

# Friends and Relatives Center (Annex/Appendix)



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All three entities above have reviewed and approved this document.

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## Record of Change

The (enter department or individual) is responsible for maintaining this (annex/appendix). This (annex/appendix) was developed to serve as a dynamic, living document. It will be updated on an ongoing basis and will receive formal review every (enter timeframe).

Revision	Issue Date	Summary of Revisions

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## I. Purpose

The purpose of this Family and Relatives Center (FRC) ([annex/appendix](#)) is to ensure that the needs of survivors, loved ones and the campus community are being identified and addressed immediately following any incident such as a mass casualty event (MCI), mass violence incident (MVI) or a natural disaster. Such a plan serves as a vital framework for immediate response, coordination, and recovery efforts, with the ultimate goal of minimizing the loss of life and preventing further harm. By providing clear guidelines for both internal and external stakeholders, it enables an efficient response that prioritizes the injured and missing, as well as effective communication to concerned families and the wider community. Furthermore, the plan fosters a culture of preparedness, ensuring that the institution is prepared to swiftly recover, rebuild, and continue its educational mission in the face of adversity, demonstrating the commitment to safeguarding lives, addressing the mental health impact of these events, and the continuity of learning.

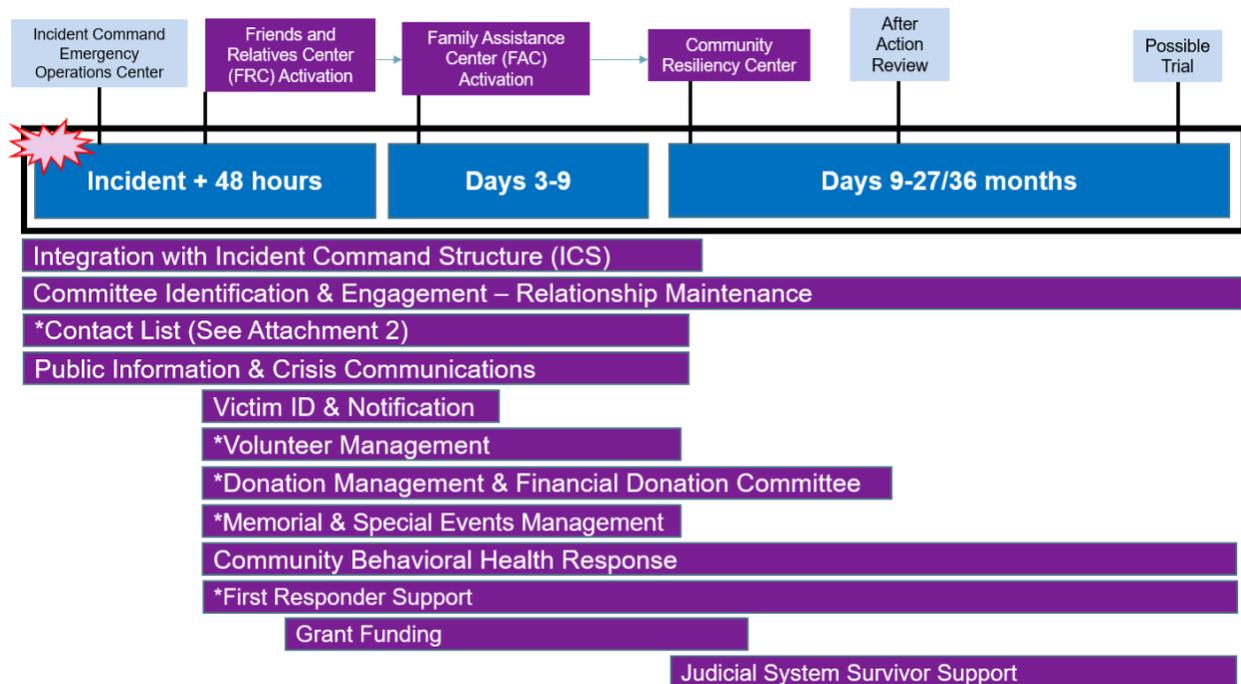
## II. Scope

An MCI involves an event where the number of injuries exceeds what local healthcare and allied providers can manage under normal circumstances, such as in natural disasters or large accidents. An MVI specifically refers to acts of violence such as mass shootings or terrorist attacks, where the focus is on law enforcement, threat neutralization, and behavioral/mental health support, in addition to medical care. The key difference lies in the cause of the incident and the nature of the response required. The type of incident will dictate which lead agency will manage the FRC/FAC operations. For a transportation-related incident, the National Transportation Safety Board (NTSB) typically leads. For a federal crime or terrorism-related incident, the Federal Bureau of Investigation (FBI) will take charge. For incidents involving bombs, the Bureau of Alcohol, Tobacco, Firearms & Explosives (ATF) can provide leadership and support. For incidents occurring within a local jurisdiction that impact campus students, staff, or faculty, local law enforcement or emergency management agencies usually lead. In cases where an incident occurs directly on campus and involves primarily university constituents without broader federal or significant off-campus impacts, such as a localized violent act or hazardous material spill, the university itself will lead the FRC/FAC operations. This plan focuses on situations where the institution is the lead agency for FRC operations, detailing the university's responsibilities in coordinating resources, managing communications, and providing comprehensive support to victims and their families.

The scope of this ([annex/appendix](#)) addresses the immediate needs of survivors, loved ones of the survivors and all impacted campus community members during and after an MCI or any disaster that requires the activation of an FRC. This ([annex/appendix](#)) template is organized into six chapters, with each chapter having two sections.

- Section 1 provides planning considerations that reflect standards and lessons learned from past MCIs, MVIs and responses. Questions the college or university need to answer during the planning process are included. Planning conversations should be guided by the questions. Planning considerations should inform the colleges or universities answers to the questions.
- Section 2 is the written (annex/appendix) for the respective chapter. The (annex/appendix) incorporates the answers developed in Section 1 into a plan that establishes common language, responsibilities, and action steps for stakeholder agencies during planning and response. From there, the verbiage can be copied into a new separate document to develop a campus specific Friends and Relatives Center (annex/appendix). Alternatively, the information can be incorporated into the body of the existing Emergency Operations Plan (EOP) if that is consistent with the overall college or university plans.

The Sample Victim Services Response Timeline shown below is included to help institutions of higher education (IHEs) understand how key concepts of the response are related to each other in time, and which have operational tasks during the incident. This timeline accounts for the full list of the 16 Best Practices which were developed by the Improving Community Preparedness to Assist Victims of Mass Violence and Domestic Terrorism: Training and Technical Assistance (ICP TTA) program funded by the Office for Victims of Crime, and currently being revised and updated by the National Mass Violence Center (NMVC). This template, however, will only focus on those items marked by an asterisk (\*). Development of materials to address additional components is forthcoming.



### III. Committee Identification and Engagement

#### Section 1

**Note:** Every plan should start with identifying and engaging the crucial stakeholders necessary for a robust and coordinated response. Many IHEs have a communications or crisis core team plan as part of their all-hazards plan. If that plan is sufficient and the answers to questions 1-4 in the chart below are “yes,” this section may simply refer to the relevant section in the all-hazards plan and can be removed.

<b>Committee Identification and Engagement</b> <i>Key stakeholders who will meet regularly to conduct planning and coordination efforts. During an FRC activation, this group will help support the FRC operation, and will be a good source for possible key leadership positions.</i>		
	<b>Considerations</b>	<b>Questions</b>
<b>Planning Considerations</b>	<ul style="list-style-type: none"> <li>Committees should include representatives from key victim services (VS) providers, behavioral/mental health (B/MH) professionals, government agencies, non-profit, multi-faith-based and other community-based organizations.</li> <li>Including key state and federal government officials (e.g., U. S. Attorney’s Offices, FBI, consulates, law enforcement, emergency management) and the state Victims of Crime Act (VOCA) administrators in planning and response will ensure comprehensive response if the event involves victims from multiple jurisdictions, states, or countries.</li> <li>Consider developing a conflict resolution protocol to address and resolve the conflicts that may naturally arise among agencies and individuals during planning, response, and recovery activities.</li> </ul>	<ol style="list-style-type: none"> <li>Which VS stakeholder(s) will provide coordination for the VS Committee members - including gathering input from VS providers and assisting with plan development?</li> <li>Which agencies are currently involved in planning processes? Are there agencies/ NGOs/stakeholders missing?</li> <li>Is attention paid to the diversity of the college or university campus, its students, faculty and staff?</li> <li>How will conflict among stakeholders be identified and managed?</li> <li>Who will be responsible for facilitating resolution of</li> </ol>

		any conflict(s) between or among stakeholders, using established protocols?
<b>Services</b>	<ul style="list-style-type: none"> <li>• Committee members should collaboratively develop a plan for FRC operations. However, lead member(s) should be identified to coordinate efforts.</li> <li>• Develop a structure for conducting an initial meeting, ongoing meetings, and an after-action meeting to assess the effectiveness of the response, strengths and challenges.</li> </ul>	<p>6. Who is responsible for coordinating planning during steady state?</p> <p>7. When and how often does the committee meet, via virtual, in-person or hybrid strategies?</p>
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Emergency management, first responders, communications, VS providers, and B/MH professionals must be represented.</li> <li>• Non-traditional agencies with identified survivor care responsibilities should be included. This includes, but is not limited to: community-based victim advocates, VOADs, COADs, spiritual care professionals, social services, non-profit organizations with credible messengers and roots in the community, and crisis resource centers.</li> <li>• Assigning a VS provider to work as co-chair of the committee alongside the Emergency Manager/Planner can ensure that VS concerns are identified and prioritized when needed.</li> <li>• Committee members may act in leadership roles during a response and should have the authority to perform the roles and responsibilities assigned under local campus policies and procedures.</li> </ul>	<p>8. Which agencies and organizations will be represented on the planning committee?</p> <p>9. If the committee chooses to have a VS provider co- chair to work alongside the campus Emergency Manager, which agency or person will serve in that role?</p> <p>10. What type of onboarding will new committee members receive?</p> <p>11. Who is responsible for maintaining and updating the committee roster? How often will the roster be updated for accuracy?</p>

	<ul style="list-style-type: none"> <li>• At a minimum, all new committee members should be provided a copy of this (annex/appendix) and given information regarding their role; and the development process to date.</li> </ul>	
<p><b>Activation</b></p>	<ul style="list-style-type: none"> <li>• Committee members help ensure coordinated, effective short- and long-term services for survivors, families, and friends. This includes: <ul style="list-style-type: none"> <li>○ Organizing and coordinating survivor services involved in response and recovery activities.</li> <li>○ Making or recommending key decisions.</li> <li>○ Providing critical information to incident command staff.</li> </ul> </li> <li>• Example criteria used to activate committee members includes the size/scope of the incident, number of casualties/fatalities, number of jurisdictions involved, and the capacity of the campus and surrounding community to effectively respond.</li> <li>• It is best practice for committee members to be a part of the existing ICS/EM Notification protocol used for call downs and assignments for their jurisdiction.</li> </ul>	<ol style="list-style-type: none"> <li>11. Which criteria will be used to activate the committee during an actual incident?</li> <li>12. Who is responsible for activating committee members in the event of an actual incident?</li> <li>13. How will committee members be notified to begin work during an actual incident? <ul style="list-style-type: none"> <li>○ Does EM/EOC use a notification system?</li> <li>○ Can VS Steering Committee members be included in EM notification system call downs?</li> </ul> </li> <li>14. What are the responsibilities of the committee during an actual incident?</li> <li>15. How will committee members be brought up to speed on the incident when beginning their work?</li> <li>16. If a committee member is unavailable, do they have a backup colleague who has delegated authority to</li> </ol>

		represent their agency?
<b>Location/Material Resources</b>	N/A	<p>17. How will meetings be conducted during an actual incident? Virtually? In-person? Hybrid?</p> <p>18. What types of technology and/or materials are needed by the committee during an actual incident?</p> <p>19. Is there a meeting agenda template that can help provide the meeting facilitator with a foundation? (For example: agency report-outs, meeting objectives, other updates, etc.)</p>
<b>Communication</b>	N/A	20. What types of communications will committee members receive during non-activation times, and by whom?

Section 2 – Committee Identification and Engagement

- 3.1 In coordination with the local IHE emergency management planning committee, a victim services (VS) committee shall be established to conduct planning efforts and coordinate response efforts in the case of an incident requiring activation of an FRC.
- 3.2 Steady State Planning. The VS committee will be led by (position(s)/agency(s)) and shall consist of the following member organizations.

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

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

3.2.2 Outside of meeting times, the VS committee shall maintain (insert types of communications) including (insert information included in communications) to maintain relationships with other committee members and remain up to date on FRC operations for the IHE.

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

3.2.3 New VS committee members shall be provided a copy of the current FRC (annex/appendix) and complete recommended trainings (determine recommended training list). Additional onboarding requirements include (insert required onboarding activities).

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

3.3 Actual FRC Response. Committee members could serve in leadership roles during a response and should have the authority to perform the roles and responsibilities assigned under local campus policies and procedures.

3.3.1 Committee member responsibilities during an actual incident include:

3.3.1.1 Organizing and coordinating victim services response activities

3.3.1.2 Making or recommending key decisions

3.3.1.3 Providing critical information to incident command staff.

3.3.2 The VS planning committee shall be activated for any incident that requires activation of an FRC and/or when (insert criteria used to determine activation).

3.3.2.1 (Insert agency/position) is responsible for activating committee members using

3.3.2.2 (insert system/protocol for activation) within 2 hours of an incident requiring activation of an FRC.

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3.3.3 When activated, committee members will participate in (insert activity to bring committee up to speed on the incident and their responsibilities) organized and led by (insert position/agency).

3.3.3.1 Meetings shall be conducted in an in-person/virtual/hybrid setting.

3.3.3.2 Virtual meetings will be conducted using (insert platform) managed by (insert agency) with protocols to maintain the privacy and confidentiality of meetings.

3.3.3.3 In-Person meetings will be held at (insert location).

3.3.3.4 The following technology and materials will be procured for committee member meetings during an actual incident. (Insert needed supplies)

## IV. Friends and Relatives Center

### Section 1

<b>Friends and Relatives Center (FRC)</b> <i>Immediately after an event occurs, it is critical to identify a temporary, safe location for families of survivors and missing persons to gather as they await information.</i>		
	<b>Considerations</b>	<b>Questions</b>
<b>Planning Considerations</b>	<ul style="list-style-type: none"> <li>• FRC is a safe, temporary location where initial information will be collected from and given to survivors, impacted populations, loved ones and families.</li> <li>• FRCs are normally open for 24-48 hours after an incident (24-hours/day)</li> <li>• FRCs often transition to the Family Assistance Center (FAC) if continued services to survivors are needed.</li> <li>• FRC activations should be incorporated into the IHE exercise calendar.</li> <li>• Language access.</li> <li>• ADA access.</li> <li>• Mobility-friendly.</li> <li>• Credentialing processes in place.</li> </ul>	<ol style="list-style-type: none"> <li>1. Which stakeholders need to be involved in planning for and responding to the FRC?               <ul style="list-style-type: none"> <li>○ How will notification of the availability of the FRC be communicated to appropriate parties?</li> <li>○ How will families and survivors retrieve belongings/property return?</li> <li>○ How many people are expected to use the FRC?</li> </ul> </li> </ol>
<b>Services</b>	<ul style="list-style-type: none"> <li>• The following services are needed within an FRC. Many will continue at the FAC once the transition is made.</li> <li>• Disaster-trained mental and behavioral health</li> </ul>	<ol style="list-style-type: none"> <li>2. What agencies will provide these essential services? (see attached FRC Chart for options)</li> <li>3. Who is the POC for each agency? (populate FRC Chart accordingly)</li> </ol>

	<ul style="list-style-type: none"> <li>• Disaster-trained Spiritual care (to include guidance and support for religious and cultural handling of remains and burial, mental and behavioral health support, etc.)</li> <li>• Missing persons reporting/tracking capability</li> <li>• Victim identification/tracking</li> <li>• Reunification of survivors whose loved ones are not killed</li> <li>• Death notification and follow-on services/support to bereaved families</li> <li>• Communications/IT</li> <li>• Transportation</li> <li>• Limited food/beverage</li> <li>• Security</li> <li>• Retrieval of belongings/property return</li> </ul>	
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Sample of an FRC Organizational Chart can be found in Section 4.2.3.</li> <li>• Typical roles that are needed can be found in Section 4.2 or Attachment 2.</li> <li>• Staffing plans should include provisions to rotate personnel. 8- hour rotations are standard with emphasis made on taking breaks/walks/hydrating/etc.</li> <li>• Staff briefings should be conducted at each shift</li> </ul>	<ol style="list-style-type: none"> <li>4. What will the org chart look like? (reference Section 4.2.3)</li> <li>5. Who will fill the roles identified in the FRC Organizational Structure? (see Attachment 1 for Potential List of Internal and External Partners)</li> <li>6. How will service providers be scheduled?</li> <li>7. Who is responsible for developing and</li> </ol>

	<p>change. Scheduling a 30-minute overlap between shifts allows for this.</p> <ul style="list-style-type: none"> <li>• Orientation typically includes: 1. Incident overview/update 2. FRC org structure and who to go to for questions 3. FRC layout and current services 4. Do's/Don'ts of working with victims 5. Behavioral expectations (e.g., no cell phones, quiet voices, getting to "yes" with victims/families)</li> <li>• Many volunteers, both those officially linked to stakeholder agencies and those who are unaffiliated, will self-deploy. <u>All volunteers</u> need to follow established protocols. This includes those who arrive with dogs or other support animals.</li> </ul>	<p>implementing staffing plans?</p> <p>8. What will be included in the orientation as staff start their roles?</p> <p>9. How will you ensure staff are appropriately credentialed?</p>
<p><b>Activation</b></p>	<ul style="list-style-type: none"> <li>• Since the FRC will need to be opened as quickly as possible after an incident occurs, Incident Command/Crisis Core Team will often determine the need for an FRC and the location.</li> <li>• Locations should, if possible, be identified during planning.</li> <li>• The EOC should be initiated as early as possible to coordinate set-up and survivor care.</li> <li>• Senior representatives from stakeholder agencies (often those involved in the</li> </ul>	<p>10. Who decides that an FRC should be opened?</p> <p>11. Who is activated?</p> <p>12. What notification system is used to activate personnel?</p> <p>13. Has the notification system been tested?</p> <p>14. If a centralized notification software is being used, do all necessary personnel have access to and training on said software?</p>

	<p>planning process) shall be activated and will need authorization to allocate agency resources.</p> <ul style="list-style-type: none"> <li>• Once key stakeholders are activated, they often proceed to do call downs and deployments of their own agency personnel.</li> <li>• Activation notifications should indicate where and whom to report to upon arrival, and contain concise directions to the FRC.</li> </ul>	<p>15. What information is included in activation notification?</p> <p>16. Who sends activation notification?</p> <p>17. How long will it take to activate and get FRC up and running?</p>
<p><b>Location/Material Resources</b></p>	<ul style="list-style-type: none"> <li>• The EOC will likely assist with securing and allocating resources.</li> <li>• Potential facilities should be pre-identified throughout all areas of jurisdiction.</li> <li>• Demographics of the impacted population should be considered when choosing the FRC location.</li> <li>• Should be out of line of sight, sounds, and smells of the incident.</li> <li>• Occupancy limitations must be followed.</li> <li>• Size dependent on scope and scale of incident.</li> <li>• Communications capabilities such as high-speed internet and phone lines are necessary at the location.</li> <li>• Should have space for 1:1 meetings and small group meetings with families</li> </ul>	<p>18. What facilities could be used as a potential FRC?</p> <p>19. Have Memoranda of Understanding/Agreements been developed? If yes, are they current?</p> <p>20. Which criteria will be used to determine an “on-the-fly” location if none of the pre-identified locations are available?</p> <p>21. Who is responsible for selecting FRC location?</p> <p>22. Who is responsible for preparing the facility?</p> <p>23. What equipment and materials are needed?</p> <p>24. What potential population characteristics need to be considered in determining location and services at the FRC? (neighborhoods, known vulnerable populations, etc.)</p>

	<p>offering privacy and confidentiality.</p> <ul style="list-style-type: none"> <li>• Adequate parking and access to public transportation are necessary.</li> <li>• Facility should be accessible to all in accordance with the ADA.</li> <li>• The ability to record information about those who FRC clients who enter is immediately vital to operations (electronic or paper).</li> <li>• Security should be present and traffic assistance should be available.</li> <li>• Credentialing process should be developed for who will have access to the facility.</li> <li>• Safe and private place for Law Enforcement interviews of potential witnesses</li> </ul>	
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Public information is essential at this stage to keep friends and family aware of where to go for continued information, assistance, and services.</li> <li>• Information briefings for victims and families should be scheduled periodically in a private secure venue, with an option for private, secure virtual attendance, and information should be</li> </ul>	<p>25. Who will be the primary conduit for information sharing between VS and emergency management?</p> <p>26. Who will approve the public release of incident-related information?</p> <p>27. If possible, have templates for public/outfacing communications been created?</p>

	<p>provided by the highest level of authorities.</p> <ul style="list-style-type: none"> <li>Consider the population affected and what barriers to communication may exist such as language.</li> </ul>	
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## Section 2 – Friends and Relatives Center (FRC)

4.1 Services. A Friends and Relatives (FRC) shall serve as a safe, temporary location where initial information will be collected from and given to survivors, impacted populations, loved ones, and families.

4.1.1 The FRC shall provide key short-term behavioral/mental health, and victim/survivor services assistance to disaster survivors and loved ones

4.1.2 Victim identification and notification services shall be provided as information becomes available, including death notification services and ongoing support to bereaved families.

4.1.3 During registration/intake at the FRC, staff shall determine if victims or witnesses have had any contact with law enforcement regarding the incident. Those who have not shall be referred to law enforcement for investigative purposes.

4.1.4 A list of standard services for an FRC can be found in Attachment 1.

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

4.2.6 Other external agencies that may provide essential services to survivors and families should be added on the FRC Contact List found on Attachment 2.

4.2 Staffing.

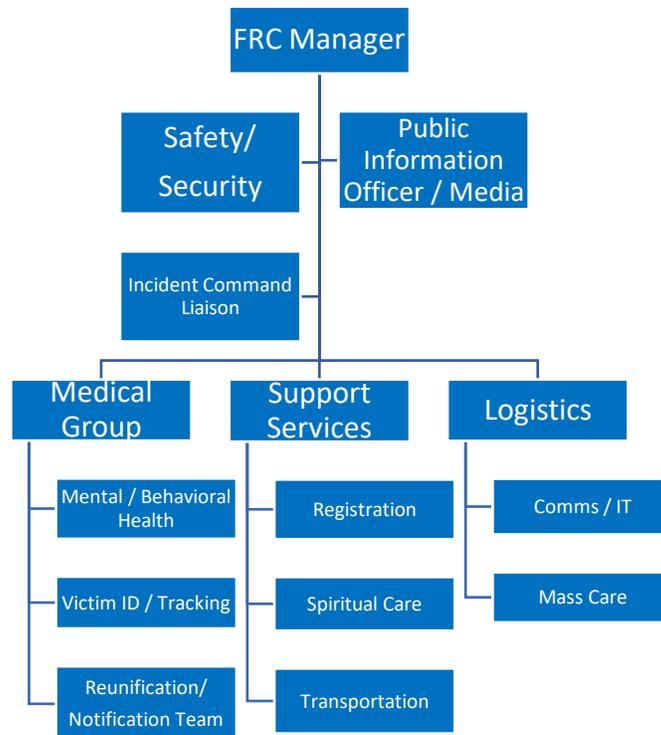
4.2.1 The following administrative roles should be filled for FRC Operations:

Role	Responsibilities
FRC Manager	Oversight for operation; Supervision of Activity Leads
Security/Safety	Lead for site safety and security of staff and victims/loved ones
Logistics/Mass Care	Lead for site set-up and maintenance, lead for feeding and sheltering (if needed)
Liaison to Incident Command (IC)	Information conduit to and from Incident Command/EOC for Victim Services sites; will

	assist with coordinating interviews with survivors as needed.
Registration	Implement registration process for those impacted by the incident and for their families/loved ones; Work with Liaison to Victim ID/Patient Tracking to implement process to contribute data.
Mental/Behavioral Health	Provide individual assistance to victims and loved ones. Assist with coordinating additional support in virtual platforms or referrals to outside agencies. Must ensure that providers have training in evidence-based trauma approaches.
Victim ID/Patient Tracking	Key POC for the transmission of information about victims/patients/loved ones to and from the Service Site. Must have strong communication with LE, hospitals and health care systems, and the ME/coroner.
Notification/Reunification Team	Implements plan for notifications including involvement in the incident, injury, missing status and death notifications.
Spiritual Care	Provide multi-Faith religious support to victims or loved ones. Work with the Notification/Reunification Team to ensure families and loved ones have individual support prior to, during and after notifications.
Comms/IT	Ensure staff has the ability to communicate to and from the EOC. Establish network connections for any external agencies and provided any needed communication support.
Transportation	Assist with any traffic control issues at the site and any transportation needs for victims or loved ones.
PIO or Liaison	Manages communication between IC/EOC and service sites; and orchestrates briefings for survivors and loved ones on a periodic basis. Also responsible for keeping media out of service site or contained away from families.

4.2.2 Service providers identified in 4.1.4 shall report to the individual filling the staff management role.

4.2.3 The Sample FRC Organization Structure below depicts the FRC reporting structure.



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

4.2.5 Service providers will be scheduled using the following parameters

4.2.5.1 (insert staffing requirements)

4.2.6 All staff members shall participate in orientation to their role prior to beginning work. Orientation shall discuss (insert topics)

4.2.7 All staff members shall be credentialed in accordance with the IHEs volunteer management plan.

#### 4.3 Activation.

4.3.2 Coordination of victim services shall remain with the IC/EOC until the FRC is operational.

4.3.3 (insert position/agency) shall determine the need for an FRC.

4.3.4 FRC site will be operational within (insert number) hours of notification.

4.3.5 (insert who) shall be activated by (insert position/agency) using (insert notification system/process for both administrative and service provider roles).

4.3.5.1 (insert position/agency) is responsible for ensuring all necessary staff have access to and training on this system.

4.3.5.2 This system shall be tested on a (insert timeframe) basis.

4.3.6 Activation notification shall include (insert notification information)

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4.3.7 FRC shall remain open until a seamless transition to the FAC can occur – typically 24-48 hours following the incident.

4.4 Location. The FRC may start operations virtually by activating a website with pertinent information such as a call center phone number or link to missing person reports, while standing up a physical facility.

4.4.2 (Insert position/agency) is responsible for determining the location of the FRC.

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

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

4.4.4 In situations that require an alternative site that is not on the list, a site that fulfills the following criteria will be used to select a quickly decided, based upon the MVI and community capacity site. (select and/or add options from list below)

- 4.4.4.1 Out of line of sight, sounds, and smells of incident
- 4.4.4.2 Has adequate available electrical outlets for powering computers and charging devices as needed
- 4.4.4.3 Has communications capabilities including high-speed internet, and phone lines, and adequate cellular coverage
- 4.4.4.4 Offers space for 1:1 meetings with families
- 4.4.4.5 Adequate parking
- 4.4.4.6 Access to public transportation
- 4.4.4.7 Is ADA compliant
- 4.4.4.8 Is equipped with backup generator power
- 4.4.4.9 Occupancy limits appropriate to scale of incident – allowing adequate space for victims, families, and needed responders
- 4.4.4.10 Appropriate for population impacted by incident
- 4.4.4.11 Access to restroom facilities

- 4.4.4.12 Separate area for staff in/out briefs, break areas, etc.
- 4.4.4.13 Separate entrance and exit to aid with security
- 4.4.4.14 Area to conduct registration
- 4.4.4.15 Area for waiting/briefing room
- 4.4.4.16 Secure from media access
- 4.4.5 Population characteristics of the victims shall be considered in determining FRC location.
- 4.4.6 (Insert role/agency) shall be responsible for preparing the FRC facility for operation. Contact (insert POC) at (insert contact info).
- 4.4.7 Best practice is to identify what resources are provided by each FRC location identified to determine a list of additional logistical items are needed for activation.
  - 4.4.7.1 The following equipment and materials should be considered for procured to assist with FRC operations: (insert list of basic equipment/materials)

Item	Quantity	Procurement Options

- 4.4.8 The layout of the FRC will be dependent upon the specific situation, but should be structured to allow registration to take place first in a large, secure waiting area.
  - 4.4.8.1 There should also be separate rooms available for services such as family interviews, reunification and death notifications.

4.5 Communications.

- 4.5.2 (Insert role/entity) shall be the primary conduit for information sharing between victim services at the FRC and emergency management/ICS leadership.
- 4.5.3 The release of incident-related information shall be approved by (insert role).
- 4.5.4 Information briefings shall be scheduled for survivors and families periodically at the FRC and will be handled in coordination between the FRC Manager and PIO.
- 4.5.5 A FAQ document that lists survivors' assistance and services available at the FRC and online shall be developed and distributed.

4.5.6 FRC specific communications templates can be found (insert location such as PIO section of this document or reference another plan)

## V. Victim Identification and Notification

### Section 1

<b>Victim Identification and Notification</b> <i>Processes are needed to identify and track large numbers of survivors—including information on survivors' health and location—to facilitate notifications of involvement, injury, missing, status, or death. This information will also be used to connect survivors to their loved ones.</i>		
	<b>Considerations</b>	<b>Questions</b>
<b>Planning Considerations</b>	<ul style="list-style-type: none"> <li>Some IHEs address victim identification and fatality notification in public health or existing All-Hazards plan. This plan must be integrated into pre-existing systems.</li> <li>FRC activations could service large numbers of both casualties and fatalities depending on the incident. Systems must have a large capacity to manage this.</li> <li>Identification and notification can span multiple phases of the response.</li> <li>Notifications include involvement in the incident, physical injury/hospitalization, missing status and death notifications.</li> <li>A comprehensive list of victims of the incident will include those recorded in hospitals, morgues, the FRC, and those who self-identify when seeking services during long-term recovery and fit the legal eligibility.</li> </ul>	<ol style="list-style-type: none"> <li>Does the jurisdiction have a plan for victim identification/notification?</li> <li>Are missing persons addressed in the pre-existing plan?</li> <li>Is patient tracking addressed in the pre-existing plan?</li> <li>Is any pre-existing plan adequate to manage large numbers of casualties, fatalities, and missing persons?               <ol style="list-style-type: none"> <li>If no, what processes can be modified for FRC situations?</li> </ol> </li> <li>Does any pre-existing plan adequately address notification of family/friends regarding their loved ones' status?</li> <li>Which agency will be responsible for maintaining the centralized</li> </ol>

		comprehensive list of victims and their status?
<b>Services</b>	<p><b><u>Fatality Management Services</u></b></p> <ul style="list-style-type: none"> <li>• Fatality notifications are governed by state law. Plans should align with existing state and local protocols.</li> <li>• Medical Examiner’s (ME) office is aware of religious and cultural observances. Spiritual care professionals and volunteers can assist with this and provide information.</li> </ul> <p><b><u>Missing Persons Services</u></b></p> <ul style="list-style-type: none"> <li>• FRC/EOC staff, hospitals, medical examiners/coroners, and local law enforcement will need to coordinate to report and locate missing persons.</li> <li>• Assistance will be required for children and adolescents separated from parents/guardians or orphaned.</li> <li>• It can be helpful to include the <a href="#">National Center for Missing and Exploited Children</a> (NCMEC) in this process.</li> <li>• Large volumes of missing persons reports should be anticipated. (See Attachment 3 for potential data collection methods and concept)</li> <li>• Reunification processes for minors, K-12 or day care programs on a campus should consider using the I Love You</li> </ul>	<p><b><u>Fatality Management Services</u></b></p> <ol style="list-style-type: none"> <li>7. What adjustments need to be made to any pre-existing fatality management plans to adequately support FRC response efforts?</li> <li>8. What agreement is in place for Disaster Mortuary (DMORT) services through the state or FEMA?</li> <li>9. What agreements exist for accessing mobile morgues if needed?</li> </ol> <p><b><u>Missing Persons Services</u></b></p> <ol style="list-style-type: none"> <li>10. Where will missing person reports be made/collected? (See Attachment 3 for potential data collection methods and Attachment 4 for Sample Missing Persons form)</li> <li>11. How will ME and others coordinate with EOC and larger response?</li> <li>12. What is the local phone number for NCMEC, and how will they be activated?</li> <li>13. What happens if a minor is separated from their parent/guardian as a result of the event?</li> </ol>

	<p>Guys Foundation, Standard Reunification Method and communicate status of response to the EOC. This plan should be separate from the campus reunification plan. This process should not integrate with the reunification efforts being conducted for the campus students, staff, and faculty near or at the impact site location.</p> <p><b><u>Patient Tracking</u></b></p> <ul style="list-style-type: none"> <li>• Jurisdictions will need to track the movement of injured victims as they are transported from the scene to local health care facilities.</li> <li>• In addition to EMS, in large incidents, victims may be transported by law enforcement, personal vehicles, ride share companies, and by foot.</li> <li>• Special consideration should be given to individuals with disabilities, animals, or medical equipment.</li> <li>• Plans should be made for both closed and open group tracking. See definitions for more information.</li> <li>• Notifications of surviving patients, hospitalized or not, are not dictated by law in most places. However, HIPAA and hospital protocols dictate release of information for those</li> </ul>	<p><b><u>Patient Tracking</u></b></p> <p>14. What actions will be taken to track patients from the scene through the course of their healthcare?</p> <p>15. How will victims who do not require medical care be identified?</p> <p>16. How will the FRC/EOC connect with hospitals and health care systems, medical examiner/coroner, and/or law enforcement?</p> <p>17. How will reunification be managed?</p> <p><b><u>Other</u></b></p> <p>18. How will personal effects be tracked and managed?</p> <p>19. Who is responsible for cleaning and coordinating the return of personal effects?</p> <p>20. If transportation for family/friends is needed, who can provide this?</p>
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	<p>who are or have been hospitalized.</p> <p><b><u>Other</u></b></p> <ul style="list-style-type: none"> <li>• Family/friends may require transportation to appropriate locations to be reunited with loved ones or receive death notifications.</li> <li>• Personal effects will be collected at the scene and a process will be set up for people to claim items that are returnable. This process is generally delayed by a few days and extends for many months after the FAC is closed. It often becomes catalogued online on a secure website.</li> </ul>	
<p><b>Staffing</b></p>	<ul style="list-style-type: none"> <li>• Notification teams often consist of law enforcement (LE), victim service professionals and advocates, mental/behavioral health professionals, and/or multi-Faith leaders.</li> <li>• Ensure proper staffing of death notification team to be compliant with local and state laws.</li> <li>• Conducting death notifications is a draining task. Consider multiple teams to limit secondary trauma and ensure staff have the emotional capacity to conduct assigned notifications.</li> <li>• While Coroner’s office typically takes the lead on</li> </ul>	<ol style="list-style-type: none"> <li>21. Who is the governing agency for death notification in the jurisdiction?</li> <li>22. Who is responsible for managing and requesting information on missing persons?</li> <li>23. Who is responsible for patient tracking?</li> <li>24. Who will provide information on surviving victims, hospitalized or not?</li> <li>25. Who should be included on a death notification team?</li> <li>26. What training do members of</li> </ol>

	<p>death notifications, understand that they don't address the aftermath of that notification. There should be a team ready to support that family's needs following a death notification. The in person and in pairs – a LE/ME professional with a trained B/MH or VS professional</p>	<p>death notification teams need to receive?</p>
<b>Activation</b>	N/A	<p>27. How are responsible parties notified of their roles and responsibilities following an incident?</p>
<b>Location/Material Resources</b>	<ul style="list-style-type: none"> <li>• It is recommended that there be a centralized system to oversee patient and victim tracking services. This will reduce chaos and increase the speed with which connections and notifications can be made.</li> <li>• Victim lists should not be held solely by the FBI. This hinders their ability to share the victim list with those providing services. Victim lists should be shared with the leads of all service providers.</li> <li>• Victim Identification and Notification may be a function of both the FRC and FAC.</li> <li>• Resource gaps (to include personnel, equipment, and material) may be filled by an EOC request</li> <li>• Family locator tools such as <a href="#">American Red Cross Safe and</a></li> </ul>	<p>28. What data collection and management strategies exist in the jurisdictions that can be adjusted to support victim identification and notification?</p> <p>29. Who will be responsible for adapting the existing data collection tool to perform all needed tracking tasks?</p> <p>30. Where will notifications be performed?</p> <p>31. Which data management system will be used for patient/victim tracking?</p> <p>32. Who will have access to this system?</p> <p>33. What training is required for use of this system? How will this be provided?</p>

	<a href="#">Well</a> or <a href="#">Google Person Finder</a> may be helpful.	
<b>Communication</b>	<ul style="list-style-type: none"> <li>• LE missing persons reports should be monitored.</li> <li>• HIPAA and FERPA compliance may impact information able to be shared.</li> <li>• The American Red Cross and NTSB have HIPAA exemptions that can assist a community in patient tracking following an incident.</li> </ul>	<p>34. How will hospital information be shared with families?</p> <p>35. What MOUs are needed to facilitate information sharing?</p> <p>36. Where will the public be directed to report missing persons?</p>

## Section 2 – Victim Identification and Notification

5.1 Data Management. MCIs typically result in victims in various locations and health statuses. A comprehensive list of victims shall be kept tracking victims recorded in hospitals, morgues, the FRC/FAC, and those who self-identify when seeking long-term recovery services.

5.1.1 (Insert position/agency) shall oversee all tracking services and manage resources used in the identification of victims. This includes the management of the centralized victim tracking list.

5.1.1.1 Tracking shall be managed out of the FRC and transferred to the FAC when the FRC is deactivated.

5.1.2 (Insert data management system) will be used to manage centralized victim tracking functions.

5.1.3 Access to the data management system shall be provided to (insert agencies/roles). Identified staff will receive (insert training type) by means of (insert how and timeframe in which training will be provided)

5.1.4 The following adjustments to existing data management systems are required to support victim identification and notification processes given the increased scope and scale of the incident.

5.1.4.1 (Insert adjustments needed).

5.1.5 (Insert agency/position) shall be responsible for making adjustments to data management processes and systems needed to manage assist FRC operations.

5.1.6 MOUs that are in place/needed to facilitate information sharing include:

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

5.1.7 Personal effects will be tracked and managed by (insert entity and process) but the actual process of property return will not begin until the FAC is activated.

5.2 Standard Functions and Staffing for victim identification and notification recommendations are as followed:

Service	Responsible/ Lead Agency	POC	Back-Up POC
Managing and requesting information on missing persons			
Patient tracking through healthcare systems			
Fatality management			
Fatality notifications			
Providing information on surviving victims, hospitalized or not			

5.2.1 Entities responsible for conducting required functions will be notified of their roles and responsibilities following an incident by (insert process for activation of personnel)

5.2.2 Staffing plans for each service shall be developed by the responsible party.

5.2.3 Staffing plan shall include provisions to rotate staff every 8 hours, at minimum, and provide overlap between shifts to allow for situational briefings to occur.

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5.3 Patient Tracking supports tracking the movement of casualties through the healthcare system.

5.3.1 MCI victim groups are divided into two categories.

5.3.1.1 A closed group is when all potential victims are known. Closed group tracking shall be accomplished using basic accountability processes.

5.3.1.2 An open group is when an incident occurs in public and all potential victims are unknown. Open group tracking is more complex.

5.3.2 Victims who are transported from the scene will be tracked by (insert entity).

5.3.2.1 (Insert Steps to track movement)

5.3.3 Victims who do not require medical care will be identified by (insert processes)

5.3.4 For tracking and notification purposes, staff in the FRC shall remain in contact with all entities receiving and working with victims. This will be done by:

Entity	Contact Method
Hospitals & Health Care Systems	
Medical Examiner/Coroner	
Law Enforcement	

5.3.5 In the case of a surviving victim, family notification and reunification will be managed by (insert entity) and take place at the FRC. A separate room shall be identified to conduct this operation. A mental/behavioral health expert trained in trauma should be present at this location to provide support.

5.3.5.1 Hospital information will be shared with HIPAA compliance with families by (insert entity and processes)

5.3.5.2 If transportation is needed for family/friends to receive notification or reunification, this can be provided/coordinated by (insert entity/process for coordination)

#### 5.4 Fatality Management

5.4.1 The following are adjustments to a fatality management plan to adequately support the increased scope and scale of an MCI or MVI.

5.4.1.1 (Insert adjustments as needed)

5.4.2 Disaster mortuary services shall be provided by (insert agency) in accordance with (insert pre-existing agreement) as needed.

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5.4.3 Mobile morgues shall be accessed by (insert protocol and/or providing agency)

5.4.4 Fatality notification teams shall consist of representatives from (insert fields/agencies). However, in accordance with (insert state law), (insert agency) is required to perform the actual notification.

5.4.4.1 Prior to performing notifications, all team members will receive (insert information on training content, modality, and facilitator)

5.4.5 Fatality notifications shall be performed at the FRC.

5.4.5.1 If transportation is needed by family/friends, this can be provided/coordinated by (insert entity/process for coordination)

5.4.6 Medical Examiner shall coordinate with the EOC and larger response efforts through/by (insert means) to assist in patient tracking and the reconciliation of missing persons cases.

5.4.7 Should fatalities involve international visitors, the US Department of State and foreign Consulates shall be contacted for additional direction and information on returning remains to a foreign country. This could be accomplished via the Global Affairs, International Travel Office, of the FBI if requested and should be organized by the EOC.

## 5.5 Missing Persons

5.5.1 Large numbers of missing person reports are often expected following an MCI or MVI. Led by the agency identified in section 5.2, FRC staff, hospitals, medical examiner/coroner, and local law enforcement shall coordinate to report and locate missing persons.

5.5.1.1 If a centralized tracking system is not established, missing persons lists shall be reconciled with hospital and medical examiner/coroner unidentified patient lists every 24 hours at minimum.

5.5.2 Missing person reports will be collected through (insert means/locations; see attachment 3 for potential data collection methods)

5.5.3 The public will be directed to report missing persons by (insert preferred missing persons reporting process; see attachment 3 for potential data collection methods).

5.5.4 In the case that a minor is separated from their guardian, (insert protocol to manage unaccompanied minors).

5.5.4.1 The National Center for Missing and Exploited Children can be contacted at (insert phone number) or the Social Services Agency at (insert phone number) if services are required.

## VI. Public Information and Crisis Communication

### Section 1

*Note: Most IHEs have a communications plan as part of their all-hazards plan. If that plan is sufficient and can answer “yes” to questions 1-3 in the chart below, this section may simply refer to the relevant section in the all-hazards plan. This (annex/appendix) should be integrated into existing systems.*

<b>Public Information and Crisis Communication</b> <i>Communications professionals will need to provide continuous, accurate, and accessible information about the incident to various audiences – including survivors, families, and the public.</i>		
	<b>Considerations</b>	<b>Questions</b>
<b>Planning Considerations</b>	<ul style="list-style-type: none"> <li>Many IHEs have a pre-existing communications plan. This (annex/appendix) should be integrated into pre-existing systems.</li> <li>Communications process must be scalable and establish timely and accurate information – regardless of size.</li> <li>If an incident is large, mutual aid between PIOs will likely be needed.</li> <li>A Joint Information Center (JIC) is often opened as a centralized point for PIOs and agency spokespeople to get and give information. Many All-Hazards plans include details for accomplishing this.</li> </ul>	<ol style="list-style-type: none"> <li>Does the jurisdiction have a communications plan that could be activated if an FRC is needed?</li> <li>Is any pre-existing plan adequate for an incident that involves large numbers of casualties, fatalities, and missing persons?</li> <li>Does the plan provide direction for communication with victims, families, and the public?</li> <li>Does the jurisdiction have PIO Mutual Aid agreements in place?</li> </ol>
<b>Services</b>	<ul style="list-style-type: none"> <li>Talking points that include relevant and available investigative information and victim services information are often developed external to the JIC.</li> <li>The public should be informed of where they can share</li> </ul>	<ol style="list-style-type: none"> <li>How will you demonstrate care and sensitivity for victims/families in your communication efforts?</li> <li>How will you assist victims/families in dealing with the media</li> </ol>

	<p>information they have regarding the incident – including if they think a loved one was impacted.</p> <ul style="list-style-type: none"> <li>• In addition to discussing the incident itself, information regarding predictable and common reactions to mass violence and available resources should be shared with both victims and the public.</li> <li>• Public messaging that contains predictable and common reactions to the incident will reduce the “worried link to below well” from flooding health and mental/behavioral health services mistakenly believing they are demonstrating trauma reactions.</li> <li>• Guidance should be shared with elected/appointed officials.</li> <li>• Victims/families will likely receive outreach from the news media. This outreach can be overwhelming for them, particularly amidst a crisis.</li> </ul>	<p>and understanding their rights?</p> <ol style="list-style-type: none"> <li>7. Which broadcast and print news media outlets will be used to publicize FRC location and services to public?</li> <li>8. Have contacts for these media been established?</li> <li>9. How will elected/ appointed officials be directed?</li> <li>10. How will the messaging take into account any unique needs of the community?</li> </ol>
<p><b>Staffing</b></p>	<ul style="list-style-type: none"> <li>• 24/7 coverage may be needed</li> <li>• Public Information Officers (PIOs) are responsible for gathering, assessing, prioritizing, and communicating information to victims/families and the public. While they are assisted by others, PIOs set</li> </ul>	<ol style="list-style-type: none"> <li>11. Which position/agency will fill the PIO role following an MCI?</li> <li>12. Which mechanism will be used to activate PIO networks, if applicable?</li> <li>13. Will there be a dedicated PIO assigned to the FRC to help ensure the</li> </ol>

	<p>guidelines and hold approval power.</p> <ul style="list-style-type: none"> <li>• PIOs should be united and consistent in messaging.</li> <li>• It can be helpful to activate a regional PIO group to provide adequate coverage of shifts and needs.</li> <li>• Regions and/or jurisdictions can sometimes access PIO resources through established centralized multi- agency groups (i.e. MACs or Task Forces)</li> <li>• VS agency spokespeople should be an integral part of the JIC to ensure open lines of communication.</li> <li>• Jurisdictions can outsource communications to Crisis Communication Firms to assist with developing and distributing crisis messaging. (ex. Black Swan/Empathia).</li> <li>• Jurisdictions can outsource Call Center Communications to Crisis Communication Firms (see attached Data Collection Methods chart for sources).</li> <li>• If additional PIO resources are available, it would be beneficial to assign a PIO or victim services professional to the family of the deceased who will help navigate the media (i.e. what picture to use, etc.)</li> </ul>	<p>information is being provided to the survivors and loved ones before reaching the media?</p>
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	<ul style="list-style-type: none"> <li>MCI/MVIs public faces can include the University President or Chancellor, Governor, Mayor, Chief of Police, Medical Examiners/Coroners, etc.</li> </ul>	
<b>Activation</b>	<ul style="list-style-type: none"> <li>Spokespeople for responding VS agencies should be notified and report to IC/EOC/JIC.</li> <li>Typically, the lead PIO for the incident is activated as part of the initial activation of IC.</li> <li>Agency-specific spokespeople are often activated as part of the activation of the FRC.</li> </ul>	13. How will other communications personnel be notified of their need to respond?
<b>Location/Material Resources</b>	<ul style="list-style-type: none"> <li>Small jurisdictions have been known to outsource call centers and crisis communications to crisis communications firms.</li> </ul> <p><b><u>Social Media</u></b></p> <ul style="list-style-type: none"> <li>Social media can be a good tool to distribute information quickly. It is best practice to select a single social media account on which to post the most up-to-date information. All other accounts should point people to the selected account.</li> <li>If you choose to share information across multiple platforms (e.g. Lead Police Department’s Facebook and X accounts), the messages posted should be the same.</li> <li>Social media can be an ongoing challenge during a response. Information may be</li> </ul>	14. What platforms will be used to provide continuous and accessible public information about the disaster? 15. Who is responsible for managing/staffing these platforms? What guidelines will be used for operation? 16. Which social media platforms will be used to provide information to the victims and families? 17. If a call center will be used, what happens if the call center capacity is exceeded? 18. How will the PIO provide updated information to the Call Centers and also receive information

	<p>unofficially released about the incident and/or investigation, identities of injured and deceased, motives for the incident, etc. This information is often incorrect. Official social media will need to focus on quelling rumors and incorrect information.</p> <ul style="list-style-type: none"> <li>• Consider using third-party platforms (e.g. Hootsuite or OnSolve) to monitor social media.</li> <li>• Establish a proactive social media strategy to quickly dispel rumors and conspiracy theories, providing timely and accurate information to counteract the spread of false narratives during an emergency.</li> </ul> <p><b><u>Website</u></b></p> <ul style="list-style-type: none"> <li>• A website is another method to distribute accurate and timely information. If using, the website should be administered by a governmental agency or the organization that is overseeing the response. People are referred to that specific website for “official” information.</li> <li>• It can also be helpful to post information on the website of stakeholder agencies that are involved, or a URL link to the website cited above, so that people can get the information</li> </ul>	<p>back on what types of questions the operators are getting?</p> <p>18. How will staff be apprised of necessary login information for those sources?</p> <p>19. If applicable, what centralized phone number will be used?</p> <p>20. What method(s) will be used to monitor social media? Which agency will take lead on this effort?</p>
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	<p>from an organization that they trust.</p> <ul style="list-style-type: none"> <li>• The website will serve as a resource for call center operators who are answering inquiries and can also be updated based incoming requests for information received at the call center.</li> </ul> <p><b><u>Phone</u></b></p> <ul style="list-style-type: none"> <li>• A centralized phone number helps minimize confusion. Chaos often results from multiple agencies putting out multiple numbers.</li> <li>• Google Voice has been beneficial in previous incidents for centralized communication, call routing and forwarding, and voicemail transcriptions.</li> <li>• Call centers with trained trauma-informed responders are often used to both collect information and answer questions.</li> <li>• Staff with operators/responders who speak any multiple languages of potential callers; and service provision for Deaf and hard-of-hearing clients.</li> <li>• Call center operators will use existing electronic knowledge bases to access needed response information to answer incoming calls and can also identify information missing from existing</li> </ul>	
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	<p>knowledge bases that can then be updated.</p> <p><b><u>Push Alerts</u></b></p> <ul style="list-style-type: none"> <li>• Can be beneficial when delivering news or updates to a large group of people. Example systems include Cleo Stream, Amerilert, ADT Select Link.</li> <li>• Your community may already have an Emergency Notification System.</li> <li>• May also be used post information regarding status updates, changes in court dates etc.</li> </ul>	
<p><b>Communication</b></p>	<ul style="list-style-type: none"> <li>• Survivors and families will need information about their loved ones, the status of the case, whom to contact with questions or concerns, where to access services, and how to access donations.</li> <li>• Information should be tailored specifically for survivors/families. This includes informing them of developments prior to the public at all times.</li> <li>• It is best practice to conduct regular briefings with both survivors/families and the news media. <b>These should be separate events.</b></li> <li>• Specific information related to other best practices (donations, memorials/vigils) will be developed and funneled</li> </ul>	<p>21. Which population demographics need to be considered that will impact how information is communicated? (language, cultures, use and trust in the media)</p> <p>22. Which processes will be used to brief groups of victims? This includes updating them on the status of the case, where to go for resources, who to contact for further information, and how to access funds.</p> <p>23. How will you communicate with individuals unable to travel to the FRC—particularly those in medical facilities? Are virtual meetings possible?</p>

	<p>through the communications team.</p> <ul style="list-style-type: none"> <li>• It can be helpful to have pre-developed templates. At minimum, the following should be considered: <ul style="list-style-type: none"> <li>○ Predictable reactions to a CMV/DT incident</li> <li>○ FRC info (where, who, when)</li> <li>○ FAC info when FRC is being deactivated (where, who (using defined victim pool), when, what services to expect)</li> <li>○ How to report a missing person</li> </ul> </li> <li>• How information is communicated will depend on if there is a criminal prosecution with a living defendant Consider using various media and multilingual formats when broadcasting the location and services of the FRC.</li> </ul>	<p>24. How will briefings be conducted for the news media? How often?</p> <p>25. Where will staff find templates that have been pre-developed (i.e. FAQs, fact sheets, talking points)?</p> <p>26. Who will develop additional resources for victims and the public that list available victim assistance?</p> <p>27. How will these resources be distributed to survivors/families?</p>
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Section 2 – Public Information Officer/Crisis Communication

6.1 Incident Public Information Officer (PIO) shall be responsible for all public facing communications with approval or authority from the Incident Commander.

6.1.1 The PIO position shall be filled by (insert position/agency).

6.1.2 The PIO will be notified of their need to respond by (insert entity and process)

6.1.3 The PIO shall gather, assess, prioritize, and communicate information to victims, families, and the public.

6.1.4 The PIO may be assisted by others. However, the PIO shall set guidelines and hold approval power.

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- 6.2 Partner and support agencies may also have spokespeople who assist with incident response communications. These individuals do not have authority to release information without approval from the Incident PIO.
- 6.3 A Joint Information Center (JIC) may be opened to provide a centralized location for the PIO(s) and agency spokespeople to receive and give information.
- 6.3.1 A representative from victim services agencies shall be present at the JIC to relay timely information to victim service professionals at the FRC and FAC.
- 6.3.2 Individuals working in the JIC will be notified of their need to respond by (insert entity and process)
- 6.3.3 Talking points, including relevant and available investigative and victim services information, shall be developed and disseminated out of the JIC.
- 6.4 24/7 coverage may be needed following an MCI.
- 6.4.1 If needed, (insert PIO mutual aid agreement(s)) are in place.
- 6.4.2 PIO networks will be activated by (insert process)
- 6.5 Information shall be categorized into two categories. Release of both must be approved by the Incident PIO.
- 6.5.1 Public Information is very general information about the incident and response that is authorized to be released to the public at large.
- 6.5.2 Information for survivors and families, on the other hand, will not be released to the public, but may be authorized to be shared with those impacted by the incident.
- 6.6 Care and sensitivity for victims and families, and their privacy and confidentiality, should be prioritized at all times. The following guidelines will be used in communication efforts
- 6.6.1 All information provided to media should be shared with survivors/families/friends in advance.
- 6.6.2 (insert additional strategies).
- 6.7 Public Information will be shared in a continuous and accessible manner using (insert platforms that will be used and reference relevant section below (i.e. social media (6.9), call center (6.11))).
- 6.7.1 The public shall be informed of where they can share information they have regarding the incident – including if they think a loved one was impacted.

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

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

Outlet	Contact Name	Contact Information

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

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

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

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

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

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

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

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

6.9 Mainstream Media (Delete if not being used)

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

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- 6.9.2 Media briefings will be conducted via (insert manner) on a (insert timeframe) basis.
  - 6.9.3 (Insert additional mainstream media information/guidelines)
  - 6.10 Social Media (Delete if not being used)
    - 6.10.1 Social media will be used to both distribute and collect information.
    - 6.10.2 (Insert role/agency) is responsible for monitoring social media for information collection purposes (including identification of rumors and conspiracy theories).
      - 6.10.2.1 Monitoring will be done by (insert strategies for monitoring)
      - 6.10.2.2 Relevant/urgent information gathered will be shared with the JIC and PIO.
    - 6.10.3 (Insert role/agency) is responsible for pushing out information on social media.
      - 6.10.3.1 Staff will be apprised of log-in information by (insert process)
    - 6.10.4 (Insert additional social media information/guidelines)
  - 6.11 Website (Delete if not being used)
    - 6.11.1 (Insert role/agency) is responsible for managing website content.
      - 6.11.1.1 Staff will be apprised of log-in information by (insert process)
    - 6.11.2 (Insert additional website information/guidelines)
  - 6.12 Call Center. (Delete if not being used) It may be necessary to establish a centralized mechanism to manage missing person inquires and collect information to help identify potential next of kin; and to gather antemortem information to assist with victim identification. This typically involves establishing a call center to collect information about those who are missing and unaccounted for, and to document the names of individuals looking for potential victims/family members or friends.
    - 6.12.1 A centralized phone number will be used to minimize confusion. (Insert phone number) has been reserved and configured for crisis situations.
    - 6.12.2 (Insert role/agency) is responsible for managing the call center.
    - 6.12.3 (Insert additional social media information/guidelines)
    - 6.12.4 If call center capacity is exceeded, (insert actions to be taken)
  - 6.13 Push Alerts (Delete if not being used)
    - 6.13.1 (Insert role/agency) is responsible for sending push alerts.
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6.13.1.1 Staff will be appraised of log-in information by (insert process)

6.13.2 (Insert additional website information/guidelines)

6.14 University Office of the President or other elected/appointed officials will likely wish to be involved in response efforts. The following guidance shall be provided.

6.14.1 (insert strategies to balance elective officials interests with victim needs).

6.15 Messaging templates have been pre-developed for the following. They can be found (insert location, if applicable)

6.15.1 (Insert templates that have been developed)

## VII. Community Mental/Behavioral Health

### Section 1

<b>Community Mental/Behavioral Health</b>		
<i>Community Mental/Behavioral Health may be called upon to assist with psychological first aid needs of victims and the community immediately after an incident. They will also assess and build capacity to meet the ongoing and increased needs for services due to MCIs.</i>		
	<b>Considerations</b>	<b>Questions</b>
<b>Planning Considerations</b>	<ul style="list-style-type: none"><li>• Mental/Behavioral health encapsulates mental health, addiction and substance use disorders, and psychiatry, as well as overall physical wellness such as sleep, nutrition, exercise, stress, etc.</li><li>• Mental/Behavioral health is narrower in scope and looks at emotional health and mental health treatment, which also includes stabilization in the immediate stages following MVI.</li><li>• Mental/Behavioral Health leadership should develop plans for immediate, short-term and long-term responses.</li><li>• The subcommittee (or their designated POCs) will be</li></ul>	<ol style="list-style-type: none"><li>1. What agencies should be represented on the Mental/Behavioral Health Subcommittee?</li><li>2. How will state disaster mental health and spiritual care response teams be included in the plan?</li><li>3. What VOAD/COADs in the community need to be included in the Mental/Behavioral health plan?</li><li>4. What state statutes and regulations exist regarding contracts with mental health providers?</li><li>5. Which existing entities within the jurisdiction</li></ol>

	<p>activated during an actual incident to deploy immediate responders and explore funding options for mental/behavioral health services.</p> <ul style="list-style-type: none"> <li>• Mental/Behavioral Health providers should have specialized training in trauma.</li> </ul> <p><b><u>IMMEDIATE RESPONSE</u></b></p> <ul style="list-style-type: none"> <li>• Psychological First Aid (PFA) trainings, presentations, and support are the recommended response to MCIs/MVIs during the immediate and short-term responses. PFA can be delivered by paraprofessionals in a variety of settings. Stabilization and normalization of reactions are the goal.</li> <li>• Extensive coordination with agencies (e.g., city/state emergency preparedness organizations, city/state mental health providers, and local chapters of the American Red Cross and the United Way) federal and state law enforcement, and prosecution personnel is a necessary component of an effective immediate response to mass violence.</li> </ul> <p><b><u>LONG-TERM</u></b></p> <ul style="list-style-type: none"> <li>• Trauma-focused, evidence-based interventions should be used for long-term treatment once survivors are ready for more traditional treatment.</li> </ul>	<p>provide evidence-based trauma-focused mental/behavioral health services?</p>
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	<ul style="list-style-type: none"> <li>• Additional psychological needs may emerge as time progresses and people find it difficult to go back home or function well at work. If a Resiliency Center is established, it will continue to assess and address needs of survivors as time progresses.</li> <li>• This planning should start occurring as soon as the FRC and/or EOC is activated as the FAC will take some time to set-up and get resources recalled.</li> </ul>	
<p><b>Services</b></p>	<p><b><u>IMMEDIATE RESPONSE</u></b></p> <ul style="list-style-type: none"> <li>• The lead law enforcement, prosecution and victim services agencies will determine who will be considered a legal victim of the incident. However, expect others to show up to the FRC for services or information for all survivors that have been impacted by the incident.</li> <li>• An initial assessment of survivors' needs should be conducted at the FRC. This will help to determine the essential services that are needed at the FAC and, later (if established), the Resiliency Center.</li> <li>• Individuals who share the experience of a mass violence incident do not necessarily share the same traumatic reactions.</li> <li>• Trained mental/behavioral health professionals can</li> </ul>	<ol style="list-style-type: none"> <li>6. Once the definition of who will be considered a legal victim is determined by Law Enforcement/FBI, how will that information be communicated to stakeholders and the public?</li> <li>7. How will a comprehensive list of those who are eligible for services be compiled and shared among agencies?</li> <li>8. How will you ensure victims who want to access follow up services are connected to linkage services and funded resources, such as those found at a Resiliency Center or other community-based programs?</li> <li>9. How will the Mental/Behavioral Health response ensure that there are multiple</li> </ol>

	<p>identify individuals who may have pre-existing issues and/or trauma or be in extreme distress.</p> <ul style="list-style-type: none"> <li>• Engage a holistic approach, which includes diverse faith or spiritual healing practices, to support survivors and surviving family members in the long term. Do remember, however, that not all victims are religious or spiritual.</li> <li>• Initial efforts of mental/behavioral health professionals should focus on providing compassionate support and information that will help survivors cope and bolster resilience.</li> </ul> <p><b><u>LONG-TERM</u></b></p> <ul style="list-style-type: none"> <li>• Service linkage and tracking should shift to the Resiliency Center once/if it opens, with Navigators to help survivors understand and access services available to them.</li> <li>• Many victims may benefit from grief counseling, but this type of counseling generally is more appropriate at a later time as individuals adjust to day-to-day life.</li> <li>• Address the potential for increased risk of substance use/abuse; physical, sexual, and emotional abuse; and suicidal and homicidal ideation.</li> </ul>	<p>methods for accessing needed care (i.e. as many “open doors” as possible), and that alternative interventions are included?</p> <p>10. Consider establishing MOUs for organizations with trained/certified/approved therapy dogs.</p>
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<p><b>Staffing</b></p>	<p><b><u>IMMEDIATE RESPONSE</u></b></p> <ul style="list-style-type: none"> <li>• The Mental/Behavioral Health Subcommittee should designate a POC to oversee the immediate coordination of trauma-trained providers for the FRC.</li> <li>• Communities are often inundated with offers of help and support immediately after MCIs. However, as the months go by and the news cycle changes, people may lose interest in providing services. This is often when victims most need these services.</li> <li>• Representation will be needed from the mental/behavioral health community providers on the FRC team.</li> <li>• Staff impacted by the incident will likely be working through their own trauma and should not be assigned to provide mental/behavioral health care to others. Provide access to resources to address trauma among providers, as well as resources to address secondary and vicarious trauma.</li> </ul> <p><b><u>LONG-TERM</u></b></p> <ul style="list-style-type: none"> <li>• An appropriate trauma therapist must be knowledgeable and trained about evidence-based trauma treatments and practices, particularly those that are effective in treating</li> </ul>	<ol style="list-style-type: none"> <li>11. Which providers can provide bi-lingual professionals when needed?</li> <li>12. How will mental/behavioral health service providers be included in the incident management organizational structure?</li> <li>13. What roles are needed?</li> <li>14. What responsibilities need to be covered?</li> </ol>
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	victims and survivors of violent crime.	
<b>Activation</b>	<p><b><u>IMMEDIATE RESPONSE</u></b></p> <ul style="list-style-type: none"> <li>Trained mental/behavioral health and spiritual care teams and victim advocates should be deployed to the FRC to provide Psychological First Aid to support victims and loved ones.</li> <li>These trained teams will provide Psychological First Aid and support to victims, families, and loved ones. They may also assist victim advocates with navigation to services in the FAC once activated.</li> <li>Communities can always rely on the Disaster Distress Helpline at 1-800- 985-5990 (call or text).</li> </ul> <p><b><u>LONG-TERM</u></b></p> <ul style="list-style-type: none"> <li>Mental/behavioral health support and/or referrals to behavioral health care in the community will transition to the Resiliency Center (if established).</li> </ul>	<p>15. How will incident-specific mental/behavioral health services be coordinated?</p> <p>16. How will you notify/activate credentialed mental/behavioral health professionals, victim service professionals/advocates and crisis counselors?</p> <p>17. Who is responsible for ensuring volunteers are managed according to campus policy?</p> <p>18. Who is responsible for activating and staffing the hotline, if applicable?</p> <p>19. Who is responsible for documenting which agencies are providing services?</p> <p>20. How will the jurisdiction continue to ensure services are available and coordinated after the immediate response to the incident?</p>
<b>Location/Material Resources</b>	<p><b><u>IMMEDIATE RESPONSE</u></b></p> <ul style="list-style-type: none"> <li>Mental/Behavioral health teams may be available in the jurisdiction through VOADS (i.e., American Red Cross or Salvation Army) and through</li> </ul>	<p>21. How will you fund immediate mental/behavioral health services at the response locations?</p> <p>22. Who is responsible for developing a list of</p>

	<p>state- or county-developed and maintained teams.</p> <ul style="list-style-type: none"> <li>Federal grants may be available to fund or reimburse jurisdictions for the provision of mental/behavioral health services. Application for this funding is time-sensitive after an MCI. OVC TTAC provides assistance on applying for AEAP grants following mass violence incidents.</li> </ul> <p><b><u>LONG-TERM</u></b></p> <ul style="list-style-type: none"> <li>A list of mental/behavioral health services with capacity to work with victims for the long-term should be developed by the Mental/Behavioral Health Subcommittee. This list should be available during FRC and transferred to the FAC and Resiliency Center operations for referrals.</li> <li>Victims will need to bypass standard waitlists.</li> <li>Referrals should be tracked. This will be completed at the Resiliency Center if one is opened, but tracking is needed regardless of the opening of a Resiliency Center.</li> </ul>	<p>mental/behavioral health agencies who are willing and have capacity (or are willing to bypass existing waitlists) to work with survivors?</p> <p>23. How will referrals to mental/behavioral health professionals be provided to victims?</p> <p>24. How will referrals be tracked?</p>
<p><b>Communication</b></p>	<p><b><u>IMMEDIATE RESPONSE</u></b></p> <ul style="list-style-type: none"> <li>PIOs should communicate that there will be trained mental/behavioral health and spiritual care support available for victims at the FAC and FAC.</li> </ul>	<p>25. How will mental/behavioral health services information be shared with victims?</p> <p>26. How will communications about mental/behavioral health services be</p>

	<ul style="list-style-type: none"> <li>• PIOs should include messaging about to unaffiliated/spontaneous mental/behavioral health volunteers where they should report (i.e. Volunteer Intake Center) so that they don't arrive at service sites where victims are gathering.</li> </ul> <p><b><u>LONG-TERM</u></b></p> <ul style="list-style-type: none"> <li>• Ensure victims are informed of mental/behavioral health services available.</li> <li>• First responders may also need mental/behavioral health services but may be reluctant to seek them. Additional communication efforts may be necessary to encourage first responders to seek services when needed.</li> <li>• Ensure victims and advocates are informed of centralized numbers, email, and text that can be used to get information on acquiring mental/behavioral health services.</li> </ul>	<p>shared with stakeholders?</p> <p>27. How will victims be kept informed of changes to call centers or centralized numbers for call or text?</p> <p>28. How will victim input and feedback about services be collected and analyzed?</p>
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## Section 2 – Community Mental/Behavioral Health

7.1 Mental/behavioral health encapsulates mental health, addiction and substance use disorders, psychiatry and a range of other mental health concerns, as well as overall physical wellness such as sleep, nutrition, exercise, stress, etc.

7.1.1 Mental/behavioral health is narrower in scope and looks at emotional health and mental health treatment.

7.1.2 All proposed mental/behavioral health interventions should be evidence-based treatments/empirically supported treatment or evidence-based practices and specific to trauma.

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

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

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

7.2.3 A thorough assessment is essential to determine and address the mental/behavioral health needs of mass violence survivors.

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

7.2.5 Initial efforts of mental/behavioral health professionals should focus on providing compassionate support and information that will help victims cope and bolster resilience, as well as support to ensure that victims and survivors feel safe and stable.

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

7.2.6.1 (Insert agency/department responsible) will be responsible for determining who will be eligible for mental/behavioral health services by (Insert process to determine eligibility).

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

7.2.2.3 (Insert method used) will be used to ensure victims who want to access follow up services are connected to linkage services and funded resources, such as those found at the Resiliency Center or other community-based programs.

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

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

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

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

7.3.3 Mental/Behavioral health service providers may be included in other organizational structures such as the FAC structure. If there is a need for a separate organization structure for mental/behavioral health, the following organizational chart can be used. (The organizational chart, identifying reporting structure, for behavioral health services should be inserted here.)

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

Role	Responsibility(s)	Providing Agency	Agency POC	Backup POC

7.3.5 Bilingual service providers (including providers/ASL translators for Deaf and hard-of-hearing survivors) are sometimes overlooked during staff planning. The following providers include bilingual professionals:

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

7.4 Activation. Behavioral/Mental health services are needed throughout the response and recovery phases following an incident. Services may be included from the immediate response through the FAC and into long-term recovery at the Resiliency Center.

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

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

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- 7.4.3 (Insert method used) will be used to coordinate incident-specific mental/behavioral health services.
  - 7.4.4 Credentialed mental/behavioral health professionals, victim service professionals/advocates, and crisis counselors will be notified of the activation of their services and the reporting date, time, and location, if appropriate, by (insert method used to notify staffing members).
  - 7.4.5 (Insert department/agency responsible) will be responsible for ensuring volunteers are managed according to (reference volunteer management plan or develop a process to add here).
  - 7.4.6 (Insert department/agency responsible) will be responsible for documenting which entities/organizations are providing/have provided services.
  - 7.4.7 Mental/Behavioral health should be responding as soon as they have been notified of an FRC activation and a location has been determined.
  - 7.4.8 When/if it is determined that a hotline should be made available to assist victims or provide them with mental/behavioral health service options/locations, (insert agency/department responsible) shall be responsible for activating and staffing the hotline.

7.5 Location and Material Resources. Low cost or no cost psychological care providers may be available to assist in the immediate aftermath of an incident. Federal grants may also be available to fund or reimburse jurisdictions for the provision of mental/behavioral health services. In addition, the campus Employee Assistance Program may have additional services to provide after an MCI.

- 7.5.1 Costs associated with the provision of these services may be covered by (insert exercise funding options).
- 7.5.2 (Insert agency/department responsible) will be responsible for developing a list of Mental/Behavioral Health agencies that are willing and have capacity (or are willing to bypass existing waitlists) to work with survivors.
- 7.5.3 Victim referrals to mental/behavioral health professionals will be provided by (insert method used).
- 7.3.4 Victim referrals will be tracked by (insert method used). If possible, provide a system that allows for victims/survivors to see where they are on the list to receive services.

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

- 7.6.1 (Insert communication avenue) will be the primary conduit for informing the survivors of available mental/behavioral health services.

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7.6.2 (Insert communication avenue) will be the primary conduit for sharing mental/behavioral health service information with stakeholders.

## VIII. Training and Exercise

By regularly practicing this plan, the campus can identify potential gaps, improve response efficiency, and enhance coordination among various campus units and external agencies and organizations. Moreover, engaging with external stakeholders, including local emergency services and community organizations, fosters a collaborative, cohesive approach to crisis management, which is essential when the campus's resources alone might be insufficient to address a large-scale incident. By conducting exercises and drills, institutions also raise awareness and preparedness levels, both within the campus community and among external partners, ultimately enhancing the likelihood of a successful and swift reunification process (when possible) and reduce stress and trauma reactions. In sum, the regular training and exercising of plans not only contribute to the safety of all involved, but also promote resilience and a culture of readiness within and beyond the campus environment.

## IX. Glossary of Terms

**COAD (Community Organizations Active in Disaster):** Local planning groups that organize and deploy community resources in the event of a disaster.

**EOC (Emergency Operations Center):** The physical location where the coordination of information and resources to support incident management activities normally takes place.

**EOP (Emergency Operations Plan):** A comprehensive plan that outlines the steps an institution will take in response to emergency situations.

**FAC (Family Assistance Center):** A facility that offers comprehensive support services, including emotional, logistical, and informational assistance to families of victims and survivors.

**FBI (Federal Bureau of Investigation):** Takes the lead in federal crime or terrorism-related incidents and may oversee FAC operations.

**FBI Victim Assistance Rapid Deployment Team (VARDT):** Deploys to mass casualty events to provide crisis intervention and victim assistance services.

**FRC (Friends and Relatives Center):** An initial gathering place for families and friends post-incident, often transitioning to a FAC if extended services are needed.

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**HIPAA (Health Insurance Portability and Accountability Act):** U.S. federal law that provides data privacy and security provisions for safeguarding medical information.

**ICS (Incident Command System):** A standardized approach to the command, control, and coordination of emergency response.

**IHE (Institutions of Higher Education):** Colleges or universities where the plan is implemented, focusing on coordinating resources, managing communications, and providing support to victims and families.

**MCI (Mass Casualty Incident):** An event where the number of injuries exceeds what local healthcare providers can manage under normal circumstances, such as in natural disasters or large accidents.

**MVI (Mass Violence Incident):** Refers to acts of violence like shootings or terrorist attacks, focusing on law enforcement, threat neutralization, and behavioral/mental health support, in addition to medical care.

**NMVC (National Mass Violence Center):** Provides support and resources for developing response, recovery and resilience plans for mass violence incidents.

**NTSB (National Transportation Safety Board):** Federal agency that leads the investigation of transportation-related incidents and may manage FAC operations in such cases.

**PFA (Psychological First Aid):** An evidence-informed approach for assisting people in the immediate aftermath of disaster and terrorism to reduce initial distress and to foster short- and long-term adaptive functioning.

**VOAD (Voluntary Organizations Active in Disaster):** Nonprofit, nonpartisan, membership-based organizations that serve as the forum where organizations share knowledge and resources throughout the disaster cycle.

**VOCA (Victims of Crime Act):** Federal legislation that provides funding to assist victims of crime.

**VS (Victim Services):** Professional services that offer support and resources to victims and survivors of crime or disasters.

## X. Attachments

### Attachment 1 – List of Potential Internal and External Partners

<u>Service</u>	<u>Planning Considerations</u>	<u>Potential Internal Partners</u>	<u>Potential External Partners</u>
<b>Mental/ Behavioral Health</b>	<ul style="list-style-type: none"> <li>• Need to have the ability to have services and/or providers service both staff and students</li> <li>• Coordinate with EAP contractor to determine level of support in a crisis</li> <li>• Develop MOUs with surrounding Universities for additional support</li> </ul>	<ul style="list-style-type: none"> <li>• Student Health Center</li> <li>• Counseling Center</li> <li>• EAP Services</li> <li>• Student Affairs</li> <li>• Academic Health System</li> </ul>	<ul style="list-style-type: none"> <li>• EAP Contracts</li> <li>• Victim Services Providers</li> <li>• Crisis Response Teams</li> <li>• Health Care Coalitions</li> <li>• FBI Victim Services</li> <li>• Peer Support</li> <li>• Dept. Criminal Justice Services</li> <li>• Critical Incident Stress Management Teams</li> </ul>
<b>Spiritual Care</b>	<ul style="list-style-type: none"> <li>• If these services are not readily available on campus, consider working with outside groups. This should not be a service handled by student groups/ organizations</li> </ul>	<ul style="list-style-type: none"> <li>• EAP Services</li> <li>• Academic Health System Spiritual Center</li> </ul>	<ul style="list-style-type: none"> <li>• Spiritual leader in local area</li> <li>• Volunteer Organizations Active in a Disaster</li> <li>• Hospital Chaplaincy Coordinators</li> <li>• Local Non-profits</li> </ul>
<b>Victim ID/ Tracking</b>	<ul style="list-style-type: none"> <li>• Need to have several methods in place to coordinate with hospitals and health care systems</li> <li>• Send a campus representative other than PD with authorization to receive updates on patient information (i.e. Social Services Rep)</li> </ul>	<ul style="list-style-type: none"> <li>• Campus Social Workers</li> <li>• EAP</li> <li>• Academic Health System</li> <li>• Registrar's Office/Strategic Enrollment</li> <li>• Executive Group of Student EMS / EM</li> </ul>	<ul style="list-style-type: none"> <li>• Victim Services</li> <li>• Social Workers</li> <li>• County EMS</li> <li>• Health Care Agency</li> <li>• American Red Cross</li> <li>• FBI Victim Services</li> <li>• Coroner</li> <li>• Regional Advisory Councils</li> </ul>

	<ul style="list-style-type: none"> <li>• Pre-determine personnel authorized to release</li> </ul>		<ul style="list-style-type: none"> <li>• Health Care Coalition</li> <li>• 211</li> </ul>
<b>Reunification/ Notification Team</b>	<ul style="list-style-type: none"> <li>• Individuals who implement plans for all types of notification including involvement in the incident, missing status, and death notifications</li> <li>• They will also assist with implementing the procedures for conducting reunification.</li> </ul>	<ul style="list-style-type: none"> <li>• Campus Social Workers</li> <li>• Counseling Center</li> <li>• Campus PD/Safety</li> <li>• Student Affairs</li> </ul>	<ul style="list-style-type: none"> <li>• Coroner</li> <li>• Victims Services Departments</li> <li>• American Red Cross</li> <li>• Mental/behavioral health specialist</li> </ul>
<b>Comms/IT</b>	<ul style="list-style-type: none"> <li>• Cell phones and/or computers that work to allow individuals to update their status</li> <li>• Service providers offer program for first responders to assist with obtaining phones</li> </ul>	<ul style="list-style-type: none"> <li>• OIT</li> </ul>	<ul style="list-style-type: none"> <li>• RACES</li> <li>• GETS/WPS</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• Have this information already laid out and available in a template to quickly push out</li> <li>• Include transportation from airport, parking information, transportation to hotels, etc.</li> <li>• Be prepared to provide information about local hotels (work with local visitor's bureau or other agency to</li> </ul>	<ul style="list-style-type: none"> <li>• Parking &amp; Transportation services</li> <li>• Campus bus/shuttle service</li> </ul>	<ul style="list-style-type: none"> <li>• Local School Districts</li> <li>• Uber/Lyft Contracts</li> <li>• Hotel shuttle services</li> </ul>

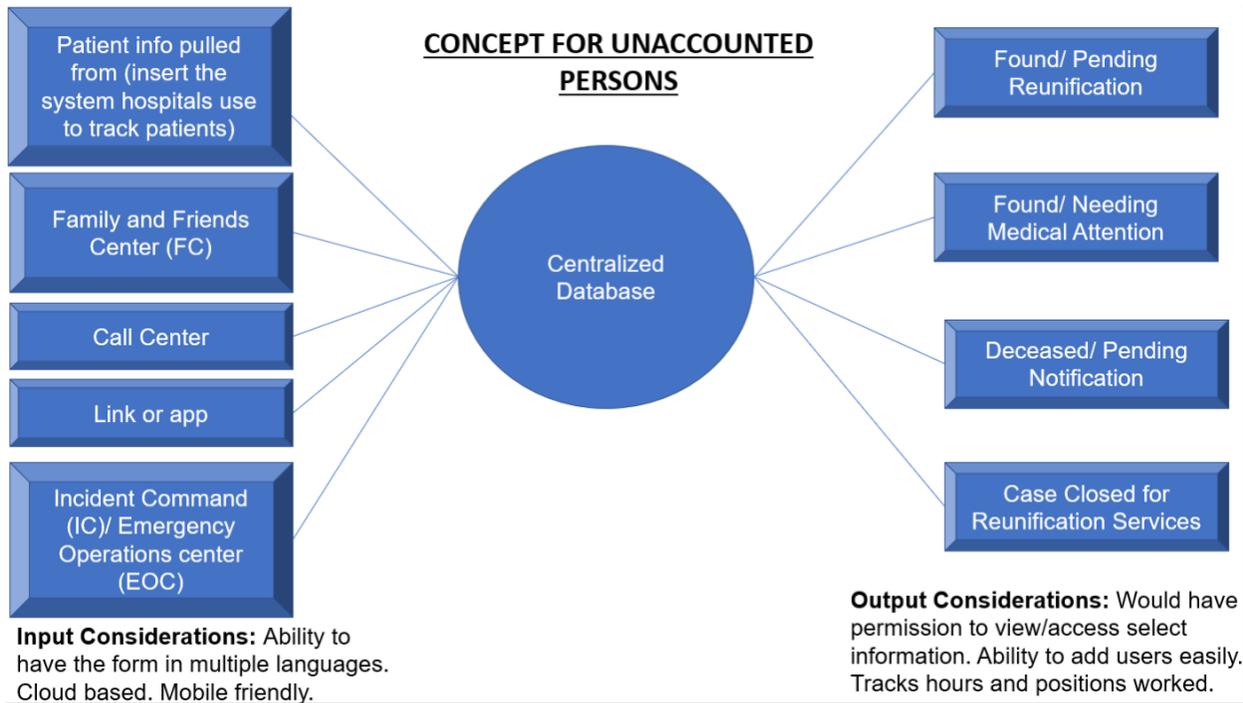
	obtain current information)		
<b>Logistics/ Mass Care</b>	<ul style="list-style-type: none"> <li>• Have information on what is acceptable for donations and procedures for coordinating those in a template to quickly push out</li> <li>• Leverage campus food pantries if available</li> <li>• Determine what level of service that campus food service vendor(s) could provide</li> <li>• Leverage existing contracts</li> </ul>	<ul style="list-style-type: none"> <li>• Campus Dining</li> <li>• Special Events &amp; Protocol</li> </ul>	<ul style="list-style-type: none"> <li>• Local non-profit organizations</li> <li>• National/Regional non-profit</li> <li>• Local business leaders/Chamber of Commerce, Restaurant Association, etc.</li> </ul>
<b>Safety/ Security</b>	<ul style="list-style-type: none"> <li>• Depending on the incident, law enforcement may be present to conduct interviews</li> <li>• If not required, consider using non-uniform officers especially inside the FRC or FAC</li> <li>• Leverage CSOs/CSAs/PSOs/PSAs</li> <li>• Develop process to manage self-deployed agencies and individuals</li> </ul>	<ul style="list-style-type: none"> <li>• Campus PD</li> <li>• Public Safety Officers</li> <li>• Community Safety Ambassadors</li> <li>• Contracted security</li> </ul>	<ul style="list-style-type: none"> <li>• Local law enforcement officials</li> <li>• Sheriff's office</li> <li>• Contracted security</li> </ul>
<b>Registration</b>	<ul style="list-style-type: none"> <li>• Personnel filling this role should be prepared to do quick case management/needs assessment about what the individuals' needs are and get them to the right</li> </ul>	<ul style="list-style-type: none"> <li>• Employee Experience Center</li> <li>• Special Events &amp; Protocol</li> <li>• Mental Health First Aid Instructors</li> <li>• CERT</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteer Organizations Active in a Disaster</li> <li>• Local/Regional/ National non-profits</li> <li>• Local school district staff</li> </ul>

	<p>resource within the FRC</p> <ul style="list-style-type: none"> <li>• They should expect to address the major issues such as: <ul style="list-style-type: none"> <li>○ Notification of involvement</li> <li>○ Victim Accounting</li> </ul> </li> <li>• Information about the incident and recovery plan</li> </ul>	<ul style="list-style-type: none"> <li>• Student Affairs</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis Response Teams</li> </ul>
<b>PIO/Media</b>	<ul style="list-style-type: none"> <li>• Shall conduct briefings with information prior to it being released to the media</li> <li>• Messaging needs to be consistent and accurate across all platforms</li> <li>• Encourage internal and external stakeholders to share official campus messaging verses drafting new messaging as well as to ensure misinformation/false information is not spread</li> <li>• Pre-establish media locations that allow for the privacy and security of FRC clients</li> </ul>	<ul style="list-style-type: none"> <li>• PIO/ News Office/ Enterprise Communication</li> </ul>	<ul style="list-style-type: none"> <li>• PIOs from surrounding cities</li> <li>• Contracts with local school districts/universities</li> <li>• MAAs</li> <li>• NIMAA</li> </ul>

Attachment 2 – Friends and Relatives Center Fillable Contact List

<b>Service</b>	<b>Internal Resources</b>	<b>Contact Information</b>	<b>External Resources</b>	<b>Contact Information</b>
<b>Mental/ Behavioral Health</b>				
<b>Spiritual Care</b>				
<b>Victim ID/Tracking</b>				
<b>Reunification/ Notification Team</b>				
<b>Comms/IT</b>				
<b>Transportation</b>				
<b>Logistics/ Mass Care</b>				
<b>Safety/Security</b>				
<b>Registration</b>				
<b>PIO/Media</b>				
<b>Other:</b>				

Attachment 3 – Potential Methods for Reporting Missing Persons



Input Method	Responsibility
Call Center	<ul style="list-style-type: none"> <li>Contracted out (AWS Connect, FEI, Call Experts, Ambs, Empathia Black Swan, AnswerNet, etc.)</li> <li>County Hotline</li> <li>211</li> <li>FRC Staff</li> </ul>
App/Link	<ul style="list-style-type: none"> <li>QR code</li> <li>PIO post on social medio/campus platforms</li> </ul>
In Person	<ul style="list-style-type: none"> <li>FRC staff</li> </ul>
Hospital Information Systems / Family Information Centers	<ul style="list-style-type: none"> <li>POC at hospital site location</li> <li>Ability to access hospital patient tracking system</li> <li>American Red Cross</li> <li>Victim Services</li> </ul>
Other	

Attachment 4 – Sample Missing Persons Form

MISSING PERSON FORM						
<b>Informant Contact Information</b>						
Last Name		First Name		Middle Name		
Relationship to Missing Person		Phone Number(s)		e-Mail		
Street Address			City		State	Zip
Contact Person (if different than above)						
Last Known Contact (please list time, location, method of interaction)						
Please list why you think they are missing:						
<b>Missing Person Information</b>						
Last Name		First Name		Middle Name		
Maiden Name (if applicable)		Nicknames or Aliases		Phone Number(s)		
Date of Birth	Age	Gender	Relationship to Informant	Race	Marital Status	
Street Address			City		State	Zip
Does the person require medication (if yes, please list)				Primary Language		
Does the person have any major medical or mental health concerns (if yes, please list)						
Weight	Height		Eye Color		Hair Color & Length	
Identifying Characteristics – scars, tattoos, piercings, birth marks, ...						
Last known Clothing – type, size, color, footwear, jewelry, ...						
Does the person carry a wallet or purse, if so please describe?						
<b>Informant's Needs – Do you have any need for any of the following? (please circle if yes)</b>						
Lodging	Medical	Dietary	Religious	Transportation	Other:	
Confidentiality: We respect your privacy. We will honor your wishes when sharing information about your needs. Please let us know of limitations.						
<b>Staff Use</b>						
Staff Name				Staff Phone Number		
Date	Time		Method of Collection:			
			By Phone    In Person, list location _____			