Family Assistance Center Planning Starter Guides

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Contact List

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<i>A contact list of key responding agencies and points of contact for each should be maintained. This list should be routinely updated and easily accessible should a MCI/MFI occur. Responding agencies will maintain their own call down lists and procedures to be enacted once the agency is deployed.</i></td>
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<td>Planning Considerations</td>
<td><u>CENTRAL CONTACT LIST</u>
• The contact list will be used to source needed responders.
• All organizations represented on the committee should be included on the contact list. However, the contact list may include additional agencies not represented on the committee.
• The contact list should provide a primary point of contact (POC) for each agency, as well as a secondary and tertiary POC. It is not a master list of all staff for each agency.

<u>AGENCY CONTACT LISTS</u>
• Each agency is responsible for maintaining their own roster of available staff.
• At a minimum, contact lists should be updated annually.</td>
<td>1. Who is responsible for compiling and maintaining the central contact list?
2. How often is the central contact list updated?
3. Where will the central contact list be stored?
4. Has the campus identified their local Victim Services agencies who would support?
5. Have agencies identified their trained responders?</td>
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<td>Services</td>
<td>• This should come from the standard list of services provided at a FAC.</td>
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<td>Staffing</td>
<td><u>CENTRAL CONTACT LIST</u>
• Central contact list will include agency planning members or identified POCs.

<u>AGENCY CONTACT LISTS</u>
• Agency contact lists should be developed in accordance with the staffing needs for your INC and FAC.</td>
<td>6. What agencies on your institution or surrounding areas could assist following an Mass Casualty Incident (MCI)/Mass Fatality Incident (MFI)?
7. What is the approval process for adding new agencies to the central contact list?
8. How will agencies and their staff be credential prior to an MCI/MFI?</td>
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<td>Activation</td>
<td><u>CENTRAL CONTACT LIST</u></td>
<td>9. What notification system(s) will be used for the central contact list activations?</td>
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	• Typically, members of the planning committee are activated through EM processes. Committee members then utilize the contact list to activate needed agencies. **AGENCY CONTACT LISTS** • External partners are likely to have their own call-down procedures that are most likely separate from the EM process.	10. What criteria or threshold will be used to determine the need for activation of agency contact lists? 11. What process will each agency use to activate their personnel? 12. What information will be included in the notifications? 13. What is the timeframe in which external partners must respond? 14. What happens if the initial notification does not provide enough victim services staff resources?
Location/Material Resources	n/a	
Communication		15. If a centralized notification software/system is being used, who is responsible for ensuring all necessary personnel have access to and training on said software? ○ How and when is the notification system tested?

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Volunteer Management

Volunteer Management		
Jurisdictions will need to identify, train, credential, and collaborate with volunteer agencies including NGOs, places of worship, and private sector organizations. Spontaneous volunteers also need to be managed. If you already have an existing Volunteer Management plan, review the questions in this section to ensure your plan accounts for all aspect of this concept for MCI/MFIs.		
	Considerations	**Questions**
Planning Considerations	• Many jurisdictions will have volunteer management as part of their All-Hazards plan. This includes identifying, training, credentialing, and coordinating volunteer agencies. • Non-typical roles are likely to be needed to meet the needs of victims in a mass violence incident. These include: mental health, spiritual care, victim advocates, and navigators. Planning will need to consider these roles and incorporate the volunteer agencies into the planning process. • MCI/MFI typically involve more volunteers than other incidents. The volume of volunteers, particularly spontaneous volunteers, may exceed existing plans. • It is critical to have a detailed process for dealing with spontaneous volunteers. Otherwise, masses of well-intentioned volunteers may overwhelm responders and detract from victim services. Unneeded or unsuitable volunteers should be turned away.	1. Does the jurisdiction have a plan for volunteer management? 2. Is the existing plan scalable for large numbers of volunteers? 3. Are spontaneous volunteers addressed in the pre-existing plan? 4. Does the plan include volunteers who fall outside of the typical response needs? 5. Does the jurisdiction have an active CERT program or Goodwill Ambassador program that can be leveraged? 6. What agencies in the community have been vetted and can provide needed volunteer services applicable to victims and families in an MCI/MFI response?
Services	• Coordination of voluntary agencies, non-governmental organizations, places of worship, and the private sector ensures that capabilities, resources, and services are integrated into local, state, tribal, territorial, and insular area response. • It is best practice to create a list of agencies who utilize volunteers and work with those agencies to identify	7. What responsibilities could be managed by affiliated volunteers? 8. What responsibilities could be managed by spontaneous volunteers?

| | responsibilities spontaneous volunteers can fill.
• Some jurisdictions will stand up a Volunteer Intake Center to manage volunteers. Other communities may depend on agencies that use volunteers to be a clearinghouse for all volunteers.
• Consider looking at our local Volunteer Organizations Active in Disaster (VOAD) or the National VOAD (VOAD). | |

Staffing	• The planning committee should determine eligibility requirements of volunteer and paid staff – including how eligibility is affected if staff are directly impacted by the incident. • Good standing with licensing or credentialing boards should be verified at the time of the incident, even for pre-identified staff. • It is best practice to ensure a background check is complete for all staff who will be working with victims, especially vulnerable populations (children, elderly, disabled). • Pre-identified, affiliated stakeholders and agencies will be aware of the specific roles that their volunteers are trained and credentialed to take on. These will vary depending on the type of agency. • Spontaneous volunteers unaffiliated with a known responding agency will need to be vetted to determine appropriateness of involvement. • Spontaneous volunteers unaffiliated with a known responding agency should have no unsupervised access to victims until they are vetted and pass an approved background check. • A volunteer management system shall have plans, policies, and procedures for the safe and appropriate use of trained facility dogs following guidance from the FBI Victim Services Division. • Individuals and teams will spontaneously deploy with support animals, especially dogs. **Only vetted and certified facility dogs** should be used. (See Alliance of Therapy Dogs for a best practice standard: https://www.therapydogs.com/alliance-therapy-dogs/)	9. What requirements will determine volunteer eligibility? 10. What is the organizational structure for volunteer management? 11. Who is responsible for managing affiliated volunteers? This could be an agency or a position. 12. Who is responsible for managing spontaneous volunteers? This could be an agency or a position. 13. How will licenses, credentials, and background checks be verified for pre-identified staff? 14. Who is responsible for conducting background checks for spontaneous volunteers? 15. How will spontaneous volunteers be vetted for licenses and credentials?

	- Clear guidance regarding the training and purpose of different types of animals will assist institutions in refusing animal entry to service delivery locations. - Facility dogs are bred to remain calm during a mass casualty response, with specific training to manage large numbers of emotionally impacted individuals. - Therapy dogs are trained to support one person or a small group of people who are experiencing emotional stress. They become overwhelmed by the number of emotionally needy people during a mass casualty response and should not be used. - Emotional support animals are not trained to provide support, but rather develop a relationship with a single person to provide constant support. They are therefore not appropriate supports to deploy during an MCI/MFI.	

Activation	• Activation of your Volunteer Management Annex/Appendix	16. Who will determine how volunteers are used? 17. How will affiliated volunteers be activated to respond? 18. How will spontaneous volunteers be managed? 19. What type of training will spontaneous volunteers receive? 20. How will liability issues for volunteers be managed?
Location/Material Resources	• Check-in/registration centers will be needed for both affiliated and spontaneous volunteers. • The spontaneous volunteer registration location should be distanced from the FAC and EOC.	21. What is the process for determining and operating volunteer check-in/registration center(s)?
Communication	• Volunteers should be regularly updated on available services, roles, and procedures. Briefings and debriefings are recommended at the beginning and end of each shift. • It is helpful to have volunteer job descriptions in advance to ensure volunteers are appropriately matched with roles.	22. Who is responsible for devising and maintaining job descriptions? 23. Where will job descriptions be stored?

	debriefings are recommended at the beginning and end of each shift. • It is helpful to have volunteer job descriptions in advance to ensure volunteers are appropriately matched with roles.	24. How will volunteer input and observations be collected?

Family Assistance Center

Family Assistance Center (FAC)		
The FAC is a structured and organized approach to delivering support and resources to survivors, families, and loved ones affected by a mass casualty incident or other significant emergencies on campus.		
	Considerations	**Questions**
Planning Considerations	• A well-organized FAC is critical to supporting victims and their families. • FAC is established as the INC closes and remains open until it transitions to a Community Resiliency Center (CRC) • FAC hours of operation are dependent on incident. Typically they are open 12hrs/day or 24 hrs/day and can be adjusted as needed. • When the FAC closes, it is best practice to have the CRC open on the next business day to avoid a lapse in services. See the CRC planning guide for the type of CRCs you can use. • "Family" is not limited to a legal next-of-kin relationship and may include immediate family, friends, partners, and/or distant relatives. • Access to the FAC is generally limited to legally identified victims since some key services (Victim Assistance, Victim Compensation, federal victim resources) will only be available to those identified victims. • Unauthorized entry of personnel such as media or attorneys should not be allowed access to the FAC.	1. What external agencies need to be involved in conversations about victim care? 2. How will drills and exercises involving the FAC be included in the institution exercise calendar? Will external partners be included? 3. Who will collect information about victim/loved ones needs? How? 4. Who will determine what services will be available at the FAC?

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Services	• FACs allow victims streamlined access to multiple partner agencies, resources, and information to meet their immediate needs.
	• Service coordination should be overseen by one person to reduce confusion and ensure that all immediate needs are met.
	• The following services are needed:
	  o Client registration
	  o Ushers (assist with identifying needs of victims and loved ones and accessing resources within the FAC)
	  o Disaster-trained behavioral health (may act as Navigators)
	  o Disaster-trained Spiritual care
	  o Missing persons
	  o Victim identification/tracking
	  o Death notification
	  o Communications/IT
	  o Transportation for families of injured or deceased to and from hospitals and FAC
	  o Travel and lodging services for out of town loved ones (usually 2 per victim)
	  o Disaster-trained childcare (often activated through Red Cross)
	  o Crime victim compensation
	  o Guidance for legal matters related to death or injury
	  o Referrals to local and regional mental health counseling services
	  o Health care support
	  o Food/beverage
	  o It is helpful to develop a document that lists services and available resources that is updated and distributed to ushers and agency personnel on a daily basis.
		5. What agencies will provide FAC and victim support essential services? What Just-in-time training will be needed?
		6. How will security be managed?

Staffing	• Sample of FAC Table of Organization can be found in the FAC Plan Template (link to website/tool kit). • Typical roles that are needed can be found in the tool kit. • Agency staff is likely to change on a daily basis. A daily roster of personnel should be maintained. • Approved staff will need to be identified quickly as they move around the FAC. It is best practice to utilize color coding on visible ID badges. Dot stickers are often used. • Staffing plans should include provisions to rotate personnel. 12-hour rotations. • Staff briefings and debriefings should be conducted at each shift change. • Many volunteers, both those officially linked to stakeholder agencies and those who are unaffiliated, will self-deploy. All volunteers need to follow established protocols. This includes those who arrive with dogs or other support animals.	7. What roles are needed? 8. What responsibilities need to be covered? 9. Has an org chart been developed? 10. Who will fill the identified roles? 11. How will credentialing be managed? 12. Who is responsible for developing staffing plans? 13. How will service providers be scheduled? 14. How will approved FAC staff member be identified each day? 15. How will the lead/POC for each agency be recorded each day? 16. How will daily personnel rosters be communicated to FAC operations staff? 17. Who is responsible for developing staff protocols that will govern staff behavior and procedures for operations?

Activation	• EOC in consultation with INC leadership and will need to coordinate transition to FAC with JFSOC support. • Senior representatives from key stakeholder agencies who are authorized to allocate agency resources need to be engaged in the INC to FAC transition planning. • Stakeholder agency POCs will usually do call downs and deployments of their own agency personnel to staff FAC. • Activation notifications should indicate who the responder should report to upon arrival and contain concise directions to the INC, at minimum. **JFSOC** • JFSOC location should be within or close to the FAC in a private, secure location, not clearly accessible to others. • JFSOC staff should be assigned early to assist in coordination of transition from INC to FAC.	18. Who decides when to transition from an INC to FAC? 19. What agencies are activated? 20. Who is responsible for notifying agencies? 21. What agency is responsible for opening/set-up of FAC? How will they be contacted? 22. What agency is responsible for operating the FAC? 23. How will response agencies activate personnel? a. If a centralized notification software is being used, do all necessary personnel have access to and training on said software? b. How often will notification system be tested? 24. What information is included in activation notification?

Location/Material Resources	• FACs should have a physical location and a website for online access. • Potential FAC facilities should be identified throughout all areas of jurisdiction. • ==Sample floorplan for a FAC can be found in the tool kit== • Hotels and conference centers have proven to be effective FAC spaces during past incidents because food, lodging, and parking are easily available. • Should be out of line of sight, sounds, and smells of the incident. • Occupancy limitations must be followed. • Size dependent on scope and scale of incident. • Communications capabilities such as high-speed internet and phone lines are necessary. • Should have space for 1:1 meetings with families.	25. Who is responsible for selecting FAC location? 26. What facilities could be used as a potential FAC? a. Have Memorandum of Understanding/Agreements been developed? If yes, are they current? 27. If none of the pre-identified locations are available, what criteria will be used to determine FAC location "on-the-fly?" 28. What equipment and materials are needed for service provision? 29. Where will web-based services be hosted?

Communication	• Public information is essential at this stage to keep friends and family aware of where to go for notifications and services.
	• It is helpful to distribute information describing resources, assistance, and services available at the FAC and online.
	• It can be helpful to develop templates developed in advance for the following:
	  o Communications overview - how information will flow
	  o Investigative updates
	  o Service updates
	  o ME/coroner updates
	• Briefings are often held at the FAC to provide updates to victims and families.
		30. Who has primary responsibility for information sharing between FAC and emergency management?
		31. Who will approve the release of incident-related information to victims and families?
		32. Have communications templates been developed? If yes, where can they be found?
		33. Who will coordinate the distribution of information about the FAC?

Donation Management

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Donation Management

Donation management allows jurisdictions to accept, manage, and distribute solicited and unsolicited resources including monetary donations, facilities, and goods. If you already have an existing Donations Management plan, review the questions in this section to ensure your plan accounts for all aspect of this concept for MCI/MFIs.

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Planning Considerations

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- Financial and material donations should be considered separate activities.
- Advisory groups should be developed for both material and financial donations.
- Fraud is a very real circumstance to be aware of with people claiming that they are victims in order to access financial and material donations.

MATERIAL DONATIONS
- Most institutions have some donations management (typically material items) written into their base plan. In that case, this section may refer to the specific section of the base plan.
- The volume and type of material donations will vastly exceed the norm.

FINANCIAL DONATIONS
- Current statues, rules, and regulations governing financial support for victims, survivors, family members, and first responders need to be reviewed to ensure compliance.
- Consideration should be given to having a non-governmental agency oversee financial donations to ensure a perception of impartiality.
- Issues, such as the effect of monies raised by GoFundMe accounts impacting Crime Victim Compensation payments, should be considered in the overall scheme of recovery and donations.
- Local law firms and financial managers are useful resources to help the planning group understand current statutes,

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MATERIAL DONATIONS
1. Does your existing Donations Management plan provide the flexibility needed to manage the scope and scale of donations during an MCI/MFI? If not, what strategies exist to do so?

FINANCIAL DONATIONS
2. Who will fill the roles on the Financial Advisory Group or will be it be handled within the EOC?
3. Who will convene this group? How often will they meet?
4. What strategies are available to manage the high volumes of donations that typically occur during mass violence/ domestic terrorism incidents?
5. What strategies may be used to define eligibility and exclusionary criteria for funds immediately following an incident?
6. How can the process be safeguarded from fraud?
7. How will you balance the competing interests of public transparency and victim privacy?

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	rules, and regulations governing financial support.	

Services	• Communications regarding funds should include the fact that ongoing needs assessments will be conducted to identify and address emerging and unanticipated needs as they surface for a defined period of time. This means that
	   1) distributions will be deployed to accommodate this and/or
	   2) a certain percentage of the funds will be withheld until x time to accommodate later assessments.
	• It is virtually impossible to distribute funds and material goods in a way that makes everyone happy. This includes the disposal of unneeded material goods.
	
	  MATERIAL DONATIONS
	• The plan shall also include provisions for donated goods. Again, refer to the existing plan to ensure proper integration.
	• Volunteers are an essential donated service, which come with a variety of issues.
	• Victim advocates (e.g., liaison, navigator) assigned to victims and family members can help coordinate the disbursement process for goods and services.
	• Consider leveraging or developing partnerships with local city services to assist in the transportation of goods and services.
	• Discussions will need to be ongoing regarding the disposition of unneeded material donations.
	
	  FINANCIAL DONATIONS
	• In addition to going directly to victims, funds will be needed for recovery initiatives for the overall impacted
		8. What timeframe will be set aside to conduct ongoing victim needs assessments?
		9. Who will decide if distributions will be delayed to accommodate for ongoing assessments or if funds will be held in reserve for unanticipated needs?
		10. How will this be communicated to the victims?
		
		MATERIAL DONATIONS
		11. Who are potential local or corporate donors?
		12. How will you manage unsolicited or perishable goods?
		13. How will donated goods be distributed to victims and their families? Responders?
		14. How will donated goods be transported?
		
		FINANCIAL DONATIONS
		15. How will you include victims in the implementation of a financial donation management strategy after the incident occurs?
		How will victim navigation of the donation management process be integrated into or alongside other responding victim services?

	community and for agency expenses to address these services. • Funds should address unmet needs. • Restricted donations may impact government funding. • Consider NGOs who have established procedures for financial donations.	

Staffing	• Both traditional and non-traditional partners are key to assist with staffing.
	
	MATERIAL DONATIONS
	• Consider developing MOUs/MOAs with local organizations or NGOs to support donations management.
	• Work with your Public Information Officer to get the information out early to direct people where to drop off material donations.
	
	FINANCIAL DONATIONS
	• Following an MCI/MFI, consider developing a Financial Donation Policy-Making Group. The pre-MCI group and a post-incident policy body making may have some of the same members.
	• The following should be included on your Financial Donation Policy-Making Group:
	   • A mental health professional with a background in psychological trauma
	   • Someone from the medical community
	   • A Trusts and Estates lawyer
	   • non-probate lawyer
	   • development/philanthropy/political fundraising
	   • large locally based corporations or industries
	   • media/communications
	   • victim services representative
	   • victim of a past mass-shooting
	• Often a non-profit organization, like the National Compassion Fund (NCF), has the authority to collect, track, acknowledge, and disburse monetary donations.
		MATERIAL DONATIONS
		
		16. What existing agency serves as the lead for material donation management?
		17. Who could serve as the donation management coordinator?
		18. Who could be part of a donations management team?
		19. Have you developed a reporting organizational structure that clearly provides defined roles?
		
		FINANCIAL DONATIONS
		
		20. Who will fill the necessary roles on the post-incident policy making group?
		21. Who will fill the necessary administrative roles?
		22. What existing 503(c) agency would be willing to collect, track, acknowledge, and disburse monetary donations?
		23. If no existing 503 (c) agencies have written into their mission statement or Chancellor/President guidance that they may collect, track, acknowledge, and disburse monetary donations, which agency would be willing to do so or will you include an outside organization like NCF?
		24. How will organizations operating relief funds be vetted?

	• Government entities should never administer financial donations	
Activation	**MATERIAL DONATIONS** • Have activation processes in place for any NGO or entity that will assist in material donations. **FINANCIAL DONATIONS** • Victim Advocates (system-based (i.e. Victims Services office, UC PD), Victim Compensation, and advocates connected to donated fund administration, etc., will need to coordinate with each other in terms of tasks related to victims, but all should be included in fund distribution. • You will need to identify and describe how policy decisions will be made regarding eligibility and distribution, and which body is authorized to make those decisions. Victims and the public will need to know this.	**MATERIAL DONATIONS** 25. Who will coordinate and determine when to activate and implement the plan? 26. How will staff members responsible for the material donations facility be notified of the activation of the plan and the reporting date, time, and location? **FINANCIAL DONATIONS** 27. Who will coordinate and determine when to activate and implement the plan? 28. How will stakeholders be notified of the activation of the plan? 29. What actions need to be taken to receive, manage, and distribute cash contributions? 30. How will the administrative costs of managing financial donations be covered?
Location/Material resources	**MATERIAL DONATIONS** • Storage of large quantities of material goods must be considered. • Because material donations may arrive in a tractor-trailer, a facility with a loading dock is most appropriate. • Because donations may be palletized, forklifts and pallet jacks are useful equipment at a material donations facility. **FINANCIAL DONATIONS** • n/a	**MATERIAL DONATIONS** 31. What facilities/locations may be used as a staging area for material donations and/or transportation vehicles? 32. How will donations be tracked? 33. What equipment will you need in a material donations facility? **FINANCIAL DONATIONS** 34. Do you have a web-based program for donations from the public?
Communication	• It is highly likely that most institutions have a communications plan. • The Communications/Public Information Officer (PIO) Branch should release media information to publicize	35. How will the public be informed of the proper donation channels? 36. How will the comprehensive list of victims be shared with this committee?

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	the established methods for donating both materials and monies. • Specificity about donation needs is incredibly important. **MATERIAL DONATIONS** • Ensure victims and advocates are informed of centralized numbers, email, and text that can be used in communications to let people know how to contact the appropriate groups for donations. • Sometimes material donations are made available directly to the victims (teddy bears, quilts, etc.). This information should be funneled to victims and families through the FAC and Community Resiliency Center (CRC). **FINANCIAL DONATIONS** • It is best practice to make a single statement to the public regarding the use of funds. This statement should explain that funds will be distributed to both victims and victim serving agencies. • Incorporate fraud alerts and consumer protection announcements into public communications related to donations.	37. Is there a centralized number, email, and/or text that can be used to let people know how to contact the appropriate groups for donations? Will a call center be used? 38. How will victim input and feedback be incorporated? **MATERIAL DONATIONS** 39. How will information about specific donations intended for victims and families be given to the FAC and Resiliency Center? **FINANCIAL DONATIONS** 40. How will victims be kept informed of available funds, eligibility, and process for obtaining funds?

Memorials, Vigils, and Special Events

Memorials, Vigils, and Special Events		
Focus is on spontaneous memorial sites that develop and special events that occur within the first 2-4 weeks after an incident.		
	Considerations	**Questions**
Planning Considerations	• Memorials, vigils, and other special events may be very spontaneous and require flexibility and rapid response by the community to ensure safety. This is especially true for dignitary visits which are likely to include state and federal officials. • Institutions should include the proper departments and agencies (i.e., law enforcement, emergency management, public works, Department of Transportation, public health, public information officers and leadership officials). • Media and public often inundate funerals and memorials. • Spontaneous memorials near the incident will result in significant numbers of cards, items, and photos at the location. These need to be protected. • You can't save everything from the memorial sites; organic materials can't be saved, paper items blow away, fragile items are sometimes broken, and larger items may be a public hazard. • National Archives or local Historians may be able to help for memorial item preservation. • American Red Cross has a <mark>Memorial Planning Guide available in the tool kit</mark>. • Manage items in a way that allows for consideration of possible inclusion of items into a permanent	1. Which departments and agencies should be included in the planning process for memorials and special events? 2. Who will serve as the lead for planning memorials and special events? 3. What liability issues arise from conducting memorials and special events, to include visiting the incident site? 4. How might the institution manage items left at spontaneous memorial sites?

	bells, and 21-gun salutes may re-traumatize victims. • It's important to note that "Family Groups" often form, with some creating LLCs. Make sure to liaison with the group and/or the POC for the Family Group regarding any memorials, inscriptions, etc. • Family members may attend and even speak at a public vigil which means a plan should be in place to keep them secure and help protect their privacy.	

Services	• Victim and family participation is always voluntary.
	• Respect for the victims is essential.
	• Victim services may be asked to take a more active role in these activities.
	• Events that can be expected include:
	  ○ Joint vigil/memorial,
	  ○ Incident site visit for victims/families
	    ▪ Site visits are secure and private for victims and families, with support services (mental health and spiritual care support) in attendance. FBI and Red Cross have experience with orchestrating site visits. No media, politicians, or speeches.
	  ○ Dignitary visits
	  ○ Spontaneous memorial sites
	
	Permanent Memorial
	
	• The permanent memorial will likely take years to plan and will fall outside of the parameters of this document.
	• Words matter. The word remembrance is preferred over the word anniversary. Anniversaries are
		5. How will victims be kept informed or included in the planning of memorials or special events?
		6. When family/friends plan an event, will institution provide support to assist with event coordination if requested?
		7. When family/friends plan an event, will institution serve as a liaison if requested?
		8. Will institutions provide support to a private organization who has planned an event, if support is requested?
		9. Which organization, etc. can assist with or serve as liaisons for these events?
		10. Which organization can assist with securing transportation for these events if needed for families and victims?
		11. What services will jurisdiction provide related to safety and security (fire, police, EMS)? Who will develop the security staffing plan?

	typically happy occasions.	
Staffing	• Both traditional and non-traditional partners are key to assist with staffing. • Victim advocates, mental health care, and spiritual care provide support and should stay in the periphery at memorials/vigils with minimal identifiers (lanyards or basic victim advocate jackets). They should keep an eye out for individuals that might need emotional or other support. • Faith-based leaders will often coordinate a vigil/memorial. • Law enforcement and public works personnel will often provide safety and security for participants.	12. Who in your institution will lead/coordinate a memorial or special event? 13. Which departments or agencies will be responsible for collecting the items left at spontaneous memorials? 14. What department or agency within the community can be responsible for documenting the memorials (spontaneous and planned) and vigils? 15. What agency can be responsible for watching social media for information about memorials and vigils that are being planned outside of the official response? 16. Who in your jurisdiction will decide if support is needed for events that initiate outside of the official response? 17. Who in your jurisdiction will assist with transportation routes and street closures? 18. What additional roles are needed to support a memorial or special event? What additional responsibilities need to be covered?

Activation	• Many vigils and gatherings will be planned outside of the official response. These may require official support if they become large.	20. Who will determine when a memorial or special event should be hosted? 21. How will support staff members be notified that an event is being planned? 22. If permits or approvals are needed, who will obtain the necessary approval or paperwork? 23. If there are costs associated with a memorial or special event, who will be responsible for funding approval?
Location/Material Resources	• Collaborate with the owner of the land where physical memorials are located to decide when memorials should be relocated. • Written notice should be posted at the site 24-48 hours prior to moving/removing memorials that indicate where items will be moved. This information should also be given to all navigators working with families, distributed by PIOs and posted on all social media and websites. • Museums have created an informal support network to pass along lessons learned about preserving items left at spontaneous memorial sites. • Memorial items that are going to be placed in a museum will need to be curated and archived. • The intake, cataloging, and archiving of memorial site items can take a museum several years to complete. • Museums keep most of their artifacts in temperature-controlled storage which requires space and funding.	24. What facilities are available to host memorials or special events? 25. What material resources, such as barricades, safety lighting, etc., will be needed to host memorials or special events? 26. What facilities are available to store items collected from memorials until a determination of disposition is made?

Communication	• Victims and families should be informed of memorials and special events.	27. How will victim input and feedback be incorporated? 28. How will communications about memorials and special events be shared with the public?

First Responder Support

First Responder Support		
MCI/MFI can be more challenging for many responders than more common critical incidents. Jurisdictions must prepare for the often more complicated and longer lasting support and behavioral health needs of responders following an MCI/MFI.		
	Considerations	**Questions**
Planning Considerations	• It is important that institution plans, policies, procedures, and/or training materials include language or guidance informing responders that support, and counseling will be available following MCI/MFI. • Not every off-duty responder who arrives at a mass casualty incident will check in, even if an Incident Command Post has been established. • First responders are one of the identified populations within the community who may need special resources during recovery. • Funding through OVC defines first responders as indirect victims of a mass violence incident. This ensures that there are resources available for their needs related to the incident. • Mass violence/domestic terrorism incidents place tremendous amounts of pressure on responders. • Trauma that comes out during an incident may be from previous trauma that hasn't been addressed. • While all responders are at risk, care for responders who provide direct patient care, triage, and fatality management	1. Which institutional plans, policies, procedures and/or training materials address the possible need for first responders to access support and services following mass casualty incidents? 2. What process, other than check in at the Incident Command Post, can be used to track off-duty responders who self-deploy to a mass casualty incident? 3. What process will the institution use to make support available to first responders - including the command staff - as they demobilize from each shift? 4. What process will be used to offer support and services to the families of first responders? 5. What process will be used to ensure situation updates are shared with first responders?

	- should be included in plans for both short-term and long-term after incident care. - During incidents of mass violence, first responders may transport victims to hospitals in unconventional vehicles such as patrol cars. This may have a psychological impact and also legal challenges. - Routine exposure to violence, can make it difficult for responders to admit that they need to talk about an incident. - Experience from previous incidents indicates that supportive services for responders should be available at all stages of the response and recovery. - Demobilization at the end of a shift can be more challenging for first responders during a mass violence or domestic terrorism incident. Having support available to assist with transitioning from the incident back to routine life (home, work, parenting, etc) is important for responders in the immediacy of the moment and long-term recovery. - The families of first responders may need support and access to services. - Command staff may need support and access to services. - It is helpful for Command Staff to endorse use of support and services for rank-and-file staff, including their own steps to access support. - Providing situational awareness updates about an incident for first responders is important.	

	• Compassion Fatigue is a broadly defined concept that can include emotional, physical, and spiritual distress in those providing care to another. It is characterized by an emotional exhaustion and decreasing ability to provide compassionate care. • Vicarious trauma a potential occupational challenge for people working and volunteering in the fields of victim services, law enforcement, emergency medical services, fire services, and other allied professions, due to their continuous exposure to victims of trauma and violence. It is characterized by internalizing someone else's trauma as your own with resultant trauma reactions.	

Services	• First responders may need support, resources, and behavioral health service referrals.
	• A respite area serves as an area to provide some relief for responders at an incident scene.
	• First Responder supportive services may include the following services:
	   o Distribution of self-care information.
	   o Complementary wellness services to include massage therapists, acupuncturists, mental health professionals, spiritual care specialists.
	   o Availability of childcare during support meetings and services. This may include activities to assist
		6. Which agency/department is responsible for coordinating organizations who provide complementary wellness services to first responders?
		7. Which agency/department is responsible for coordinating organizations who can provide onsite childcare services during support and services?
		8. Which agency/department is responsible for coordinating annual observance ceremonies or events for first responders?

	children with the incident impact for them. • Families of first responders should be given information about accessing support, resources and behavioral health services for themselves. • At annual observances: o A private ceremony or event may be helpful to bring first responders together away from their care-taking roles. o Allow time for first responders to reflect as a part of their healing. o Any first responders' ceremony should not be publicized outside the target group, should be in a safe environment, and should be tailored to the current needs of the responders.	
Staffing	• Easily accessible mental health providers, peer support staff, and chaplains who are known by first responders are vital. • Peer support teams consisting of first responders trained to provide support to other first responders have been helpful in previous incidents. • Responders are more likely to talk with support service providers if they have been introduced prior to the incident. • A respite area for responders may be staffed with trained clergy, peer support, and mental health providers. • Regional peer support teams. • Peer support teams should work in collaboration with victim advocates to ensure	9. How can the institution coordinate and collaborate with mental health providers, peer support staff, and chaplains to ensure first responders recognize these individuals? 10. Who is responsible for maintaining a list of peer support individuals and agencies? 11. Who is responsible for assessing responder needs during an incident to request assistance? 12. How does First Responder Support fit into the established Table of Organization for the incident? 13. How will organizations providing support services to first responders be vetted before an incident occurs? 14. How will new support and mental health agencies be vetted after an incident has occurred if addition support is needed?

	access to information and service navigation. • Chaplains should be integrated into available support systems. • Usual peer support teams and/or other supports will likely need to be supplemented as MCI/MFI tend to have a more widespread and profound impact than typical critical incidents. • Reminder: Support and services staff will also need support due to the size and scope of the assistance they are providing.	15. What actions will be taken to supplement the usual Peer Team or other support? 16. How will peer support staff receive their own support? 17. What additional roles and responsibilities are needed?
Activation	• First responders may need multiple opportunities to speak with support and service providers about an incident. • As tactical operations wind down, Peer Teams and other supports should be available to provide responders focused support, services and resources.	18. Who will coordinate activation of first responder support structures? 19. If the Incident Commander decides to open a respite area at the incident site, who will coordinate the activation? 20. How will respite area staff be notified of the activation? 21. How will Peer Support Teams be notified of the activation?
Location/Material resources	• First responder support should be located at a separate location from victim services centers such as a Family Assistance Center. • Support and services need to be available where responders can access them easily and without anxiety. • More responders may seek support and services if they are established outside of the responder's agency or department.	22. Where could first responder support services be housed?
Communication	• Available support and services should be promoted daily through agency roll calls, by the Incident Commander, and by all first responder organizations. • Responder resource packets with information about web-	23. Who is responsible for informing first responders of available support and services and how they can be accessed? 24. How will information related to support and services and how to access them be shared with first responders?

	based resources, trauma reactions, how to help people cope with trauma, tips for special population groups, information about locations to receive help, etc. should be available for first responders. • Put responder resource packets in places where people can find them.	25. Which agency/department can create responder resource packets to be distributed among first responder facilities? 26. How will these resource packets be distributed?

Community Resilience Planning

<table>
<tr><td colspan="3">Community Resiliency Center
A Community Resiliency Center (CRC) or program will focus on the longer-term needs of victims and/or the local community – depending on the funding secured. The center provides a safe and supportive healing environment for individuals and groups seeking improved emotional and physical health related to the MCI/MFI.</td></tr>
<tr><td></td><td>Considerations</td><td>Questions</td></tr>
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<td>Planning Considerations</td>
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All community resilience partners, including victim services, should part of the committee responsible for resilience planning efforts.
Consider the following:

  Is a RC productive for the community?
  Do campus leaders and organizations support the CRC concept?
  Can funding be secured to sustain a CRC?

Resources within these centers are free to victims.
CRCs are often funded with federal AEAP funding, which covers between 27-30 months depending on whether there is a trial.
Some communities will develop funding to keep the CRC open beyond this time or if host regardless of if qualified for AEAP funding.
When the CRC closes, services will be transitioned back to community-based services.

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Who should be included in the resilience planning process?
What funding avenues will be used to finance resiliency programming and the center(s)?
Has an assessment been conducted of existing behavioral health services and service gaps? This may be needed for funding requests.

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<tr>
<td>Services</td>
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Services provided at a CRC include:

  <u>Case management</u> - Including referrals, housing, childcare, legal guidance

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<ol start="4">
How will the jurisdiction determine which services will be available at the CRC?
Who will provide the identified services?

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| | ○ <u>Advocacy</u> - Including crime victim compensation, assistance with worker's comp, information about and navigation through the criminal justice system and the trial itself. ○ <u>Wellness and Support</u> - Including coping skills, peer support, alternative wellness therapies (art therapy, meditation, acupuncture, etc.), planning and preparing for commemorations. ○ <u>Behavioral Health</u> ○ <u>Vocational Rehabilitation</u> May address problems returning to pre-incident jobs, counseling, and guidance on job placement ○ <u>Legal/Financial Guidance</u> - May assist with worker's compensation, visas, evictions, and employer intersession. ○ <u>Training</u> – Including psychological first aid, suicide prevention, hotline information for domestic violence. All services must be culturally responsive. This might require just in time training on cultural awareness, functional and access needs, undocumented persons, underserved, and isolated populations. Service provision should be tracked. This provides documentation for reimbursement and/or additional funding options. Needs assessments should be conducted periodically to determine changing needs. | 6. How will the provision of services be tracked? Who is responsible?
7. How will the institution ensure services are not duplicated when multiple providers are available?
8. Who is responsible for conducting needs assessments while the CRC is open?
9. How will success be measured? Who is responsible for this?
10. How will cultural awareness be ensured? Who is responsible?
11. Who is responsible for coordination and collaboration regarding observances and permanent memorial sites?
12. Who will collaborate with individuals providing criminal justice support to victims? |

Staffing	• The CRC should be operated by an agency that was not involved in the incident response. It is very hard for victims to access care and services from an involved organization, especially if there are active lawsuits. • Both traditional and non-traditional partners are key to assist with staffing. • <mark>Typical roles that are needed can be found in the tool kit.</mark> • Care should be taken to hire staff for the CRC that reflect the diversity of the community that was impacted by the incident. • Staff care is essential to the effective working of an CRC. Processes should be enacted to minimize burnout, compassion fatigue, and vicarious trauma of the staff.	13. What agency in the community might be willing to manage the administration of the CRC? 14. What agency(s) could be responsible for finding additional staff to fill the roles identified in the staffing the CRC? 15. What additional roles may be needed? 16. What additional responsibilities may need to be covered? 17. Who will be responsible for ensuring service providers are encouraged to practice self-care for vicarious trauma?
Activation	• There are four types of CRCs: 1. brick and mortar 2. Virtual 3. hybrid, and 4. first responder CRCs. The community should determine the type(s) of centers most appropriate for their community based on the community dynamics and the incident. • Ideally a CRC will open the next business day following the closure of the FAC. • CRCs are typically funded to open during business hours as well as some evenings and weekends. • More than one CRC may be necessary depending on size and scale of the incident and any populations with specialized resource needs. • If a virtual RC is opened, the center website should have a	18. What process will be used to determine the type(s) of CRCs needed? 19. What process will be utilized to transition from a FAC to a CRC? 20. What staff roles will be needed to bridge between the FAC and a fully operational CRC? What agencies might be able to assist with this bridge staffing? 21. What process will be used to identify populations with specialized resource needs? 22. What agencies/departments have the capability to build and maintain a virtual RC website?

	public facing page and a password protected page for victims to access.	
Location/Material Resources	• Brick and mortar CRCs are semi- permanent and should be in a physically accessible facility with adequate parking and transportation options that is an appropriate distance from the incident site. • Modifications can be made to the facility chosen for the CRC to make it suitable for service delivery. Often these modifications are to create a trauma informed space for victims. • CRCs should not be located in or near facilities operated by agencies believed to be responsible for the incident. • CRCs are intended to be naturally therapeutic so furnishing for the center should reduce stress and promote comfort. • Victims may want to have a place to memorialize their story in the CRC out of the way of traffic.	23. What facilities can serve as potential CRC locations? 24. What modifications will be needed to make the location suitable for service delivery? 25. Which agencies/ departments have the capability to furnish or procure furnishings for a center(s) to include tables, chairs, etc.? 26. Which agencies/departments have the capability to procure office supplies – including computers and printers?
Communication	• Individuals may not consider themselves to be victims and may think of themselves as survivors. Be mindful of how people perceive themselves while speaking with them. The term victim will always be used within the criminal and legal systems. • While FAC is open it is essential that victims are aware of the transition from the FAC to the CRC. • Communications from the CRC often include the following:	27. How will victims' names and contact information be shared with the CRC? 28. How will victims be informed of the transition to a CRC? 29. Which agencies/departments will be responsible for developing an outreach strategy? 30. Who is responsible for developing the transition plan for the closure of a CRC? 27. How will the transition plan for the closure of a CRC be shared with victims?

	Available services • Predictable reactions to the incident (for first year, yearly marks of the incident date, activating scenarios/events) • Important investigative dates and where to access information. • Outreach at a CRC can include visiting places where victims come together such as hospitals, shelters, faith-based structures, businesses, etc. **Closing of RC** • Communities often struggle with the consideration of a CRC closing. • A transition plan should be shared with victims well in advance of the closure of a CRC. • Communications regarding the closure on a CRC should thank people and be positive about progress and turning services back over to local providers. • Communication about future services to all victims and families should be done early and continuously during the transition process.	