare (often activated through Red Cross) ○ Crime victim compensation ○ Guidance for legal matters related to death or injury ○ Referrals to local and regional mental health counseling services ○ Health care support ○ Food/beverage ● It is helpful to develop a document that lists services and available resources that is updated and distributed to navigators and agency personnel on a daily basis. 	
Staffing	<ul style="list-style-type: none"> ● Sample of FAC Table of Organization can be found in Appendix B. ● Typical roles that are needed can be found in Appendix A. ● Agency staff is likely to change on a daily basis. A daily roster of personnel should be maintained ● Approved staff will need to be identified quickly as they move around the FAC. It is best practice to utilize color coding on visible ID badges. Dot stickers are often used. 	<ol style="list-style-type: none"> 7. What roles are needed? 8. What responsibilities need to be covered? 9. Has an org chart been developed? 10. Who will fill the identified roles? 11. How will credentialing be managed? 12. Who is responsible for developing staffing plans? 13. How will service providers be scheduled? 14. How will approved FAC staff member be identified each day?



	<ul style="list-style-type: none"> • Staffing plans should include provisions to rotate personnel. 12-hour rotations. • Staff briefings and debriefings should be conducted at each shift change. • Many volunteers, both those officially linked to stakeholder agencies and those who are unaffiliated, will self-deploy. All volunteers need to follow established protocols. This includes those who arrive with dogs or other support animals. Refer to BP #7 for more in-depth guidance on volunteer and animal management. 	<ol style="list-style-type: none"> 15. How will the lead/POC for each agency be recorded each day? 16. How will daily personnel rosters be communicated to FAC operations staff? 17. Who is responsible for developing staff protocols that will govern staff behavior and procedures for operations?
<p>Activation</p>	<ul style="list-style-type: none"> • Potential ESF Activation: 2, 5, 6, 7, 8, 13, 15 • Incident Command usually oversees initial VS operations at the INC and will need to coordinate transition to FAC with FAC Lead with JFSOC support • Senior representatives from key stakeholder agencies who are authorized to allocate agency resources need to be engaged in the INC to FAC transition planning. • Stakeholder agency POCs will usually do call downs and deployments of their own agency personnel to staff FAC. • Activation notifications should indicate who the responder should report to upon arrival and contain concise directions to the INC, at minimum. <p>JFSOC</p> <ul style="list-style-type: none"> • JFSOC location should be within or close to the FAC. • JFSOC staff should be assigned early to assist in coordination of transition from INC to FAC. 	<ol style="list-style-type: none"> 18. Who decides when to transition from an INC to FAC? 19. What agencies are activated? 20. Who is responsible for notifying agencies? 21. What agency is responsible for opening/set-up of FAC? How will they be contacted? 22. What agency is responsible for operating the FAC? 23. How will response agencies activate personnel? <ol style="list-style-type: none"> a. If a centralized notification software is being used, do all necessary personnel have access to and training on said software? b. How often will notification system be tested? 24. What information is included in activation notification?



Location/Material Resources	<ul style="list-style-type: none"> • FACs should have a physical location and a Web site for online access. • Potential FAC facilities should be identified throughout all areas of jurisdiction • Sample floorplan for an INC/FAC can be found in section 2. • Hotels and conference centers have proven to be effective FAC spaces during past incidents because food, lodging, and parking are easily available. • Should be out of line of sight, sounds, and smells of the incident. • Occupancy limitations must be followed • Size dependent on scope and scale of incident • Communications capabilities such as high-speed internet and phone lines are necessary • Should have space for 1:1 meetings with families 	<ol style="list-style-type: none"> 25. Who is responsible for selecting FAC location? 26. What facilities could be used as a potential FAC? <ol style="list-style-type: none"> a. Have Memorandum of Understanding/Agreements been developed? If yes, are they current? 27. If none of the pre-identified locations are available, what criteria will be used to determine FAC location “on-the-fly?” 28. What equipment and materials are needed for service provision? 29. Where will web-based services be hosted?
Communication	<ul style="list-style-type: none"> • Public information is essential at this stage to keep friends and family aware of where to go for notifications and services. • It is helpful to distribute information describing resources, assistance, and services available at the FAC and online. • It can be helpful to develop templates developed in advance for the following: <ul style="list-style-type: none"> ○ Communications overview - how information will flow ○ Investigative updates ○ Service updates ○ ME/coroner updates • Briefings are often held at the FAC to provide updates to victims and families. See BP #6 for additional information. 	<ol style="list-style-type: none"> 30. Who has primary responsibility for information sharing between FAC/VS and emergency management? 31. Who will approve the release of incident-related information to victims and families? 32. Have communications templates been developed? If yes, where can they be found? 33. Who will coordinate the distribution of information about the FAC?



Section 2

BP# 8 Family Assistance Center (FAC)**Potential ESF Activation: 2, 5, 6, 7, 8, 13, 15**

8.1 Services. A well-organized Family Assistance Center (FAC) is critical to supporting victims and their families. FACs allow victims streamlined access to multiple partner agencies, resources, and information.

8.1.1 Services offered shall be based on the needs of the needs of victims and loved ones.

³(Insert position/agency) shall collect information regarding their needs by ³(insert strategies for collecting information).

8.1.2 Using the needs assessment, ⁴(Insert position/agency) shall determine what services will be available at the FAC.

8.1.3 The standard services for an FAC shall include:

Service	⁵Providing Agency	⁵Agency POC	⁵Agency Backup POC
Client Registration			
Navigation			
Behavioral Health			
Spiritual Care			
Victim Tracking and Notification			
Communications/IT			
Transportation			
Travel and Lodging			
Crime Victim Compensation			
Guidance for Legal Matters Related to Death or Injury			
Referrals to Local/Regional Mental Health Counseling Services			
Health Care Support			
Childcare			

Food/Beverage			
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8.1.4 Additional services may be needed depending on the incident and populations impacted.

8.2 **Access** to the FAC shall be limited to legally identified victims, their families, and approved FAC staff members.

8.2.1 “Family” shall not be limited to a legal next-of-kin relationship and may include immediate family, friends, and/or distant relatives.

8.2.2 Media shall not be allowed access to the FAC.

8.2.3 The following security measures shall be enacted:

8.2.3.1 ⁶(insert security protocols to be used).

8.2.3.2 FAC staff members will be identified each day by ¹⁴(insert identification protocols).

8.3 **Staffing.**

8.3.1 ²¹(insert agency) is responsible for operating the FAC.

8.3.2 Many roles initiated at the INC will continue at the FAC. Individuals/agencies filling the continuing roles may remain the same; however, in some cases, roles may be filled by new agencies or individuals within those agencies.

8.3.2.1 The following administrative roles shall be filled for FAC operations.

^{7/8} Role	Role from INC?	¹⁰ Filled By	¹⁰ Contact Information
Services/Community Partners Coordinator	No		
Childcare	No		
Lead Agency Manager	Yes		
Security/Safety	Yes		
Logistics/Mass Care	Yes		
Planning	Yes		
Liaison to Incident Command (IC)	Yes		
Registration	Yes		
Witness/Victim Interviews	Yes		
Health Triage and Support	Yes		
Liaison to Centralized Victim/Patient Tracking	Yes		
Notification Team	Yes		
Staff Management	Yes		
Communications Lead (PIO or Liaison)	Yes		
Media Management	Yes		

8.3.3 The table of organization below depicts the FAC reporting structure.

⁹(insert table of organization)

8.3.4 Staffing plans will be developed by ¹²(insert role / agency(s) responsible)

- 8.3.4.1 Staffing plan shall assume the FAC will be operational for 8-14 days.
 - 8.3.4.2 Hours of operation shall be determined by the Lead Agency Manger, but are typically between 12hr/day and 24hr/day depending on the scope and scale of the incident.
 - 8.3.4.3 Staffing plan shall account for both a physical and web-based FAC. See section 8.5 for more information.
 - 8.3.5 Service providers will be scheduled using the following parameters
 - 8.3.5.1 ¹³(insert staffing requirements)
 - 8.3.5.2 Staff briefings and debriefings shall be conducted at each shift change.
 - 8.3.6 Service agency staff will likely change daily. A daily roster of personnel shall be maintained.
 - 8.3.6.1 The lead POC for each agency will be recorded by ¹⁵(insert procedure)
 - 8.3.6.2 Daily personnel rosters shall be communicated to FAC operations staff by ¹⁶(insert procedure)
 - 8.3.7 ¹¹All staff members shall be credentialed in accordance with the procedures explained in section 7.
 - 8.3.8 Protocols shall be developed to govern staff behavior and procedures for operations. ¹⁷(insert role/agency) is responsible for developing necessary protocols.
- 8.4 Activation.** Victim services shall remain based at the INC until a seamless transition to the FAC can occur – typically 24-48 hours following the incident.
- 8.4.1 ¹⁸(Insert position/agency(s)) shall determine when to transition from the INC to the FAC.
 - 8.4.1.1 Victims and families shall be notified of the transition from the INC to the FAC including the location of the FAC and the date/time the transition will be made.
 - 8.4.2 ²⁰(insert position/agency) shall activate the service agencies listed in 8.1.3 ¹⁹(or, if preferred, list out specific agencies) to begin providing services at the FAC by contacting agency POCs.
 - 8.4.2.1 Following agency activation, agency POCs shall activate their agency’s personnel by ²³(insert process or reference protocols laid out in section 3).
 - 8.4.3 Activation notifications shall include ²⁴(insert information).
 - 8.4.4 If a central notification system is used for activation of administrative staff or service agency personnel, the notification system shall be tested on a ^{23B}(insert timeframe) basis to ensure proper functioning.
 - 8.4.4.1 ^{23A}(insert position/agency) is responsible for ensuring all necessary staff have access to and training on this system.
 - 8.4.5 FAC shall remain open for 8-9 days or until services are no longer needed or are being transitioned to a resiliency center the next business day.
- 8.5 Location.** The FAC shall have a physical location and a website for online access.
- 8.5.1 ²⁵(insert position/agency) is responsible for determining the location of the FAC.
 - 8.5.2 The following is a ²⁶list (and/or link to a GIS map) of preplanned potential FAC facilities.

²⁶ Name	²⁶ Facility Address	²⁶ Occupancy Limit	²⁶ Point of Contact (POC) Name, Phone Number, and Email	^{26A} MOU Dates

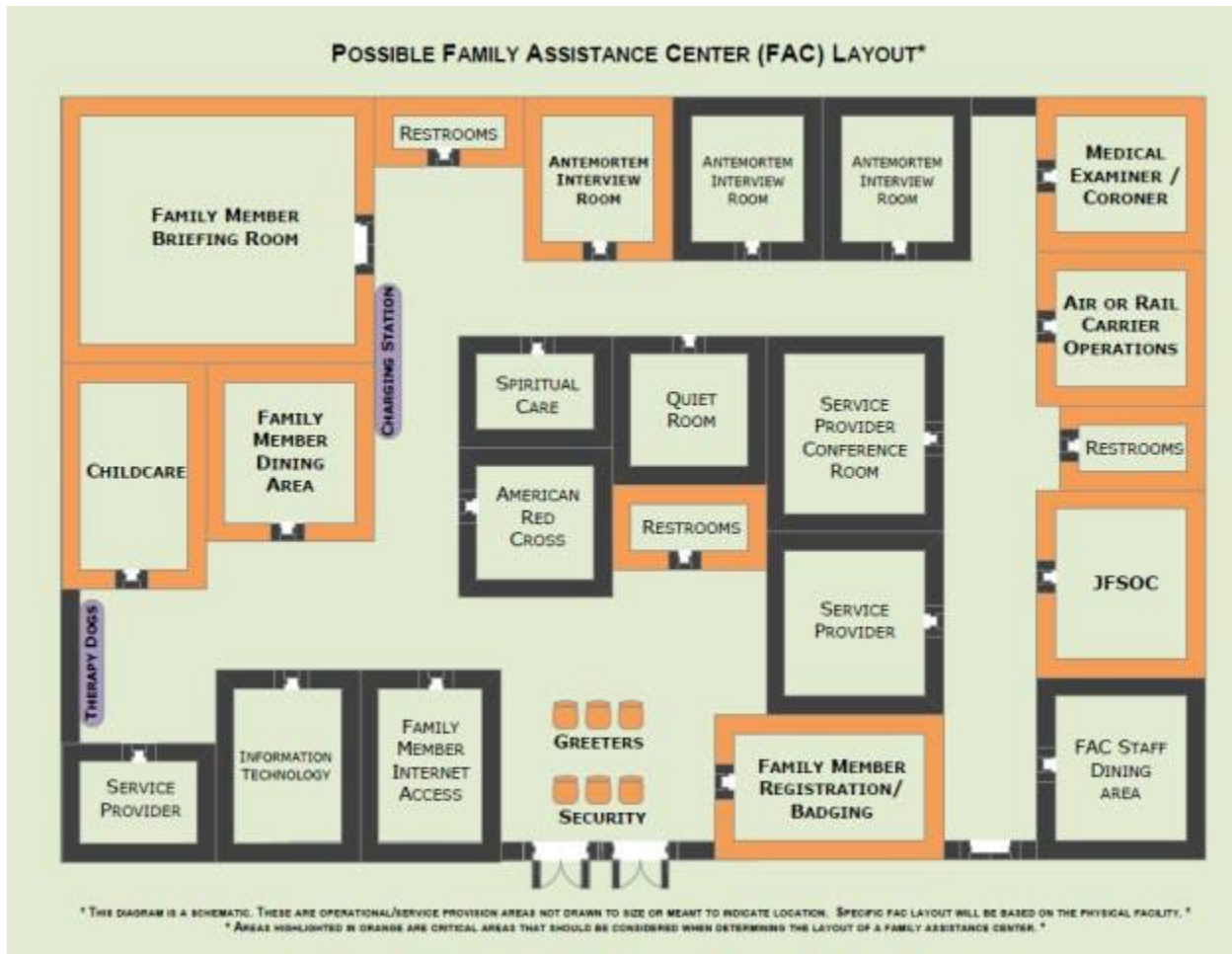
8.5.3 In situations that require an alternative site that is not on the list, a site that fulfills the following criteria will be used to select an “on-the-fly” site. ²⁷(select and/or add options from list below)

- 8.5.3.1** Out of line of sight, sounds, and smells of incident
 - 8.5.3.2** Has communications capabilities including high-speed internet and phone lines
 - 8.5.3.3** Offers space for 1:1 meetings with families
 - 8.5.3.4** Adequate parking
 - 8.5.3.5** Access to public transportation
 - 8.5.3.6** Occupancy limits appropriate to scale of incident – allowing adequate space for victims, families, and needed responders
 - 8.5.3.7** Appropriate for population impacted by incident
- 8.5.4** ²¹(insert role/agency) shall be responsible for preparing the FAC facility for operation. Contact ²¹(insert POC) at ²¹(insert contact info).
- 8.5.5** The following equipment and materials shall be procured for FAC operations: ²⁸(insert required equipment/materials)

²⁸ Item	²⁸ Quantity	²⁸ Procurement Options

8.5.6 A sample FAC layout is below.





8.5.7 Some victims and family members may not be able to visit the physical FAC location due to hospitalization of victims or inability to travel, for example. A web-based FAC shall be established to provide services in these cases.

8.5.7.1 The web-based FAC will be hosted on ²⁹(insert agency website/domain).

8.6 Communications.

8.6.1 ³⁰(insert role/entity) shall be the primary conduit for information sharing between victim services at the FAC and emergency management/ICS leadership.

8.6.2 The release of incident-related information shall be approved by ³¹(insert role) in accordance with the practices detailed in section 6.

8.6.3 Information briefings shall be scheduled for victims and families periodically at the FAC.

8.6.4 Resources shall be compiled and distributed by ³³(insert role/agency) that describe assistance and services available at the FAC and online.

8.6.4.1 This document shall be updated daily and distributed to navigators and agency personnel on a daily basis.

8.6.5 FAC specific communications templates can be found ³²(insert location, if applicable)

Chapter 9: Donation Management

Section 1

Best Practice #9: Donation Management <i>Donation management allows jurisdictions to accept, manage, and distribute solicited and unsolicited resources including monetary donations, facilities, and goods.</i>		
	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> • Financial and material donations should be considered separate activities. • Advisory groups should be developed for both material and financial donations. • Fraud is a very real circumstance to be aware of with people claiming that they are victims in order to access financial and material donations. <p style="text-align: center;"><u>MATERIAL DONATIONS</u></p> <ul style="list-style-type: none"> • Most jurisdictions have some donations management (typically material items) written into their base plan. In that case, this section may refer to the specific section of the base plan. • The volume and type of material donations will vastly exceed the norm. <p style="text-align: center;"><u>FINANCIAL DONATIONS</u></p> <ul style="list-style-type: none"> • Current statutes, rules, and regulations governing financial support for victims, survivors, family members, and first responders need to be reviewed to ensure compliance. • Consideration should be given to having a non-governmental agency oversee financial donations to ensure a perception of impartiality. • Issues, such as the effect of monies raised by GoFundMe accounts impacting Crime Victim Compensation payments, should be considered in the overall scheme of recovery and donations. • Local law firms and financial managers are useful resources to help the planning group understand current statutes, 	<p style="text-align: center;"><u>MATERIAL DONATIONS</u></p> <ol style="list-style-type: none"> 1. Does your existing Donations Management plan provide the flexibility needed to manage the scope and scale of donations during a CMV/DT incident? If not, what strategies exist to do so? <p style="text-align: center;"><u>FINANCIAL DONATIONS</u></p> <ol style="list-style-type: none"> 2. Who will fill the roles on the Financial Advisory Group? 3. Who will convene this group? How often will they meet? 4. What strategies are available to manage the high volumes of donations that typically occur during mass violence/ domestic terrorism incidents? 5. What strategies may be used to define eligibility and exclusionary criteria for funds immediately following an incident? 6. How can the process be safeguarded from fraud? 7. How will you balance the competing interests of public transparency and victim privacy?



	rules, and regulations governing financial support.	
Services	<ul style="list-style-type: none"> • Communications regarding funds should include the fact that ongoing needs assessments will be conducted to identify and address emerging and unanticipated needs as they surface for a defined period of time. This means that <ol style="list-style-type: none"> 1) distributions will be deployed to accommodate this and/or 2) a certain percentage of the funds will be withheld until x time to accommodate later assessments. • It is virtually impossible to distribute funds and material goods in a way that makes everyone happy. This includes the disposal of unneeded material goods. <p style="text-align: center;"><u>MATERIAL DONATIONS</u></p> <ul style="list-style-type: none"> • The plan shall also include provisions for donated goods. Again, refer to the existing plan to ensure proper integration. • Volunteers are an essential donated service, which come with a variety of issues. Reference Best Practice # 7 for additional information. • Victim advocates (e.g., liaison, navigator) assigned to victims and family members can help coordinate the disbursement process for goods and services. • Consider leveraging or developing partnerships with local city services to assist in the transportation of goods and services. • Discussions will need to be ongoing regarding the disposition of unneeded material donations. <p style="text-align: center;"><u>FINANCIAL DONATIONS</u></p> <ul style="list-style-type: none"> • In addition to going directly to victims, funds will be needed for recovery initiatives for the overall impacted 	<ol style="list-style-type: none"> 8. What timeframe will be set aside to conduct ongoing victim needs assessments? 9. Who will decide if distributions will be delayed to accommodate for ongoing assessments or if funds will be held in reserve for unanticipated needs? 10. How will this be communicated to the victims? <p style="text-align: center;"><u>MATERIAL DONATIONS</u></p> <ol style="list-style-type: none"> 11. Who are potential corporate donors? 12. How will you manage unsolicited or perishable goods? 13. How will donated goods be distributed to victims and their families? Responders? 14. How will donated goods be transported? <p style="text-align: center;"><u>FINANCIAL DONATIONS</u></p> <ol style="list-style-type: none"> 15. How will you include victims in the implementation of a financial donation management strategy after the incident occurs? How will victim navigation of the donation management process be integrated into or alongside other responding victim services?



	<p>community and for agency expenses to address these services.</p> <ul style="list-style-type: none"> • Funds should address unmet needs. • Restricted donations may impact government funding. 	
Staffing	<ul style="list-style-type: none"> • Both traditional and non-traditional partners are key to assist with staffing. <p><u>MATERIAL DONATIONS</u></p> <ul style="list-style-type: none"> • N/A <p><u>FINANCIAL DONATIONS</u></p> <ul style="list-style-type: none"> • Following a CMV/DT incident, a Financial Donation Policy-Making Group is needed. The pre-CMV incident group and a post-incident policy body making may have some of the same members. • The following should be included on your Financial Donation Policy-Making Group: <ul style="list-style-type: none"> • A mental health professional with a background in psychological trauma • Someone from the medical community • A Trusts and Estates lawyer • non-probate lawyer • development/philanthropy/political fundraising • large locally based corporations or industries • media/communications • victim services representative • victim of a past mass-shooting • In addition to the policy-making group, there are several administrative roles that need to be filled to manage donations. These can be found in Appendix A. • Often a non-profit organization, like the National Compassion Fund (NCF), has the authority to collect, track, acknowledge, and disburse monetary donations. 	<p><u>MATERIAL DONATIONS</u></p> <ol style="list-style-type: none"> 16. What existing agency serves as the lead for material donation management? 17. Who could serve as the donation management coordinator? 18. Who could be part of a donations management team? 19. Have you developed a reporting organizational structure that clearly provides defined roles? <p><u>FINANCIAL DONATIONS</u></p> <ol style="list-style-type: none"> 20. Who will fill the necessary roles on the post-incident policy making group? 21. Who will fill the necessary administrative roles? 22. What existing 503(c) agency would be willing to collect, track, acknowledge, and disburse monetary donations? 23. If no existing 503 (c) agencies have written into their mission statement or Board of Director guidance that they may collect, track, acknowledge, and disburse monetary donations, which agency would be willing to do so or will you include an outside organization like NCF? 24. How will organizations operating relief funds be vetted?



	<ul style="list-style-type: none"> Government entities should never administer financial donations 	
Activation	<p>Potential ESF Activation: 6</p> <p><u>MATERIAL DONATIONS</u></p> <ul style="list-style-type: none"> N/A <p><u>FINANCIAL DONATIONS</u></p> <ul style="list-style-type: none"> Victim Advocates (system-based (i.e. DA's office, PD), Victim Compensation, and advocates connected to donated fund administration, etc., will need to coordinate with each other in terms of tasks related to victims, but all should be included in fund distribution. You will need to identify and describe how policy decisions will be made regarding eligibility and distribution, and which body is authorized to make those decisions. Victims and the public will need to know this. 	<p><u>MATERIAL DONATIONS</u></p> <p>25. Who will coordinate and determine when to activate and implement the plan?</p> <p>26. How will staff members responsible for the material donations facility be notified of the activation of the plan and the reporting date, time, and location?</p> <p><u>FINANCIAL DONATIONS</u></p> <p>27. Who will coordinate and determine when to activate and implement the plan?</p> <p>28. How will stakeholders be notified of the activation of the plan?</p> <p>29. What actions need to be taken to receive, manage, and distribute cash contributions?</p> <p>30. How will the administrative costs of managing financial donations be covered?</p>
Location/Material resources	<p><u>MATERIAL DONATIONS</u></p> <ul style="list-style-type: none"> Storage of large quantities of material goods must be considered. Because material donations may arrive in a tractor-trailer, a facility with a loading dock is most appropriate. Because donations may be palletized, forklifts and pallet jacks are useful equipment at a material donations facility. <p><u>FINANCIAL DONATIONS</u></p> <ul style="list-style-type: none"> N/A 	<p><u>MATERIAL DONATIONS</u></p> <p>31. What facilities/locations may be used as a staging area for material donations and/or transportation vehicles?</p> <p>32. How will donations be tracked?</p> <p>33. What equipment will you need in a material donations facility?</p> <p><u>FINANCIAL DONATIONS</u></p> <p>34. Do you have a web-based program for donations from the public?</p>
Communication	<ul style="list-style-type: none"> It is highly likely that most jurisdictions have a communications plan. The Communications/Public Information Officer (PIO) Branch should release media information to publicize 	<p>35. How will the public be informed of the proper donation channels?</p> <p>36. How will the comprehensive list of victims compiled in BP#5 be shared with this committee?</p>



	<p>the established methods for donating both materials and monies. See best practice #6 for more information.</p> <ul style="list-style-type: none"> • Specificity about donation needs is incredibly important. <p><u>MATERIAL DONATIONS</u></p> <ul style="list-style-type: none"> • Ensure victims and advocates are informed of centralized numbers, email, and text that can be used in communications to let people know how to contact the appropriate groups for donations. • Sometimes material donations are made available directly to the victims (teddy bears, quilts, etc.). This information should be funneled to victims and families through the FAC and Resiliency Center. <p><u>FINANCIAL DONATIONS</u></p> <ul style="list-style-type: none"> • It is best practice to make a single statement to the public regarding the use of funds. This statement should explain that funds will be distributed to both victims and victim serving agencies. • Incorporate fraud alerts and consumer protection announcements into public communications related to donations. 	<p>37. Is there a centralized number, email, and/or text that can be used to let people know how to contact the appropriate groups for donations? Will a call center be used?</p> <p>38. How will victim input and feedback be incorporated?</p> <p><u>MATERIAL DONATIONS</u></p> <p>39. How will information about specific donations intended for victims and families be given to the FAC and Resiliency Center?</p> <p><u>FINANCIAL DONATIONS</u></p> <p>40. How will victims be kept informed of available funds, eligibility, and process for obtaining funds?</p>
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Section 2A: Material Donations

BP# 9 Donation Management

Potential ESF Activation: 6

Note: Most jurisdictions have a material donation management plan as part of their all-hazards plan. In that case, this section may simply refer to the relevant section in the all-hazards plan.

- 9.1** High volumes of material donations typically occur during and after incidents of mass violence/domestic terrorism. Strategies available to manage these donations include:
 - 9.1.1** On-going needs assessments shall be conducted to determine solicitation of material goods. Needs assessments will be conducted on a ⁸(insert timeframe) basis.
 - 9.1.2** Unsolicited goods will be managed by ¹²(insert strategies)
 - 9.1.3** Perishable goods will be managed by ¹²(insert strategies)
 - 9.1.4** ¹(Insert additional donation management strategies)
 - 9.1.5** Donated goods will be transported by ¹⁴(insert partners and/or strategies)

9.2 Activation The Material Donations Management Plan will be activated by ²⁶(insert agency/title responsible for activating the plan).

9.2.1 Staffing members will be notified of the activation of the plan and the reporting date, time, and location by ²⁷(insert method used to notify staffing members).

9.3 Location and Material Resources: Material donations require that a facility to house them.

9.3.1 ³³(insert the web-based donation program used by the jurisdiction) is the web-based program that (jurisdiction) will use to track donations received from the public.

9.3.2 The following is a list (and/or link to a GIS map) of preplanned facilities that can serve as staging areas for material donations and transportation vehicles.

³² Facility/Location Name	³² Facility/Location Address	³² Size/Area of Facility	³² Facility POC Name, Phone Number and Email	³² MOU Dates

9.3.3 The following baseline equipment and materials will be needed to operate a material donations and transportation vehicle staging area:

³⁴ Item	³⁴ Quantity	³⁴ Procurement Options



9.4 Staffing. The material donation management team will be lead by ¹⁷(insert role/agency).

9.4.1 The reporting structure for the donation management staff is as follows:

²⁰(Insert org chart)

9.4.2 Additional roles and responsibilities will be filled by:

Role	Agency Name	Agency POC Name, Phone Number and Email	Alternate POC
Donation Management Coordinator	¹⁸	¹⁸	¹⁸
Donation Management Team Member	¹⁹	¹⁹	¹⁹
(Other)	Other	Other	Other

9.4.3 Staffing plans for material donations will be developed by the Donation Management Coordinator or designee.

9.5 Allocation.

9.5.1 Goods and services will be distributed according to the following process and parameters

9.5.1.1 ¹³(Victims - Insert process and parameters)

9.5.1.2 ¹³ (Families – Insert processes and parameters)

9.5.1.3 ¹³ (Responders – Insert processes and parameters)

9.5.2 To ensure goods are distributed appropriately, a comprehensive list of victims shall be shared with those distributing donated material goods by ³⁷(insert process).

9.5.3 Information about specific donations intended for victims and families will be shared with the FAC and resiliency center by ⁴⁰(insert process)

9.5.4 ⁹(Insert role/agency) shall determine if distributions will be delayed or held in reserve to accommodate for ongoing needs assessments and/or unanticipated needs.

9.5.4.1 Should donations be held in reserve, this will be communicated to victims by ¹⁰(insert role and/or process)

9.5.5 As victims provide input and feedback on donated goods services, and collections and distribution procedures, ³⁹(insert who will be responsible for collecting this input) will work with ³⁹ (insert who will work to incorporate changes needed based on feedback) to incorporate appropriate changes to the donations plan.

9.6 Public Communication.

- 9.6.1** All incident related information shall be funneled through the incident PIO in accordance with the procedures described in chapter 6.
- 9.6.2** The following outlets may be used to inform the public of current needs and proper donation channels

³⁶ Outlet Type (i.e. social media, tv, newspaper, etc.)	³⁶ Outlet Name	³⁶ Outlet POC Name	³⁶ Outlet Contact Information

- 9.6.3** Donations may be directly solicited from the following corporate donors

Corporation Name	Contact Information	Potential Donation Description

- 9.6.4** Should individuals or corporations have questions regarding donations, they will be directed to contact ³⁸(insert email, phone number, agency, etc.)



Section 2B: Financial Donations

BP# 9 Donation Management

Potential ESF Activation: 6

- 9.1** Donated funds shall be used to address unmet needs and shall not duplicate or supplant established victim funds (state and federal).
- 9.2** Financial Donations Management shall operate using two distinct leadership bodies: A advisory group and a policy making group.
- 9.2.1** Advisory Group: This group operates pre-incident.
- 9.2.2** Policy Making Group: This group operates post-incident.
- 9.2.3** The pre-incident advisory group and post incident policy-making group may have some of the same members.
- 9.3** **Pre-Incident Advisory Group** exists to get different entities on the same page and clarify roles should a CMV/DT incident occur.
- 9.3.1** Victims Compensation, law enforcement, and ²(insert additional members) should be involved in the advisory group.
- 9.3.2** ³(insert role/entity) is responsible for convening the group on a ³(insert timeframe) basis.
- 9.3.3** Examples of clarifying processes and procedures include:
- 9.3.3.1** Victim’s compensation needs to clarify whether or not victim funds are considered a collateral source benefit so gifts can be appropriately structured to avoid duplication.
- 9.3.3.2** Law enforcement will need to consider how they will organize victim statements from a very large group of victims. Pre-incident is when concerns with process, scope, and scale can be addressed. Post-incident existing systems will be used as there is not time to create new systems.
- 9.4** **Post-Incident Policy Making Group** includes members with clear authority to make decisions and set policies that will be followed in when funds are structured, solicited, managed, and distributed. This group will develop a donation management strategy and assist in fund administration.
- 9.4.1** The Policy Making Group shall consist of the following members

²¹ Financial Donations Policy-Making Group Members	²¹ Point of Contact (POC) Agency, Phone Number, and Email	²¹ Alternate POC
Mental health professional with a background in psychological trauma		
Medical professional (HIPAA issues, etc)		
Trusts and estates attorney		

Non-probate attorney		
Individual with development, philanthropy, and or political fundraising experience		
Large locally-based corporations or industries		
Communications/ Media Specialist		
Victim Services representative		
Victim of a past mass-shooting		

9.5 Fund Administration. Several administrative roles are needed to administer funds following a CMV/DT incident. These are in addition to the policy making group.

9.5.1 Roles will be filled by the following

Role	Filled By	Contact Information
Lead Administrator	22	22
Finance	22	22
Victim Specialist	22	22
Communications	22	22
Technology	22	22

9.5.2 A lead agency is required for financial donations. Monetary donations will be collected, tracked, acknowledged, and dispersed by ^{23/24}(insert willing 503c or outside organization(s)).

9.5.2.1 Organizations operating funds will be vetted by ²⁵(insert protocol).

9.5.2.2 ³⁵(insert platform) will be used to collect donations from the public.

9.5.3 Administrative costs of managing financial donations will be covered by ³¹(insert how administrative costs will be covered/reimbursed)

9.5.4 The following strategies can be used to manage the high volumes of donations that arise from a CMV/DT incident

9.5.4.1 ⁴(insert strategy)

9.6 ²⁸(insert role/agency) shall determine when to activate and implement financial donation plan and coordinate stakeholders

- 9.6.1 Members of the policy making group and administrative will be notified of plan activation as well as date, time, and location of meetings by ²⁹(insert method and process used to notify staff members)
- 9.6.2 Once activated, the following steps need to be taken to receive, manage, and distribute cash contributions
 - 9.6.2.1 On-going needs assessments shall be conducted to determine solicitation of financial donations. Needs assessments will be conducted on a ⁸(insert timeframe) basis.
 - 9.6.4.1 The policy making group shall determine whether donated funds will all go directly to victims or if some funding will be designated to support community initiatives and service agency expenses not covered by other funding sources.
 - 9.6.2.2 ³⁰(insert additional steps to receive, manage, and distribute cash donations)
- 9.6.3 Victims shall be included in the implementation of a financial donation management strategy. This can be done by
 - 9.6.3.1 ¹⁵(insert strategies to incorporate victims)
 - 9.6.3.2 As victims provide input and feedback on financial donation collection and distribution procedures, ⁴¹(insert who will be responsible for collecting this input) will work with ⁴¹(insert who will work to incorporate changes needed based on feedback) to incorporate appropriate changes to the donations plan.

9.7 Distribution

- 9.7.1 To ensure goods are distributed appropriately, a comprehensive list of victims shall be shared with those distributing donated material goods by ³⁷(insert process).
- 9.7.2 The following strategies may be used to define eligibility and exclusionary criteria for funds immediately following an incident.
 - 9.7.2.1 ⁵(insert strategy)
- 9.7.3 Financial donation administration can be safeguarded from fraud by
 - 9.7.3.1 ⁶(insert strategy)
- 9.7.4 Victims shall be kept informed of available funds, eligibility, and processes for obtaining funds by ⁴¹(insert process)
 - 9.7.4.1 Funding opportunities shall be integrated into and alongside other victim services.
- 9.7.5 ⁹(insert role/agency) shall determine if distributions will be delayed or held in reserve to accommodate for ongoing needs assessments and/or unanticipated needs.
 - 9.7.5.1 Should donations be held in reserve, this will be communicated to victims by ¹⁰(insert role and/or process)
- 9.7.6 Plans should be developed by the policy making group and administrative staff to address dissatisfaction with how funds have been allocated.

9.7 Public Communication.

- 9.7.1 The interests of victim privacy and public transparency will oftentimes be at odds. This will be balanced by ⁷(insert how the discrepancy will be handled.)
- 9.7.2 Donated funds shall be characterized accurately at the time of solicitation to ensure compliance with donor intent.

- 9.7.2.1** This includes specifying whether donated funds will all go directly to victims or if some funding will be designated to support community initiatives and service agency expenses not covered by other funding sources.
- 9.7.3** All incident related information shall be funneled through the incident PIO in accordance with the procedures described in chapter 6.
- 9.7.4** The following outlets may be used to inform the public of current needs and proper donation channels

³⁶ Outlet Type (i.e. social media, tv, newspaper, etc.)	³⁶ Outlet Name	³⁶ Outlet POC Name	³⁶ Outlet Contact Information

- 9.7.5** Fraud alerts and consumer protection announcements should be included in public communications related to financial donations.
- 9.7.6** Should individuals or corporations have questions regarding donations, they will be directed to contact ⁴⁰(insert email, phone number, agency, etc.)



Chapter 10: Memorials and Special Events

Section 1

Best Practice #10: Memorials and Special Events <i>Focus is on spontaneous memorial sites that develop and special events that occur within the first 2-4 weeks after an incident.</i>		
	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> • Memorials, vigils, and other special events may be very spontaneous and require flexibility and rapid response by the community to ensure safety. This is especially true for dignitary visits which are likely to include state and federal officials. • Jurisdiction should include the proper departments and agencies (i.e., law enforcement, emergency management, public works, Department of Transportation, public health, public information officers and elected officials). • Media and public often inundate funerals and memorials. • Spontaneous memorials near the incident will result in significant numbers of cards, items, and photos at the location. These need to be protected. • You can't save everything from the memorial sites; organic materials can't be saved, paper items blow away, fragile items are sometimes broken, and larger items may be a public hazard. • Manage items in a way that allows for consideration of possible inclusion of items into a permanent memorial. • Memorial items that are left to honor a specific victim should be offered to the family of the victim. • Law enforcement tributes with lights and sirens, ringing of church 	<ol style="list-style-type: none"> 1. Which departments and agencies should be included in the planning process for memorials and special events? 2. Who will serve as the lead for planning memorials and special events? 3. What liability issues arise from conducting memorials and special events, to include visiting the incident site? 4. How might the jurisdiction manage items left at spontaneous memorial sites?

	<p>bells, and 21-gun salutes may re-traumatize victims.</p> <ul style="list-style-type: none"> • 	
Services	<ul style="list-style-type: none"> • Victim and family participation is always voluntary. • Respect for the victims is essential. • Victim services may be asked to take a more active role in these activities • Events that can be expected include <ul style="list-style-type: none"> ○ Joint vigil/memorial, ○ Incident site visit for victims/families <ul style="list-style-type: none"> ▪ Site visits are secure and private for victims and families, with support services (mental health and spiritual care support) in attendance. FBI and Red Cross have experience with orchestrating site visits. No media, politicians, or speeches ○ Dignitary visits ○ Spontaneous memorial sites <p><u>Permanent Memorial</u></p> <ul style="list-style-type: none"> • The permanent memorial will likely take years to plan and will fall outside of the parameter of this document. • Words matter. The word remembrance is preferred over the word anniversary. Anniversaries are typically happy occasions. 	<ol style="list-style-type: none"> 5. How will victims be kept informed or included in the planning of memorials or special events? 6. When family/friends plan an event, will jurisdiction provide support to assist with event coordination if requested? 7. When family/friends plan an event, will jurisdiction serve as a liaison if requested? 8. Will jurisdiction provide support to a private organization who has planned an event, if support is requested? 9. Which organization, etc. can assist with or serve as liaisons for these events? 10. Which organization can assist with securing transportation for these events if needed for families and victims? 11. What services will jurisdiction provide related to safety and security (fire, police, EMS)? Who will develop the security staffing plan?
Staffing	<ul style="list-style-type: none"> • Both traditional and non-traditional partners are key to assist with staffing. • Victim advocates, mental health care, and spiritual care provide support and should stay in the periphery at memorials/vigils with minimal identifiers (lanyards or basic victim advocate jackets). They 	<ol style="list-style-type: none"> 12. Who in your jurisdiction will lead/coordinate a memorial or special event? 13. Which departments or agencies will be responsible for collecting the items left at spontaneous memorials? 14. What department or agency within the community can be responsible

	<p>should keep an eye out for individuals that might need emotional or other support.</p> <ul style="list-style-type: none"> • Faith-based leaders will often coordinate a vigil/memorial. • Law enforcement and public works personnel will often provide safety and security for participants. 	<p>for documenting the memorials (spontaneous and planned) and vigils?</p> <p>15. What agency can be responsible for watching social media for information about memorials and vigils that are being planned outside of the official response?</p> <p>16. Who in your jurisdiction will decide if support is needed for events that initiate outside of the official response?</p> <p>17. Who in your jurisdiction will assist with transportation routes and street closures?</p> <p>18. What additional roles are needed to support a memorial or special event?</p> <p>19. What additional responsibilities need to be covered?</p>
Activation	<p>Potential ESF Activation: 5, 6, 7, 8, 15</p> <ul style="list-style-type: none"> • Many vigils and gatherings will be planned outside of the official response. These may require official support if they become large. 	<p>20. Who will determine when a memorial or special event should be hosted?</p> <p>21. How will support staff members be notified that an event is being planned?</p> <p>22. If permits or approvals are needed, who will obtain the necessary approval or paperwork?</p> <p>23. If there are costs associated with a memorial or special event, who will be responsible for funding approval?</p>
Location/Material Resources	<ul style="list-style-type: none"> • Collaborate with the owner of the land where physical memorials are located to decide when memorials should be relocated. • Written notice should be posted at the site 24-48 hours prior to moving/removing memorials that indicate where items will be moved. This information should also be given to all navigators working with families, distributed 	<p>24. What facilities are available to host memorials or special events?</p> <p>25. What material resources, such as barricades, safety lighting, etc., will be needed to host memorials or special events?</p> <p>26. What facilities are available to store items collected from memorials until a determination of disposition is made?</p>



	<p>by PIOs and posted on all social media and websites.</p> <ul style="list-style-type: none"> • Museums have created an informal support network to pass along lessons learned about preserving items left at spontaneous memorial sites. • Memorial items that are going to be placed in a museum will need to be curated and archived. • The intake, cataloging, and archiving of memorial site items can take a museum several years to complete. • Museums keep most of their artifacts in temperature-controlled storage which requires space and funding. 	
Communication	<ul style="list-style-type: none"> • Victims and families should be informed of memorials and special events. 	<p>27. How will victim input and feedback be incorporated?</p> <p>28. How will communications about memorials and special events be shared with the public?</p>



Section 2

BP# 10: Memorials and Special Events

Potential ESF Activation: 5, 6, 7, 8, 15

- 10.1** Memorial vigils and special events tend to be very spontaneous - both in timing and location. They require flexibility and rapid response by the community to ensure safety. The jurisdiction shall plan to manage or assist with site visits, memorials, vigils, and other special events that arise. Events will include, but are not limited to, dignitary visits, politician visits, and candle-light services.
- 10.2** Memorials and special events may be hosted or coordinated by numerous entities including, but not limited to, jurisdictions, victims, families, community members, and private organizations.
 - 10.1.1** At the jurisdiction level, the following may determine that they should, host, lead, or coordinate an event.

¹² Official/Agency Name	¹² Name, Phone Number and Email	¹² Alternate POC

- 10.1.2** When family/friends plan an event, jurisdiction ⁶(will/will not) provide support to assist with event coordination if requested.
 - 10.1.3** When family/friends plan an event, jurisdiction ⁷(will/will not) serve as a liaison if requested.
 - 10.1.4** When private organizations plan an event, jurisdiction ⁸(will/will not) provide support if requested.
 - 10.1.5** For events that initiate outside of the official response, ¹⁶(insert role/agency) will decided if support is needed.
- 10.3** The wishes of the families and respect for the victims are essential when determining details of a memorial or special event.
 - 10.3.1** Victims and families shall be informed of special events by ⁵(insert primary conduit and general methods)
 - 10.3.2** Victim input and feedback will be incorporated by ²⁷(insert general methods)
- 10.4** When the jurisdiction agrees to lead or assist with memorials or other special events, a planning group shall be convened. This group will be led by ²(insert position/agency).
 - 10.4.1** Other group members include:

^{1,9} Planning Group Members	^{1,9} Point of Contact (POC) Agency, Phone Number and Email	^{1,9} Alternate POC



10.4.2 This planning group, in coordination with ²⁰(insert role/entity, if needed) will determine when a memorial or special event should be hosted.

10.4.3 A permanent memorial committee will develop later in the process and is outside of the scope of this annex.

10.5 Safety and Security. The jurisdiction can/will provide the following safety/security services for approved memorials and special events.

10.5.1 ¹¹(insert safety and security services)

10.5.2 Security plans and staffing for a memorial, vigil, or special events will be developed by ¹¹(insert who is developing) and staffed by ¹¹(insert who will provide security staff).

10.6 Staffing. In addition to safety and security (10.4.1) Many roles and responsibilities need to be covered for memorials or special event.

Responsibility	Agency/Organization Managing	POC Name and Contact Information
Transportation routes and street closures	¹⁷	¹⁷
Obtaining permits or other approvals (See ...)	²²	²²
Tracking costs and obtaining funding approvals	²³	²³
Securing transportation for victims and families, if needed	¹⁰	¹⁰
Documentation (photos, articles, etc.)	¹⁴	¹⁴
Monitoring social media for information about events planned outside of official response	¹⁵	¹⁵
^{18/19}	^{18/19}	^{18/19}

10.6.1 The role of a victim advocate at a memorial site is one of support.



10.6.1.1 Victim advocates, mental health providers, and spiritual care providers should stay in the periphery, with minimal identifiers such as lanyards or basic victim advocate jackets.

10.6.1.2 Victim advocates shall keep an eye out for individuals that might need emotional or other support during the memorial or special event.

10.6.2 Staffing members will be notified of the memorial plans and the reporting date, time, and location of memorials, vigils, and special events by ²¹(insert method used to notify staffing members).

10.7 Location. The following is a list (and/or link to a GIS map) of preplanned facilities for memorials, vigils, and special events - other than site visits which will occur at the incident scene.

²⁴ Facility Name	²⁴ Facility Address	²⁴ Size/Area of Facility	²⁴ Facility POC Name, Phone Number and Email	²⁴ Memorandum of Understanding (MOU) Dates

10.7.1 The site shall have all utility and communications capabilities required to host memorials, vigils, or other special events or the willingness and ability to install on a temporary basis.

10.7.2 The following list of equipment and materials will be needed to host memorials, vigils, or special events:

²⁵ Item	²⁵ Estimated Quantity	²⁵ Procurement Options

10.8 Spontaneous Memorials near the incident will result in a significant number of cards, photos, flowers, stuffed animals, and other items.

10.8.1 Items left at spontaneous memorials will be ⁴(insert general guidance for managing items)

10.8.2 It is important to collaborate with the owner of the land where memorials are located to decide when memorials should be relocated.

10.8.3 ¹³(Insert role/agency) shall be responsible for collecting items left at spontaneous memorials.

- 10.8.4** Items left in honor of a specific victim shall be offered to that victim’s family. The family shall determine whether to keep, dispose of, or donate the item(s) to a future permanent memorial. They may also decide they are not yet ready to make this decision.
- 10.8.5** All collected items shall be packaged and catalogued until final determination of disposition is made.
- 10.8.6** Some of the memorial items may be placed in a permanent display or archived in the future to preserve the memorials. The following locations will be used to store these items until a future plan is finalized. The finalization of a future plan may take years.

²⁶ Facility	²⁶ Address	²⁶ POC Name and Contact Info

- 10.9** ²⁸(Insert communication avenue) will be the primary conduit for informing the public of memorial, vigil, and special event related information when appropriate. ²⁸(Insert position/organization) will approve the release of all memorial, vigil, and special event related information. Reference the ²⁸(insert existing plan) to review current communications or social media strategies.

- 10.9.1** The following outlets may be used to broadcast information related to memorial, vigil, and special event related information when appropriate/as needed.

²⁸ Outlet Name	²⁸ Outlet POC Name	²⁸ Outlet Contact Information

Chapter 11: Community Behavioral Health

Section 1

Best Practice #11: Community Behavioral Health		
<i>Community Behavioral Health may be called upon to assist with psychological first aid needs of victims and the community immediately after an incident. They will also assess and build capacity to meet the ongoing and increased needs for services due to a CMV/DT incident.</i>		
	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> • Behavioral health encapsulates mental health, addiction, and psychiatry, as well as overall physical wellness such as sleep, nutrition, exercise, etc. • Mental health is narrower in scope and looks at emotional health and mental health treatment. • Behavioral Health leadership should develop plans for immediate, short-term and long-term response. • The subcommittee (or their designated POCs) will be activated during an actual incident to deploy immediate responders and explore funding options for behavioral health services. <p>IMMEDIATE RESPONSE</p> <ul style="list-style-type: none"> • Psychological first aid trainings, presentations, and support are the recommended response to mass violence incidents during the immediate and short-term responses. Stabilization and normalization of reactions are the goal. • Extensive coordination with agencies (e.g., state emergency preparedness organizations, state mental health providers, and local chapters of the American Red Cross and the United Way) federal and state law enforcement, and prosecution personnel is a necessary component of an effective 	<ol style="list-style-type: none"> 1. What agencies should be represented on the Behavioral Health Subcommittee? 2. How will state disaster mental health and spiritual care response teams be included in the plan? 3. What VOAD/COADs in the community need to be included in the behavioral health plan? 4. What state statutes and regulations exist regarding contracts with mental health providers? 5. Which existing entities within the jurisdiction provide behavioral health services?



	<p>immediate response to mass violence.</p> <p><u>LONG-TERM</u></p> <ul style="list-style-type: none"> • Evidence-based interventions should be used for long-term treatment once victims are ready for more traditional treatment • Additional psychological needs may emerge as time progresses and people find it difficult to go back home or function well at work. The Resiliency Center will continue to assess needs of victims as time progresses. 	
<p>Services</p>	<p><u>IMMEDIATE RESPONSE</u></p> <ul style="list-style-type: none"> • The lead law enforcement, prosecution and victim services agencies will determine who will be considered a legal victim of the incident. • An initial and ongoing assessments of victim needs should be conducted at the INC and FAC. This will help to determine the essential services that are needed at the FAC (see BP #80 and, later, the Resiliency Center (see BP #14). • Individuals who share the experience of a mass violence incident do not necessarily share the same traumatic reactions. • Trained mental health professionals can identify individuals who may have pre-existing issues or be in extreme distress. • Engage a holistic approach, which includes diverse faith or spiritual healing practices, to support survivors and surviving family members in the long term. Do remember, however, that not all victims are religious or spiritual. • Initial efforts of mental health professionals should focus on providing compassionate support 	<ol style="list-style-type: none"> 6. Once the definition of who will be considered a legal victim is determined, how will that information be communicated to stakeholders and the public? 7. How will a comprehensive list of those who are eligible for services be compiled and shared between agencies? 8. How will you ensure victims who want to access follow up services are connected to linkage services and funded resources, such as those found at the Resiliency Center or program? (See BP # 14) 9. How will the Behavioral Health response ensure that there are multiple methods for accessing needed care (i.e. as many “open doors” as possible), and that alternative interventions are included?



	<p>and information that will help victims cope and bolster resilience.</p> <p><u>LONG-TERM</u></p> <ul style="list-style-type: none"> • Service linkage and tracking should shift to the Resiliency Center once it opens. • Many victims may benefit from grief counseling, but this type of counseling generally is more appropriate at a later time as individuals adjust to day-to-day life. • Address the potential for increased risk of substance, physical, sexual, and emotional abuse. 	
<p>Staffing</p>	<p><u>IMMEDIATE RESPONSE</u></p> <ul style="list-style-type: none"> • The Behavioral Health Subcommittee should designate a POC to oversee the immediate coordination of providers for the INC and FAC. • Communities are often inundated with offers of help and support immediately after a CMV/DT incident. However, as the months go by and the news cycle changes, people may lose interest in providing services. This may be when victims most need these services. • Representation will be needed from the behavioral health community providers on the funding team (See BP #13) • Staff impacted by the incident will likely be working through their own trauma and should not be assigned to provide behavioral health care to others. <p><u>LONG-TERM</u></p> <ul style="list-style-type: none"> • An appropriate trauma therapist must be knowledgeable and trained about evidence-based trauma treatments and practices, particularly those that are effective 	<p>10. Which providers can provide bi-lingual professionals when needed?</p> <p>11. How will behavioral health service providers be included in the incident management organizational structure?</p> <p>12. What roles are needed?</p> <p>13. What responsibilities need to be covered?</p>



	in treating victims and survivors of violent crime.	
Activation	<p>Potential ESF Activation: 6, 8</p> <p><u>IMMEDIATE RESPONSE</u></p> <ul style="list-style-type: none"> • Trained mental health and spiritual care teams and victim advocates should be deployed to the INC (see BP #4) and the FAC (see BP #8) to provide psychological first aid support of victims and loved ones. • These trained teams will provide psychological first aid and support to victims, families, and loved ones. They may also assist victim advocates with navigation to services in the FAC. • Communities can always rely on the Disaster Distress Helpline at 1-800-985-5990 (call or text). <p><u>LONG-TERM</u></p> <ul style="list-style-type: none"> • Behavioral health support and/or referrals to behavioral health care in the community will transition to the Resiliency Center. (See BP #8 and 14 for more information) 	<p>14. How will incident-specific behavioral health services be coordinated?</p> <p>15. How will you notify/activate credentialed mental health professionals, victim advocates and crisis counselors?</p> <p>16. Who is responsible for ensuring volunteers are managed according to standards set in BP #7?</p> <p>17. Who is responsible for activating and staffing the hotline, if applicable?</p> <p>18. Who is responsible for documenting which agencies are providing services?</p> <p>19. How will the jurisdiction continue to ensure services are available and coordinated after the immediate response to the incident?</p>
Location/Material Resources	<p><u>IMMEDIATE RESPONSE</u></p> <ul style="list-style-type: none"> • Behavioral health teams may be available in the jurisdiction through VOADS (i.e. American Red Cross or Salvation Army) and through state or county developed and maintained teams. • Federal grants may be available to fund or reimburse jurisdictions for the provision of behavioral health services. Application for this funding is time-sensitive after a CMV/DT incident. (See BP #13) <p><u>LONG-TERM</u></p> <ul style="list-style-type: none"> • A list of behavioral health services with capacity to work with victims for the long-term should be 	<p>20. How will you fund immediate behavioral health services at the response locations?</p> <p>21. Who is responsible for developing a list of BH agencies who are willing and have capacity (or are willing to bypass existing waitlists) to work with victims?</p> <p>22. How will referrals to behavioral health professionals be provided to victims?</p> <p>23. How will referrals be tracked?</p>



	<p>developed by the Behavioral Health Subcommittee. This list should be available during FAC and Resiliency Center operations for referrals.</p> <ul style="list-style-type: none"> • Victims will need to bypass standard waitlists. • Referrals should be tracked. This will be completed at the Resiliency Center if one is opened, but tracking is needed regardless of the opening of a Resiliency Center. 	
<p>Communication</p>	<p><u>IMMEDIATE RESPONSE</u></p> <ul style="list-style-type: none"> • PIOs should communicate that there will be trained behavioral health and spiritual care support available for victims at all service locations. • PIOs should communicate to unaffiliated/spontaneous behavioral health volunteers where they should report (i.e. Volunteer Intake Center) so that they don't arrive at service sites where victims are gathering. <p><u>LONG-TERM</u></p> <ul style="list-style-type: none"> • Ensure victims are informed of behavioral health services available. • First responders may also need behavioral health services but may be reluctant to seek them. Additional communication efforts may be necessary to encourage first responders to seek services when needed. (See BP # 12) • Ensure victims and advocates are informed of centralized numbers, email, and text that can be used to get information on acquiring behavioral health services. 	<p>24. How will behavioral health services information be shared with victims?</p> <p>25. How will communications about behavioral health services be shared with stakeholders?</p> <p>26. How will victims be kept informed of changes to call centers or centralized numbers for call or text?</p> <p>27. How will victim input and feedback about services be collected and analyzed?</p>



Section 2

BP#11: Community Behavioral Health

Potential ESF Activation: 6, 8

- 11.1. Behavioral health encapsulates mental health, addiction, and psychiatry, as well as overall physical wellness such as sleep, nutrition, exercise, etc.
 - 11.1.1. Mental health is narrower in scope and looks at emotional health and mental health treatment.
 - 11.1.2. To the greatest extent possible, proposed mental health interventions should be evidence-based treatments/empirically supported treatment or evidence-based practices.

- 11.2. ⁴ The following state statutes and regulations regarding contracts with mental health providers will be followed:

- 11.3. A Behavioral Health Subcommittee shall develop plans for immediate, short-term, and long-term response.

- 11.3.1. The following entities/organizations should be represented on the Behavioral Health Subcommittee:

Entity/Organization	¹ Point of Contact (POC) Agency, Phone Number and Email	¹ Services Provided

- 11.4. ^{2,3} (Insert method used) will ensure that state disaster mental health, spiritual care response teams, and VOADs/COADs will be included in the plan.

- 11.5. The following entities/organizations, to include faith-based organizations, within the jurisdiction can provide behavioral health services:



Entity/Organization	⁵ Point of Contact (POC) Agency, Phone Number and Email	⁵ Services Provided

11.6. Services. The lead law enforcement, prosecution and victim services agencies will determine who will be considered a legal victim.

11.6.1. Once the definition of who will be considered a legal victim is determined, ⁶(insert method used) will communicate that information to the stakeholders and the public.

11.6.2. Individuals who share the experience of a mass violence incident do not necessarily share the same traumatic reactions.

11.6.3. A thorough assessment is essential to determine the mental health needs of mass violence survivors.

11.6.4. Engage a holistic approach, which includes diverse faith or spiritual healing practices, to support survivors and surviving family members in the long term. Do remember, however, that not all victims are religious or spiritual.

11.6.5. Initial efforts of mental health professionals should focus on providing compassionate support and information that will help victims cope and bolster resilience.

11.6.6. Many victims may benefit from grief counseling, but this type of counseling generally is more appropriate at a later time as individuals adjust to life.

11.6.6.1. (Insert agency/department responsible) will be responsible for determining who will be eligible for behavioral health services by ⁷(insert process used to determine eligibility).

11.6.6.2. ⁷Once a comprehensive list of those who are eligible for services has been compiled, (insert method used) will be used to share this information between agencies.

11.6.6.3. ⁸(Insert method used) will be used to ensure victims who want to access follow up services are connected to linkage services and funded resources, such as those found at the Resiliency Center or program. (See BP # 14.)

11.6.6.4. ⁹(Insert method used) will ensure that there are multiple Behavioral Health response methods for accessing needed care (i.e., as many “open doors” as possible), and that alternative interventions are included.

11.7. Organizational Chart/Staffing. In the aftermath of a mass violence/domestic terrorism incident, communities are often inundated with offers of help and support. An appropriate trauma therapist must be knowledgeable and trained about evidence-based trauma treatments and practices, particularly those that are effective in treating victims and survivors of violent crime.

11.7.1. Unfortunately, lots of individuals are interested in providing services right after an incident but as the months go by and the news cycle changes, people may lose interest in providing services. This may be when victims most need these services.

11.7.2. Provider credentials shall be vetted by (insert vetting process).

11.7.3. Behavioral health service providers may be included in other organizational structures such as the Family Assistance Center structure. If there is a need for a separate organization structure, the following organizational chart will be used. ¹¹(The organizational chart, identifying reporting structure, for behavioral health services should be inserted here.)

11.7.4. The roles and responsibilities of staffing for a behavioral health team include:

^{12, 13} Role	^{12, 13} Responsibility(s)	^{12, 13} Providing Agency	^{12, 13} Agency POC	^{12, 13} Backup POC

11.7.5. Bi-lingual service providers are sometimes overlooked during staff planning. The following providers include bi-lingual professionals:

¹⁰ Entity/Organization	¹⁰ Point of Contact (POC) Agency, Phone Number and Email	¹⁰ Services Provided

11.8. Activation. Behavioral health services are needed throughout the response and recovery of an incident. Services may be included from the immediate response through the Family Assistance Center and into long-term recovery at the Resiliency Center.

11.8.1. As you move through the early months of an incident, behavioral health needs may change. More psychological needs may come out later when people find it difficult to go back home or to function well at work.

11.8.2. (Insert department/agency responsible) will be responsible for coordinating incident-specific behavioral health services.

11.8.3. ¹⁴(Insert method used) will be used to coordinate incident-specific behavioral health services.

11.8.4. ¹⁵ Credentialed mental health professionals, victims’ advocates, and crisis counselors will be notified of the activation of their services and the reporting date, time, and location, if appropriate, by (insert method used to notify staffing members).

11.8.5. ¹⁶ (Insert department/agency responsible) will be responsible for ensuring volunteers are managed according to standards set in BP # 7.

11.8.6. ¹⁸ (Insert department/agency responsible) will be responsible for documenting which entities/organizations are providing/have provided services.

11.8.7. ¹⁹ The following actions need to be taken to ensure services are still available after the immediate response to the incident:

11.8.8. ¹⁷ When/if it is determined that a hotline should be made available to assist victims or provide them with behavioral health service options/locations, (insert agency/department responsible) shall be responsible for activating and staffing the hotline.

11.9. Location and Material Resources. Low cost or no cost psychological care providers may be available to assist in the immediate aftermath of an incident. Federal grants may also be available to fund or reimburse jurisdictions for the provision of behavioral health services.

11.9.1. ²⁰ Costs associated with the provision of these services may be covered by (insert exercise funding options).

11.9.2. Behavioral health services will be provided at the following locations:

Facility Name	Facility Address	Facility Hours
EX: Stand Alone Facility Name		
EX: Family Assistance Center		
EX: Resiliency Center		
EX: Private Office by Referral		

11.9.3. ²¹ (Insert agency/department responsible) will be responsible for developing a list of Behavioral Health agencies who are willing and have capacity (or are willing to bypass existing waitlists) to work with victims.

11.9.4. ²² Victim referrals to behavioral health professionals will be provided by (insert method used).

11.9.5. ²³ Victim referrals will be tracked by (insert method used).

11.10. Communication. (Insert agency/department responsible) will be responsible for informing the victims of behavioral health services available.

11.10.1. ²⁴ (Insert communication avenue) will be the primary conduit for informing the victims of behavioral health services available.

11.10.2. ²⁵ (Insert communication avenue) will be the primary conduit for sharing behavioral health service information with stakeholders.



- 11.10.3.** ²⁶ (Insert agency/department responsible) will be responsible for informing the victims of changes to hotlines or call centers for behavioral health services available via (insert communication avenue).
- 11.10.4.** ²⁷ (Insert agency/department responsible) will be responsible for collecting and analyzing victim input and feedback about the behavioral health services provided via (insert method used).



Chapter 12: First Responder Support

Section 1

Best Practice #12: First Responder Support <i>CMV/DT incidents can be more challenging for many responders than more common critical incidents. Jurisdictions must prepare for the often more complicated and longer lasting support and behavioral health needs of responders following a CMV/DT incident.</i>		
	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> It is important that jurisdictional plans, policies, procedures, and/or training materials include language or guidance informing responders that support, and counseling will be available following CMV/DT incidents. Not every off-duty responder who arrives at a mass casualty incident will check in, even if an Incident Command Post has been established. First responders are one of the identified populations within the community who may need special resources during recovery. Funding through OVC defines first responders as indirect victims of a mass violence incident. This ensures that there are resources available for their needs related to the incident. Mass violence/domestic terrorism incidents place tremendous amounts of pressure on responders. Trauma that comes out during an incident may be from previous trauma that hasn't been addressed. While all responders are at risk, care for responders who provide direct patient care, triage, and fatality management 	<ol style="list-style-type: none"> Which jurisdictional plans, policies, procedures and/or training materials address the possible need for first responders to access support and services following mass casualty incidents? What process, other than check in at the Incident Command Post, can be used to track off-duty responders who self-deploy to a mass casualty incident? What process will the jurisdiction use to make support available to first responders - including the command staff - as they demobilize from each shift? What process will be used to offer support and services to the families of first responders? What process will be used to ensure situation updates are shared with first responders?

	<p>should be included in plans for both short-term and long-term after incident care.</p> <ul style="list-style-type: none"> • During incidents of mass violence, first responders may transport victims to hospitals in unconventional vehicles such as patrol cars. This may have a psychological impact and also legal challenges. • Routine exposure to violence, can make it difficult for responders to admit that they need to talk about an incident. • Experience from previous incidents indicates that supportive services for responders should be available at all stages of the response and recovery. • Demobilization at the end of a shift can be more challenging for first responders during a mass violence or domestic terrorism incident. Having support available to assist with transitioning from the incident back to routine life (home, work, parenting, etc) is important for responders in the immediacy of the moment and long-term recovery. • The families of first responders may need support and access to services. • Command staff may need support and access to services. • It is helpful for Command Staff to endorse use of support and services for rank-and-file staff, including their own steps to access support. • Providing situational awareness updates about an incident for first responders is important. 	
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	<ul style="list-style-type: none"> • Compassion Fatigue is a broadly defined concept that can include emotional, physical, and spiritual distress in those providing care to another. It is characterized by an emotional exhaustion and decreasing ability to provide compassionate care. • Vicarious trauma a potential occupational challenge for people working and volunteering in the fields of victim services, law enforcement, emergency medical services, fire services, and other allied professions, due to their continuous exposure to victims of trauma and violence. It is characterized by internalizing someone else's trauma as your own with resultant trauma reactions. 	
Services	<ul style="list-style-type: none"> • First responders may need support, resources, and behavioral health service referrals. • A respite area serves as an area to provide some relief for responders at an incident scene. • First Responder supportive services may include the following services: <ul style="list-style-type: none"> ○ Distribution of self-care information. ○ Complementary wellness services to include massage therapists, acupuncturists, mental health professionals, spiritual care specialists. ○ Availability of childcare during support meetings and services. This may include activities to assist 	<ol style="list-style-type: none"> 6. Which agency/department is responsible for coordinating organizations who provide complementary wellness services to first responders? 7. Which agency/department is responsible for coordinating organizations who can provide onsite childcare services during support and services? 8. Which agency/department is responsible for coordinating annual observance ceremonies or events for first responders?

	<p>children with the incident impact for them.</p> <ul style="list-style-type: none"> • Families of first responders should be given information about accessing support, resources and behavioral health services for themselves. • At annual observances: <ul style="list-style-type: none"> ○ A private ceremony or event may be helpful to bring first responders together away from their care-taking roles. ○ Allow time for first responders to reflect as a part of their healing. ○ Any first responders' ceremony should not be publicized outside the target group, should be in a safe environment, and should be tailored to the current needs of the responders. 	
Staffing	<ul style="list-style-type: none"> • Easily accessible mental health providers, peer support staff, and chaplains who are known by first responders are vital. • Peer support teams consisting of first responders trained to provide support to other first responders have been helpful in previous incidents. • Responders are more likely to talk with support service providers if they have been introduced prior to the incident. • A respite area for responders may be staffed with trained clergy, peer support, and mental health providers. • Regional peer support teams . • Peer support teams should work in collaboration with victim advocates to ensure 	<ol style="list-style-type: none"> 9. How can the jurisdiction coordinate and collaborate with mental health providers, peer support staff, and chaplains to ensure first responders recognize these individuals? 10. Who is responsible for maintaining a list of peer support individuals and agencies? 11. Who is responsible for assessing responder needs during an incident to request assistance? 12. How does First Responder Support fit into the established Table of Organization for the incident? 13. How will organizations providing support services to first responders be vetted before an incident occurs? 14. How will new support and mental health agencies be vetted after an incident has occurred if addition support is needed?

	<p>access to information and service navigation.</p> <ul style="list-style-type: none"> • Chaplains should be integrated into available support systems. • Usual peer support teams and/or other supports will likely need to be supplemented as CMV/DT incidents tend to have a more widespread and profound impact than typical critical incidents. • Reminder: Support and services staff will also need support due to the size and scope of the assistance they are providing. 	<p>15. What actions will be taken to supplement the usual Peer Team or other support?</p> <p>16. How will peer support staff receive their own support?</p> <p>17. What additional roles and responsibilities are needed?</p>
Activation	<p>Potential ESF Activation: 6, 8</p> <ul style="list-style-type: none"> • First responders may need multiple opportunities to speak with support and service providers about an incident. • As tactical operations wind down, Peer Teams and other supports should be available to provide responders focused support, services and resources. 	<p>18. Who will coordinate activation of first responder support structures?</p> <p>19. If the Incident Commander decides to open a respite area at the incident site, who will coordinate the activation?</p> <p>20. How will respite area staff be notified of the activation?</p> <p>21. How will Peer Support Teams be notified of the activation?</p>
Location/Material resources	<ul style="list-style-type: none"> • First responder support should be located at a separate location from victim services centers such as a Family Assistance Center. • Support and services need to be available where responders can access them easily and without anxiety. • More responders may seek support and services if they are established outside of the responder's agency or department. 	<p>22. Where could first responder support services be housed?</p>
Communication	<ul style="list-style-type: none"> • Available support and services should be promoted daily through agency roll calls, by the Incident Commander, and by all first responder organizations. 	<p>23. Who is responsible for informing first responders of available support and services and how they can be accessed?</p> <p>24. How will information related to support and services and how to</p>

	<ul style="list-style-type: none">• Responder resource packets with information about web-based resources, trauma reactions, how to help people cope with trauma, tips for special population groups, information about locations to receive help, etc. should be available for first responders.• Put responder resource packets in places where people can find them.	<p>access them be shared with first responders?</p> <p>25. Which agency/department can create responder resource packets to be distributed among first responder facilities?</p> <p>26. How will these resource packets be distributed?</p>
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Section 2

BP# 12: First Responder Support

Potential ESF Activation: 6, 8

- 12.1** CMV/DT incidents place tremendous pressure on responders. It is important that jurisdictional plans, policies, procedures, and/or training materials include language or guidance informing responders to plan to receive behavioral health care following mass casualty incidents.
- 12.1.1** While all responders are at risk, responders who provide direct patient care, triage, and fatality management should be included in plans for both short-term and long-term after incident care.
- 12.1.2** ¹(Insert plans, policies, procedures, and/or training materials) address the need for first responders to plan to receive behavioral health care following mass casualty incidents.
- 12.1.2.1** Since some off-duty responders who arrive at a mass casualty incident will not check in, even if an Incident Command Post has been established, ²(insert secondary process for tracking responders who do not check in) will serve as a back-up tracking system for first responders.
- 12.1.2.2** Sending responders home right after an incident may be a mistake because they may not be ready to face their families. ³(Insert process used) will ensure behavioral health services are available to first responders, including command staff, before they are released to go home.
- 12.1.3** Trauma that comes out during an incident may be from previous trauma that hasn't been addressed.
- 12.1.3.1** Some first responders are so accustomed to dealing with violence as part of their daily lives, that it is often difficult for them to admit that they need to talk about an incident.
- 12.1.4** Families of first responders may also need behavioral health care
- 12.1.4.1** ⁴(Insert process used) will ensure behavioral health services are available for the families of first responders.
- 12.1.5** First responders are invested in the response. Providing situational awareness updates and lessons-learned about an incident is important.
- 12.1.5.1** ⁵(Insert process used) will ensure first responders receive situational awareness updates and information associated with lessons learned.
- 12.2 Services.** First responder support should be all encompassing.
- 12.2.1** Services at First Responder Care/Resource Center(s) should include:
- 12.2.1.1** Distribution of self-care information.
- 12.2.1.2** Complementary wellness services to include massage therapists, acupuncturists, mental health professionals, spiritual care specialists.
- 12.2.1.2.1** ⁶(Insert agency/department responsible) will be responsible for coordinating organizations who provide complementary wellness services to first responders.
- 12.2.1.3** Onsite day care with child activities.
- 12.2.1.3.1** ⁷(Insert agency/department responsible) will be responsible for coordinating organizations who can provide onsite day care services.
- 12.2.2** Annual observances should also provide services specific to first responders.

- 12.2.2.1 A private ceremony or event may be helpful to bring first responders together away from their care-taking roles.
- 12.2.2.2 Remember to allow time and space for first responders to reflect and heal.
- 12.2.2.3 Any first responders' ceremony should not be publicized outside the target group, should be in a safe environment, and should be tailored to the current needs of the responders.
- 12.2.2.4 ⁸(Insert agency/department responsible) will be responsible for coordinating annual observance ceremonies or events for first responders.

12.3 Staffing. If mental health providers, peer support staff, and chaplains show up often enough that responders recognize them, then the responders are more likely to talk to them.

- 12.3.1 ¹¹(Insert department/agency responsible) will be responsible for conducting a responder needs assessment during an incident to request assistance.
- 12.3.2 A respite area and First Responder Care/Resource Centers may be staffed with trained clergy, peer support, and mental health providers.
- 12.3.3 ⁹(Insert process used) will be used to coordinate and collaborate with mental health providers, peer support staff, and chaplains to ensure they are invited to show up at incidents frequently enough to ensure first responders recognize these individuals.
- 12.3.4 ¹⁰(Insert department/agency responsible) will be responsible for developing and maintaining a list of the cadre of individuals and agencies trained and willing to serve in a peer support role.
- 12.3.5 Peer support teams are often overwhelmed or unable to provide sufficient services following a CMV/DT incident.
 - 12.3.5.1 Working with victim service advocates frees up some of the burden placed on peer support staff.
 - 12.3.5.2 Peer support staff may also need support of their own after being exposed to the trauma of their peers. ¹⁶(Insert process used) will be used to coordinate opportunities for peer support staff to speak with each other or another behavioral health provider.
- 12.3.6 Usual peer support teams will be supplemented by ¹⁵(insert supplementary options)
 - 12.3.6.1 Prior to an incident, behavioral health organizations providing support services to first responders will be vetted by ¹³(insert process used to evaluate organizations).
 - 12.3.6.2 If additional assistance is needed and organizations who have not previously been vetted need to be utilized, they will vetted by ¹⁴(insert process used to evaluate organizations).
- 12.3.7 Behavioral health service providers for first responders may be included in other organizational structures, but if there is a need for a separate organization structure, the following organizational chart will be used. ¹²(The organizational chart, identifying reporting structure, for behavioral health services should be inserted here.)
- 12.3.8 Additional roles and responsibilities of staffing for a behavioral health team for first responders include (remove if not needed):

¹⁷ Role	¹⁷ Responsibility(s)	¹⁷ Providing Agency	¹⁷ Agency POC	¹⁷ Backup POC

- 12.4 Activation.** First responders will need multiple opportunities to speak with behavioral health providers about an incident.
- 12.4.1** The Incident Commander may determine that a respite area should be opened at the incident site to provide some relief for responders.
- 12.4.1.1** ¹⁹(Insert department/agency responsible) will be responsible for coordinating the activation of the respite area.
- 12.4.1.2** ²⁰Mental health professionals, victims’ advocates, and crisis counselors will be notified of the activation of their services at the respite area and the reporting date, time, and location, if appropriate, by (insert method used to notify staffing members).
- 12.4.2** A First Responder Care/Resource Center(s) can also be established to provide responder focused behavioral health services and resources. First Responder Care/Resource Center(s) will be located at a separate location from victim services centers such as a Family Assistance Center.
- 12.4.2.1** ¹⁸(Insert department/agency responsible) will be responsible for coordinating the activation of First Responder Care/Resource Center(s).
- 12.4.2.2** Peer support teams will be notified of the activation of their services and the reporting date, time, and location, if appropriate, by ²¹(insert method used to notify staffing members).
- 12.4.2.3** Mental health professionals, victims’ advocates, and crisis counselors will be notified of the activation of their services at the First Responder Care/Resource Center and the reporting date, time, and location, if appropriate, by (insert method used to notify staffing members).
- 12.5 Location/Material Resources.** Several support sources/locations may be necessary following an incident of mass violence.
- 12.5.1** More responders may seek services if behavioral health services are established outside of an agency or department.
- 12.5.2** The following is a list (and/or link to a GIS map) of preplanned facilities for First Responder Care/Resource Center(s).

²² Facility Name	²² Facility Address	²² Size/Area of Facility	²² Facility POC Name, Phone Number and Email	²² Memorandum of Understanding (MOU) Dates



- 12.6 Communication.** Respite areas and First Responder Care/Resource Center(s) services should be promoted daily through agency roll calls, by the Incident Commander, and by the first responder organizations.
- 12.6.1** ²³(Insert agency/department responsible) will be responsible for informing first responders of the victims of behavioral health services available and locations for these services.
- 12.6.2** ²⁴(Insert communication avenue) will be the primary conduit for informing the first responders of the locations and behavioral health services available.
- 12.6.3** Responder resource packets with information about web-based resources, trauma reactions, how to help people cope with trauma, tips for special population groups, information about locations to receive help, etc. should be available for first responders.
- 12.6.3.1** ²⁵(Insert department/agency responsible) will be responsible for creating responder support packets to be distributed among first responder facilities.
- 12.6.3.2** Responder resource packets should be placed in locations where people can find them.
- 12.6.3.3** ²⁶(Insert department/agency responsible) will be responsible for the distribution of the responder support packets.



Chapter 13: Emergency Funding and Grant Assistance

Section 1

Best Practice #13: Emergency Funding & Grant Assistance <i>Communities, victims, and their loved ones have a number of needs following a CMV/DT incident. There are numerous grants and financial resources available to support victims and communities following CMV/DT incidents.</i>		
	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> • This section of the annex focuses on the various resources available and the “grant writing team” that should be assembled to pursue these resources. It also streamlines assistance, prevents duplication of benefits, and provides an efficient referral system. • There are numerous grants/financial resources available to support victims. • Grants assist eligible survivors and service providers with funding necessary to recover from incidents. • Many grant applications have a restricted timeframe for submission and will require quick decisions. • Streamlined application and reporting processes can speed up the timeline needed to fund services needed by victims. • Memorandums of agreement (MOAs) should be in place prior to an incident to determine which agencies/departments will assist with various grants/financial resources. • Separate financial codes should be used for grant/financial resources to properly track payments and to assist with audits. 	<ol style="list-style-type: none"> 1. Which existing agencies/departments work with grants/financial resources available to support victims? 2. Which reporting processes can be streamlined to assist service providers in tracking services for auditing purposes? 3. What financial coding process will be used to properly track grant/financial resource payments and assist with audits? 4. What MOAs are already in place? Which are still needed? 5. Which established laws, policies, regulations, and standards have been referenced to determine financial operations are conducted properly?
Services	<ul style="list-style-type: none"> • Grant/funding opportunities include, but are not limited to: <ul style="list-style-type: none"> ○ Antiterrorism and Emergency Assistance Program (AEAP) ○ Crisis Counseling Assistance and Training Program (CCP) ○ US Department of Education's Project SERV grants 	<p>How will you determine which funding opportunities to apply to?</p> <ol style="list-style-type: none"> 6. What process will be used to appropriately refer victims to nonprofit or private sector partners?

	<ul style="list-style-type: none"> ○ SAMSHA Emergency Response Grant (SERG) • Victims' services will vary across grant/financial resources. • Individual Victim Compensation applications are state-specific but have been streamlined in previous CMV/DT incidents to account for differing state benefits. • To efficiently provide victim services, it will often be necessary to refer victims to nonprofit or private sector partners 	7. How will referrals be tracked for payment, reporting, and auditing purposes?
Staffing	<ul style="list-style-type: none"> • Grant application writing teams identify, review, and apply for direct financial assistance for victims, family members, and local entities to meet victims' needs during recovery. • A needs assessment may be required for some grant/financial resource applications. 	<p>8. Which agencies/departments will pursue grants/financial resources following an incident?</p> <p>9. Which agencies/departments have pre-identified staff who are familiar with the various grant application processes?</p> <p>10. What responsibilities need to be covered?</p> <p>11. How will the Table of Organization for the grant writing team be included in the overall incident management structure?</p>
Activation	<p>Potential ESF Activation: 6, 8</p> <ul style="list-style-type: none"> • It is important to identify and describe the actions that will be taken to ensure that funds are provided expeditiously and that financial operations are conducted in accordance with established laws, policies, regulations, and standards. 	<p>12. Who decides what funding options will be pursued?</p> <p>13. What process has been adopted to ensure that funds are provided expeditiously to victims while adhering to established rules?</p>
Location/Material Resources	<ul style="list-style-type: none"> • N/A 	N/A
Communication	<ul style="list-style-type: none"> • It is essential that information is shared about grant/financial resources to prevent duplication of benefits. 	14. How will grant/financial resource information be shared with agencies and victims as needed?



Section 2

BP# 13: Emergency Funding and Grant Assistance**Potential ESF Activation: 6, 8**

- 13.1** There are numerous grants available following a CMV/DT incident. These grants assist eligible survivors by providing financial resources directly to victims as well as to service providers to cover costs associated with providing services to victims. Common grants are listed at the end of this section.
- 13.2** A needs assessment is critical to the success of applications for emergency funding assistance and shall be conducted by members of the grant writing team.
- 13.3** A grant writing team shall identify, review, and apply for financial assistance for victims, family members, and service entities.
- 13.3.1** The following agencies/departments have staff who are familiar with grant application processes and have been identified to explore and pursue grants/financial resources following a CMV/DT incident.

8, 9 Official/Agency Name	8, 9 POC Name, Phone Number and Email	8, 9 Alternate POC

- 13.3.2** Within this team, the following roles shall be assigned.

Role	Responsibility(s)
Grant Application Team Lead	Coordinate with State VOCA Compensation and Assistance Administrators and all other emergency assistance providers in the state to avoid duplication of services.
Needs Assessment Lead	Identifies the needs of the community as a whole; critical to the success of the applications for emergency funding assistance.
Grant Writer(s)	Prepare federal, state, and local grant submissions --- May want to designate a lead grant writer for each specific funding source.
Agency Liaisons	Coordinates with organizations to follow a standard application and reporting process --- including required performance measures.

Other Positions	10
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13.3.3 The grant writing team will fit into the ICS structure as follows
¹¹(insert table of organization demonstrating reporting lines for grant writing within ICS)

13.3.4 ¹²(Insert role/agency) shall make the final determination regarding which funding options shall be pursued.

13.4 The following MOUs have been established to assist with emergency funding and grant applications:

⁴ Involvement Agencies	⁴ Summary	⁴ Link to agreement

13.5 Services for victims will vary depending on successful grant applications and financial resources. It will often be necessary to refer victims to nonprofit or private sector partners.

13.5.1 Referrals will be conducted using ⁶(insert process)

13.5.2 Referrals will be tracked for payment, reporting, and auditing purposes by ⁷(insert process)

13.5.3 Reporting procedures for service providers can be streamlined by ²(insert strategies).

13.6 It is essential to identify and describe actions that will be taken to ensure funds are provided expeditiously and that financial operations are conducted in accordance with established requirements.

13.6.1 The following laws, policies, regulations, and standards must be followed.

13.6.1.1 ⁵(Insert important regulations to be followed)

13.6.2 ¹³(Describe processes adopted to ensure funds are provided expeditiously to victims while adhering to established rules)

13.6.3 When a grant is awarded, separate financial codes shall be used per grant to properly track payments and assist with audits.

13.6.3.1 ³(Insert additional information on coding process)

13.6.4 At least annually, the grant writing team shall:

13.6.4.1 Review state VOCA Compensation Program guidelines

13.6.4.2 Review existing state statutes related to workers' and victims' compensation

13.6.4.3 Review best practices and criteria for appropriate federal emergency funding

13.6.4.4 Discuss the importance of identifying declarations, understanding their impact on FEMA funding, and addressing any gaps in applying for assistance

13.6.4.5 Evaluate the recovery process to ensure services match victims' needs and funds are disbursed appropriately.

13.7 Information regarding grants and financial resources shall be shared with both victims and service providers to prevent duplication of benefits and services.

13.7.1 Service providers will receive information through ¹⁴(insert means)

13.7.2 Victims will receive information through ¹⁴(insert means)



Grant Name	Description	Specifications/Requirements
<p>Antiterrorism and Emergency Assistance Program (AEAP)</p>	<p>Through the Antiterrorism and Emergency Assistance Program (AEAP), the Office for Victims of Crime (OVC) supports victims and jurisdictions that have experienced incidents of domestic terrorism or mass violence.</p> <p>AEAP is designed to supplement the available resources and services of entities responding to acts of terrorism or mass violence to ensure that a program's resources are sufficient and/or not diverted to these victims to the detriment of other crime victims.</p> <p>Every year, OVC can access up to \$50 million from the Emergency Reserve that is available beyond the appropriation level for the Fund that Congress establishes annually. The OVC Director can use these Emergency Reserve funds for AEAP.</p>	<ul style="list-style-type: none"> • Administrated by the Office for Victims of Crime: Qualified Applicants include state victim assistance and compensation programs; public agencies, including federal, state, and local governments; federally recognized Indian tribal governments, as determined by the Secretary of the Interior, and published in the Federal Register; U.S. Attorneys' Offices; public institutions of higher education; and nongovernmental and victim service organizations. • Non-competitive grant for communities that have experienced mass violence. • Consultants available to assist with needs assessment, assisting with developing community resources, and grant writing. • Dependent on the scope and scale of the incident, Victim Compensation Funds can be augmented in an AEAP grant or in extreme situations, an additional fund may be established;
<p>Crisis Counseling Assistance and Training Program (CCP)</p>	<p>The mission of the program is to assist individuals and communities in recovering from the psychological effects of disasters through the provision of community-based outreach and educational services. It supports short-term interventions to assist disaster survivors in understanding their current situation and reactions, mitigating stress, promoting the use or development of coping strategies, providing emotional support, and encouraging links with other individuals and agencies who may help survivors in their recovery process. Services are provided at no cost and are available to any survivor who has been</p>	<ul style="list-style-type: none"> • Must be a presidentially declared disaster with Individual Assistance (IA) funding provided. • Within the application, the requestor must identify a non-federal entity to administer CCP.

	impacted by the disaster. These services are delivered in accessible locations, including survivors' homes, shelters, temporary living sites, and places of worship. Services can be provided in a group setting or one-on-one.	
Immediate Services Program (ISP)		<ul style="list-style-type: none"> • Application is due 14 days after a Presidential major disaster declaration that includes Individual Assistance. • FEMA provides funds for up to 60 days of services immediately following the approval of IA for a disaster. • FEMA awards and monitors the ISP federal award in coordination with SAMHSA.
SAMSHA Emergency Response Grant (SERG)		<ul style="list-style-type: none"> • No presidential declaration required. • Mental Health or substance abuse emergency exists and is a result of the mass casualty incident. • Enable public entities to address mental health and substance abuse when existing resources are overwhelmed by an emergency and other resources are unavailable. • Provides training opportunities in mental health and substance abuse intended to increase the capability and capacity.
Project SERV	Administered by the US Department of Education, This program funds short-term and long-term education-related services for local educational agencies (LEAs) and institutions of higher education (IHEs) to help them recover from a violent or traumatic event in which the learning environment has been disrupted.	<ul style="list-style-type: none"> • Project SERV includes Immediate Services grants, which support efforts to provide services and reinstate an environment conducive to learning for up to 60 days after the incident. • It also includes Extended Services grants, which support longer term recovery for up to 1 year after an incident has occurred.

Chapter 14: Resilience Planning

Section 1

Best Practice #14: Community Resilience <i>A RC (RC) or program will focus on the longer-term needs of victims and/or the local community – depending on the funding secured. The center provides a safe and supportive healing environment for individuals and groups seeking improved emotional and physical health related to the CMV/DT incident.</i>		
	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> • All community resilience partners, including victim services, should part of the committee responsible for resilience planning efforts. • Each community should consider the following: <ul style="list-style-type: none"> ○ Is a RC productive for the community? ○ Do community leaders and organizations support the RC concept ○ Can funding be secured for a RC? • Resources within these centers are free to victims. • RCs are often funded with federal AEAP funding, which covers between 27-30 months depending on whether there is a trial. See BP #13 • Some communities will develop funding to keep the RC open beyond this time. • When the RC closes, services will be transitioned back to community-based services. 	<ol style="list-style-type: none"> 1. Who should be included in the resilience planning process? 2. What funding avenues will be used to finance resiliency programming and the center(s)? 3. Has an assessment been conducted of existing behavioral health services and service gaps? This may be needed for funding requests.
Services	<ul style="list-style-type: none"> • Services provided at a RC include: <ul style="list-style-type: none"> ○ <u>Case management</u> - Including referrals, housing, childcare, legal guidance 	<ol style="list-style-type: none"> 4. How will the jurisdiction determine which services will be available at the RC? 5. Who will provide the identified services?

	<ul style="list-style-type: none"> ○ <u>Advocacy</u> - Including crime victim compensation, assistance with worker's comp, information about and navigation through the criminal justice system and the trial itself. ○ <u>Wellness and Support</u> - Including coping skills, peer support, alternative wellness therapies (art therapy, meditation, acupuncture, etc.), planning and preparing for commemorations. ○ <u>Behavioral Health</u> ○ <u>Vocational Rehabilitation</u> May address problems returning to pre-incident jobs, counseling, and guidance on job placement ○ <u>Legal/Financial Guidance</u> - May assist with worker's compensation, visas, evictions, and employer intercession. ○ <u>Training</u> – Including psychological first aid, suicide prevention, hotline information for domestic violence. ● A Hospitality Center may need to be activated during a criminal justice system trial. Not all victims will want to participate in the trial process so the Hospitality Center may be open in conjunction with the RC. See BP #15. ● All services must be culturally responsive. This might require just in time training on cultural awareness, functional and access needs, undocumented 	<ol style="list-style-type: none"> 6. How will the provision of services be tracked? Who is responsible? 7. How will the jurisdiction ensure services are not duplicated when multiple providers are available? 8. Who is responsible for conducting needs assessments while the RC is open? 9. How will success be measured? Who is responsible for this? 10. How will cultural awareness be ensured? Who is responsible? 11. Who is responsible for coordination and collaboration regarding observances and permanent memorial sites? 12. Who will collaborate with individuals providing criminal justice support to victims? See BP #15.
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	<p>persons, underserved, and isolated populations.</p> <ul style="list-style-type: none"> • Service provision should be tracked. This provides documentation for reimbursement and/or additional funding options. • Needs assessments should be conducted periodically to determine changing needs. 	
Staffing	<ul style="list-style-type: none"> • The RC should be operated by an agency that was not involved in the incident response. It is very hard for victims to access care and services from an involved organization, especially if there are active lawsuits. • Both traditional and non-traditional partners are key to assist with staffing. • Typical roles that are needed can be found in Appendix A. • Care should be taken to hire staff for the RC that reflect the diversity of the community that was impacted by the incident. • Staff care is essential to the effective working of an RC. Processes should be enacted to minimize burnout, compassion fatigue, and vicarious trauma of the staff. 	<p>13. What agency in the community might be willing to manage the administration of the RC?</p> <p>14. What agency(s) could be responsible for finding staff to fill the roles identified in the staffing chart in section 2?</p> <p>15. What additional roles may be needed?</p> <p>16. What additional responsibilities may need to be covered?</p> <p>17. Who will be responsible for ensuring service providers are encouraged to practice self-care for vicarious trauma?</p>
Activation	<p>Potential ESF Activation: 6, 8, 15</p> <ul style="list-style-type: none"> • There are four types of RCs: 1. brick and mortar 2. Virtual 3. hybrid, and 4. first responder RCs. The community should determine the type(s) of centers most appropriate for their community based on the community dynamics and the incident. 	<p>18. What process will be used to determine the type(s) of RCs needed?</p> <p>19. What process will be utilized to transition from a FAC to a RC?</p> <p>20. What staff roles will be needed to bridge between the FAC and a fully operational RC? What agencies might be able to assist with this bridge staffing?</p>

	<ul style="list-style-type: none"> • Ideally a RC will open the next business day following the closure of the FAC. • RCs are typically funded to open during business hours as well as some evenings and weekends. • More than one RC may be necessary depending on size and scale of the incident and any populations with specialized resource needs. • Census data and geo-mapping may be useful tools when determining populations who have specialized resource needs. • If a virtual RC is opened, the center website should have a public facing page and a password protected page for victims to access. 	<ol style="list-style-type: none"> 21. What process will be used to identify populations with specialized resource needs? 22. What agencies/departments have the capability to build and maintain a virtual RC website?
<p>Location/Material Resources</p>	<ul style="list-style-type: none"> • Brick and mortar RCs are semi-permanent and should be in a physically accessible facility with adequate parking and transportation options that is an appropriate distance from the incident site. • Modifications can be made to the facility chosen for the RC to make it suitable for service delivery. Often these modifications are to create a trauma informed space for victims. • RCs should not be located in or near facilities operated by agencies believed to be responsible for the incident. • RCs are intended to be naturally therapeutic so furnishing for the center should reduce stress and promote comfort. 	<ol style="list-style-type: none"> 23. What facilities can serve as potential RC locations? 24. What modifications will be needed to make the location suitable for service delivery? 25. Which agencies/departments have the capability to furnish or procure furnishings for a center(s) to include tables, chairs, etc.? 26. Which agencies/departments have the capability to procure office supplies – including computers and printers?

	<ul style="list-style-type: none"> Victims may want to have a place to memorialize their story in the RC out of the way of traffic. 	
<p>Communication</p>	<ul style="list-style-type: none"> Individuals may not consider themselves to be victims and may think of themselves as survivors. Be mindful of how people perceive themselves while speaking with them. The term victim will always be used within the criminal and legal systems. <p><u>While Center is Open</u></p> <ul style="list-style-type: none"> It is essential that victims are aware of the transition from the FAC to the RC. Communications from the RC often include the following: <ul style="list-style-type: none"> Available services Predictable reactions to the incident (for first year, yearly marks of the incident date, activating scenarios /events) Important investigative dates and where to access information Outreach at a RC can include visiting places where victims come together such as hospitals, shelters, faith-based structures, businesses, etc. <p><u>Closing of RC</u></p> <ul style="list-style-type: none"> Communities often struggle with the consideration of a RC closing. A transition plan should be shared with victims well in advance of the closure of a RC. 	<p>27. How will victims names and contact information be shared with the RC?</p> <p>28. How will victims be informed of the transition to a RC?</p> <p>29. Which agencies/departments will be responsible for developing an outreach strategy?</p> <p>30. Who is responsible for developing the transition plan for the closure of a RC?</p> <p>31. How will the transition plan for the closure of a RC be shared with victims?</p>

	<ul style="list-style-type: none">• Communications regarding the closure on a RC should thank people and be positive about progress and turning services back over to local providers.• Communication about future services to all victims and families should be done early and continuously during the transition process.	
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Section 2

BP# 14: Resilience Planning**Potential ESF Activation: 6, 8, 15**

- 14.1** Community resilience is defined as the sustained ability of communities to withstand, adapt to, and recover from adversity.
- 14.1.1** Community resilience may include the Resiliency Centers(s) (RC), hospitality center, and long-term memorialization of an incident.
- 14.2** It is essential to ensure that all community resilience partners, to include victim services, are involved in the committee responsible for resilience planning efforts.
- 14.2.1** The following departments/agencies/organizations will be included in the resilience planning process.

1 Planning Group Members	Point of Contact (POC) Agency, Phone Number and Email	Alternate POC

- 14.3** A determination will be made regarding the establishment of a resiliency center based on:
- 14.3.1** Support of RC concept by a wide group of community leaders and organizations
- 14.3.2** Securing of funding
- 14.4** There are four types of RCs --- brick and mortar, virtual, hybrid, and first responder. The type of center(s) most appropriate for the community should be determined based on community dynamics and the size and scale of the incident.
- 14.4.1** *Brick-and-mortar:* Brick-and-mortar RC(s) is/are semi-permanent and should be housed in a physically accessible facility with adequate parking space and transportation options. The facility should be located an appropriate distance from the incident site.
- 14.4.2** *Virtual:* A virtual RC is accessible online rather than in-person.
- 14.4.3** *Hybrid:* A hybrid center will include both a brick-and-mortar facility and a virtual component.
- 14.4.4** *First responder:* A first responder RC should be located separate from a victim RC. The center can be brick-and-mortar, virtual, or hybrid. First responders for an incident include traditional first responders, as well as initial on-site persons who attended to victims until traditional responders arrived, coroners, hospital personnel, etc.
- 14.4.5** There may be a need for more than one type of RC and more than one brick-and-mortar structure.
- 14.5** Resources and services within Resiliency and Hospitality Centers are free to victims.
- 14.5.1** The following funding avenues will be explored to determine options for covering costs associated with Resiliency and Hospitality Centers.
- 14.5.1.1** ²(Insert funding avenues)

14.5.1.2 An assessment of existing behavioral health services and service gaps may be required for funding requests and shall be conducted.

14.6 Resiliency Center Services. A RC shall provide resources and tools that strengthen people’s ability to empower themselves and to allow people to experience vitality and healing. The key to success is through the work of our healing professionals from a variety of organizations. Our services focus on helping clients to tap into their innate resiliency; creating resilience through services, programs, and community events designed to promote healing and integrative wellness, provide education, and bring people together in meaningful dialogue.

14.6.1 The RC opens at the closing of the FAC.

14.6.2 The jurisdiction shall plan for a holistic approach with a diversity of services based on needs, access, and comfort. All services need to be culturally responsive.

14.6.2.1 ¹⁰(Insert role/agency) is responsible for ensuring cultural awareness for service providers by (just in time or other method used).

14.6.2.2 Some populations may have specialized resource needs. Census data and geo-mapping may be useful tools when determining locations of populations with specialized resource needs. ²¹(Insert additional processes used to determine populations with specialized resource needs)

14.6.3 The standard/planned services for a RC and the agencies/departments responsible for providing services include, but are not limited to:

⁵ Service	⁵ Providing Agency	⁵ Agency POC	⁵ Backup POC
Case Management			
Childcare			
Victim Advocacy			
Victim Wellness and Support			
Behavioral Health			
Spiritual Care			
Alternative Wellness Therapies			
Vocational Rehabilitation			
Legal Assistance			
Financial Assistance			
Training			

14.6.3.1 Long term community resilience services may also include memorialization of an incident. Memorials and special events are addressed in BP #10.

14.6.3.1.1 ¹¹(Insert agencies/departments responsible) will be responsible for coordination and collaboration for observances and permanent memorial sites.

14.6.3.2 ⁴(Insert method/guidelines) will be used to determine which services will be available at the RC.

- 14.6.3.3** The RC should support the efforts of those providing criminal support to victims. See BP #15. This will be done by ¹² (Insert agency/department responsible).
- 14.6.3.4** ⁷ (Insert agency/department responsible) will ensure that there is not a duplication of services when multiple service providers are available to provide the same services by (insert method used).
- 14.6.3.5** Victims' needs will change over the time in which the RC is open, necessitating the need to conduct periodic needs assessments to determine changing needs. ⁸ (Insert agency/department responsible) will be responsible for conducting periodic needs assessment while the RC is open.
- 14.6.4** Appropriate service provision documentation is needed to reimbursement and other funding options. ⁶ (Insert role/entity) is responsible for tracking services at the RC according to the following procedures.
- 14.6.4.1** ⁶ (Insert procedures, requirements, and guidelines)
- 14.6.5** It is important to measure the success of services provided at a Resiliency and Hospitality Center. Satisfaction surveys provide one method to evaluate the success.
- 14.6.5.1** ⁹ (Insert agencies/departments responsible) will be responsible for carrying out the process used to measure the success of services.
- 14.7 Organization Chart/Staffing.** Both traditional and nontraditional partners are key to assist with staffing.
- 14.7.1** ¹³ (Insert agency/department) is willing to manage the administration of the RC.
- 14.7.2** The following roles shall be filled for the RC. ¹⁴ (Insert agency/department) is responsible for finding staff to fill the roles of the RC and/or Hospitality Center.

Role	Responsibilities
Program Director	Development and oversight of RC/Program
Case Managers/Navigators	Conduct needs assessments with victims and links to needed services
Community Outreach Coordinator	Ensures community awareness of services; identifies needed services in the community and facilitates agency involvement in RC
Clinical Coordinator	Oversees all Behavioral Health resources available through the RC; ensures appropriate training of Behavioral Health providers;
Media Specialist	POC for all media interactions with the RC
Resource Coordinator	Develops material and services resources for use at the RC; ensures incorporation of needed alternative interventions (yoga, mindfulness, supportive gatherings)
¹⁵ Other	¹⁶ Other

- 14.7.3** It is important that service providers practice self-care for vicarious trauma while providing services. ¹⁷ (Insert agency/department responsible) will be responsible for ensuring service providers are encouraged to practice self-care for vicarious trauma.
- 14.8 Activation.** Gaps in access between a Family Assistance Center (FAC) and a RC can create unnecessary issues for victims so it is beneficial to create a transition process. Ideally a RC would open the next business day following the closure of a FAC.
- 14.8.1** To avoid a gap in access and services, ¹⁹ (insert process utilized to bridge transition from a FAC to a RC) will ensure continuation of services.

- 14.8.1.1 ²⁰(Insert roles/agencies) are responsible for ensuring a smooth transition.
- 14.8.2 ¹⁸(Insert process that will be used to determine the type(s) of RCs needed for an incident) will be used to determine the type(s) of RCs needed for an incident.
 - 14.8.2.1 The identification of populations with specialized resource needs will assist in the determination of the number of RCs needed to adequately provide services to victims.
 - 14.8.2.2 If a virtual RC will be activated, the following agencies/departments/organizations have the capabilities to build and maintain a virtual RC website.

²² Official/Agency Name	²² POC Name, Phone Number and Email	²² Alternate POC

14.9 Location/Material Resources.

- 14.9.1 Brick-and-mortar RCs should meet the following standards.
 - 14.9.1.1 In a physically accessible building
 - 14.9.1.2 Have adequate parking and transportation options
 - 14.9.1.3 Be located an appropriate distance from the incident site
 - 14.9.1.4 Not be in or near facilities operated by agencies believed to be responsible for the incident
 - 14.9.1.5 Have necessary utility and communications capabilities.
- 14.9.2 While incident sites will vary, the following is a list (and/or link to a GIS map) of preplanned brick-and-mortar facilities for RCs.

²³ Facility Name	²³ Facility Address	²³ Size/Area of Facility	²³ Facility POC Name, Phone Number and Email	²³ Memorandum of Understanding (MOU) Dates	²⁴ Modifications Required

- 14.9.3 RCs are intended to be naturally therapeutic. Furnishings should reduce stress and promote comfort.
 - 14.9.3.1 The following agencies/departments have the capability to furnish or procure furnishings for the RC – including tables, chairs, couches, art, etc.

²⁵ Official/Agency Name	²⁵ POC Name, Phone Number and Email	²⁵ Alternate POC



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14.9.4 Office supplies are also required for RC operations. The following agencies/departments have the capability to furnish or procure office supplies for the RC and the Hospitality Center – including computers, printers, pens, paper, etc.

²⁶ Official/Agency Name	²⁶ POC Name, Phone Number and Email	²⁶ Alternate POC

14.10 Communication. Clear communication is needed with victims, families, and the public.

14.10.1 It is essential that victims are aware of the transition from the FAC to RC to ensure there is not a lapse in services.

14.10.1.1 ²⁸(Insert method for informing victims of the transition from the FAC to the RC) will be utilized to inform victims of the transition from the FAC to the RC.

14.10.2 ²⁷(Insert method used) will be used to share victim names and contact information with the RC.

14.10.3 For the duration of the RC activities, outreach will be an important component of the center. ²⁹(Insert agencies/departments who will develop the outreach strategy) will be responsible for developing an outreach strategy for the RC.

14.10.4 Communities are often upset and struggle with the consideration of a RC closing so communications is key to providing a less stressful transition.

14.10.4.1 ³⁰(Insert agency responsible for developing a transition plan) will be responsible for developing a transition plan for the closure of a RC.

14.10.4.2 The transition plan should be positive and uplifting. The plan should thank people and be positive about the progress made and the ability to turn services back over to the local providers.

14.10.4.3 ³¹(Insert communication avenue) will be the primary conduit for sharing the transition plan with victims. The earlier the plan is shared; the more time victims will have to adjust to the closure of the center.

Chapter 15: Criminal Justice System Support

Section 1

Best Practice #15: Criminal Justice System Victim Assistance

Should there be a living defendant of a CMV/DT incident, victims and family members will need support as the case moves through the criminal justice system.

	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> • The Crime Victims' Rights Act (18 U.S.C. § 3771. Crime victims' rights) identifies victims' rights and services that must be provided during any federal criminal justice process. • Each state has victim rights laws that will dictate what must be provided to victims during state criminal justice proceedings. • Federal criminal justice agencies have statutory responsibilities related to victims' rights and services in connection with terrorism criminal cases. • If the event involves victims from multiple jurisdictions, states, or countries, incorporate key state government officials into the criminal justice process. • The prosecutor and lead law enforcement agency will have clearly identified who the legal victims of the crime are, and those are the people who will receive assistance related to the criminal justice process. CMV/DT incidents may involve various justice systems: juvenile, criminal, military, tribal, and federal. These systems have different rules and procedures, and victim support programs may look very different for each system. • The criminal justice process can be re-traumatizing for many victims. • Participation in the judicial process helps many victims and 	<ol style="list-style-type: none"> 1. What laws impact what victims receive in the jurisdiction? 2. What department/agency will coordinate with federal and state criminal justice agencies to maintain current information for an incident? 3. Who will coordinate with the prosecutor's office and law enforcement officials to create a shared awareness of who is legally considered a victim of the crime?

	<p>survivors of mass terrorism to regain some sense of control, but unfortunately this doesn't typically provide the "closure" that people hope for.</p>	
<p>Services</p>	<ul style="list-style-type: none"> • Victims and family members should have access to and updates on incident hearings, criminal justice proceedings, and victims' rights. These are standard services provided by system-based advocates. However, the volume of victims in CMV/DT incidents may exceed normal capabilities. • Oftentimes, victims don't want to be in the same room as the defendant and/or all victims do not fit in a courtroom. Hospitality Centers allow victims to view the trial proceedings from an alternate location through use of a live feed. • Hospitality Center services support victims' needs resulting from the trial. Services can change throughout the day and the entire trial process and may include: <ul style="list-style-type: none"> ○ Legal and emotional debriefing ○ Victim services such as advocacy, mental health and spiritual support ○ Media management ○ Art and music therapy (as space allows) ○ Facility dogs for support (as time and space allows) • Special attention should be paid to increasingly challenging times during the process - including during victim impact statements and while waiting for a verdict. • A needs assessment is beneficial to determine the needs of victims who wish to participate in the trial. 	<ol style="list-style-type: none"> 4. What existing department/agency(s) has the experience necessary to augment system-based victim advocates to manage the workload created by a CMV/DT incident? 5. Who will conduct a needs assessment for victims who wish to attend the trial? 6. Who will be responsible for case management for victims with identified needs during a trial? 7. Who will share criminal justice process information with victims who do not want to participate in the trial? 8. How will system-based advocates who are responsible for the identified victims incorporate other advocates and victim service professionals into the existing system of care during critical trial dates?



	<ul style="list-style-type: none"> • Case managers can assist individual victims with identified needs such as housing lodging and transportation connected to trial dates.- • Not all victims want to participate in the trial. • https://www.ovcttac.gov/videos/dspPlayVideo.cfm?video=HowToDesignImplementHospitalityCenter.mp4&folder=MV 	
Staffing	<ul style="list-style-type: none"> • The services to assist victims navigating the criminal justice system will be based in the prosecutor’s office. • With large groups of victims (typical of CMV/DT), the victim advocates at the Resiliency Center can collaborate with the prosecutor office’s advocates to support and keep victims informed. • Local victims may wish to receive support through their existing support systems, including the Resiliency Center if there is one. • Victim advocates, behavioral health providers, and faith-based leaders who have received trauma-informed training should be present at the Hospitality Center. • Typical roles needed at a Hospitality Center can be found in Appendix A. 	<ol style="list-style-type: none"> 9. Initial Resiliency Center services may not include distinct support for the criminal justice process. Who will collaborate with the Resiliency Center to provide this service? 10. Have you developed a reporting organizational structure that clearly provides defined roles for a Hospitality Center? 11. What roles are needed? 12. What responsibilities need to be covered? 13. If volunteers are working in a Hospitality Center, how will they be vetted?
Activation	<p>Potential ESF Activation: 6</p> <ul style="list-style-type: none"> • The investigation and prosecution of the offender(s) can take two or more years. • If there is prosecution of the offender(s), the Judge determines who is allowed in a courtroom and how the trial proceedings are transmitted. • Some courts have ordered the closed-circuit transmission of trial 	<ol style="list-style-type: none"> 14. Who will coordinate and determine when to activate a Hospitality Center, if needed, during a trial? 15. How will victims be notified of the activation of a Hospitality Center? 16. How will staff be notified of the activation of a Hospitality Center and the reporting date, time, and location?

	proceedings to one or more locations for the benefit of large numbers of victims in mass violence and terrorism cases.	
Location/Material Resources	<ul style="list-style-type: none"> • Hospitality Centers should be a safe and secure environment where legal briefings, media management, and trial information sharing services occur. Victims gathering in the center can also support each other. • Meals are sometimes served on the days of the trial to reduce stress for victims and maximize the time they are together to support each other. • Federal victim funds cannot be used to provide food. • Some expenses may be eligible for AEAP funding. • Consider providing security (law enforcement or private) to accompany survivors and family members to and from the courthouse and the auxiliary facility, victim waiting/hospitality room, or parking lot. • Hospitality Centers have sometimes previously been referred to as Safe Haven locations 	<p>17. If the courthouse will not accommodate a Hospitality Center, which facilities near the courthouse are suitable for supporting a Hospitality Center?</p> <p>18. What funding streams can be used to support resources needed at a Hospitality Center (i.e. housing, food, security, transportation)?</p> <p>19. Who will procure lodging near the courthouse for victims if needed?</p> <p>20. Who will provide needed transportation for victims at a Hospitality Center?</p> <p>21. Who will provide security for victims at a Hospitality Center?</p> <p>22. What agency will provide custodial services if they are required?</p>
Communication	<ul style="list-style-type: none"> • The system-based advocates will often distribute a fact sheet that outlines the criminal justice system for victims. • The system-based advocates will provide ongoing notifications regarding criminal case investigations, prosecution, adjudication, and prisoner status (post-conviction/corrections victim services). • Consider using a password-protected link on a website, or a password-protected website, with information about the trial 	<p>23. What will need to be added or changed in the typical information that the prosecutor's office shares with victims due to this being a CMV/DT incident?</p> <p>24. If a trial is moved to a different locality, how will the jurisdiction coordinate with another community to support a Hospitality Center?</p> <p>25. How will on-going notifications related to the case be shared with victims? What agency has the capacity to assist the prosecutor's office if needed?</p>

	<p>process that only victims can access.</p> <ul style="list-style-type: none">• If there is a prosecution, victims often have numerous questions.• If a Hospitality Center is opened, there needs to be coordination of services between the Resiliency Center and the Hospitality Center.• If space is available in a courthouse, it is recommended that there be a pressroom that is separate from the room for the victims.	<p>26. How will you keep the media separate from the victims who do not want to speak to the press?</p>
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Section 2

BP# 15: Criminal Justice System Support

Potential ESF Activation: 6

- 15.1** The Crime Victims’ Rights Act (18 U.S.C. § 3771. Crime victims' rights) identifies victims’ rights and services that must be provided during any criminal justice process.
- 15.1.1** As a case moves through the criminal justice system, victims and family members will need help with the return of personal effects, victim impact statement, media management, support during trials (e.g., financial assistance, housing transportation), and access to ongoing notifications regarding the investigation and matters involving prosecution, adjudication, sentencing, and prisoner status.
- 15.1.2** The following federal and laws impact victim services
- 15.1.2.1** ¹(Insert relevant law and short description)
- 15.1.3** (Insert department/agency with responsibility) has the experience necessary to ensure victim’s rights are upheld during the criminal justice process.
- 15.1.4** Because terrorist acts are federal crimes, investigated and prosecuted by federal law enforcement officials, federal criminal justice agencies have statutory responsibilities related to victims’ rights and services in connection with terrorism criminal cases.
- 15.1.5** ²(Insert department/agency with responsibility) will be responsible for coordinating with federal and state criminal justice agencies to maintain current information for an incident.
- 15.1.6** It is important to coordinate with the prosecutor’s office and law enforcement officials to develop a shared definition of “victim” in relation to the incident. ³(Insert department/agency with responsibility) will be responsible for coordinating with these offices and officials.
- 15.1.7** If the event involves victims from multiple jurisdictions, states, or countries, incorporate key state government officials into the criminal justice process.
- 15.2 Services.** Criminal justice-based victim services personnel assist investigators with victim and family interviews during the response phase.
- 15.2.1** Victims and family members should have access to and updates on incident hearings, criminal justice proceedings, and victims’ rights. These are standard services provided by system-based advocates. However, the volume of victims in CMV/DT incidents may exceed normal capabilities.
- 15.2.1.1** ⁴(Insert department/agency with necessary experience) has the experience necessary to augment system-based victim advocates to manage the workload created by an incident.
- 15.2.2** Some parts of the criminal justice system are especially challenging for victims, such as during victim statements and while waiting for a verdict. Additional support is often need during these times.
- 15.2.2.1** System-based advocates who are responsible for the identified victims will incorporate other advocates and victim service professionals into the existing system of care during critical trial dates by ⁸(insert process used to incorporate advocates and victim service professionals).
- 15.2.3** (Insert department/agency with responsibility) will be responsible for assisting investigators with victim and family interviews during the response phase.

- 15.2.4** If there is a prosecution of the offender(s), a needs assessment will be beneficial to determine the needs of victims who wish to participate in the trial.
- 15.2.4.1** Not all victims will want to participate in the trial. ⁷(Insert department/agency with responsibility) will be responsible for sharing criminal justice process information with victims who do not want to participate in the trial.
- 15.2.4.2** ⁵(Insert department/agency with responsibility) will be responsible for conducting the needs assessment for victims who wish to attend the trial.
- 15.2.4.2.1** Case managers can assist individual victims with identified needs such as housing and transportation. ⁶(Insert department/agency with responsibility) will be responsible for case management for victims with identified needs during a trial.
- 15.2.5** A hospitality center may be opened to allow victims to view trial proceedings from an alternate location through use of a live feed. Hospitality centers also allow victims to support one another during trial proceedings.
- 15.2.5.1** This is beneficial in situations where victims do not all fit in the courtroom and/or do not want to be in the same room as the defendant.
- 15.2.5.2** Standard hospitality center services may include:
- 15.2.5.2.1** Legal briefing
 - 15.2.5.2.2** Emotional debriefing
 - 15.2.5.2.3** Advocacy
 - 15.2.5.2.4** Mental health
 - 15.2.5.2.5** Spiritual support
 - 15.2.5.2.6** Media management
 - 15.2.5.2.7** Art and music therapy
 - 15.2.5.2.8** Facility dogs

15.3 Staffing: This section describes staffing beyond the traditional staffing provided by system-based advocates for victims of crime.

15.3.1 The roles for a hospitality center include:

Role	Responsibilities
Hospitality Center Director	Oversight of Hospitality Center operations
Volunteer Coordinator	POC for volunteer recruitment and assignment; responsible for Just-in-Time training; may work with volunteers providing advocacy, behavioral health, and/or spiritual support.
Resource Coordinator	Organization of all material and programmatic resources and services
Media Liaison	POC for information distribution about Hospitality Center; responsible for maintaining a media-free location for victims and families
¹¹ Other	¹² Other

15.3.2 These roles have the following reporting structure.

¹⁰(The organizational chart, identifying reporting structure, for a Hospitality Center should be inserted here if needed.)

15.3.3 ¹⁴(Insert position/agency) is responsible for filling and coordinating needed positions.

15.3.4 Any volunteers working in a Hospitality Center shall be vetted by ¹³(insert vetting process).

15.3.5 Local victims may wish to receive support through their existing support systems, including the Resiliency Center, if there is one.

15.3.5.1 ⁹(Insert position/agency) will collaborate with the RC to ensure victims at the RC have necessary criminal justice support and information is coordinated.

15.4 Activation. ¹⁴(Insert position/agency) will determine if and when to activate a Hospitality Center to support victims during the prosecution of a living offender.

15.4.1 Victims will be notified of the activation of the Hospitality Center by ¹⁵(insert method used to notify victims).

15.4.2 Hospitality center staff members will be notified of the activation of the Hospitality Center and the reporting date, time, and location by ¹⁶(insert method used to notify staffing members).

15.5 Location/Material Resources. The Hospitality Center should provide a secure, convenient, and accessible location that not only meets the physiological needs of victims but also helps address their emotional needs.

15.5.1 There may be times when the courthouse will not accommodate a Hospitality Center. The following is a list (and/or link to a GIS map) of facilities located near the courthouse that may fill the needs of a Hospitality Center.

¹⁷ Facility Name	¹⁷ Facility Address	¹⁷ Size/Area of Facility	¹⁷ Facility POC Name, Phone Number and Email	¹⁷ Memorandum of Understanding (MOU) Dates

15.5.2 Meals may be provided to victims to reduce stress.

15.5.3 The following funding streams may be available to support resources needed at a Hospitality Center.

15.5.3.1 Federal victim funds may not be used to provide food.

15.5.3.2 ¹⁸(Insert potential funding streams)

15.5.4 ¹⁹(Insert department/agency with responsibility) will be responsible for procuring housing near the courthouse as needed.

15.5.5 ²⁰(Insert department/agency with responsibility) will be responsible for proving transportation for victims at a Hospitality Center as needed.

15.5.6 ²¹(Insert department/agency with responsibility) will be responsible for proving security for victims at a Hospitality Center as needed.

15.5.7 ²²(Insert department/agency with responsibility) will be responsible for providing custodial services as required.

15.6 Communication. (²⁵change following paragraph if incorrect) System-based advocates will provide victim and families with fact sheets and on-going notifications regarding criminal case investigations, prosecution, adjudication, and prisoner status as part of their standard process.

15.6.1 Additional strategies to keep victims informed include ²⁵(insert strategies).



15.6.2 Should system-based advocates in the Prosecutor's Office require additional assistance due to the scope and scale of the incident ²⁵(insert how capacity will be increased and what agencies can assist)

15.6.3 Some standard information may need to be adjusted due to the incident being a CMV/DT incident. This includes

²³ Description of Communication	²³ Timeframe Released	²³ Change(s) Required

15.6.4 If a trial is moved to a different location, coordination with another community to support a Hospitality Center will be done by ²⁴(insert agency/position and/or process).

15.6.5 Victims may not want to speak with the media. ²⁶(Insert department/agency with responsibility) will be responsible for keeping the media separate from victims who do not want to speak to them by ²⁶(insert strategies).



Chapter 16: Training and Exercise

Section 1

Best Practice #16: Training and Exercise <i>Exercises provide the whole community with the opportunity to influence plans, address and validate capabilities, and identify areas of improvement. Jurisdictions should incorporate victim services into existing emergency management exercises.</i> REFERENCE: ICP TTA Victim Services Exercise Guide & Scenario Templates		
	Considerations	Questions
Planning Considerations	<ul style="list-style-type: none"> • Most jurisdictions will have some form of a training and exercise section written into their all-hazards plan. In that case, this section may refer to the specific section of the plan. • Existing sources of training and exercise funding can be leveraged to focus on the inclusion of victims' services into exercises. • Developing, executing, and evaluating exercises that address emergency management and victim services priorities helps ensure the short and long-term needs of victims are fully identified and addressed. • Jurisdictions are highly encouraged to use/implement the guidance outlined in ICP TTA Victim Services Exercise Guide & Scenario Templates. • Involving senior agency leaders early in the design/development phase of an exercise helps obtain agency/organizational buy-in to support the exercise. This should include: <ul style="list-style-type: none"> ○ Agencies, departments, and/or organizations involved in the exercise ○ Director of County Victim Assistance, Police Chief and/or Sheriff ○ Emergency Management Director ○ Senior Domestic Security stakeholders ○ Community-based Organizations ○ Faith Based Organizations 	<ol style="list-style-type: none"> 1. How will you track the inclusion of victim response for mass violence in your Integrated Preparedness Program (IPP)? 2. Who in your jurisdiction already assists with exercise design/development, execution, and evaluation? 3. Which agencies in your jurisdiction already assist in exercise-relevant training? 4. Who is responsible for tracking training documentation for recommended training courses? 5. What funding sources can you leverage for exercises that include victim services?



	<ul style="list-style-type: none"> Exercises are designed to test plans and procedures, not people. 	
Services	<ul style="list-style-type: none"> Victim care components can be added to existing exercises and drills to maximize learning across disciplines, A victim service multi-year exercise program might include: <ul style="list-style-type: none"> Drills Table-top exercises Functional exercises After Action Report/Improvement Planning (AAR/IP) documents generally include an exercise overview, analysis of capabilities, and a list of corrective actions following an exercise. Plan revisions may be necessary based on corrective actions identified in an AAR/IP. After Action Report/Improvement Planning information should be used to communicate next steps to VS Committee and EM. Future training may be needed to inform service providers of updated plans. 	<ol style="list-style-type: none"> Who will be responsible for developing exercise after-action reports/improvement plans (AAR/IP)? Who will be responsible for victim service plan revisions needed to correct actions identified in the AAR/IP? Who will be responsible for training on victim services plans following plan revisions?
Staffing	<ul style="list-style-type: none"> The exercise planning team manages and is responsible for exercise design, development, conduct, and evaluation. The exercise planning team will need to be expanded to include people with expertise in victim services to facilitate functional exercises. Players/participants vary depending upon the exercise objectives. More detailed information regarding exercise participants can be found in the ICPTTA Exercise Guide and HSEEP materials. 	<ol style="list-style-type: none"> Who should be included on a victim-services related exercise planning team? Who in your jurisdiction serves as, or can serve as, a designated training/exercise director for victim services? Who in the jurisdiction has experience filling exercise control structure needs such as controllers, evaluators, facilitators, safety officers, and note taker. Are they willing to do so for victim care scenarios?
Activation	<p>Potential ESF Activation: 2, 5, 6, 7, 8, 15</p> <p>N/A</p>	N/A



Location/Material Resources	<ul style="list-style-type: none"> • Exercise locations will vary depending on the type of exercise. • Exercise resources vary by type of exercise. They may range from newsprint and markers to full scale location set-ups. • Existing jurisdiction staff responsible for exercises will be able to provide guidance in developing exercise materials and plans 	<p>12. What facilities are available to host discussion-based exercises?</p> <p>13. What locations are available to host operations-based exercises?</p> <p>14. What agency can create exercise materials (i.e., exercise manual, exercise guides, etc.)?</p>
Communication	<ul style="list-style-type: none"> • Interoperable communications equipment is needed for operations-based exercises. • Exercise documentation such as situation manuals, player handouts, facilitator guides, evaluator handbooks, and feedback forms can be used to communicate exercise specific information to participants. 	<p>15. How will exercise-related information be shared among the participants?</p> <p>16. How will exercise related information be shared with the public?</p> <p>17. If the exercise incorporates solely victim services participants, how will the information and evaluation information be shared with emergency management?</p>



Section 2

BP# 16: Training and Exercises

Potential ESF Activation: 2, 5, 6, 7, 8, 15

- 16.1** An exercise is an event or activity --- delivered through discussion or action --- to develop, assess, or validate plans, policies, procedures, and capabilities that jurisdictions can use to achieve planned objectives. An effective training and exercise program ensures jurisdictions can link victim services response with emergency management effectively.
- 16.2** Exercise program management involves a collaborative approach to identify and achieve the program priorities. An effective program maximizes efficiency, resources, time, and funding by ensuring a coordinated and integrated approach to build, sustain, and deliver capabilities.
- 16.2.1** A multi-year exercise program helps develop a schedule for individual exercises and training that focuses on priorities outlined by a jurisdiction.
- 16.3 Existing Infrastructure.** Victim services exercises should be incorporated into existing exercise structures.
- 16.3.1** The following departments/agencies within the jurisdiction may be able to provide exercise subject matter expertise because they currently assist with exercise design/development, execution, and evaluation:

² Agency/Department	² POC Name, Phone Number and Email	² Alternate POC

- 16.3.2** Training courses support exercises by providing training specific to control structure functions such as controllers, evaluators, and facilitators. Exercise participants may also need training prior to the exercise. The Homeland Security Exercise Evaluation Program (HSEEP) provides additional information on exercise training.

- 16.3.2.1** The following departments/agencies within your jurisdiction currently assist is exercise-relevant training:

³ Agency/Department	³ POC Name, Phone Number and Email	³ Alternate POC

- 16.3.2.2** ⁴(Insert role/agency) is responsible for tracking training documentation for recommended training courses.

16.4 Planning Committee. Typically, planning team members are not exercise players; they are trusted agents. If resources are limited, the planning team members may act as both planners and players but must be careful not to divulge sensitive exercise information.

16.4.1 The following departments/agencies will assist in the design/development of a victim services focused exercise by participating in exercise planning meetings:

⁹ Agency/Department	⁹ POC Name, Phone Number and Email	⁹ Alternate POC

16.4.2 When exercise materials such as situation manuals, exercise guides, evaluation forms, and presentations are needed for an exercise, ¹⁴(insert agency/department) may assist with the preparation of these materials.

16.4.3 The following funding sources can be leveraged for exercises that include victim services:

16.4.3.1 ⁵(insert funding sources)

16.4.4 The inclusion of victim response for mass violence will be tracked as part of the jurisdictions Integrated Preparedness Program by ¹(insert role/agency and/or process)

16.5 Staffing. Exercise control structure may include an exercise director, controllers, evaluators, facilitators, safety officers and note takers.

16.5.1 Necessary roles may be filled by individuals in the jurisdiction who have previous non-mass violence related experience.

16.5.2 The roles and responsibilities of staffing for an exercise control structure for a mass violence exercise include:

Role	Responsibility(s)	Providing Agency	Agency POC	Backup POC
¹⁰ Exercise Director				
¹¹ Safety Officer				
¹¹ Controller				
¹¹ Evaluators				
¹¹ Facilitators				
¹¹ Note Takers				

16.6 Location/Material Resources. Exercise location and required resources will vary based on the type of exercise.

16.6.1 Existing jurisdiction staff responsible for exercises can provide guidance in developing mass violence specific exercise materials and plans.

16.6.1.1 ¹⁴(Role/agency) is responsible for creating all exercise materials including exercise manuals, guides, and player resources.

16.6.2 The following facilities may be considered for discussion-based exercises.

¹³ Facility Name	¹³ Facility Address	¹³ POC Name and Contact Information

16.6.3 The following facilities may be considered for operations-based exercises.

¹⁴ Facility Name	¹⁴ Facility Address	¹⁴ POC Name and Contact Information

16.7 Exercise Evaluation. Exercise evaluation processes assess a jurisdiction’s ability to meet identified objectives and capabilities by documenting strengths, areas for improvement, capability performance, and corrective actions. These items are recorded in an After-Action Report/Improvement Plan (AAR/IP).

16.7.1 ⁶(Insert department/agency responsible) will be responsible for developing exercise AAR/IP following an exercise.

16.7.2 ⁷(Insert department/agency responsible) will be responsible for victim service plan revisions needed to correct actions identified in the AAR/IP.

16.7.3 ⁸(Insert department/agency responsible) will conduct stakeholder training following plan revisions.

16.8 Communication. Communication is required with control staff, exercise participants, and the public.

16.8.1 Interoperable communications equipment is needed for operations-based exercises

16.8.2 If the exercise incorporates solely victim services participants, ¹⁷(insert the organization responsible) will be responsible for sharing the exercise and evaluation information with the emergency management via ¹⁷(insert the information sharing process).

16.8.3 Exercise-related information will be shared among participants through ¹⁵(insert methods)

16.8.4 The following outlets may be used to broadcast exercise related information to the public.

¹⁷ Outlet Name	¹⁷ Outlet POC Name	¹⁷ Outlet Contact Information

Appendices

Appendix A: Roles and Responsibilities

Key Roles in INC

Role	Responsibilities
Lead Agency Manager	Oversight for operation; Supervision of Activity Leads
Security/Safety	Lead for site safety and security of staff and victims/loved ones
Logistics/Mass Care	Lead for site set-up and maintenance, Lead for feeding and sheltering (if needed)
Planning	Daily Incident Action Plan (IAP) development for site; Plans to transition INC to FAC
Liaison to Incident Command (IC)	Information conduit to and from IC, EOC and JFSOC for Victim Services sites;
Registration	Implement registration process for those impacted by the incident and for their families/loved ones; Work with Liaison to Centralized Tracking to implement process to contribute data.
Witness/Victim Interviews	Law enforcement presence to interview newly identified victims and witnesses of the incident.
Health Triage and Support	Basic first aid; support for non-emergent health concerns; medication replacement (if lost in incident or unreachable due to incident)
Liaison to Centralized Victim/Patient Tracking	Key POC for the transmission of information about victims/patients/loved ones to and from the Service Site. Must have strong communication with LE, hospitals, and the ME/coroner.
Notification Team	Implements plan for notifications including involvement in the incident, injury, missing status and death notifications.
Staff Management	Oversees assignment of staff (mental health, spiritual care, victim advocates, etc.), just-in-time training, job inductions, and demobilization of staff
Communications Lead (PIO or Liaison)	Manages communication between IC/EOC, JFSOC and service sites; Orchestrates briefings for victims and loved ones on a periodic basis.
Media Management	Responsible for keeping media out of service sites or contained away from victims and families

Key Roles in FAC (in addition to INC roles which will likely continue)

Role	Responsibilities
Services/Community Partners Coordinator	Organizes on-site partners who are offering services; develops FAC protocols; holds daily staff briefings at each shift change; Deconflicts financial resources to avoid duplication
Planning Section	Daily Incident Action Plan (IAP) development for site; Transition to Resiliency Center or program; maintenance of records
Childcare Team	Mass casualty-trained team to be with children while adults receive services

Key Roles for Financial Donation Management (during response)

Role	Responsibilities
Lead administrator	Experienced person who can pull all the pieces together, draft the protocols, advise the steering committee, and oversee other staff roles
Finance	track donations, send thank you letters/tax receipts, disburse payments to victims, and ensure that records are in order for audit review.
Victim specialist	Proactive outreach about fund to families of deceased and injured, answer questions and guide victims through the fund process.
Communications	Email updates, copyedits protocols prior to publication, update the victim informational website.
Technology	Technology contractor or in-house staff to build online application portal as well as the electronic workflow for review and validation of individual applications.

Key Roles in Resiliency Center (RC)

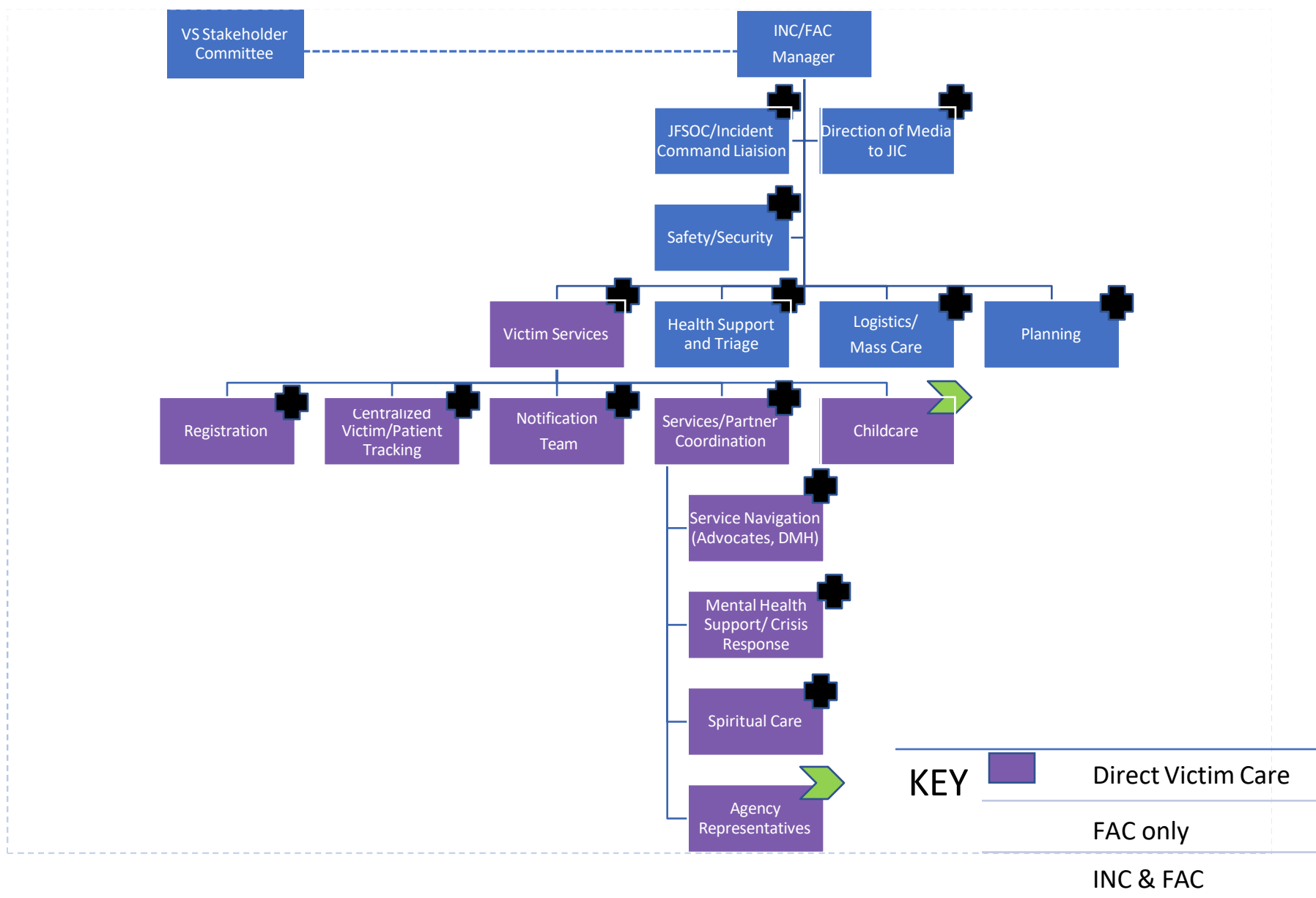
Role	Responsibilities
Program Director	Development and oversight of RC/Program
Case Managers/Navigators	Conduct needs assessments with victims and links to needed services
Community Outreach Coordinator	Ensures community awareness of services; identifies needed services in the community and facilitates agency involvement in RC
Clinical Coordinator	Oversees all Behavioral Health resources available through the RC; ensures appropriate training of Behavioral Health providers;
Media Specialist	POC for all media interactions with the RC
Resource Coordinator	Develops material and services resources for use at the RC; ensures incorporation of needed alternative interventions (yoga, mindfulness, supportive gatherings)

Key Roles in Hospitality Centers

Role	Responsibilities
Hospitality Center Director	Oversight of Hospitality Center operations
Volunteer Coordinator	POC for volunteer recruitment and assignment; responsible for Just-in-Time training; may work with volunteers providing advocacy, behavioral health, and/or spiritual support.
Resource Coordinator	Organization of all material and programmatic resources and services
Media Liaison	POC for information distribution about Hospitality Center; responsible for maintaining a media-free location for victims and families



Appendix B: Sample INC/FAC Table of Organization



Appendix C: Definitions

503c Agency	Organizations described in section 501(c)(3) are commonly referred to as charitable organizations. Organizations described in section 501(c)(3), other than testing for public safety organizations, are eligible to receive tax-deductible contributions in accordance with Code section 170.
Agency-Based Victim Advocate	Agency -based Victim Advocates work in community agencies that deal with crime victims, including programs focused on sexual assault, Child Advocacy Centers, domestic violence, and human trafficking. <i>See “System-Based Victim Advocate” next.</i>
After Action Review (AAR)	After-Action Review (AAR) is a qualitative summary designed to identify potential corrective actions following exercises or real-world events. A final report is created once participants reach a final consensus. The After-Action Report can serve as a draft Improvement Plan (IP) to incorporate lessons learned.
Behavioral Health	Behavioral health encapsulates mental health, addiction, and psychiatry, as well as overall physical wellness such as sleep, nutrition, exercise, etc.
Casualty	Refers to both those who are injured and those who are deceased.
Closed Victim Group	When all potential victims are known. For example, imagine an incident occurs at a workplace where the employer can provide a list of all employees on the worksite at the time of the incident. This is a closed victim group. Tracking victims can be accomplished using basic accountability processes. Tracking requires communication between facility personnel, LE agencies, EMS, and hospitals. <i>See “Open Victim Group” next.</i>
Community Organizations Active in Disaster (COAD)	Community Organizations Active in Disaster or Citizen Organizations active in Disaster - A local group organizations and/or citizens that coordinate emergency human services, while working with partner agencies, including the local emergency management agency and social service agencies, during all stages of a disaster.
Compassion Fatigue	A broadly defined concept that can include emotional, physical, and spiritual distress in those providing care to another. It is associated with caregiving where people are experiencing significant emotional and/or physical suffering.
Crime Victims’ Compensation	Crime Victims’ Compensation is available in all states to assist in meeting the needs of victims of crimes that were committed in the state. Each state has unique laws and procedures that dictate the level and type of services that are available, as well as methods for accessing the funds.



Criminal Mass Violence/Domestic Terrorism (CMV/DT)	<p>Many definitions exist for mass violence, but for purposes of this annex the FBI and OVC (DOJ) definitions will be used. Jurisdictions may determine what definition they will use.</p> <p>The FBI defines mass violence crimes as criminal acts in which four or more people, selected indiscriminately, are killed. (Not including the perpetrator(s)).</p> <p>OVC defines mass violence as an intentional violent criminal act that results in physical, emotional, or psychological harm to a sufficiently large number of people and will deplete existing VOCA resources in the state and negatively impact services for all victims of crime in the state if additional resources are not allocated.</p>
Emergency Operations Center (EOC)	The physical location where the coordination of information and resources to support incident management (on-scene operations) activities normally takes place. An EOC may be a temporary facility or located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction.
Emergency Support Function (ESF)	The grouping of governmental and certain private sector capabilities into an organizational structure to provide capabilities and services most likely needed to manage domestic incidents.
Emotional Support Animal	These animals are not trained to provide support, but rather develop a relationship with a single person to provide constant support. They are not appropriate supports to deploy during a CMV/DT incident.
Facility Dog	Dogs bred to remain calm with specific training to manage large numbers of emotionally impacted individuals. As a result, they are appropriate for use during a mass casualty incident.
Family Assistance Center (FAC)	The Family Assistance Center (FAC) is the focus of services for victims and loved ones near an incident site. FACs are designed to meet the immediate and short-term needs of victims and family members: safety, security, physiological needs (food, sleep), information (about the victim recovery and identification process, and the investigation), and crisis/grief counseling. In addition, family members may be interviewed to gather antemortem information about the victims and submit DNA samples to facilitate victim identification.
Information and Notification Center (INC)	The Information Notification Center (INC) is the immediate location that is set up for those impacted by the incident and their loved ones to exchange information regarding the incident and available services. It is located near the incident site, but far enough away to limit the sights and sounds of the incident and response. It is a central location where information is gathered from victims and loved ones to facilitate notifications (incident involvement, injured, missing status and death notifications).

Information about the incident and response will be available. The INC will transition to the FAC if ongoing services and information are needed.

Fatality	The cessation of life.
Hospitality Center	Hospitality Centers are set up during key points of the criminal justice process - including trial and sentencing - and are open to victims and loved ones. Hospitality Centers can offer closed circuit video links to the proceedings and supportive services at a location outside of the court room that can include victim advocacy, mental health and spiritual care support, mass care (feeding), etc.
Incident Command (IC)	The ICS organizational element responsible for overall management of the incident and consisting of the Incident Commander or Unified Command and any additional Command Staff activated. It is often located with an EOC during the initiation of a response.
Incident Command System (ICS)	A standardized approach to the command, control, and coordination of on-scene incident management, providing a common hierarchy within which personnel from multiple organizations can be effective. ICS is the combination of procedures, personnel, facilities, equipment, and communications operating within a common organizational structure, designed to aid in the management of on-scene resources during incidents. It is used for all kinds of incidents and is applicable to small, as well as large and complex, incidents, including planned events.
Joint Information Center (JIC)	A facility in which personnel coordinate incident-related public information activities. The JIC serves as the central point of contact for all new media. Public information officials from all participating agencies co-locate at, or virtually coordinate through, the JIC.
Joint Family Support Operations Center (JFSOC)	A JFSOC provides logistical support to victim serving locations such as the INC, FAC, and transition to the Resiliency Center. It is a central location (Typically within the FAC) where participating organizations are brought together to monitor, plan, coordinate, and execute a response operation specific to victims and loved ones that maximizes the utilization of all available resources. It is designed to address communication and sharing of information challenges of an incident.
Liaison	A member of staff responsible for coordinating with representatives from cooperating and assisting agencies or organizations.
Mental Health	Mental health is narrower in scope than behavioral health and looks at emotional health and mental health treatment.
Navigator	Navigators work with victims and loved ones who participate in the FAC. A navigator is assigned to each group as they enter the FAC. They conduct a

needs assessment and assist with accessing services that are available at the FAC. Navigators can be Victim Advocates, Disaster-trained mental health responders, disaster-trained spiritual care providers and others who are trained in psychological first aid with experience working with people in crisis.

National Incident Management System (NIMS)

A systematic, proactive approach to guide all levels of government, NGOs, and the private sector to work together to prevent, protect against, mitigate, respond to, and recover from the effects of incidents. NIMS provides stakeholders across the whole community with the shared vocabulary, systems, and processes to successfully deliver the capabilities described in the National Preparedness System. NIMS provides a consistent foundation for dealing with all incidents, ranging from daily occurrences to incidents requiring a coordinated Federal response.

Non-Governmental Organization (NGO)

A group that is based on the interests of its members, individuals, or institutions. An NGO is not created by a government, but it may work cooperatively with the government. Examples of NGOs include faith-based groups, relief agencies, organizations that support people with access and functional needs, and animal welfare organizations.

Open Victim Group

When all potential victims are not known. For example, imagine an incident occurs at a public concerts, movie theater, or shopping mall. This is an open victim group. Victims are far more complex to track. A detailed system(s) is needed to investigate and document information on those who are involved, hospitalized, missing, and known to be deceased. Tracking requires communication between facility personnel, LE agencies, EMS, and hospitals. *See "Closed Victim Group" next.*

Public Information Officer (PIO)

The PIO interfaces with the public, media, and/or with other agencies with incident-related information needs. The PIO gathers, verifies, coordinates, and disseminates accessible, meaningful, and timely information on the incident for both internal and external audiences. The PIO participates in or leads the Joint Information Center.

Respite Area System-Based Victim Advocate

Serves as an area to provide some relief for responders at an incident scene. System-based Victim Advocates work in the criminal justice system, including police departments and prosecutor offices. They have extensive experience working with criminal incidents and services typically needed by victims. *See "Agency-Based Victim Advocate" next.*

Table of Organization

Outline/structure of the primary activities or functions necessary to effectively respond to incidents. The structure identifies the primary needs of an incident. As incidents became more complex, difficult, and expensive, the need for additional organizational managers becomes evident.

Therapy Dog

Dog trained to support one person or a small group of people who are experiencing emotional stress. Therapy dogs become overwhelmed by the

	number of emotionally needy people during a CMV/DT response and should not be used.
Unified Command (UC)	Unified Command is a process allowing all agencies with geographical or functional responsibility for an incident to assign an Incident Commander to a Unified Command organization. The Unified Command then establishes a common set of incident objectives and strategies that all can subscribe to.
Victims of Crime Act (VOCA)	Passed by Congress and signed into law by President Ronald Reagan in October 12, 1984. VOCA established the Crime Victims' Fund to support state efforts to assist victims of crim. Funding comes from fines collected from federal offenders – not taxpayer dollars. Each state has its own set of laws that dictate the ways that their federal allocations will be spent and a VOCA administrator who determines program protocols and priorities.
Victim Services (VS)	Victim Services is a broad term that encompasses service providers and services that assist with identifying and responding to the needs of the victims of the CMV/DT incident. They include but are not limited to victim advocacy, victim compensation, immediate mental health and spiritual care support, long-term behavioral health interventions, linkage navigation, alternative interventions (e.g., mindfulness, yoga), supportive gatherings.
VOCA Administrator	Each state has a VOCA Administrator who is responsible for distribution and administration of yearly VOCA funds and can be instrumental in accessing trained victim advocates from outside the impacted jurisdiction if needed for the response, will be involved in developing services to meet the needs of the victims of the incident and will likely administer AEAP funds if they are requested.
Voluntary Organizations Active in Disaster (VOAD)	Community organization made up of public, private, volunteer, and nonprofit agencies and organizations who may be active in all phases of disaster. A VOAD enhances the ability for all communities involved to mitigate, prepare for, respond to, and recover from disasters.



Appendix D: Acronyms

A

AAR/IP	After-Action Report/Improvement Planning
AEAP	Antiterrorism and Emergency Assistance Program

B

BP	Best Practice
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C

CMV/DT	Criminal Mass Violence/Domestic Terrorism
COAD	Community Organizations Active in Disaster
CCP	Crisis Counseling and Assistance Program

E

EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EM	Emergency Management
EMS	Emergency Medical Services
ESF	Emergency Support Function

F

FAC	Family Assistance Center
FAQ	Frequency Asked Questions
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency
FERPA	Family Educational Rights and Privacy Act

H

HIPPA	Health Insurance Portability and Accountability Act
HSEEP	Homeland Security Exercise and Evaluation Program

I

IC	Incident Command / Incident Commander
ICS	Incident Command System
ICM	Incident Management System



ICPTTA	Improving Community Preparedness to Assist Victims of Mass Violence and Domestic Terrorism: Training and Technical Assistance Program
INC	Information and Notification Center
IPP	Integrated Preparedness Program

J

JFSOC	Joint Family Support Operations Center
JIC	Joint Information Center

L

LE	Law Enforcement
LEPC	Local Emergency Planning Committee

M

ME	Medical Examiner
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding

N

NCF	National Compassion Fund
NCMEC	National Center for Missing and Exploited Children
NIMS	National Incident Management System
NGO	Non-Governmental Organization
NTSB	National Transportation Safety Board

O

OVC	Office for Victims of Crime
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P

PIO	Public Information Officer
POC	Point of Contact

R

RC	Resiliency Center
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S

SAMSHA SERG Substance Abuse and Mental Health Services Administration Emergency Response Grant

V

VOAD Voluntary Organizations Active in Disaster
VOCA Victims of Crime Act
VS Victim Services



Appendix E: Emergency Support Functions (ESFs)

ESF	Support Actions or Capabilities
ESF #1 Transportation	Coordinate the opening of roads and manage aviation airspace for access to health and medical facilities or services.
ESF #2 Communications	Provide and enable contingency communications required at health and medical facilities.
ESF #3 Public Works & Engineering	Install generators and provide other temporary emergency power sources for health and medical facilities.
ESF #4 Firefighting	Coordinates federal firefighting activities and supports resource requests for public health and medical facilities and teams.
ESF #5 Information & Planning	Develop coordinated interagency crisis action plans addressing health and medical issues.
ESF #6 Mass Care, Emergency Assistance, Temporary Housing, & Human Assistance	Integrate voluntary agency and other partner support, including other federal agencies and the private sector, to resource health and medical services and supplies.
ESF #7 Logistics	Provide logistics support for moving meals, water, or other commodities.



ESF #8 Public Health & Medical Services	Provide health and medical support to communities, and coordinate across capabilities of partner agencies.
ESF #9 Search & Rescue	Conduct initial health and medical needs assessments.
ESF #10 Oil & Hazardous Materials Response	Monitor air quality near health and medical facilities close to the incident area.
ESF #11 Agriculture & Natural Resources	Coordinate with health and medical entities to address incidents of zoonotic disease.
ESF #12 Energy	Coordinate power restoration efforts for health and medical facilities or power-dependent medical populations.
ESF #13 Public Safety & Security	Provide public safety needed security at health and medical facilities or mobile teams delivering services.
ESF #14 Cross-Sector Business and Infrastructure	Be informed of and assess cascading impacts of health or medical infrastructure or service disruptions, and de-conflict or prioritize cross-sector requirements.
ESF #15 External Affairs	Conduct public messaging on the status of available health and medical services or public health risks.

