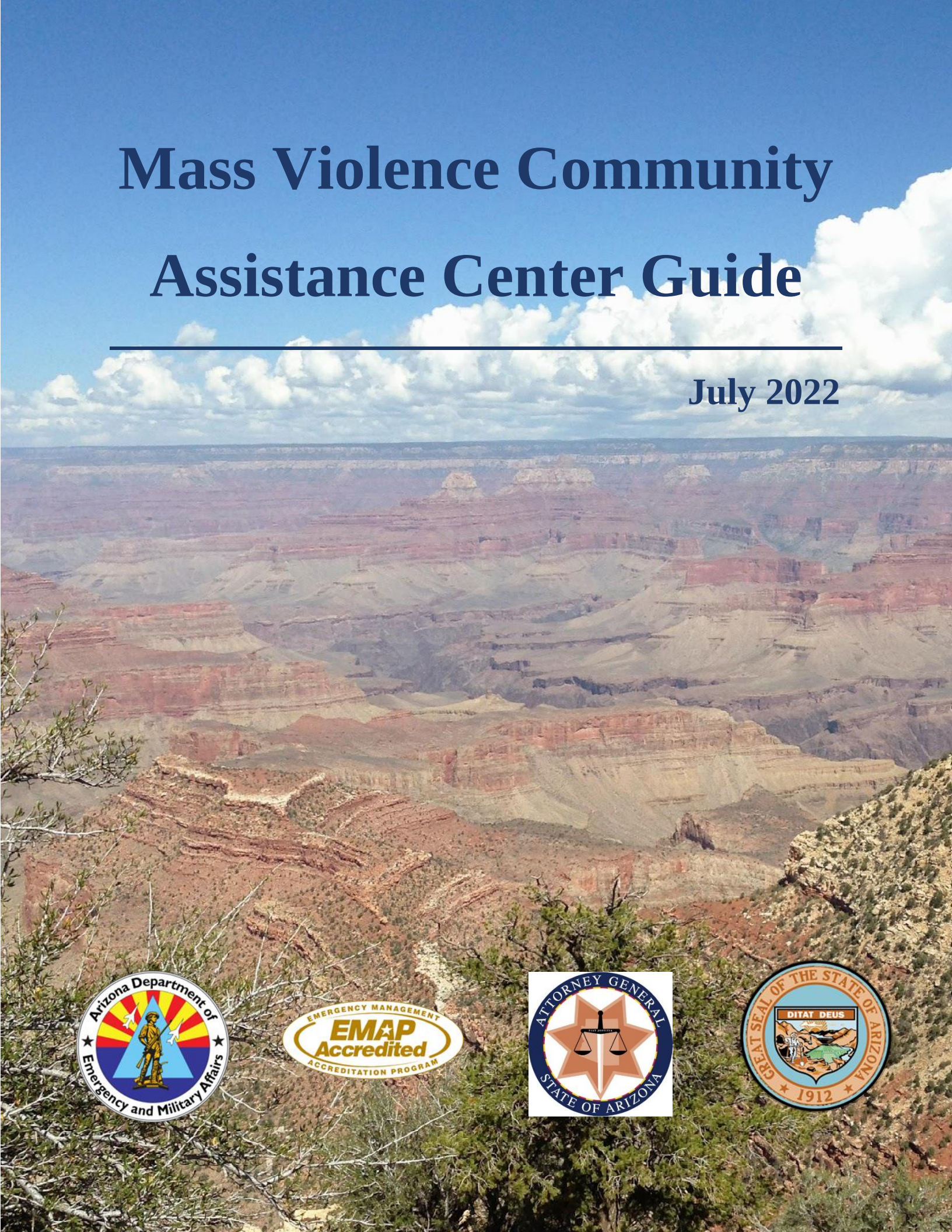
Mass Violence Community Assistance Center Guide

July 2022



The Mass Violence Community Assistance Center (MVCAC) Guide is the result of collaboration between statewide partners, led by the Arizona Department of Emergency and Military Affairs, Emergency Management Division in partnership with the Arizona Attorney General's Office of Victim Services and in consultation with the federal Office for Victims of Crime, Training and Technical Assistance Division. For more information on this guide, contact:

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DEMA-EM maintains the Mass Violence Community Assistance Center Guide as a living document intended to be continuously reviewed and revised, with input from all stakeholders, to guarantee the most current guide possible.

REVIEW, EVALUATION, AND CHANGES			
Date	Summary of Activity	Plan/Document Section	Entry Made By
August 2022	Clarified language for Security Considerations	Overview	E. Wilkerson
July 2022	Finalized - MVCAC Guide Completed	All	E. Wilkerson
May 2022	Draft - MVCAC Guide Completed	All	C. Jensen

DEMA-EM is committed to ongoing training, exercise, and engagement of the Mass Violence Community Assistance Center Guide to validate capabilities of the state emergency management enterprise.

TRAINING, EXERCISE, AND ENGAGEMENT ACTIVITY			
Date	Summary of Activity	Partners Involved	Entry Made By

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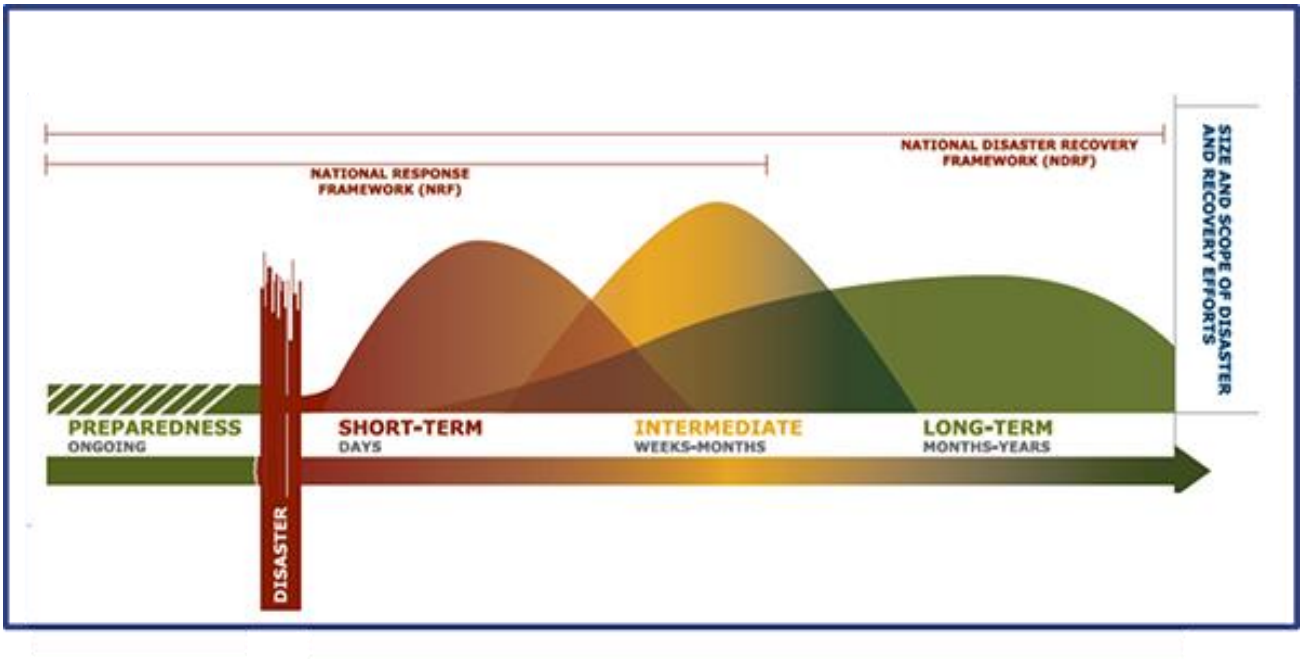
INTRODUCTION

This guide is for a Mass Violence Community Assistance Center (MVCAC). It may be used as a tool for decision-makers when establishing a MVCAC and also may be incorporated into disaster recovery planning activities such as exercises, drills, and training.

This guide is aligned with the Arizona State Emergency Response and Recovery Plan (SERRP) and the structure of the Emergency Support Functions (ESFs) and Recovery Support Functions (RSFs). This guide is designed to reflect the National Incident Management System (NIMS) principles and incorporates statewide Whole Community partners into all aspects of response and recovery operations.

Mass violence and terrorism (MVT) events are intentional, high-profile, criminal acts of violence that result in physical, emotional, or psychological injury to a significantly large number of people and increases the burden of victim assistance for the responding jurisdiction. The event may or may not have terroristic intent. Response to a MVT event may require the coordination of federal, state and local resources, including law enforcement and criminal justice partners. MVT incidences impact those that experience physical harm and may also affect those who experience psychological or non-physical injuries.

Oftentimes, events are non-criminal in nature but on occasion may later be determined to be a criminal act that require overlap of services from both all-hazards and MVT planning and coordination, such as a wildfire determined to be deliberately set resulting in victimization of individuals and criminal charges.



The establishment of MVCACs, including the transition to resiliency centers, addresses recovery efforts from short-term to long-term along the entire Recovery Continuum above, as depicted in FEMA's National Disaster Recovery Framework.

Purpose

This guide is intended to be utilized by local jurisdictions to support the development of their MVCAC plans and procedures. Local jurisdictions are encouraged to use this document as they see fit based on their unique needs and capabilities.

PLANNING GUIDE ASSUMPTIONS

- MVT incidents are unique situations that require specific resource for victims and survivors outside of those offered during non-criminal events.
- MVT incidents will incorporate law enforcement and potentially prosecution-based partners.
- MVT service providers generally avoid the use of the term *reunification* as it implies that all individuals will be reunited.
- Government is responsible for the provision of effective and efficient services to disaster survivors.
- MVT incidents impacts may necessitate transportation assistance to the MVCAC for survivors.
- MVT incidents can deprive individuals and families of normal means of obtaining food, clothing, basic needs, and other individual assistance.
- Many individuals and families will have no insurance or insufficient coverage to properly address damages to or loss of personal property, as well as funeral and healthcare costs.
- As a result of a catastrophic incident in adjacent states, Arizona may be requested to provide mass care services to evacuees.
- Service providers and resources will vary by the nature and scope of each emergency or incident.
- Local jurisdictions are encouraged to develop and maintain their own specific plans and procedures for establishing a MVCAC.
- Local jurisdictions should include specific cultural considerations in their planning efforts.
- Local jurisdictions will be responsible for organizing and operating MVCACs in accordance with their emergency response and recovery plans.
- Local jurisdictions are encouraged to reach out to county emergency management for assistance if/when the capabilities of local resource providers are at capacity.
- Counties and tribes are encouraged to reach out to DEMA-EM for additional resources and coordination if/when the capabilities of the county are at capacity.
- The role of state agencies in a MVCAC is to support and/or coordinate the facility and resources within the MVCAC when requested by local, county, or tribal jurisdictions or when directed to by the Governor.
- MVCACs are modular and scalable in nature and the organizations participating and resources offered will depend on the nature and needs of the incident.
- The federal Office for Victims of Crime may provide assistance to respond to MVT events with technical advisors and potential grant funding.
- The focus of the MVCAC guide is on the logistical best practices of establishing a physical MVCAC and what resources are available to assist within the center. It will not be focused

on accounting for how the resources will conduct their services once established in the MVCAC.

- DEMA-EM will be the agency responsible for owning and updating the MVCAC guide.

OVERVIEW

The MVCAC mission is to assist impacted communities by providing a centralized, safe and secure location for information, comprehensive victim services, MVT recovery services, resources, and referrals to address unmet needs following an incident or significant mass casualty emergency due to violence. Sometimes, more than one MVCAC may be needed.

A MVCAC may be a state managed facility set up within a public building near an incident area. The location is determined by the impacted jurisdiction in consultation with the Arizona Department of Emergency & Military Affairs, Division of Emergency Management (DEMA-EM).

A MVCAC may also be a local, county, or tribe managed facility set up within the impacted jurisdiction. Local jurisdictions may request state support for such facilities through normal emergency resource request processes.

MVCACs need to be accessible to those with Disabilities, Access and Functional Needs (DAFN), provide sufficient parking for survivors and MVCAC staff; provide private areas for counselors to interface with survivors and an area for young children and caregivers. The MVCAC is normally staffed and supported by local and state agencies, as well as Voluntary Organizations Active in Disasters (VOADs), Non-Governmental Organizations (NGOs), and Faith-Based Organizations (FBOs) that have disaster recovery resources to address survivors' unmet needs. These agencies and organizations are co-located in the MVCAC. The MVCAC provides a single facility through which individuals, households, and businesses can conveniently access available incident recovery assistance programs, services, and referrals.

MVCACs have proven to significantly contribute to a streamlined recovery process in Arizona. The concept has been used in the field by local and state governments throughout the nation. The Federal Emergency Management Agency (FEMA) has incorporated this 'one-stop' facility concept into standard procedures for disaster human services. FEMA works with the state for the location of Disaster Recovery Centers (DRC). The various federal agencies that staff and support DRCs can be easily incorporated into MVCACs thereby expediting the delivery of federal disaster recovery assistance as procurement time delays are eliminated.[1]

Figure 1: Registration

[1] FEMA assistance to individuals and households requires a Presidential major disaster declaration for IA

Establishment

As this guide is a framework for establishing a local level MVCAC, local, county, and tribal jurisdictions may have their own plans and procedures for MVCAC establishment. State support can be requested when local resources are overwhelmed.

Eligibility

MVCAC services and resources will be provided to victims based upon eligibility. Eligibility is, *in general*, limited to incident specific impacts within a declared county or jurisdiction. Eligibility is, *specifically*, determined by each agency or organization based upon the criteria associated with the service or resource being provided. In MVT incidents, eligibility may be specific to the location of the individual at the time of the event, statutory crime victims[2], and their families.

Initial Public Information Considerations

Prior to the opening of a MVCAC, dissemination of information to those impacted and the public should occur according to the normal public information, communication, and alert/notification plans and procedures.

Public information has a critical role before, during, and after the operation of a MVCAC. Use of normal methods of communication and/or a call center for initial information may be needed for a couple of hours to a few days until the opening of a MVCAC based on the needs of the incident. Use of public information websites, such as the Arizona Emergency Information Network (ein.az.gov) may be needed during this time as well. It is recommended that local jurisdictions develop their own websites to support emergency public information for their communities.

Information/assistance centers may develop organically to address more immediate needs of those impacted in the time between the onset of an incident and the opening of a MVCAC. Local jurisdictions may develop assistance plans to fill this need. See Appendix E: Public Information Officer (PIO) Support.

Site Set-Up Considerations

The MVCAC should be set up in a location away from the incident site and that doesn't require people to drive past the incident site. Locations should include large spaces and separate rooms for counseling, death notifications, meetings with law enforcement, dining and gathering areas for volunteers, space for family briefings, property return, etc. Reunification should not occur near death notification areas. Depending on the location, these can occur in the same building given appropriate separation of waiting areas, exits, etc. MVCACs can be within proximity to an established shelter but should not be near a volunteer reception center(s).

Local jurisdictions should pre-identify sites for small, medium, and large-scale events and in different geographic regions within the jurisdiction. Equipment should have procurement arrangements already in place.

[2] Crime victims are defined in A.R.S. §13-4401 (19) as "a person against whom the criminal offense has been committed, including a minor, or if the person is killed or incapacitated, the person's spouse, parent, child, grandparent or sibling, any other person related to the person by consanguinity or affinity to the second degree or any other lawful representative of the person, except if the person or the person's spouse, parent, child, grandparent or sibling, other person related to the person by consanguinity or affinity to the second degree or other lawful representative is in custody for an offense or is the accused."

Security Considerations

Survivors of a MVT event have experienced severe trauma and often have concerns for their personal safety following their victimization. Perpetrators are not always immediately identified or there may be fears of unknown conspirators or copycat offenders. Specific security measures should be considered for the MVCAC:

- Security should be visible outside and inside the MVCAC.
- Access to the MVCAC should be controlled at all times.
- Media and public officials may be granted tours of the facility prior to opening the MVCAC; however, once the facility is operational, entrance should be prohibited.

Registration Considerations

Once a MVCAC is established, processes for registration should consider the following:

- Have sign-in sheets at the registration tables.
- Station security in the reception area.
- Check the identification of anyone that enters the MVCAC.
- Provide wristbands to victims, staff and volunteers who are cleared for access (different color daily – to denote current access and permissions).
- Ask screening questions (see Appendix D: Screening Questions) and complete the intake form (see Appendix B: Intake Form).
- Assign a Victim Advocate, Victim Counselor, or MVCAC volunteer, as a Navigator to act as a companion to the victim through the MVCAC.
- Ensure the facility is accessible to all.
- Streamline forms, if possible - Computer based forms (internet access)/intake form registration and navigator staff filling out forms.

MVCACs are set up with a reception area. Survivors will be required to sign-in and complete the necessary registration forms (see Appendix B: Intake Form). Survivors are routed from the reception area to case management. Forms are used in case management for the development of personal victim recovery plans and in assisting survivors by matching their unmet needs with available resources. The forms are based upon the survivor's declared unmet needs and used by case managers to connect the survivor to one or more service providers.

An exit interview is conducted with the survivor prior to his or her departure from the MVCAC. The exit interview is used to ensure that the survivor has visited all service providers to which they have been referred, for quality control, customer satisfaction, and to answer any final questions that the survivor may have.

MVCAC PARTICIPATION

An effective MVCAC requires the participation, coordination, communication, and collaboration of government and non-government agencies and organizations capable of providing incident recovery services, resources, or referrals. The following is a list of possible resources/functions to help local jurisdictions determine what agencies and partners may need to participate in an MVCAC. This list is not comprehensive; needs are based on the nature of each incident.

MVCAC Resources/Functions	Traditional	MV/ Criminal
Navigators, case managers, companions	X	X
Basic needs such as food, water, clothing, toiletries	X	X
Cash assistance	X	X
Employment assistance and unemployment benefits (AZDES)	X	X
Housing assistance	X	X
Assistance with personal property (ARC, TSA, United Way)	X	X
Transportation, moving, and storage	X	X
Insurance	X	X
Legal referral and assistance (AZ Bar Association)	X	X
Crisis counselors, chaplains, mental and behavioral health	X	X
Debris clean-up and reconstruction	X	X
Victim advocates/Victim compensation assistance		X
Victim compensation claims - county attorney's office		X
Victims' rights notification and information (federal and/or state)		X
Social media – information and missing persons	X	X
Deployment to hospitals - victim advocates at hospitals with victims, taking comfort dogs	X	X
Donations and volunteer management - VOADs/COADs	X	X
Childcare	X	X
Comfort dogs' coordination	X	X
Property return (FBI for MV)		X
Resources needed for this incident	X	X
Medical assistance	X	X
Immediate financial assistance (FBI)		X
Crisis response teams (NOVA, local organizations)	X	X
Identification replacement (ADOT MVD/US Passport Center)	X	X
Vital records	X	X
Translators/sign language interpreters	X	X
Social security - disability and survivor info	X	X
Foreign consulates	X	X
Information technology and communications support	X	X
Information/resource coordination - EM	X	X
Liaison with local, county, tribal emergency management	X	X
Other unmet needs - VOADs/COADs	X	X

Local Jurisdictions

It is the responsibility of local jurisdictions from the impacted cities, counties, or tribes to identify if the unmet needs of the community warrant the establishment of a MVCAC. Local officials should survey residents and businesses to gauge the initial level of assistance that is needed in the community.

Local jurisdictions are encouraged to identify spaces that would be suitable to house the MVCAC. Typically, these spaces are public or community buildings near the affected area or shelter site. This space should be donated to the local jurisdiction, when possible.

Additionally, Voluntary Organizations Active in Disasters, Faith-Based Organizations, Non-Government Organizations, and any other community resources that would be able to provide aid should be notified about the establishment of the MVCAC and encouraged to participate.

State Agencies

When the needs of a local jurisdiction exceed their capabilities, County or Tribal Emergency Managers may request MVCAC support from DEMA. Establishment of a MVCAC can be coordinated through Emergency Support Function 6 (ESF 6) – Mass Care following the State Emergency Response and Recovery Plan (SERRP). Any additional support will be coordinated through DEMA by utilizing the 15 ESFs as outlined in the SERRP to integrate the efforts and resources of local, county, tribal, state, private sector, NGOs, and, if necessary, the Federal Government.

Federal Agencies

When an incident is a terrorism mass violence event, terrorism is a federal crime for which the FBI has an investigative role. The response to any terrorism crime involving large numbers of casualties will involve several local, state, and federal agencies.

Victims of federal crimes are legally entitled to certain rights and services from the FBI and other Justice Department components as well as state and local justice agencies.

Federal law mandates the FBI:

- Identify victims.
- Develop contact information.
- Provide certain types of information and assistance at the earliest opportunity.
- Continue to provide information throughout the investigation.
- Ensure that personal property/effects are returned in as good condition as possible when no longer needed for evidence.

Criminal Justice System

- Access to all state constitutional victims' rights and state and federal victims' rights laws.
- Access to appropriate law enforcement and prosecutorial offices for services and opting-in for notification.
- Consider space for law-enforcement on-site and a process to identify possible victims or witnesses who may need to provide incident-related information to law enforcement.
- Consider using criminal justice-based victim services personnel to assist investigators with victim and family interviews.

- Assist with media management.
- Provide clients with access to and updates on incident hearings, criminal justice proceedings, custody status of offender, and victims' rights.
- Provision of state mandated Victims' Rights Request/Waiver form and mandated pamphlet, as per AZ 13.44.05.
- Process for statutorily defined victims to opt-in for victims' rights (which does not affect MVCAC or crime victim compensation services).
- Opting out of State Victim Rights does not preclude victims from receiving services.
- Process for identifying lawful representatives.
- Consideration of victims' rights to confidentiality:
    - Include on the intake form notice to victims that victim advocates may share conversations conducted with victims with other MVCAC providers to facilitate the victim's services and meet victims' needs including consent for law enforcement and prosecutor.
    - Arizona law requires redaction of victims' identifying and locating information[3] obtained, compiled, or reported by a law enforcement or prosecution agency unless the victim consents or a court orders disclosure and a court ruling to allow the release of any record that visually depicts the image of victim[4] after weighing the public's interest and the victim's right to privacy.
    - Any victim consent to disclosure must be documented.

Law Enforcement Victim Assistance Responsibilities

Law Enforcement Victim Assistance Responsibilities	Local Jurisdiction	Federal Jurisdiction
Coordination of timely victim/family briefings	X	X
Coordination of all victim assistance program volunteers	X	X
Integration of federal requirements with state/local providers if Federal case or if State case, ensure requirements per statute		X
Liaison with FBI Victim Services Division for Victim Services Response Team and Federal Emergency Victim Assistance Funds		X
Coordination of victim assistance resources and assets (local law enforcement victim program or designee)	X	X
Provision of state victims' rights and information (state/local)	X	
Deployment of staff to command posts, joint family operations centers and victim/family assistance centers	X	X
Coordination of direct services to victims, addressing basic needs, crisis intervention, assist LE with death notification, collection of ante mortem information, emergency travel, return of property and/or personal effects	X	X

[3] A.R.S. §13-4434
[4] A.R.S. §39-121.04

Liaison and coordination of resources with counterparts	X	X
Liaison with investigators, medical examiners'/Coroners' offices and families		X
Coordination of Joint Family Support Operations Center	X	X
Coordination of site visits	X	X
Ensuring victim assistance legal requirements	X	X

Victim/Family Assistance Management Team

- Consists of several disciplines and agencies.
- Shares the same overarching goal and provides a continuum of care.
- Understands and respect each other's roles and mandated responsibilities.
- Consists of individuals appointed by agency senior managers.
- Determines who can make decisions, access, and allocate resources on behalf of their agencies.
- Manages the response to victims.
- Addresses changing needs/issues.
- Assists with development of transition plan from assistance center to resiliency center.
- Ensures communication/continuity with incident command.
- Briefs/advises senior managers on issues related to victims/families.

Voluntary Organizations Active in Disasters, Faith-Based Organizations, and Non-Governmental Organizations

Voluntary Organizations Active in Disasters (VOADs), Faith-Based Organizations (FBOs), and Non-Governmental Organizations (NGOs) account for non-profit, private sector, faith-based, and voluntary organizations that provide a broad range of services and resources to individuals, families, and businesses. This capability often "bridges" the unmet needs of incident survivors. The primary benefit of co-locating these organizations with governmental agencies is the convenience to those in need of recovery assistance as well as facilitating open communication and coordination amongst assistance providers to prevent duplication of benefits.

Figure 2: VOADs, FBOs and NGOs can provide a broad range of services and resources to individuals, families, and businesses.

American Red Cross

- The American Red Cross (ARC) provides many services to support those impacted in mass violence incidents, including integrated care and condolence teams, mental health, spiritual care, casework services, health services, supporting registrations at centers, and funds available to support needs.
- The MVCAC should inform community members about the crisis services available through the1-800-RedCross hotline or volunteers can manually collect registrations at the MVCAC.

Donations and Volunteer Management

- Consider local plans for donations management, including plans for solicited and unsolicited goods, materials, services, personnel, and financial resources.
- Consider local plans for volunteer reception centers, spontaneous unaffiliated volunteers, and organizations which can provide volunteers.
- Consider the partners that have capability and capacity to support donations and volunteer management, such as county/regional VOAD partners.
- Community financial donations may be managed by the long-term recovery committees.
- A non-profit should be handling funds instead of government agencies.

Office of the Medical Examiner

Death Notification considerations/best practices:

- Death notifications, when feasible, should be made in person but can be made via telephone, email, or mail. In Arizona, death notifications are typically made by law enforcement personnel and should include an Office of the Medical Examiner (OME) staff member.
- Death notification at a MVCAC should be performed in a private, comfortable, well lit, convenient, secure, and safe room that can accommodate up to ten people.
- Areas for death notifications should be well structured as to not be readily identifiable for survivors waiting in reception or elsewhere in the MVCAC as to its purpose and intent. This area should be set up away from the reunification center.

Potential medical examiner role in MVCAC:

- Family interview process
    - The OME requires antemortem data for identification of remains. This information will be gathered from family members by means of an interview with a medicolegal death investigator, predetermined staff assigned to the MVCAC, or MVCAC staff trained “just-in-time" by OME subject matter experts. During the interview, family members will be asked to provide very detailed information regarding their loved one’s body and medical history, especially the location of any existing dental or other x-rays and could involve the collection of a sample from a relative for DNA comparison (such as a mouth/cheek swabbing or saliva). Interviewers will collect this information in a caring, compassionate, and trauma-informed manner. Information collected will be compared to postmortem data for identification

purposes. Translators may be required and must be used as appropriate to sufficiently meet the needs of the family during the interview.
    - Examples of antemortem information include but are not limited to descriptions of their missing loved one(s), dental history or contact information for the dentist, names and locations of healthcare facilities loved one(s) received treatment, and samples for DNA comparison, to facilitate identification of remains.
    - The information gathered during the family interview is collected in a standard and systematic approach using standard documentation such as the DMORT VIP program (Disaster Mortuary Operations Response Team, Victim Identification Protocol).
  - Anticipate that the family interview process could take up to two hours for each family. Plan for multiple rooms to accommodate simultaneous interviews and/or death notifications.
- Guide families through the administrative process of reclaiming the remains of their loved one(s).
  - Provide information regarding the roles of the OME, funeral home, Bureau of Vital Records, and if needed Public Fiduciary.
  - Assist in the coordination of providing appropriate emotional support for grieving families through referrals to mental health/spiritual professionals.
  - Provide timely and accurate information to families.

Public Information

The purpose of emergency public information is to protect the health and safety of the public by providing timely, accurate and actionable information through all phases of an incident. During and after an event of mass violence or natural disaster, the Joint Information System (JIS) will provide official information through various media (social, radio, TV, Web), in multilingual and multicultural formats. Mass Violence incidents need to consider law enforcement issues and releasable information (ongoing threat; offender still at large, being prosecuted, or deceased).

- Joint Information System
  - Through the JIS, Public Information Officers (PIOs) share their public information and media tactics; coordinate information dissemination to ensure accuracy; identify and counteract rumors/misinformation; and identify communication methods (hashtags, websites, social media accounts). PIOs coordinate information in person or virtually, via email, conference calls, and other technologies.
  - The JIS operates regardless of whether a Joint Information Center (JIC) has been opened.
- Working With Media
  - A partnership with the media will help to get information to the public during an emergency event. PIOs can plan for interviews and other media requests. The PIO should reach out to the appropriate subject matter experts (SMEs) to ensure their availability for potential interviews and other information.
  - The media will want to know the “who, what, when, where, and how” of the event, emergency or incident; details about response; who is part of the response; next steps, etc.

  - Considerations will be necessary for sharing details in an MVT incident when there is an active criminal investigation.
  - In a large-scale emergency, holding a news conference will be the most effective means of communicating information. There are several steps that should be taken to prepare for and effectively run a news conference event. Assign someone to oversee the news conference. Discuss who has the most important information, who will speak for what specific issues and in what order. Understand the key messages to be shared. Set an approximate length of time needed to deliver the key messages. Discuss what potential questions will arise from the media and assign someone to find out any information that may be needed. Discuss what information cannot be shared due to potential criminal activity.
- Internal MVCAC Communication
  - Consider the communication needs of the victims/incident survivors. Know whether a gag order has been issued and which information is limited (e.g., facts of case, evidence, names of victims or witnesses). Prepare an advice sheet for victims, describing how the gag order affects them and the information they may receive about the case and access to services. Post this sheet online for easy access.
- PIO Best Practices
  - Identify a website or dark website that can be activated during an incident to be the hub of incident information. Ensure staff who operate the website are available after hours.
  - Identify an incident hashtag and ask other agencies to use to tag information.
  - Establish an automatic email response and telephone message during significant events when resources are overwhelmed that replies immediately to the public and/or requests from the media.
- Demobilization
  - The PIO should inform the media about the demobilization of the MVCAC and provide information about where updates about the recovery will be found, e.g., websites or through social media posts. PIO will continue public education releases during the post incident period to correct rumors and calm public unrest; perform final JIS conference call; ensure that any open actions not yet completed will be handled after demobilization; include next steps with resiliency center.
- Family PIO Liaison Program
  - The Family PIO Liaison Program is established to provide a buffer to the media for grieving families. A professional PIO is assigned to each family (that chooses to participate) to offer their expertise in dealing with the media. The purpose of the program is not to be a family spokesperson but to provide a media contact to give family space to grieve. The PIO Liaison assists families with dealing with the media however they wish (see Appendix E: Public Information Officer (PIO) Support).
- Call Center
  - A Call Center may be established to disseminate information, receive initial missing persons' intake information, and identify rumors and public sentiment. The Call Center operation should be in coordination with the Joint Information System to ensure thorough, accurate and timely information.

- Operation should be 24/7, at least in the immediate aftermath of a mass violence incident.
- A central, toll-free telephone phone number should be established, and the number should be widely distributed to an array of media outlets to ensure it reaches the public.
- Call center operators must have current information, or the public will begin to overwhelm other phone numbers.
- A separate Missing Person Call Center may be considered to reduce calls for information and referrals.
- Law enforcement should provide input to the call-takers input form if they are collecting information about known missing, possible missing, and not known or other law enforcement concerns.
- A Call Center Script may be developed by local jurisdiction, along with some standard answers to frequently asked questions, which call-takers can utilize to ensure a consistent message is being conveyed to callers.
- Call-takers should use either an electronic or hardcopy intake form to ensure consistency in recording messages.
- Training should be provided to all Call Center staff regarding the procedures for answering callers' questions and what information is appropriate to give to callers.
- The mental health of the call-takers should be monitored, especially if they are receiving stressful calls. Consider mental health of the callers as well.

Mental Health

Mental health planning considerations are based on the recognition that following an emergency event, it is common for individuals and families in and around the affected population to experience distress and anxiety about safety, health, and recovery.

Figure 3: It is important to use Trauma Informed Care as a foundation for planning processes.

Mental health impacts from a mass violence incident have long term implications for recovering communities. As such, it is important to use Trauma Informed Care as a foundation for planning processes, including the following acknowledgements:

- Residents of an affected area may be displaced, living in temporary emergency shelters, and separated from their usual support systems.
- Circumstances may make it difficult to learn the status of recovery efforts or to find out the condition of friends, family members, and communities.
- The exposure of first responders, incident response workers, healthcare workers, and volunteers to widespread impact, the threat to one's life, the injury or death of others, or to

hazardous materials may result in distress or a need for support among that population. Diminished community capacity among first responders to appropriately respond to other community needs due to turnover, mental health impacts, or professional preoccupation with the primary impacting event should be considered.

- Survivors suffer from comparably higher rates of acute stress, post-traumatic stress disorder, and other mental health problems as a direct result of a critical incident.
- Following a critical incident, people may display symptoms and reactions such as:
    - Emotional symptoms such as irritability or excessive sadness.
    - Cognitive dysfunction such as difficulty making decisions or following directions.
    - Physical symptoms such as headache, stomach pain, or difficulty breathing.
    - Behavioral reactions such as consuming or misusing substances such as alcohol, prescription drugs, and illicit drugs.
    - Failure to adhere to needed physical or psychiatric medication needs.
    - Aggravation of preexisting or co-occurring behavioral health problems.

Arizona Health Care Cost Containment System (AHCCCS) health plans continue to be responsible for all emergency medical services including triage, physician assessment and diagnostic tests. The responsible health plan is determined by AHCCCS and is different between state regions. Arizona Department of Health Services (ADHS) coordinates with AHCCCS to support crisis counseling programs and other incident-related behavioral health relief as necessary. Additionally, as ESF 6 agencies, multiple member organizations within AZ Volunteer Organizations Active in Disaster (VOAD) or Community Organizations Active in Disaster (COAD) may be equipped and available to provide behavioral health services to affected individuals.

In accordance with the Arizona Crisis Standards of Care Plan (CSC) published by ADHS, any activation of the CSC, behavioral health and psychosocial impact of the incident on the general public, on first responders and medical professionals, and on the State's seriously mentally ill population, and their continuing mental health care should be considered. Likewise, any MVCAC planning efforts should carry the same considerations even if it does not rise to the activation of the State's CSC.

When behavioral health concerns among a member of the incident affected population rise to the level of "crisis", AHCCCS Crisis Intervention Services should be considered the primary option for care. AHCCCS defines "crisis" as: "A Crisis is when a person presents with a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior." Crisis intervention services are provided to a person for the purpose of stabilizing or preventing a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior. Crisis intervention services are provided in a variety of settings, including emergency departments, mobile community based, facility based, or over the telephone.

If a behavioral health concern does not rise to the above definition of "crisis", additional options for care include AZVOAD and COAD qualified service providers, Arizona Emergency System for the Advance Registration of Volunteer Health Professionals (AZ-ESAR-VHP) vetted professionals including members of Medical Reserve Corps Units, and other local professional behavioral healthcare organizations. For victims of crime, Victim Advocates from local, county or state Victim Services are an important support resource.

First responder organizations should provide behavioral health support to their own members through their established Critical Incident Stress Management (CISM) teams, Employee Assistance Programs (EAP), or contracted counseling services. Additional agency support may be available from AZ VOAD or COAD member organizations.

Recovery plans should include significant and long-term efforts in incident mental health education, resource referral support, counseling, advocacy, and inclusion of behavioral health organizations in the long-term recovery planning processes. Plans should also be aligned appropriately with AZ Department of Health Services and local public health plans or guidance.

Trauma-informed behavioral health training is recommended in advance for first responders, incident responders, volunteers, healthcare workers, and other government workers that will engage in public contact. This training should be clinically validated and could include offerings such as Mental Health First Aid, Psychological First Aid, Service to Self, Creating Safe Scenes, Shield of Resilience, and Crisis Counseling Assistance and Training Program trainings.

Victim Services

Criminal-justice based victim services personnel may assist with overall MVCAC services such as intake, runner, or navigator staff, as crisis interventionists (if trained), assist investigators with victim and family interviews, and/or be part of death notification teams. Victim services personnel at an MVCAC may be comprised of federal, state and/or local victim services program personnel under the coordination of a single MVCAC victim service lead.

Victim Services Considerations:

- MVCAC should provide assistive services to include, but not limited to:
    - Specialized resource information related to victims, family and friends
    - Crisis intervention services
    - Mental health counseling
    - Spiritual care
    - Childcare programs and services
    - Crime victim compensation
    - Travel and lodging assistance
    - Financial planning information
    - Legal aide
    - Access to and updates on incident briefings
    - Property return
    - Victim’s Rights if perpetrator is still alive
- Consider how services and clients will be tracked and documented (may be crucial when conducting needs assessments and applying for funding).
- Consider providing one victim advocate per family.
- Process agreements related to information-sharing among service providers; consider how information could/should be shared (with hospitals, prosecutors, law enforcement, others).
- MVCAC organizers should ensure providers are vetted and able to provide trauma-informed crisis intervention services.
- All services should be provided using a trauma-informed approach (TIA) by providers (mental health providers, victim advocates, counselors, volunteers, etc.) trained in trauma and crisis.

- Any provider (victim advocate, counselor, volunteer, etc.) should be knowledgeable in TIA and the effects of trauma on individuals.
- Consider assigning victim advocates to all clients as navigators through the CAC during the clients' time at the MVCAC.
- MVCACs must be prepared to provide services in languages in other than English and in American Sign Language.
- In accordance with the ADA, service animals must be allowed to stay with their handlers unless the animal is out of control or poses a direct threat to health and safety.
- MVCAC organizers should consider inviting the National Organization for Victim Assistance (NOVA) Crisis Response Team (CRT) and the FBI Victim Specialists, if not already involved, to assist with response (can aid even without a federal nexus).
- Care services should be offered and provided to <u>all</u> MVCAC staff and volunteers daily in a space separate and away from MVCAC clients:
    - Self-care
    - Respite
    - Debriefing (NOVA can assist with this as well)
    - Food/beverage/water
- All vetted staff & volunteers at the MVCAC should be briefed by appointed incident managers (e.g., medicolegal authority, MVCAC supervisor, etc.) before each shift.
- Death notification teams should include victim advocates.
- Acknowledging the importance of returning personal effects:
    - Timely and appropriate
    - Acknowledgment of associated emotions
    - Process
    - Evidentiary value
- Consider how services are provided to specific populations, including cultural and religious needs, including, but not limited to:
    - Those with disabilities
    - Limited English Proficient (LEP)
    - Deaf or hard of hearing
    - Elders
    - Children/youth
    - Tribal members
    - Non-citizens
    - LGBTQ
    - Other underserved or isolated population
- Specific considerations for different types of clients such as:
    - Injured, non-injured, mental health injuries
    - Families of deceased
    - Displaced
    - Witnesses
    - Statutory victims (for victims' rights)

- Briefing from law enforcement, incident commanders, etc. may need to be adapted and specific to meet the needs of the various client populations (i.e., injured vs. deceased).
- Prepare victims/clients for media and privacy issues, including the release of victims' names.
- Prepare victims /clients for logistics and planning regarding funerals – controlling public announcements, managing media attendance, preparing for protestors or activists.
- Consider use, and care of, facility/comfort/therapy dogs.
- Consider memorial events during the time the MVCAC is open including guided visits to the event site and vigils while acknowledging that the site may be an active crime scene with restricted access.
- Consider providing fact sheet materials/handouts for clients and providers:
    - Resources
    - Victims' Rights
    - Dealing with the media
    - Information sheet for survivors of a traumatic event
    - Information sheet for disaster response workers (providers only)
- Consideration of state and federal victims' rights and potential criminal justice system interaction/involvement.
- Crime Victim Compensation
- Crime Victim Compensation programs provide financial assistance to victims of crime or others who may have experienced a financial loss as a direct result of a crime. The program covers expenses of physical harm, mental distress, and economic loss directly resulting from victimization. Each Arizona county attorney's office serves as a Crime Victim Compensation Operational Unit which may seek assistance from the Arizona Criminal Justice Commission, Crime Victim Services area, and other Operational Units in order to assist survivors and families, and process claims. Crime Victim Compensation program staff should have a space within the MVCAC to process claims:
    - Use of a unified form for intake application, victim compensation and other financial assistance.
    - Crime victim compensation staff from county compensation operational units (affected county or others) statewide to assist and process claims at the MVCAC.
    - Educating clients on private donations/fundraising and how it may affect victim compensation claims.
    - Out-of-state/country victims and survivors may be able to access Crime Victim Compensation resources in their home state/country as well.

Other Considerations

- Timely information from an official source is critical.
- Criminal investigation may delay or limit ability to provide information and to return personal effects.

- Investigation and prosecution may take years or decades and there will be a need for a long-term contact.
- Recognize that victims have varied expectations and grieve differently.
- Have a plan for providing services that extends past the immediate aftermath (crisis/acute phase) through transition back to home, work, and daily life and for multi-year impact on individuals and families, especially if there is a criminal case.
- Injured victims/families' inability to get to MVCAC.
- Agency responsibilities may change.

RESILIENCY CENTER

A resiliency center may be used for long-term needs of a community after a mass casualty or fatality incident. After these types of incidents, the needs of survivors and families may continue for years, decades, or even their entire lives depending on the impacts of each incident.

A resiliency center's mission is to continue to provide services to the survivors long-term after the MVCAC has been demobilized. A resiliency center should be managed by the local jurisdiction. A long-term recovery committee may also be appointed and have a role in supporting this center.

Planning for a smooth transition from a MVCAC to a resiliency center is important to ensure continuous service to survivors. Local jurisdictions should identify opportunities for the transition to a resiliency center. Triggers may include traffic at the MVCAC tapering down, incident specific factors, remaining unmet needs of the community, etc.

Depending on the scale of the incident, funding sources may include state and county emergency management, grants from the federal Antiterrorism and Emergency Assistance Program, and non-profit resources.

In determining a location for a long-term resiliency center, a jurisdiction should consider choosing a location away from an incident site in a safe area. The location should be secure and easily accessible for the community. Cell service, internet access, security, and other aspects similar to the MVCAC should be considered. Resiliency centers for the community should not allow media access. The space should include separate rooms for reception, counseling, support groups, gathering space, case/management intake, etc. Make it a relaxed, comfortable space for impacted individuals.

A best practice for resiliency centers is an incident specific website with information regarding long-term recovery services and providers. There are many examples of resilience centers throughout the country, some of which are referenced in the resources section. Local jurisdictions may also use predeveloped emergency public information websites to ensure communication with the community in the long-term.

Services provided at a resiliency center will be driven by the needs of the impacted community. Local jurisdictions are encouraged to plan for and identify partners that may play a role in resiliency centers, hospitality centers during criminal trials, and ongoing memorial/remembrance committees.

APPENDIX A: RESOURCES

Planning Resources

- Arizona Coyote Crisis Family Reunification Center Planning Guide
  - https://coyotecampaign.org/documents/
- Arizona Crisis Standards of Care Plan (CSC)
  - https://www.azdhs.gov/documents/preparedness/emergency-preparedness/response-plans/azcsc-plan.pdf
- Arizona Department of Public Safety (AZDPS), Victims of Crime Act (VOCA) Victim Assistance Administration Unit
  - https://www.azdps.gov/services/enforcement/crime-victims
- Arizona State Emergency Response and Recovery Plan (SERRP)
  - https://dema.az.gov/sites/default/files/publications/EM-PLN_SERRP.pdf
- Crisis Emotional Team
  - https://www.vibrant.org/what-we-do/advocacy-policy-education/crisis-emotional-care/
- Emergency Family Assistance Centers from Clearinghouse for Military Family Readiness
  - https://download.militaryonesource.mil/12038/MHF/EFACs%20Report_Final.pdf
- Federal Family Assistance Plan for Aviation Disasters
  - https://www.ntsb.gov/tda/TDADocuments/Federal-Family-Plan-Aviation-Disasters-rev-12-2008.pdf
- International Fellowship of Chaplains
  - https://ifoc.org/
- National Center for Victims of Crime, National Compassion Fund
  - https://nationalcompassion.org/
- National Mass Violence and Victimization Resource Center and Transcend app
  - https://ovc.ojp.gov/news/grantee-news/new-mobile-app-provides-support-victims-mass-violence-and-terrorism
- Office for Victims of Crime, Anti-Terrorism and Emergency Assistance Program
  - https://ovc.ojp.gov/program/antiterrorism-and-emergency-assistance-program-aeap/overview#:~:text=AEAP%20is%20designed%20to%20supplement,detriment%20of%20other%20crime%20victims.
- Office for Victims of Crime, Partnerships and Planning Checklist
  - https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/mvt-toolkit/PartnershipsPlanningChecklist.pdf
- Texas Family Assistance Center Toolkit
  - https://www.dshs.texas.gov/commprep/response/ToolsInfo.aspx

Training Resources

- Death Notification Training
  - www.deathnotification.psu.edu
- Psychological First Aid
  - https://learn.nctsn.org/course/index.php?categoryid=11
- Trauma Informed Care
  - https://www.samhsa.gov/search_results?k=trauma+informed
- Crisis intervention training
  - https://www.trynova.org/crisis-response-program/overview/
- Community Emergency Response Team (CERT)
  - https://ready.gov/cert

APPENDIX B: INTAKE FORM

Intake Form

Intake Form Considerations

Some jurisdictions may have an interest in developing their own Intake Forms rather than using the provided template and should review the following considerations.

- Consider the development and adoption of a single use form for victims for intake application, crime victim compensation, other financial assistance, and opting-in for Victims' Rights.
- Combined forms may need to be approved by applicable agencies/organizations (e.g., crime victim compensation – Arizona Criminal Justice Commission; Victims' Rights Request/Waiver From – Arizona Attorney General's Office).
- Consider needs to complete accurate and comprehensive information sharing.
- Consider a database to maintain Unified Single Registration form information that can be shared with service providers.

RETURNING CLIENT ☐
Initial date _____
Last date _____

_____ **Community Assistance Center Intake Form**

For registration staff use only

Date _____ Time _____

First Name _____ Last Name _____

Name of Victim (if not you) _____ Relationship to Victim _____
Victim's Date of Birth _____

Is this your first time visiting the Community Assistance Center? ☐Yes ☐No date _____ (mark above)

Are you waiting for news of your loved one? ☐Yes ☐No

Contact Information

Email Address _____

Phone (cell) _____ Phone (home) _____

Street address _____

City _____ State _____ Zip _____

For navigator staff use only

Assistance Requested

☐ Lodging ☐ Ground Transportation ☐ Air Travel ☐ Child Care ☐ Legal Assistance
☐ ID Documents ☐ Health Care Assistance ☐ Counseling/Spiritual Care ☐ Victim Compensation
☐ Property Return ☐ Mental Health Assistance ☐ Durable Medical Equipment ☐ Interpreter Services
☐ Other (describe) _____

_____

If you are a victim have you been interviewed by law enforcement? ☐Yes ☐No Agency if yes _____

Victims' Rights *If the victim meets the definition of victim per A.R.S. §13-4401(19) Victims' Rights must be provided*

☐ Victim has been provided a Request/Waiver Form ☐ Victim needs a Request/Waiver Form
☐ Victim Opted-In ☐ Victim Opted-Out

Personal Effects

Do you have personal effects to obtain? ☐Yes ☐No
If yes, please describe: _____

_____

Notes _____

Navigator Name _____ Phone _____

Navigator Agency _____

Client Consent to Share Information

Privacy: The _____ Community Assistance Center respects the privacy of its clients. We will honor your wishes when sharing information about your needs.

Coordination: In some instances, we can better serve you in identifying and meeting your needs if we can share your case information with other organizations that provide relief and recovery services. This may include Victim Advocates sharing information with law enforcement and/or prosecutors.

Your preferences and consent: Please tell us how you want us to use your information. We will follow your instructions, unless special circumstances arise in which we need to use your information to address legal or safety requirements.

Please check:

☐ Sharing declined: I do NOT authorize the Family Assistance Center to share my information

Or check all that apply:

☐ General: I authorize the _____ Community Assistance Center to share my information with and receive information from other disaster relief and recovery organizations.

☐ Medical Provider: I authorize the _____ Community Assistance Center to share my information with and receive information from my medical provider and/or pharmacy as necessary to assist with my identified needs.

Names/Contact Information:

_____

_____

☐ Specific: I authorize the _____ Community Assistance Center to share my information with and receive information from the specific individuals/organizations listed below.

Names/Contact Information

_____

_____

Client's Name Printed _____

Signature _____ Date _____

APPENDIX C: STAFF ROLES AND RESPONSIBILITIES

Navigator

The MVCAC's navigators' role is to provide safety, comfort, and compassionate listening along with an awareness of the available services for MVCAC clients. Your safety and comfort are important to us as well. Please know that there are police officers and security officers on premises. If you feel a situation is escalating in an unsafe direction, call in reinforcements. Do not enter private rooms if you feel uncomfortable in doing so. Finally, demonstrate compassion; let us extend it to not only our clients, but to one another as well.

- Receive the case from the coordinator.
- Greet the client and take them to a table.
    - Get their story ("What brought you to the MVCAC today? How can we assist you? Were you at _____, work there, family member?") This will help you identify which tables you need to visit.
- Complete the Intake Form front and back.
- Be sure to have the client print their name and sign & date the back of the Intake Form
- Make copies (2 sided) for the number of services the client will utilize. Each agency will need a copy of this form to provide services.

When taking the client to the agency resource tables to address their needs:

- Tell each agency whether there was a death or injury, employee of_____, or family member.
- Try to provide a brief but complete context of the client's situation.
- Provide a copy of the Intake Form to the person at each table visited and give a brief overview of needs.
- Introduce the client to the resource agency table and take a step back and wait for the client to finish their work with the agency. Some clients may welcome your presence at the table – follow their lead.

If a client would like the services of a spiritual counselor or additional disaster mental health worker, please invite them to your table. They should not join without an invitation.

Runners

These volunteers help keep track of who is next at each agency resource desk. The Navigator should sign in with them if the table is occupied. If the Navigator indicates the client's location by table number and then moves, update the Runner. The Runner will contact the Navigator when it's their turn. If the client is engaged with another resource agency at the time, the Runner will go to the next Navigator group. The Runner will then look for the previous Navigator group when the next opening occurs.

Property Return

If there is a property request or the client received a call from the FBI regarding personal effects, take them to the FBI area (or other designated property return area & staff).

Stay with the client until they leave the building. If they request to sit for a while or to be alone, respect their wishes but stay connected from a distance. We do not want people wandering the building. Once the client has left, place the completed Intake Form in the folder marked "completed forms" at the intake desk. Any additional forms need to be placed in the shred box at the intake table.

Intake

MVCACs help to maintain client confidentiality. Confidentiality is essential to the MVCAC operation. The personal identifying information provided in forms is for the sole and explicit purpose of providing incident relief. The information will not be distributed or shared with agencies or organizations not directly associated with this stated purpose or the MVCAC. MVCACs may be subject to audit or after-action-review.

- Complete the top half of the Intake Form; do not go beyond the address.
- Hand off the Intake Form to the coordinator to assign it to a Navigator.
- If a client is distressed, acknowledge it: ("I can see you are upset, it is quite understandable. I am going to set you up with someone who can help you right away"). Ask the coordinator for a mental health companion who with them complete the intake and take the client as a companion.
- If client does not speak English, or is uncomfortable communicating in only English, seek a Navigator who speaks the indicated language or obtain an Interpreter to complete the Intake Form and be the Navigator to that client.
- If the client had previously visited the Community Assistance Center check the completed intakes to find the original Intake Form. If it cannot be found create a new one and mark it at the top as a returner with the last day they were there. If it is found, note the return date at the top and any additional notes or table sites.
- If the client wants to talk to law enforcement, the Navigator will connect the client with law enforcement.

APPENDIX D: SCREENING QUESTIONS

Screeners are info gatherers at the entrance to the MVCAC, near security, who ask questions in a trauma-informed manner to determine access and needs prior to the individual entering registration.

Screening questions to consider during the registration process:

- Were you present at the incident?
- If so, how were you impacted?
- Where specifically were you when the incident occurred?
- What injuries did you suffer?
- Do you need medical attention?
- Are you a family member of someone who was present?
- If they answer no, ask what brings them here today.

Be sure to check identification. If it's unclear if they should be at the MVCAC, ask them to have a seat in the reception area and ask one of the staff to come and have a follow-up conversation with them.

Additional questions for registration process in the resiliency center:

- Have you filed a compensation claim?
- Have you sought treatment?
- What are your current needs?
- Would you like a case manager?
- Do you live in the area?

APPENDIX E: PUBLIC INFORMATION OFFICER (PIO) SUPPORT

The Family PIO Liaison Program is established to provide a buffer to the media for grieving families. A professional PIO is assigned to each family (that chooses to participate) to offer their expertise in dealing with the media. The purpose of the program is not to be a family spokesperson but to provide a media contact to give family space to grieve. The PIO Liaison assists families with dealing with the media however they wish.

PIO Functions

- At the first notification of an event, the local PIO will use their agency protocol to:
  - Inform chain of command.
  - Release/approval of initial information (social media/interview/news release).
  - Activate public information team.
  - Identify initial media staging and briefing location.
- PIOs that normally handle multiple PIO duties at once will quickly be overwhelmed with the request for information. The following PIO duties need to be fulfilled but can be shared or divided based on staff size and incident need.
- Coordinate and provide scheduled family information briefings at the MVCAC in conjunction with law enforcement and victim services.

Lead PIO

- Develop and initiate communication strategy (identify target audience, official sources, communication media and formats, etc.).
- Identify incident spokesperson based on the scope and nature of the incident (Chief/Mayor/Sheriff).
- Attend Policy/Unified Command meetings, staff briefings, etc. Inform/advise the Policy Chief of/on public information and inquiry relevant issues.
- Communicate program information to local officials for appropriate messaging.
- Communicate with Deputy Lead PIO about communication needs identified in meetings.

Lead Deputy

- Support Lead PIO by facilitating the timely collection and verification of information.
- Implement communication strategy using communication methods that match the target audiences (social media, emergency alerts, etc.).
- Supervise PIO staff.
- Ensure personnel are staffing key communication roles:
  - Activate additional staff as needed.
  - Consider PIOs for multiple locations (hospital, on-scene, Unified Command, JIC).
- Ensure JIS is active with all mandatory parties in the loop with information sharing and updates; Obtain operations briefing.
- Initiate JIS conference call/email.

Media Relations

- Determine the Media point of contact, respond to inquiries.
- Prepare SME for media briefings and interviews.

- Set up media briefings (location, logistics, protocol).

Content Writer

- Coordinate the development, approval, and dissemination of written (e.g., news releases, media advisories and fact sheets) and multimedia (e.g., video and still photography) collateral.
- Proofread/fact check information prior to dissemination.
- Compile and release accurate, timely fact and maintain a running chronology of information released.
- Update call center scripts.
- Develop social media posts.
- Consider public sentiment.
- Monitor traditional and social media (identify information gaps, trends, misinformation and message effectiveness).
- Produce daily media monitoring reports that analyze media coverage and advise adjustments to communication strategies and tactics.

Social Media

- Develop and post/share social media content.
- Correct misinformation/rumors.
- Consider partnering with Facebook on its inactive social media template to provide public information over social media.

Call Center

- Maintain ongoing communications with call center and address trending public questions in a media briefing and/or statement and via social media.
- Update call center recordings.
- Analyze messages and identify concerns, interests and needs arising from the crisis.

Support

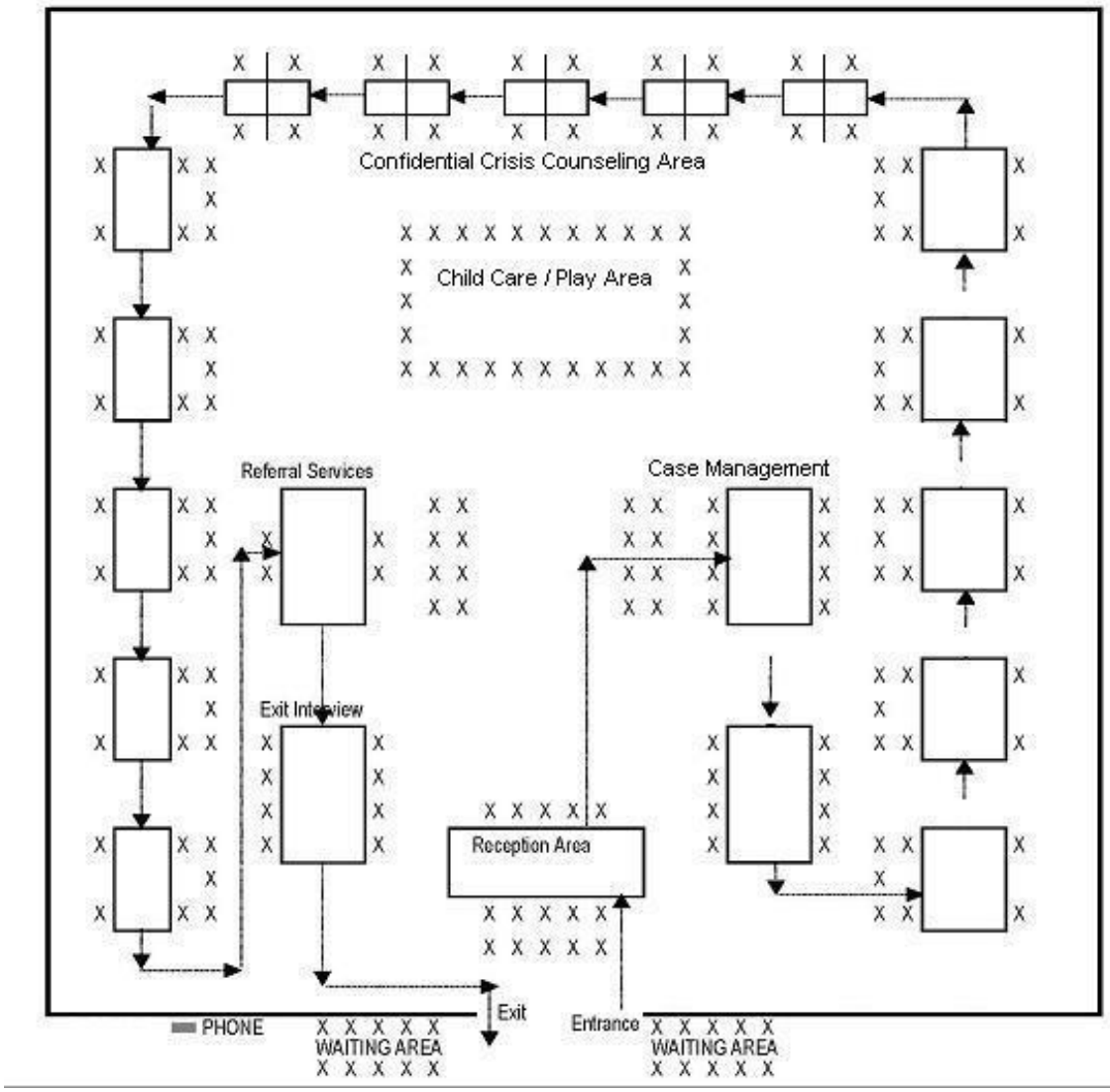
- Take minutes during PIO conference calls.
- Document response in photos and/or video.
- Develop and maintain distribution lists for news releases, PIO conference calls, etc.
- Maintain a schedule of conference calls, meetings, and media and VIP visits for Lead PIO.

APPENDIX F: CONSIDERATIONS FOR PANDEMIC ENVIRONMENT

The CDC guidance recommends that facilities provide information on infectious diseases and adjust policies to ensure the safety of everyone. Visit the CDC.gov website for the latest recommendations to reduce the possibility of transmitted diseases amongst MVCAC staff, volunteers, survivors, and visitors.

APPENDIX G: SAMPLE FLOOR PLAN

Example Model - 5,000 Square Feet

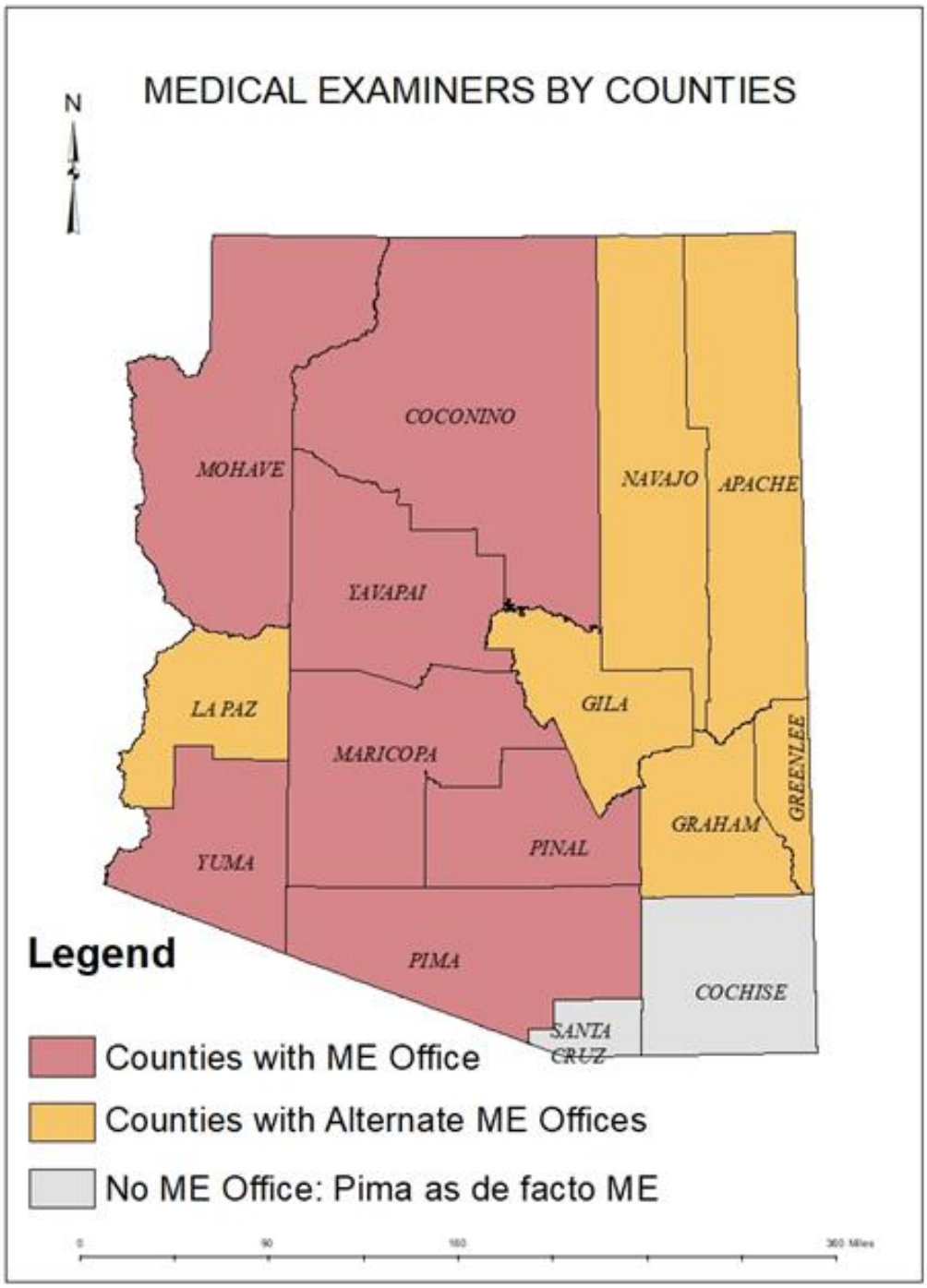


Formula for estimating square footage: 150 square ft for each MVCAC participant PLUS 50 square ft for each client that could be in the MVCAC at a given time.[5] Example: a center to accommodate 10 MVCAC participants and 30 clients at any given time would require a minimum of 3,000 square ft: (150 square ft x 10 MVCAC participants) + (50 square ft x 30 clients).

MVCACs may require more or less square footage based on the size and magnitude of the event. Partitions of some type may be necessary for private consultation, counseling, or if one table is used to interview more than one client.

[5] FEMA requires a DRC to have minimum square footage of 1600-1800 square feet

APPENDIX H: MEDICAL EXAMINERS BY COUNTIES MAP



APPENDIX I: ACRONYMS

ADA	Americans with Disabilities Act
ADOT MVD	Arizona Department of Transportation, Motor Vehicle Division
ADHS	Arizona Department Health Services
AHCCCS	Arizona Health Care Cost Containment System
ARC	American Red Cross
AZEIN	Arizona Emergency Information Network
AAR	After Action Report
CISM	Critical Incident Stress Management
COAD	Community Organization Active in Disasters
CRT	Crisis Response Team
CSC	Crisis Standards of Care
DAFN	Disabilities, Access & Functional Needs
DEMA-EM	Department of Emergency & Military Affairs, Division of Emergency Management
DMORT-VIP	Disaster Mortuary Operations Response Team, Victim Identification Protocol
DRC	Disaster Recovery Centers
EAP	Employee Assistance Programs
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
FBO	Faith-Based Organizations
FBI	Federal Bureau of Investigation
JIC	Joint Information Center
JIS	Joint Information System
LEP	Limited English Proficient
MVCAC	Mass Violence Community Assistance Centers
MVT	Mass Violence Terrorism
NGO	Non-Governmental Organization
NIMS	National Incident Management System
NOVA	National Organization Victim Assistance
OME	Office of Medical Examiner
PIO	Public Information Officer
RSF	Recovery Support Function
SEOC	State Emergency Operations Center
SME	Subject Matter Expert

SERRP	State Emergency Response and Recovery Plan
TIA	Trauma-Informed Approach
VOAD	Voluntary Organizations Active in Disasters