



# The National Mass Violence & Victimization Resource Center

READINESS • RESPONSE • RESILIENCE

---

## SUMMARY REPORT of The National Association of VOCA Assistance Administrators Focus Group

May 30, 2018  
Charleston, South Carolina

The National Mass Violence & Victimization Resource Center  
National Crime Victims Research & Treatment Center  
Department of Psychiatry & Behavioral Sciences  
Medical University of South Carolina  
67 President Street, MSC 861  
Charleston, South Carolina 29425

Telephone number: (843) 792-7018

Website: <http://www.nmvrc.org>

Facebook <http://www.facebook.com/nmvrc>

Twitter <https://twitter.com/nmvrc>

**The NAVAA is a Partner of the National Mass Violence & Victimization Resource Center**

*Notice of Federal Funding and Federal Disclaimer: This project is supported by Award No.2017-MU-GX-K144 awarded by the Office for Victims of Crime, Office of Justice Programs, US Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice or the Office for Victims of Crime.*

# Table of Contents

<b>Introduction</b> .....	3
<b>Methodology</b> .....	3
<b>Role in Preparing for and Responding to Mass Violence Incidents</b> .....	4
<b>State and Agency Plans for Responding to Mass Violence Incidents</b> .....	5
<b>Antiterrorism Emergency Assistance Program Funding</b> .....	7
<b>OVC “Helping Victims of Mass Violence &amp; Terrorism” Toolkit</b> .....	8
<b>Most Significant Needs of Mass Violence Victims and Witnesses</b> .....	9
<b>Cases that Involve Criminal Justice System Proceedings</b> .....	11
<b>Most Significant Needs of Communities</b> .....	11
<b>Establishment of Resiliency Centers</b> .....	11
<b>Memorials and Anniversary Observances</b> .....	12
<b>Fundraising Initiatives</b> .....	13
<b>Training and Technical Assistance</b> .....	13
<b>“Lessons Learned”</b> .....	14
<b>Recommendations for Sample Documents</b> .....	16
<b>Information and Tip Sheets</b> .....	16
<b>Appendix A</b> .....	17
<b>VOCA Focus Group Attendees</b> .....	17
<b>Appendix B</b> .....	18
<b>Consultant &amp; Partners</b> .....	18
<b>NMVVRC Staff</b> .....	18

## Introduction

Mass violence incidents are occurring at increasing frequency. Advance preparation and leadership from VOCA Assistance Administrators are needed to help create effective responses that are collaborative and survivor-centered.

The **National Mass Violence and Victimization Resource Center** (Center) was created in 2017 to improve the nation's capacity to serve victims and survivors of mass violence through research, planning, training, technology and collaboration. The **National Association of VOCA Assistance Administrators (NAVAA)** is a national partner organization in this Cooperative Agreement, established between the Medical University of South Carolina (MUSC) National Crime Victims Research and Treatment Center (NCVC) and the United States Department of Justice (USDOJ) Office for Victims of Crime (OVC).

Three focus groups were held in May 2018 with select state Victim Assistance Administrators (VOCA) and Victim Compensation Directors (COMP) whose states have experienced mass violence incidents (MVIs) to help clarify their roles in assisting states with *readiness, response and resilience*. We sought to be diverse both geographically and by incident type. The goals of the focus groups were to:

1. Identify the roles, responsibilities and most effective strategies of state administrators to prepare for and respond to mass violence incidents (MVIs) in the immediate-, short- and long-terms.
2. Describe the benefits of and challenges to forming partnerships and collaborative efforts to prepare for, respond to and assess responses to MVIs.
3. Document "lessons learned" from past experiences of state administrators to share with all victim compensation and VOCA assistance programs nationwide.
4. Identify issues to inform a survey of all VOCA assistance and victim compensation programs about planning and responding to MVIs.

This Report summarizes the discussion of the select VOCA Assistance Administrators who participated in the focus group. It may not represent the thoughts of all VOCA Administrators and personnel.

### Methodology

The Center's staff worked with Steve Derene, Executive Director of National Association of VOCA Assistance Administrators (NAVAA) to identify who responded to mass violence incidents (MVIs). Seven were invited and five VOCA Administrators from the District of Columbia, Florida, Massachusetts, New York and South Carolina and Steve Derene participated in this focus group.

The Center’s staff also worked with Steve Derene to develop a focus group discussion guide that described the role of VOCA agencies in preparing and responding to MVIs; their perspectives of the OVC “Helping Victims of Mass Violence and Terrorism” Toolkit; the range of victim assistance resources and services that are provided to victims and survivors of MVIs; how VOCA agencies coordinate with OVC’s Antiterrorism Emergency Assistance Program (AEAP) staff ; strategies to address the needs of VOCA staff following their response to a MVI; and any “lessons learned” that can be shared with all VOCA agencies nationwide.

## Role in Preparing for and Responding to Mass Violence Incidents

---

*“I’d like to get to a place where this is as much a part of our job as domestic violence and sexual assaults are. I want to be in a place where we are responding like it’s not new.”*

---

There was concurrence across the focus group discussion that the VOCA agency’s role in preparation and response depends on the type of MVI that occurred, including the scope of the MVI, its location (urban, suburban, rural/remote, Tribal), and the agency leading the response (including the VOCA agency’s relationship with the lead agency). As one VOCA Administrator said, “(a) know your role; and (b) be prepared for it to change.” Another VOCA Administrator said that “smaller, rural areas are more reliant on us” for services and support.

Planning activities are critical to ensure that “you have those relationships in advance” that are needed to coordinate a rapid and effective response to MVIs. VOCA Administrators should be members of their state’s emergency preparedness planning teams and seek opportunities to educate colleagues about the resources that VOCA and other victim assistance professionals (e.g., victim advocates, mental health, Compensation) bring to all readiness, response and resilience efforts. Planning suggestions include:

- Explain and clarify the role of Victim Assistance Professionals (VAPs) to state emergency preparedness and response leaders and the resources they can provide in the aftermath of MVIs
- Develop a roster of VAP responders who can be quickly contacted and mobilized in the immediate aftermath of a MVI
- Sponsor training programs for VAPs about their roles in responding to MVIs in the immediate-, short- and long-terms (see “Training and Technical Assistance,” below)

The importance of “being a presence” and offering immediate support was discussed. VOCA Administrators should quickly identify the agency in charge of the response; contact its leadership, and offer timely support.

Florida has ten regional victim advocates across the state, who are immediately deployed to assist survivors with compensation applications at the hospital or Family Assistance Center.

A MVI response priority shared by most participants is to obtain “the golden list of victims” – a timely and accurate list of survivors affected by the MVI. This requires close coordination and communications with federal, state, local, and tribal law enforcement agencies (this was identified as a “challenge” by several focus group participants).

---

*“Victims are rarely mentioned in any plans.”*

---

An important observation is that professionals who serve in leadership positions to respond to MVIs may temporarily not be there when needed, (e.g. they may have changed positions). This will demand flexibility in determining who will fulfill those roles and responsibilities.

## State and Agency Plans for Responding to Mass Violence Incidents

---

*“Our role changed depending on the incident.”*

---

All focus group participants were involved in varying degrees on statewide planning teams. They discussed the fact that they “are not the lead” in overall response efforts and “that is one of the challenges” – “We are not empowered to make that decision.... we are always coming up from behind and trying to explain who we are.”

A VOCA Administrator who was unable to attend the focus group because she was responding to a MVI in her state asked that the group discuss *the importance of having an infrastructure in advance* as a foundation for responding to MVIs.

While all states represented by participants had plans, they varied considerably in terms of quality and involvement of VAPs in creating or contributing to the actual planning document. It was suggested that state plans include specific strategies that are survivor-centered for creating a Response Center, Family Assistance Center, and Resiliency Center.

Even when VOCA Administrators *were* involved in planning activities, their potential roles in responding to MVIs were not always validated nor included in actual plans. All plans for responding to MVIs must include and delineate the role of VOCA professionals. Additional issues that can be addressed in planning and response efforts include:

- Where to locate Response Centers and/or Family Assistance Centers for victims, survivors and their loved ones
- Transportation issues
- Victim compensation support

In the District of Columbia, the VOCA agency has a significant role in all MVI planning activities, and a leadership role in responding to MVIs, including:

- Crisis intervention
- Law enforcement support
- Help to coordinate victim identification interviews
- Work with the medical examiners to determine force multipliers
- Death notification
- Help to create and staff the Family Assistance Center

It was noted that “public safety is realizing they don’t have the ability or desire to deal with people in crisis. We point out that it is to their advantage to have us there, so they can realize they *want* us there.”

---

*“Public safety is realizing they don’t have the ability or desire to deal with people in crisis.”*

---

An important recommendation is that the Center works with its National Principal Partner Organizations, as well as the National Emergency Management Association that represents state-level emergency preparedness agencies (<https://www.nemaweb.org/>), to develop “templates” for effective crisis response that engage and involve a variety of VAPs; and to coordinate with the Center to provide annual training at their national conferences. By providing such guidance and training to their members who provide leadership in MVI readiness and responses, these national organizations can

further clarify the roles of their respective member agencies/MVI decision makers and how they can interact with VAPs. An example would be “Responding to Mass Violence Incidents: A Checklist for State and Territory Attorneys General” prepared by the National Association of Attorneys General. (NOTE: Contact NAAG for additional information). Depending on the state or territory, such “templates” can also be developed at the local level with county emergency management teams. As explained by one participant, *“When you talk about ‘they or them,’ those people change. What the Center can do is try to institutionalize that (planning for response). One of the first steps is to explain what victim assistance does. There is a basic lack of understanding as to what the services are.”*

### Antiterrorism Emergency Assistance Program Funding

---

*“What I’d like to see is states encouraging OVC and others to liberalize or modify or amend and help us in flexibility with these funds for mass violence, and the longevity of our ability to use these funds.”*

---

The Office for Victims of Crime was recognized and appreciated for the speed in which it reached out to inform states about AEAP funding in the aftermath of a MVI – “They reach out right away.” However, it was stressed that VOCA Administrators need to be aware of AEAP resources *in advance of an MVI* because “they need to know what they are applying for.” An “AEAP Checklist” was recommended (currently, a brochure, solicitation, guidelines and very detailed frequently-asked-questions are available at <https://www.ovc.gov/AEAP/>).

As part of the AEAP needs assessment process in Florida, the VOCA Administrator quickly contacts VOCA sub-recipients “to see if they need additional funding; do they need to hire more victim advocates?”

The OVC Training and Technical Assistance Center (TTAC) Consultant who is assigned to a state for AEAP planning is essential to success. Participants suggested that the consultant’s role and goals, and the respective roles of the consultant versus the agency requesting AEAP funding, be determined up front to avoid confusion and facilitate effective needs assessment and planning strategies.

Concerns were also expressed about the “ability of AEAP to fund within the fiscal year that it was awarded. “They (OVC) have a theory of ‘a year plus three’.” If further assistance is needed, would

there be the potential for additional funding? (Note: There are exceptions for criminal justice support grants when an investigation or prosecution is prolonged.)

The challenges identified to obtaining AEAP funding were:

- A lack of understanding about the overall process of applying for AEAP funding, and the types of services that funding can cover. (See: <https://www.ovc.gov/grants/pdf/FY19-AEAP-Solicitation-508.pdf>)
- The needs of victims and survivors often extend beyond the years of the AEAP grant.
- One participant noted: “We thought there needed to be this evidence support and research, and that process took a long time. We found out later that we didn’t need the research part.”

The South Carolina’s Crime Victims Services Division is developing a “skeleton application” for AEAP funding that identifies anticipated needs in the aftermath of a MVI (based in part from its experience from the mass shooting at Mother Emanuel Church in 2015). This includes two areas (of importance to South Carolina): addressing the needs of family members of victims/survivors who are coming from out-of-state, including funding for transportation, lodging, etc.; and addressing the needs of first responders and medical professionals “who are on-site for a week or two weeks” and who may have vicarious trauma and mental health challenges. (**NOTE:** It is confirmed that “assistance for emergency response personnel” is an “allowable service” under AEAP). There was consensus that a “skeleton AEAP application” would be useful for all VOCA agencies.

## OVC “Helping Victims of Mass Violence & Terrorism” Toolkit

There was consensus that the Toolkit can be useful for *planning in advance of a MVI*, but it is not useful as a tool to reference when a MVI actually occurs. No participant had read the Toolkit in its entirety.

Specific comments included:

- “The Toolkit is complicated. There are a lot of tools.”
- Organizationally, “it’s overwhelming to look through it.”
- “...It assumes a level of respect that we don’t have, because politicians change. There are no written rules about involving victim assistance, so for me to show the Toolkit is not how it’s going to work.” (*Participants discussed not feeling as though they have any authority or power in these situations and are not always respected.*)
- “There are things within it that are helpful, and things within it that are probably unnecessary.”
- “It’s not clear who it is intended for.” (Participants were not aware that they are one of the professional groups specifically mentioned that the Toolkit was intended for.)

- “I feel like I start to look through the charts, and I’m tired already.”
- “When we are going to law enforcement, etc....you can’t sell them with confusing and overwhelming; you have to sell with simple.”

Suggestions to improve the Toolkit include:

- Reformat the Toolkit so that resources which are specific to VAPs (i.e., COMP Administrators and VOCA Administrators) are organized for easy access and reference.
- Develop a “one-pager” with quick tips for immediate response to MVIs
- In the aftermath of a MVI, identify “who do you call, and for what reason?”
- Develop frequently-asked-questions (and answers) for VOCA agencies relevant to readiness, response and resilience.
- “Victims need clear information. That is the goal.”
- “In one word,” the Toolkit should be:
  - More straight forward
  - Less complicated
  - Victim-framed (as opposed to “system-framed”)
  - Targeted to specific audiences

## Most Significant Needs of Mass Violence Victims and Witnesses

---

*“It’s important to define who the victims are.”*

---

*In advance of a MVI* VOCA Administrators must develop a process with law enforcement, coroners/medical examiners and others so they would be able to identify and develop an accurate list of victims and survivors in a timely manner. This process will allow VOCA Administrators to “tailor the response to the specificity of the incident;” and to also “define expectations about our roles in the response.”

One Administrator noted that victims “need a sense that somebody is in charge” (which can help survivors regain a sense of control in a traumatic situation). The need for separate toll-free telephone lines for victim and survivor assistance, versus crime tip lines, was also discussed.

If a **Victim Identification Center** is established then it should be in an area separate by sight and sound from the general area within a **Response Center** or a **Family Assistance Center (FAC)** so that information (and DNA samples) can be collected from families in privacy.

There was strong consensus that *all* post-MVI victim services must be culturally competent. This includes the provision of interpreters and language translation services; and recognition and validation of “communities” that are directly impacted, (i.e., LGBTQI, multi-faith community members, etc.).

The most crucial needs of victims, survivors and witnesses include:

1. Where to go and where *not* to go for help (i.e., do *not* show up at the crime scene!)
2. Medical care
3. “The basics” – shelter, food, clothing, safety
4. Accurate/official Information (about the MVI, victims’ rights, the case)
5. How to locate loved ones
6. Locations/rooms within Centers (Response, Family Assistance or Resiliency) to ensure victim privacy
7. Psychological First Aid needs
8. Mental health care
9. How to report missing persons
10. “Normalizing information”
11. Information about victim compensation, and assistance in completing application forms
12. How to access resources, including the wide range of victim assistance services available in the immediate-, short- and long-term
13. Lodging (for family members)
14. Psychoeducation resources
15. Protection from the news media, and tips for dealing with the news media
16. Transportation (local, state, national, international)
17. Legal assistance and advice
18. Guidance in understanding the range of funds available to survivors (which will differ depending upon the MVI) (see “Fundraising Initiatives” below)
19. Liaison/intervention with the Department of Motor Vehicles to obtain new identification/drivers’ licenses
20. Keys duplicated or made
21. Child care
22. Employer intervention

There was general consensus from the group that the location where victims and witnesses can collect belongings that were lost in the MVI be *separate* from the Response Center or FAC.

Florida has a fund set up for victims’ travel expenses for hearings, death penalty cases.

Case managers or “navigators” can help victims identify their needs and navigate various systems and services to meet them.

## Cases that Involve Criminal Justice System Proceedings

---

*“The reality is survivors just like to be together.”*

---

As soon as information is available about arrest, detention or any pretrial or trial hearings, it should be provided to victims; and as updates become available, they should also receive them. Victims need to understand legal processes and their rights in “simple terms,” and “they need to hear it from the people who are making those decisions” (about the case). It’s helpful to have mental health professionals available at any victim/survivor briefings or meetings with justice officials.

## Most Significant Needs of Communities

Community needs will differ depending on the type and location of the MVI. In general, community members need accurate, reliable information about what has happened and, to the degree possible, what will happen next; and strategies for individuals to be safe and feel safe. The impact of MVIs on *entire communities* must be validated and addressed through short- or long-term resources available to promote community resilience (see “Resiliency Centers” below).

### Establishment of Resiliency Centers

When a Resiliency Center is being established, it’s important to publicize its availability; the range of services and support that are offered; and who is eligible for services. A robust public awareness campaign can include public service announcements, a toll-free information line, and a website.

Community and victim/survivor needs that can be met by a Resiliency Center include:

- Guidance in normalizing responses
- Vocational rehabilitation
- Assistance with job placement (“both for those people who decide they want to do something meaningful after an event; to the roofer who loses a leg”)
- Tips on how to help children and other more vulnerable populations in their recovery

- Specific messaging and resources for schools and employers – “How to create a ‘safe space’ for somebody who is going through something like this?”
- Help in obtaining nonprofit status (for survivors who are establishing organizations specific to their MVI experiences)
- Services and support for clients who are deaf or hard-of-hearing
- Tips and services for coping with vicarious trauma (for survivors, first responders, longer-term responders)

Participants envision Resilience Centers that are established for the long-term, and are more like “holistic centers” with wraparound services. Survivors and community members would have access to victim assistance and mental health services at a secure location that is retrofitted with private rooms, meeting spaces, and technology; and other support that enhances individual and community resilience.

## Memorials and Anniversary Observances

---

*“People plan these big things, and don’t ask survivors and families what they want.”*

---

Any memorials or observances following a MVI should be survivor-informed and victim-centered. There is always an outpouring of support and community engagement to observe the devastating impact of the MVI. However, *without* the involvement and input of the MVI victims and survivors, such observances cannot be successful. VOCA staff can promote the importance of engaging survivors in *all* observances and memorials.

## Fundraising Initiatives

VOCA Administrators should have a plan that recognizes the range of funding available to survivors, as well as personal fundraising initiatives. These include:

- Victim compensation
- National Compassion Fund
- Funds established specifically in response to a MVI (e.g. The One Fund)
- “Go Fund Me” efforts
- Private fundraising efforts/direct donations to survivors and families

VOCA Administrators should encourage transparency in all funding initiatives and, to the degree possible, “know who’s in charge.” They should also be aware of the large number of illegal scams that purport to raise funds for victims. (Victims should be reminded at multiple points throughout the process by all service providers that scams occur with great frequency.)

Participants voiced concern that victims not involved in mass violence have expressed dissatisfaction, feeling they are unfairly compared to victims of mass violence and their cases are not considered as “serious” or “important”. No two victims or their situations are the same. VAPs have to work diligently to ensure that all victims are heard and treated with dignity and respect.

In addition, victims and survivors of previous MVIs may compare their perceptions of how *they* were treated to survivors of new MVIs. VOCA Administrators should be prepared to address survivors’ views of any perceived inconsistencies.

## Training and Technical Assistance

Participants agreed that training is a critical component of advanced planning for MVI response, and expressed hopes that the findings from the three focus groups can contribute to quality training curricula.

For example, the District of Columbia has recently revamped its MVI response training program that is a component of its State Victim Assistance Academy (SVAA). It is a 2.5-day training that is very skills-based, and focuses on the different roles that students might serve in the aftermath of a MVI; and what they need to fulfill those roles. The DC training program is offered to victim advocates, mental health professionals, and other crisis responders; and features speakers who focus on the importance of coordination (FBI, Medical Examiner, Office of Emergency Management, etc.).

Florida sponsors a one-day training for VAPs that is offered regionally around the state.

New York gives presentations to all the coalitions in the state (domestic violence, sexual assault, regional coalitions) about what MVI response entails; what to expect, what they need to do, and how to work and coordinate with local organizations in MVI responses.

## “Lessons Learned”

---

*“From beginning to end, create mechanisms where survivors’ voices can be heard.”*

The focus group participants offered many important perspectives based upon their previous experiences in preparing and responding to MVIs:

- The federal government or state (or other jurisdiction) can declare the MVI to be a “certain level of emergency,” which expands opportunities for families to quickly “get the cash they need.” VOCA Administrators must understand the various types of government emergency declarations, and how they affect coordination and funding.
- VOCA Administrators must be involved in all aspects of statewide or jurisdictional planning for responding to MVIs – “Start at the lowest level and move up!” This includes developing a positive and productive relationship with the director of the state emergency planning agency.
- VOCA Administrators should be knowledgeable about what VOCA formula grant and AEAP funds *can* and *cannot* be used for in responding to MVIs.
- Skills-based training for VAPs (e.g., victim advocates, COMP professionals and mental health professionals) that involves the VOCA Agency, FBI Victim Specialists, the Medical Examiner and other key response leaders is essential for effective responses to MVIs.

- Each state’s plan should provide for a victim advocate to be physically present in the Joint Operations Center (JOC) who can provide timely information and communications to VAPs who are immediately responding to the MVI.
- VOCA Administrators must become familiar with their state’s “access to public information” laws, and “think about who is maintaining what information.” The privacy of victims and full compliance with HIPAA should be paramount concerns.
  - “Have the right people” to assist with the response. You will need more people to assist victims with compensation claims than you realize.
  - It is important to have a comprehensive list with all relevant contact information (name/agency/email/cell phone number/work phone number) for VAPs statewide who can be called up to help with the response as needed.
  - There may be “communities” that are directly and significant affected by MVIs (LGBTQI, multi-faith communities, tourists/visitors) whose specific needs must be identified and addressed.
  - VOCA Administrators should be knowledgeable about OVC’s AEAP funding (<https://www.ovc.gov/AEAP/>), and what types of services are allowable.
  - When a consultant is provided by OVC, be knowledgeable about what the consultant *can* and *cannot* do to assist with the initial response and overall planning.
  - Advance planning should include the capacity to quickly survey victims and families to identify their more important needs, and meet them.
  - Prepare agency “go kits” in advance, and provide VAP responders with recommendations for a “personal go kit” to help them through the initial response.
  - “I would hire people on Day 2,” and have job descriptions prepared in advance for a grant manager and navigator. Massachusetts Office of Victim Assistance developed a Victim Liaison Job Description.
  - “Know all the people you will be dealing with by their first name on the second day.”
  - “We have to gain the trust of the people we are asking for the money from.”

- Develop relationships with individuals in the hospitality industry (lodging, restaurants, and tourist bureaus) who can assist with immediate- and long-term responses; and be aware that “the news media will take up many hotel rooms.”
- Develop an “After-Action Report” that assesses and evaluates the VAP response to victims, survivors and the community in order to improve future responses (e.g., *OVS Navy Yard Victim Services After Action Report, November 11, 2013*).

## Recommendations for Sample Documents

---

*“Recognize that every mass violence incident is unique, and every victim is unique.”*

---

## Information and Tip Sheets

The VOCA participants suggested that one role the Center can play would be in the development of information and tip sheets to assist them. For example:

- The role of a variety of VAPs in responding to MVIs
- Contents of an agency “go kit” and individual “go kits” that can be prepared in advance of an MVI
- Sample job descriptions for positions needed following a MVI, (i.e., grants manager, navigator)
- The types of information that the news media want and need in the aftermath of a MVI
- Guidance relevant to victim privacy and confidentiality, and HIPAA compliance
- The types of post-MVI services for which VOCA funds *can* and *cannot* be used

## Appendix A

### VOCA Focus Group Attendees

**May 30, 2018**  
Charleston, SC

---

**Burke Fitzpatrick, Director**

South Carolina Crime Victim Services Division  
Office of the Attorney General  
1205 Pendleton Street, 4th Floor  
Columbia, SC 29201  
[BFitzpatrick@scag.gov](mailto:BFitzpatrick@scag.gov)  
(803) 896-9950

**Christina F. Harris, Chief**

Florida Bureau of Advocacy and Grants  
Management  
Office of the Attorney General  
The Capitol, PL-01  
Tallahassee, FL 32399-1050  
[christina.harris@myfloridalegal.com](mailto:christina.harris@myfloridalegal.com)  
(850) 414-3300

**Liam Lowney, Executive Director**

Massachusetts Office for Victim Assistance  
1 Ashburton Place, Suite 1101  
Boston, MA 02108  
[Liam.lowney@state.ma.us](mailto:Liam.lowney@state.ma.us)  
(617) 586-1346

**Michelle Garcia (DC), Director**

Office of Victim Services and Justice  
Grants  
Executive Office of the Mayor  
441 4th Street NW, Suite 727N  
Washington, DC 20001  
[michelle.garcia@dc.gov](mailto:michelle.garcia@dc.gov)  
(202) 724.7216

**Elizabeth Cronin (NY), Director**

New York Office of Victim Services  
AE Smith Building  
80 S. Swan Street, 2nd FL  
Albany, NY 12210  
[elizabeth.cronin@ovs.ny.gov](mailto:elizabeth.cronin@ovs.ny.gov)  
(518) 485-5719

**Steve Derene**, Executive Director, National Association of VOCA Assistance Administrators

**Dan Eddy**, Executive Director, National Association of Crime Victim Compensation Boards

## *Appendix B*

### Consultant & Partners

**Anne Seymour**, Consultant

**Steve Derene**, Executive Director,  
National Association of VOCA Assistance Administrators

**Dan Eddy**, Executive Director,  
National Association of Crime Victim Compensation Boards



### NMVRC Staff

**Dr. Dean Kilpatrick**, Director  
Distinguished University Professor

**Dr. Connie Best**, Director, Recovery Division  
Professor

**Aurelia Sands Belle**, M.Ed., Stakeholder/Consultant Coordinator  
Research Instructor

**Dr. Angela Moreland**, Director of Data Collection & Evaluation Division  
Assistant Professor

**Cameron Gribben**, MS, Database Administrator I

**Denise Sanata**, MA, Program Coordinator

**Faraday Davies**, MA, Program Coordinator

**Donna York**, BA, Grants Coordinator I

**Vickey Cornelison**, Project Manager