**SAMPLE – Customize as needed**

**(Your county here) System Based Response Overview**

**Criminal Mass Violence**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Division of Duties:**

Mass Casualty incident occurs – 4 entities (DAVAP, FBI, LE, CVSD) remain in contact and share information via phone/text. *(Customize this chart to reflect your plan of action)*

**Incident Command Structure for VAP:** *(This chart may be useful to include in your county’s overall emergency response chart)*

**Information flow sample:** *(Consider a plan for sharing information)*

**Victim Population Focused/Served:**

*(As you plan your response decide what agency will serve what population)*



**Victim Population Focused/Served:** *(This chart may be helpful in identifying roles)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Victim Population** | **(Your) DAVAP** | **OR DOJ****CVSD** | **FBI VSD** | **(Your LE Advocate)**  | **Red Cross** | **(Others?)** |
|  |  |  |  |  |  |  |
| **Deceased Victims** | X | X | X | X | X | X |
| **Injured Victims** | X | X | X | X | X | X |
| **Direct/Non-Injured Victims** | X | X | X | X | X | X |
| **Near or On Location/Campus** |  | X | Will be incident specific |  | X | X |
| **Overall Community** |  |  |  |  | X | X |

**System Based Points of Contact:** *(In addition to charts, consider including a separate detailed contact list like the one below and including definitions for acronyms)*

Name: (Insert name)

Position/Agency: (Your county) Victim Assistance Program - Director

Office Phone: XXX-XXX-XXXX

Cell Phone: XXX-XXX-XXXX

Email: XXXXXXXXXX

Capabilities/Responsibilities:

* services related to direct victim needs
* interview accompaniment
* death notifications
* orientation to criminal justice center
* liaison between victim and law enforcement
* assistance with CVC applications
* future CJC events
* information and referral
* info disseminations
* facilitate victim assistance daily debriefs

Name: (Insert name)

Position/Agency: (Your county) Victim Assistance Program – Lead

Office Phone: XXX-XXX-XXXX

Cell Phone: XXX-XXX-XXXX

Email: XXXXXXXX

Capabilities/Responsibilities: same as above

Name: Helen O’Brien/Diane Wehage/Rebecca Shaw

Position/Agency: Oregon Department of Justice Crime Victims’ Services Division

Office Phone: XXX-XXX-XXXX

Cell Phone: XXX-XXX-XXXX

Email: XXXXXXX

Capabilities/Responsibilities:

* short and long term
* help with coordinating response from other DAVAPs
* activate CVSD response team
* activate CVC application
* help on-site with CVC app

Name: (Who is your contact?)

Position/Agency: Victim Specialist - FBI

Office Phone: XXX-XXX-XXXX

Cell Phone: XXX-XXX-XXXX

Email: XXXXXXX

Capabilities/Responsibilities:

* Coordination with law enforcement
	+ in command center as needed
* Coordination with service providers
	+ Resources
	+ Family Assistance Center
* On-ground victim assistance
* Federal Funding (TEVAF) – incident specific
* Victim Services Response Team (VSRT) – incident specific

Name: (Insert name)

Position/Agency: (Your) Police Bureau

Office Phone: XXX-XXX-XXXX

Cell Phone: XXX-XXX-XXXX

Email: XXXXXX

Capabilities/Responsibilities:

* Immediate response
* Short-term follow up (up to 2 weeks)
* All volunteer
* Death notifications
* Connect with community resources

Name: (Anyone else?)

Position/Agency: XXXXX

Office Phone:

Cell Phone:

Email:

Capabilities/Responsibilities:

* County Contact for VIC/FAC
* Stands up FAC
* Psych first aid training
* Mobilize community contract
* Long term support
* Professional clinicians

**Non-System Based Points of Contact**

Name: (Insert name)

Position/Agency: XXXXXXX

Office Phone: XXX-XXX-XXXX

Cell Phone: XXX-XXX-XXXX

Email: XXXX

Capabilities/Responsibilities:

* Short and long term
* Cultural resource and language capacity
* Donation solicitation
* Emotional support
* Resources and referrals
* Crowd control
* Management of community events

**Additional Main Points of Contact (non-committee)** – add contact info

Medical Examiner- XXXXXX

College contacts - XXXXXX

**Acronyms for Victim Assistance Response**

**(Your) County**

* DAVAP – District Attorney Victim Assistance Program
* DA – District Attorney
* OEM – Office of Emergency Management

**(Your) Police Bureau (XXX)**

* CRT – Crisis Response Team

**Oregon Department of Justice (DOJ)**

* CVSD –Crime Victims’ Services Division
* CVC – Crime Victim Compensation

**Federal Bureau of Investigation (FBI)**

* VSRT– Victim Services Response Team
* VS – Victim Specialist
* VAP – Victim Assistance Program
* VSD – Victim Services Division

**Additional Acronyms**

* LE – Law Enforcement
* JIC – Joint Information Center
* CP – Command Post
* PIO – Public Information Officer (often Media component)