

*Criminal Crisis Response Initiative Project*

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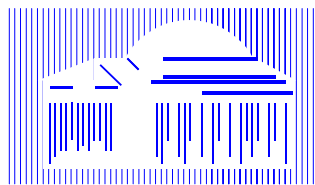
***Assessment and Planning Guide  
for  
CCRI Planning Workgroup***

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**Office for Victims of Crime**

**OVC**

*Advocating for the Fair  
Treatment of Crime Victims*



**JEFFERSON  
INSTITUTE**

for Justice Studies

*Criminal Crisis Response Initiative Project*

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***Assessment and Planning Guide  
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## INTRODUCTION

The purpose of this guide is to provide an overview of the Community-Based Criminal Crisis Response Initiative program (CCRI), the process a community will follow in establishing its initiative, and a detailed explanation of the action steps that the CCRI Planning Workgroup will follow in completing the self-assessment process. Additionally, the guide discusses the generic roles and responsibilities of the primary service provider agencies that will typically constitute the victim services component of a community's response to an act of criminal mass victimization (CMV).

The intended audience for this guide are the representatives of the agencies and disciplines that make up the CCRI Planning Workgroup. This guide was developed to assist this workgroup in developing a clear understanding of the CCRI and gathering the information needed to complete the self-assessment and planning process.

This guide is organized into seven main sections: Introduction, Roles and Responsibilities of CCRI Agencies and Disciplines, Incident Command System, Problems and Needs for Practitioners, Multidisciplinary Needs, Self-Assessment and Planning Process, Overview of the Implementation Process, and Systematic Management and Planning Process.

### **Program Summary**

The CCRI is a program that enhances the delivery of services to multiple victims of a criminal mass crisis. A criminal mass crisis (CMC) can be defined as a "man-made" disaster based on a criminal act resulting in the victimization (direct and indirect) of a number of innocent bystanders. The unique features of CCRI are that it is: a community-based, multidisciplinary approach specifically tailored to the identified needs and resources of the community, and developed from a comprehensive community self-assessment and planning process. It is designed to enhance case services management to victims and reduce the trauma experienced by them while dealing with the system. It does this by formalizing and institutionalizing cooperative and collaborative working relationships among agencies, professional personnel and the community. CCRI was conceived and is funded by the Department of Justice, Office for Victims of Crime (OVC) as a program development and demonstration project.

### **Program Background**

Recognizing the devastating impact that serious crime inflicted on victims in the early 1970's, various community-based, victim assistance programs and projects were established. Their priorities were to mark the beginning of the victim's rights movement (OVC Bulletin, 1998, page 1). These early programs had little or no resources and depended primarily on the hard work done by local community volunteers. Many of these volunteers, who were former victims themselves, were motivated by the devastation they had endured and the lack of response and support from the criminal justice system. As a result of their efforts, the victim's

rights movement is directly responsible for the achievement of such milestones as the *1982 President's Task Force on Victims of Crime*; *Victims of Crime Act of 1984*; and the establishment of the *Office for Victims of Crime*. Even though the movement has grown into a full-fledged advocacy and service field dedicated to meeting the physical, financial and psychological needs of victims and their families, there is still a lot to be done.

The continued effort to improve the systemic response to victims has greatly increased the resources available; however, the development of this area has highlighted issues and problems in coordination and communication. In many jurisdictions, the current system and process for addressing the needs of victims of a criminal act are fragmented because delivery mechanisms for victim services includes a wide range of public and private agencies, organizations and disciplines. They include a mix of law enforcement, prosecution, courts, emergency services, clergy, social services, schools, nonprofit agencies, mental health agencies, and medical providers.

Each organization has its own unique role, and offers its own perspectives of the problems facing victims and their needs. Fragmentation occurs because these agencies often operate within their own federal, state and/or local mandates, and have little knowledge about the available services or mandates of other agencies. When agency goals and service priorities are not communicated with other agencies, a lack of continuity or consistency in service delivery results. The greatest impact of this fragmentation is felt by victims with multiple service needs that most often will require their interaction with multiple service providers. These service providers do not have communication mechanisms that allow information exchange to take place. As a result, victims are bounced from one agency to another, without any agency having a clear or total picture of the needs or the most effective solutions to the victims' problems. What the public perceives as ineffectiveness on the part of an agency, therefore, may actually be the result of an uncoordinated, fragmented service delivery system. These issues are magnified exponentially when the community is not prepared and has to deal with multiple victims resulting from a CMC.

Experience with similar community-based, multidisciplinary programs, such as the Serious Habitual Offender Comprehensive Action Program (SHOCAP) and the Missing and Exploited Children Comprehensive Action Program (M/CAP), has demonstrated that a successful initiative such as this requires the community to go through a comprehensive self-assessment and planning process. The design, development and implementation of this comprehensive self-assessment and planning process is the focus of this project.

## ROLES AND RESPONSIBILITIES OF CCRI AGENCIES AND DISCIPLINES

While each participant in the community-based CCRI has its own unique and primary role, there are general “proactive” and “reactive” roles and responsibilities which are common to all. To avoid duplication in the discussion, these generic roles and responsibilities are listed below.

### **Proactive Roles and Responsibilities**

- O Actively participate in the community and agency self-assessment process*
- O Develop intra-agency policies and procedures to ensure the exchange of information between departments/divisions and inform agency personnel of the CCRI*
- O Identify intra-agency training opportunities that could be opened up to other disciplines to enhance understanding and trust*
- O Attend and participate in all CCRI work sessions and meetings*
- O Actively participate in the design, development and presentation of multidisciplinary education and awareness programs for the community*
- O Work with other CCRI agencies to identify and secure state-of-the-art training for all victim service personnel*
- O Develop contingency and backup plans*
- O Make changes to agency policies and procedures that will establish formal guidelines for the exchange of appropriate information and intelligence across agency boundaries*
- O Actively participate in the planning and implementation of CMC mock drills and exercises*

### **Reactive Roles and Responsibilities**

- O Strictly follow and adhere to all established and agreed upon protocols*
- O Collaborate with other victim serving agencies to reduce the unnecessary duplication of services to victims*
- O Reallocate existing resources to assist other agencies in meeting the demands of an increased workload*
- O Actively work on both intra and interagency levels to implement rumor control*
- O Be supportive of other CCRI agencies*
- O Be willing to evaluate agency response and accept constructive criticism*
- O Actively participate in briefing meetings to determine the effectiveness of process and work to identify and develop ways to enhance the approach*

The successful establishment of the community-based CCRI requires a concerted effort of and support from all elements of the community to include both the public and private sectors. However, the actual self-

assessment, planning and implementation process will be managed by a “core” group of agencies and organizations known as the CCRI Implementation Team. The team consists of the primary agencies and organizations responsible for leading the community through the immediate, short-term and long-term responses to a CMV.

The composition of the CCRI Implementation Team will vary among communities depending on the resources, capabilities, priorities and services provided by each agency. In identifying the main players in the CCRI, communities are encouraged to focus on those agencies that serve as the “primary service providers” for the direct and indirect victims of a criminal act. Each agency’s CCRI responsibility depends on which service(s) it provides to the community. These primary service provider agencies and organizations can be categorized as either criminal justice or victim service components. Each of the agency types presented in the criminal justice and victim service components below should be active participants of the CCRI Planning Workgroup and the CCRI Implementation Team. The remainder of this section provides a brief description of the generic roles and responsibilities of each of the CCRI agencies.

## **Criminal Justice Components**

### **Law Enforcement**

Although some law enforcement agencies provide direct services to crime victims, the majority do not. Most law enforcement agencies refer victims to mental health service providers and other victim service provider agencies for counseling and assistance. Law enforcement’s primary role in an act of CMV focuses on containment, control, collection and preservation of evidence and the protecting of lives.

### **Fire and Rescue**

In CMV events, fire and rescue’s role is the containment, control, removal of direct victims from the incident area and the protection of lives and property. In the immediate response to an act of CMV, fire and rescue’s total focus on victims must be in the saving of lives. They do not have the luxury of focusing on the short-term and long-term impacts of the event on the victims. Like law enforcement, for counseling and assistance, most fire and rescue agencies refer victims to mental health service providers and other victim service provider agencies.

In a CMV event fire and rescue does have an important secondary role. Once the immediate response has been completed with the situation contained and the rescue and recovery efforts are completed, fire and rescue will work with law enforcement and prosecution in the investigative aspects of the event.

### **Prosecution**

In this context the term “prosecution” refers to the prosecutor and the victim-witness services directly under their control. While prosecution is not normally an active participant in the immediate response to an act of CMV, it must be remembered that CMV events are based on a criminal act. If prosecution does become

involved in the immediate response, the role is normally that of an observer to ensure that the criminal aspects of the case are handled appropriately.

Prosecution's primary responsibility in an act of CMV is to ensure that justice is served and that individuals are held accountable for their actions. This requires the gathering of information from law enforcement, fire and rescue and other components of the criminal justice system. Part of this process requires close interaction with the victims and the victim service providers. Understanding of the victims and the impact that the event had on each of them is critical to the preparation and presentation of the criminal case.

The level of services offered by the victim-witness components in prosecutor's offices varies greatly between jurisdictions. Some offer actual support services to victims while others simply provide notification for court appearances. Even in offices where the victim-witness coordinators provide support to the victims, it does not occur until the actual court process begins. The court process does not normally begin until months, and sometimes years, after the event and is considered part of the long-term response. By this time, the victims have received services from other victim service providers. For the support from the prosecutor's office to be most effective, its victim-witness services component must have open communication established with the previous victim service providers that coordinates support and enables the sharing of "case relevant" and "case appropriate" information. Because of the complexity of the case and the emotional strain on victims, victim support services are critical to the successful prosecution of cases involving acts of CMV.

### **Courts**

In this context the term "court(s)" refers to the judiciary and the victim-witness support services directly under its control. Generally, the victim-witness component of the court, if it has one, and that of the prosecution are designed to compliment and support each other in their level of service delivery. However, this will vary greatly from one jurisdiction to another.

Judges must be an impartial trier of the facts and cannot have the appearance of being prejudiced in their handling of the case. For this reason, judges are precluded from personally participating as members of the CCRI Implementation Team. However, the courts are an essential component of the community-based CCRI and should be represented in the process. This is best accomplished by involving the courts victim-witness component or other designated representative.

### **Public Information**

The media's role in a CMC is probably the most well known of all. Their role is to report the incident and inform the public. Unfortunately, because of the high level of competition between the different media sources and their efforts to "be the first" to break the story or deliver the information, they are often times viewed as a necessary evil rather than a valued partner by the other components of the response. Effectively used, the media can be a major plus in a community's response to a CMC.

In the event of a CMC the community response involves not only the local media, but national and international as well. The media has not only a right, but also a need, to know and be kept informed of what is happening. This information disseminated must be timely, accurate and appropriate. The media needs to have a single source of information that can be trusted to provide them with comprehensive information and deal with rumor control. For these reasons, the public information component of the CCRI is a critical element in the community's ability to respond, create the community's ownership of the CCRI and to respond effectively to an act of CMV. It is the vehicle by which the CCRI will disseminate timely, accurate and appropriate information to the community through the local and national media.

This component will most likely consist of one or more of the public information officers (PIO) of the involved agencies rather than a representative from one of the local media providers. The function of this component is three-fold. 1) On an ongoing basis, keep the local media informed of the activities of the CCRI Implementation Team and their progress in implementing the work plan. 2) In the event of an act of CMV, provide information to the public and victims through the local and national media. 3) Be the "gate-keeper" for media access to the agencies and organizations handling the CMC response; assist in protecting victims and families from the media; to coordinate, manage and some times conduct media events such as press conferences; and control the rumor mill by providing truthful and accurate information to the media.

### **Victim Service Components**

For the resources of the community's victim service providers to be used to maximum efficiency will require that each of these component be represented and involved in all three phases of the self-assessment and planning process as well as an active member of the CCRI Implementation Team as well.

### **Mental Health Services**

This component is a major player in every aspect of a community's ability to deal with and recover from an act of CMV. The mental health service providers include both the public and private sector mental health service providers in the community. It must also have the capability of serving as the managing delivery mechanism for mental health services from outside the community. Mental health services will have the lead role in providing counseling services to the direct and indirect victims of a CMC. Therefore, this component will require solid coordination and collaboration between the public and private mental health service providers within the community.

### **Medical Services**

The medical services component is also a major player in every aspect of a community's ability to deal with and recover from an act of CMV. The medical services component includes both public and private sector medical service providers in the community. It needs to have the capability of serving as the managing or coordinating delivery mechanism for medical services from outside the community. Although the medical

service providers are concerned with both the mental and physical health of victims, their primary responsibility is treating physical injuries. The level of involvement that medical services will have in responding to an act of CMV will depend on the type of scope of the event. In most situations, their focus will be on the immediate and short-term responses.

### **Clergy**

The clergy has, at some level, always been involved with delivery of services to victims. Their primary focus is on the emotional and spiritual needs of the victims. However, in situations involving mass victimization, the clergy has the ability to mobilize tremendous resources to offer other types of victim assistance.

In the event of a CMV, the clergy has the power to either calm the victims and the public, or to influence them to distrust the community agencies responding to the CMC. When the negative aspect of this two-sided coin comes into play it is most often the result of the clergy being excluded from information available to prosecutors, law enforcement and fire and rescue. This lack of information will often times create misunderstanding, missed communication and distrust which results in components of the response becoming adversarial in their relationship.

### **Schools**

The schools in a community have the responsibility of servicing one of the community's most vulnerable population, the children. Schools have become a prime target for many acts of CMV. Even if an act of CMV does not take place on school grounds or at a school function, the community's school system must still be prepared to respond to the emotional needs of the children. School personnel spend more awake time with the youth of the community than any other discipline. Additionally, schools provide the greatest opportunity within a community for children to interact and obtain information.

### **Social Services**

While the primary role for the community social service agency will be to offer assistance to victims and families in the short-term and long-term response of the event, it may also be involved in the immediate response as well. The agency's involvement in the immediate response will depend totally on the type and scope of the event. For instance, many social service agency personnel have a background in counseling and may be called upon to offer immediate response services if the scope and/or duration of the event overwhelms the primary mental health providers.

### **Nonprofit Organizations**

A community's nonprofit victim service organizations have traditionally provided the majority of services, assistance and support to victims of crime. These organizations were the catalyst for the beginning of the victim rights movement in the early 1970's. Most of these organizations began because of actual or perceived "system gaps" in services to victims from the community's public agencies. These nonprofit organizations

would most likely include rape crisis centers, child advocacy centers, domestic violence shelters and child abuse centers.

Most of these victim service nonprofit organizations have extensive experience and expertise in working with crime victims. Another valuable asset within these organizations is their volunteer pool and experience they have gained in recruiting, screening and training the volunteers. Having the resource of trained volunteers in the event of an act of CMV is immeasurable.

## **Roles and Responsibilities of Other Agencies and Organizations**

In addition to the community-based service providers that form the CCRI Implementation Team, there is another set of agencies and organizations that offer services that with advance coordination and planning will be of substantial value to CCRI. These groups include special interest groups, civic organizations and some state and federal agencies. Many of these agencies or groups will provide support or additional resources to the CCRI team.

In the event of an act of CMV, the delivery of services and resources from other providers must be coordinated and managed by the CCRI team. Coordination requires the identification of resources and other services, and, most importantly, procedures to access them. As in most coordinated efforts among organizations, issues will arise that need resolution before a the community experiences an act of CMV occurs. Issues such as confidentiality of information, preventing organizations from acting on their own behalf instead of the victim's or CCRI's; and ensuring that the CCRI has available all talents and energies in the community, may be avoided or minimized by developing formal interagency agreements or protocols.

### **Other Community-Based Agencies**

In addition to the agencies and organizations just described, special interest groups and civic organizations are another important component of CCRI. These groups include individuals, agencies, commissions, councils, and teams with vested interest in issues related to victims and the community-at-large. They are a valuable resource of volunteers that could be trained to offer assistance to the CCRI agencies in the event of CMV. Depending on their expertise, resources and the type of resources they can offer, these groups can be called upon on an as-needed basis to provide additional support and assistance to the CCRI.

For example, special community groups might include senior citizen organizations, which can be trained to provide a myriad of service that range from staffing hotlines to assisting victims in filling out forms to receive state and federal assistance. Another example is civic organizations that could provide individuals to participate in mock exercises. A third type of special interest group consists of individuals who have experience as crime victims can offer insight into the needs of the victim, changes necessary to better meet

the needs of the victims, and more effective ways for the agencies to collaborate in addressing the issues of crime victims in general.

### **State-Agencies**

In this context, the term “state agencies” refers to all agencies that are a part of the state government and provide services or support to local communities. Common examples of these agencies would be the state police, the state attorney general, state emergency management agency and others. Because of their resources and the impact that an act of CMV in a local community will have on the entire state, the CCRI Implementation Team will need to work closely with these agencies. The level of participation of these agencies in the actual planning and implementation process will depend on the individual community.

### **Victim Assistance and Compensation**

Every state has an office of victim assistance and compensation. In some states these offices are combined into one office, and in others they are separate and independent of each other. The majority of funding for this function comes from OVC. The function for victim assistance is to provide funding for training and program development. The function for victim compensation is to provide compensation to victims of crime. Both these functions are controlled by federal guidelines.

The CCRI Implementation Team will need to develop close coordination with both these functions for obvious reasons.

### **Federal Agencies**

In this context, the term “federal agencies” refers to all agencies that are a part of the federal government and provide services or support to local communities responding to an act of CMV. Some examples of these agencies are the National Guard, federal law enforcement and investigative agencies, Office for Victims of Crime, Federal Emergency Management Agency (in some cases) and the Center for Mental Health Services.

### **National Organizations**

In addition to the federal agencies there are a number of national and international organizations (for-profit and nonprofit) that provide a myriad of services to local communities impacted by some type of disaster. Examples of these agencies are the National Center for Victims of Crime, the National Organization of Victim Assistance, and the American Red Cross.

While these organizations would not need to be a part of the assessment and planning process or be an active participant of the CCRI Implementation Team, it is imperative that the community be aware of these resources. Gaining an understanding of who these agencies are, what services or resources they can provide and the mobilization protocol for them should be a part of the implementation process.

## INCIDENT COMMAND SYSTEM

Incident Command System (ICS) is a model system used for the command, control, and coordination of multiple agencies and organizations during the response to an emergency incident. Any emergency incident, from a simple vehicular accident to a mass casualty disaster, could involve several different agencies such as police, fire, and emergency medical services departments to name a few. ICS provides the agencies involved in an incident with the structure necessary for them to work together effectively.

Originally developed in the 1970s, ICS is now a fully developed model that can be effectively applied to all types of emergencies, regardless of the size of the incident or the number of agencies involved. The key to the effectiveness of ICS results from its standardized primary management principles and its common organizational structure.

### Incident Command System Structure

Incident Command System is organized around five primary components including command, planning, operations, logistics, and finance and administration. These same components may be applied to any event or incident whether it is an emergency situation or not. ICS components can also be tailored to the size and scope of an incident, and while many incidents may not require any of the five main components to be implemented, others may require some of all of the components.

### Incident Command

Regardless of the size and scope of the incident, all incidents must have an Incident Commander who is responsible for on-scene management. The command component mentioned above primarily relates to the Incident Commander.

Initially, the most appropriately qualified person who arrives at a scene assumes the role of incident commander. This could be a firefighter, police officer, paramedic, or other individual. Then, depending on the type of incident, Incident Command authority will be transferred to someone from the agency responsible for the overall management of the incident. In addition, the Incident Commander may choose to delegate authority to other individuals who will then make up the Command Staff. Command Staff may include the positions of Information Officer, Safety Officer, and Liaison Officer.

The Incident Commander manages the scene according to three main priorities:

- Protecting the lives and safety of the public and the emergency responders.
- Protecting property as much as possible while still achieving the objectives of the incident.
- Efficiently utilizing resources while minimizing the effects on the surrounding area.

## Planning

The planning component includes collecting, evaluating, disseminating, and utilizing information about the incident and the status of resources. The planning component may also include creating an Incident Action Plan (IAP) to define response activities and utilization of resources.

IAPs describe response goals and objectives as well as support activities. They should cover all objectives and support activities that may be needed throughout the entire operational period (usually 12-24 hours).

It is usually better to have a written plan whenever possible in order to provide documentation that can be used for protection from liability suits and for requesting State and Federal assistance.

## Operations

The Operations Chief reports directly to the Incident Commander and is directly responsible for coordinating all operations and implementing the response activities outlined in the IAP. Once activated, the Operations Chief directs law enforcement, fire, public works, and other personnel in their duties. Staging, perimeter access control, fire suppression, bomb disposal, investigations, and search and rescue are just a few of the duties which fall under the control of the operations component.

## Logistics

This component includes providing the food, shelter, materials, personnel, and services required during the incident. While caring for the victims is the responsibility of the responders, caring for the responders are the responsibility of the logistics component. Responders may need medical care, food, blankets, basic health and hygiene supplies, break stations, shelter, heat, and other important items and services.

## Finance and Administration

This component is responsible for keeping track of monetary expenditures including direct costs and reimbursement amounts. In larger incidents, with personnel from many different agencies (both public and private), detailed accounting of costs and activities is imperative so that reimbursement can be handled properly.

## ICS Principles

In order for ICS to work effectively, personnel who may become involved in an incident must be thoroughly trained in ICS principles. Among the ICS principles, some of the most important include:

**Common Terminology:** Personnel from all agencies must be able to communicate with each other without having to resort to specialized jargon which could cause confusion. ICS provides for standardized terminology for all major aspects of incident operations.

**Modular Organization:** The organization of an incident starts with the first person at the scene that assumes the role of Incident Commander. Then, as necessary, the Incident Commander sets up the other organizational components discussed previously.

**Integrated Communications:** In order for responding agencies and personnel to communicate effectively, ICS provides for a common communications plan, common radio frequencies, common terminology, and standard operating procedures.

**Unity of Command:** This principle means that each person within the organization reports to a single designated person, allowing for clear and consistent lines of communications.

**Comprehensive Resource Management:** This principle maximizes resource use, consolidates control of resources, provides accountability, and ensures the safety of personnel.

## Summary

ICS is a highly effective and efficient model for the management of both routine and emergency incidents. It is based on proven principles, concepts, and methodology, which ensure rapid and effective resource commitment.

Since the ICS is the standard model used by law enforcement and fire and rescue to effectively manage incidents of CMV, it is imperative that the CCRI become an integral part of the structure. This will require that the victim service provider components of the CCRI be thoroughly trained in all aspects of the ICS, and that specific protocols be developed to define the roles, responsibilities, and functions of the CCRI.

## PROBLEMS AND NEEDS OF PRACTITIONERS

From close study of the specific problems and needs of each public agency involved with victims, it is evident that fundamental issues exist for these service providers. As independent entities, public agencies in general often have difficulty overcoming similar obstacles. Few social service and criminal justice agencies are equipped to assist the victims of a CMC. Overwhelming caseloads, frequent staff turnover, lack of sufficient funding, and absence of adequate staff training are some of the problems that plague service providers. However, the data collected suggests that each individual agency has specific problems to be assessed before multidisciplinary cooperation can be implemented.

In the following segment, the problems and concerns of each public and private agency involved in the community's response to CMV will be addressed. The agencies discussed will be:

- |                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| <input type="radio"/> <b>Law Enforcement</b>    | <input type="radio"/> <b>Medical Services</b>        |
| <input type="radio"/> <b>Prosecutors</b>        | <input type="radio"/> <b>Social Services</b>         |
| <input type="radio"/> <b>Fire and Rescue</b>    | <input type="radio"/> <b>Clergy</b>                  |
| <input type="radio"/> <b>Courts</b>             | <input type="radio"/> <b>Schools</b>                 |
| <input type="radio"/> <b>Public Information</b> | <input type="radio"/> <b>Nonprofit Organizations</b> |
| <input type="radio"/> <b>Mental Health</b>      |                                                      |

### Law Enforcement

Many victim service problems evident in law enforcement agencies are similar to those faced by other first responders such as fire, rescue and emergency medical services. They include the lack of adequate training, resources, and victim related services. Law enforcement has one of the most dangerous and multifaceted roles in the immediate response to a CMC. Law enforcement's primary role in a CMC is to contain the situation, alleviate the criminal threat, protect the crime scene and gather physical evidence for the criminal prosecution. In addition, they are responsible for their physical safety as well as that of others in and around the crime scene. These tasks are complicated even further by the fact that they are the first responders faced with the responsibility of separating offenders from the victims and innocent bystanders. Therefore, law enforcement's perception of its role in victim services in a CMC is focused solely on the physical safety of the victim.

Although perceptions and approaches are changing, many victim service matters have low priority for many law enforcement agencies. This low priority comes from an absence of policy, which is reflected from the limited knowledge or awareness from agency administration about victim's issues. Oftentimes, the emphasis for change in law enforcement's response on victim related issues stems from political pressure resulting from a negative, highly publicized incident in a community, as opposed to an awareness of the needs and problems of victims.

The lack of administrative awareness or support is felt throughout the agency, resulting in a lack of sensitivity toward victims, lack of knowledge on how to refer victims to appropriate service providers, and reluctance to work with agencies outside of law enforcement. Additionally, perception and understanding of local, state and federal laws; agency policies relating to confidentiality; or tradition from the established way of doing business frequently preclude law enforcement agencies from taking appropriate action. In many cases, law enforcement officers will not make referrals to victim serving agencies or will refer victims to the wrong agency.

## **Prosecutors**

As the chief law enforcement officer in a community, the prosecutor is responsible for the prosecution of referred criminal cases. Prosecutors or their offices are seldom trained or prepared to deal with multiple victims of a criminal mass crisis. Policies and procedures seldom exist for the prosecution of these cases and/or responding to the needs and issues of the victims.

Until recently, few prosecution offices realized the impact that frustrated victims have on their cases. As a result of this realization, prosecution offices are becoming more proactive in the delivery of services to victims by expanding their traditional role of witness coordination and notification. This expanded role also requires the addition of personnel and enhancement of their training and skills level.

An additional problem that prosecution officers face is that of system fragmentation. This fragmentation precludes an efficient flow of information to prosecutors and results in incomplete records or understanding of a potential witness's limitations. The lack of cohesive data frequently renders a case weak. Furthermore, public perception and political issues often generate pressure and will often dictate the manner in which a high-profile case are handled.

## **Fire and Rescue**

The problems faced by and the needs of fire and rescue are very similar to those of law enforcement. They include the lack of adequate training, resources, and victim related services. Fire and rescue has the most dangerous role in the immediate response to a CMC. Dangers not only come from physically having to go where the victims are, but also being in harms way from the ongoing threat of the criminal act. Although the perception and approach is changing, the emotional side of victim service matters has low priority with many fire and rescue agencies. This low priority comes from an absence of policy, which is reflected from the limited knowledge or awareness from agency administration about victim's issues. Oftentimes, the emphasis for change in fire and rescue's response to victim related issues stems from political pressure resulting from a negative, highly publicized incident in a community, as opposed to an awareness of the emotional needs and problems of victims.

## **Courts**

Inevitably, the Courts will be faced with the daunting responsibility of dealing with the criminal aspects of a CMC and ensuring that everyone's (victim, perpetrator and the public) legal and constitutional rights are protected. The courts must remain impartial regardless of the nature or devastation of the act. The Courts cannot afford to engage in any activity that could be misinterpreted as having a bias. This often requires that they remain isolated from victim services, prosecutors, law enforcement and other agencies. Unfortunately, this often results in a lack of important information about cases reaching the court.

Typically, the judges and court personnel do not receive adequate training to prepare them for dealing with victims, especially multiple victims of CMC. As a result, misunderstandings and a lack of sensitivity to victim needs occurs.

## **Public Information**

The media's role in a CMC is probably the most well known of all. Their role is to report the incident and inform the public. Unfortunately, because of the high level of competition between the different media sources and their efforts to "be the first" to break the story, the public agencies often times view them as a necessary evil rather than a partner by the other components of the response. Effectively used, the media can be a major plus in a community's response to a CMC. In the event of a CMC it must be remembered that the community response will involve not only the local media, but the national and international media as well. Because of their obligation to the public, the media has not only a right, but a need to know and be kept informed of what is happening. This information disseminated must be accurate and timely. The media needs to have a single source of information that can be trusted to provide them with comprehensive information and deal with rumor control.

## **Mental Health**

Mental health providers (public and private) face a myriad of problems in responding to the victims of a CMC. One of the major obstacles is that they are not incorporated as a component of the Incident Command Structure (ICS) which is the most common management approach used by emergency services (police and fire) to respond to and manage major incidents. This means that mental health services are often not privy to information that will directly impact their ability to respond to the needs of the victims and/or first responders. Even in situations where the information is provided, it is not typically provided in a timely manner. The primary reasons for mental health services not being included in the ICS are: the failure of the ICS management to recognize the need and importance of providing mental health services to victims; a lack of trust by the ICS management in mental health providers to use information appropriately; and ICS management concerns over criminal case contamination.

Other problems inherent in mental health providers is their lack of specialized training in the various models and approaches for dealing with multiple victims of a CMC, and the lack of adequate staffing to meet the immediate, short and long-term needs of the victims.

### **Medical Service**

Although medical services' primary focus in a CMC is to deal with the physical injuries to victims, it has long recognized the need to respond to both the physical and emotional needs of victims. Medical services face many of the same problems as the other components of a community's response to a CMC do. The primary problems are a lack of training in understanding victim dynamics in a CMC, lack of knowledge about victim services and resources, lack of communication with other components, insufficient staffing and medical services system fragmentation.

### **Social Services**

The problems inherent in social service agencies are similar to those problems experienced by other agencies. The agency administration fails to view victim services for victims of crime outside the family unit as a priority or is limited by statutory restrictions. In the event of a CMC, social services, like all victim serving agencies, will have to become involved in the delivery of services. This will result in insufficient staffing, limited resources, and overwhelming caseloads.

Additionally, caseworkers are not provided with adequate training for dealing with victims of crime outside the family unit. A lack of knowledge of other victim services agencies for referral and support leaves many workers isolated. Legal limitations or perceptions of confidentiality restrictions can preclude the sharing of valuable case relevant and case appropriate information with other service agencies.

### **Clergy**

The clergy, like all other components of the community response are neither trained nor staffed to deal with the myriad of problems associated with multiple victims of a CMC. Too often, they are excluded from information available to prosecutors, law enforcement and fire and rescue. This lack of information will often create misunderstanding, missed communication and distrust which results in components of the response becoming adversarial in their relationship.

### **Schools**

Schools often have their own policies, procedures, and administrators which isolate them from other victim service agencies. This isolation reduces the knowledge about the system which is important for referring victims to other service providers. Teachers, counselors, and administrators often lack up-to-date training in victim's issues and problems. Teacher education programs seldom address victim problems facing schools today, leaving teachers unequipped to deal with crime in school, recovering victims and personal

problems. Most teachers are not trained to recognize signs of distress in child victims, co-workers or themselves.

The statutory authority regulating school procedures is frequently restrictive. This authority is generally designed to avoid risk, but can result in failure to recognize problems and/or make appropriate referrals.

### **Nonprofit Organizations**

The private sector position of the nonprofit agencies for victims typically isolates them from the public sector agencies, especially in the area of information sharing. As a result, many components of the response lack awareness, knowledge and understanding of nonprofit capabilities, mission, and role in the community. In some cases, the public agencies are not even aware of the existence of the nonprofit. Frequently, nonprofit organizations were established in response to an emotional, highly publicized, negative local experience, which created certain attitudes and biases against them.

Often private nonprofits exist because of an actual or perceived gap in the public system causing confusion about the agency's role and oftentimes duplication of services. Nonprofits depend on fund raising and public contributions for their existence and therefore lack the resources and funding to become involved outside their very specific and defined mission.

## MULTIDISCIPLINARY NEEDS

In assessing the individual problems facing community agencies providing services to multiple victims of a CMC, JIJS found a number of issues common to each agency. Many of these common problems, when resolved, will be critical to facilitating multidisciplinary cooperation and collaboration. Addressing these multidisciplinary needs will improve communication and coordination of services to all victims, not just those involved in a CMC. These needs are summarized below.

***! Identify roles and responsibilities of each agency in the community regarding their response to victims of a CMC***

The most pervasive need identified by JIJS is a thorough knowledge of the community system. Attrition is relatively high in public agencies, and new employees often come into the system without orientation, a community service directory or an organizational chart. New employees know little about their agency's role in delivering services, and even less about other community agencies. Without this information, they cannot make accurate referrals, locate assistance or establish an accurate picture of a victim's needs. As a result, agencies remain independent of each other, operating with different priorities and practices that may cancel each other out. If multidisciplinary cooperation is to develop, employees must be educated about available services in their community, and a community directory must be developed to ensure continuity.

***! Gain accurate understanding of information-sharing limitations***

In the short-term and long-term aftermath of a CMC victims can be involved with several public and private agencies simultaneously. Because of this, it is vital to the interests of the victims that agencies share information. Concerns about liability and misunderstandings about confidentiality often perpetuate a reluctance to share case information among victim service agencies. Ironically, in an effort to protect victims by not releasing case information, victims are revictimized.

Victim service agencies must work together to reduce the duplication of services and more importantly, to ensure a comprehensive, integrated response to the needs of victims of a CMC. These agencies must find out from victims what services they are receiving and the agencies/organizations that are providing those services. Unfortunately, service providers cannot rely totally on victims providing them with that information. Therefore, multidisciplinary initiatives must be developed with justifiable policies for sharing information among themselves.

***! Establish a framework for mutual respect between agencies, eliminating rivalry, turf issues, victim ownership and encouraging an understanding of common goals.***

Difficulties in multidisciplinary cooperation have evolved from the inability or lack of desire of agencies to communicate with each other. Criminal justice and social service agencies perceive themselves as

independent factions. All entities involved in the delivery and referral process must realize that they each possess pieces of a jigsaw puzzle that they have to put together to be able to see the “big picture.” Agencies must receive training on the goals, limitations and capabilities of other agencies so common goals can be established and service gaps filled.

**! Identify role and specific responsibilities of state and national agencies in delivering services to victims of a CMV**

Community-level agencies must become aware of state, federal and national agencies/organizations. This awareness must include a recognition their role and resources in order to use their services. This knowledge and understanding must be cultivated to create a network to provide support to a community in the event of an act of CMV.

## SELF-ASSESSMENT AND PLANNING PROCESS

CCRI is a **community-based, multi-disciplinary, interagency case and services management** system. Its purpose is to insure that **all** appropriate and needed resources are available to the agencies and organizations responding to victim needs related to an act of CMV in their jurisdiction. The key elements of this approach are assessment and preplanning. Utilization of this approach enables the agencies and disciplines to make more informed decisions and to consider the special needs of the victims. CCRI provides the community with a collaborative framework in which it can streamline and increase services available to the direct and indirect victims and the community at large. It insures that limited resources are used effectively to their maximum potential. This is accomplished by designing ways of addressing the fragmented and inadequate community response experienced by the victims in dealing with the multiple agencies and disciplines involved in responding to an act CMV. Implementation of this approach will reduce the trauma commonly experienced by victims in dealing with the system.

Central to the successful establishment of CCRI is the ability of the community to develop and implement a long-range strategic plan that is specifically tailored to their unique needs, resources and priorities. A strategic plan consists of three major components which are: a mission statement, issues list and goals and tasks. The plan also incorporates a process of “formative assessment” that allows for mid-course changes necessary for the CCRI to remain responsive to the changing needs, resources and demographics of the community. In this way, the plan never becomes outdated.

The *mission statement*, which is the most often read and published component of the community’s plan, is a concise statement of who is involved and what they intend to accomplish.

The *issues list* presents identified obstacles, blockages, issues and bottlenecks that must be addressed before the community can achieve its mission.

The *goals and tasks* are the activities and associated time lines that will be carried out by the community-based agencies and disciplines to alleviate the issues. These goals, tasks and the associated time lines for each serve as a “road map” for the CCRI Implementation Team that is responsible for implementation of the plan. The CCRI Implementation Team is a workgroup comprised of representatives from the participating agencies. The CCRI Implementation Team is the second generation of the CCRI Planning Workgroup and may or may not be made up of the same individuals.

Before a community can determine where they are going and how they are going to get there, it must first determine where it is. There are critical questions that need to be asked: what are the community’s existing resources (e.g., financial and personnel); who are, could be and should be the players; can, have and will the agencies and disciplines work in a “true” collaborative effort; what are the community demographics; what are

the community's risk factors; can this community sustain a long-term initiative; etc. The most effective and efficient method of gathering this information is to conduct a community/agency self-assessment.

In Phase I the community completes a community/agency self-assessment. This is followed by an on-site visit by JIJS project staff (Phase II) to insure that there is a solid foundation upon which to build a long-range strategic plan (Phase III).

## **Phase I - Community/Agency Self-Assessment**

This section outlines the proposed steps for assessing the community's interest in implementing CCRI, conducting the self-assessment process, and preparing for the one-week planning and work session which will be conducted by JIJS. A flowchart displaying the action steps of this phase is presented in **Figure 1** on **page 24**.

### **! Identify and designate an initial coordinator or contact person**

The Chief Executive Officer (CEO) of the initial inquiring agency will designate one individual as a contact person and on-site coordinator for the distribution, collection, and return of the CCRI Self-Assessment Forms to JIJS for analysis and evaluation. The choice of the individual for this position is critical. It is the responsibility of this individual to learn the CCRI concept and to function as the CCRI spokesperson to the other main service provider agencies within the community. This person will also function as the JIJS contact person for the coordination of activities, such as the self-assessment process, JIJS on-site assessment, and arranging for the "core" training.

### **! Determine the interest in CCRI of the Chief Executive Officers in each of the main service provider agencies.**

Before the designated on-site CCRI coordinator contacts the CEO's of the other primary service agencies, it will be necessary for the CEO of the initiating agency to personally contact the other CEO's and introduce them to the CCRI concept. This will set the stage for the CCRI coordinator who will distribute copies of the CCRI Community Action Guide and Needs Assessment Report to each of the CEO's and make arrangements for an individual meeting to discuss the CCRI concept once the CEO's have had the opportunity to review the supplied materials.

### **! Conduct individual meetings with the Chief Executive Officers of the primary service provider agencies.**

At this meeting the designated on-site coordinator will explain the community and agency self-assessment process and answer specific questions of the CEO's. They will also identify specific areas of concern that the agency CEO's need to have addressed by JIJS before they will commit to Phases I & II.

### **! Establish the CCRI Planning Workgroup**

Once the initial commitment of the agencies' CEO's has been obtained, it will be necessary for them to designate a staff person as their agency's CCRI contact person. This individual will become a member of the CCRI Planning Workgroup. The members of the CCRI Planning Workgroup have the following responsibilities: (1) act as their Chief Executive Officer's and agency's representative to the CCRI Planning Workgroup, (2) attend and participate in work sessions for the self-assessment, and (3) act as the agency coordinator for the self-assessment process.

### **! Conduct the community and agency self-assessment**

Initially the main responsibility of the CCRI Planning Workgroup will be to have their agency complete the self-assessment process. They will coordinate the collection of information requested in the agency self-assessment form.

In larger agencies, the CEO may want to establish an intra-agency working group under the direction of the agency's CCRI Planning Workgroup member. In smaller agencies, the task of collecting this information may be delegated to the agency representative.

Upon completion, the self-assessment forms and accompanying information will be returned to the designated CCRI On-site Coordinator. Once the on-site coordinator has secured the materials from all involved agencies, he/she will return the complete package to JIJS for review and analysis.

### **! Hold workgroup planning and update meetings**

After the initial commitment of the CCRI member agency CEO's is made and CCRI representatives have been appointed to the CCRI Planning Workgroup, it will be necessary for the group to hold planning and update meetings on a regular schedule. This will enable the workgroup to identify any areas of concern and insure that all agencies are moving forward with the collection of information. The focus of these planning meetings will be to:

1. Determine if all of the primary service providers are involved in the "core" team and, if not, develop strategies to obtain their support and involvement
2. Identify areas of concern that are slowing down the self-assessment process
3. Make necessary arrangements for the JIJS on-site assessment visit
4. Coordinate the dates and handle the logistics for the CCRI core training presented by JIJS

5. Implement plan or develop alternative strategies to overcome the system bottlenecks and blockages identified in the JIJS analysis of the community self-assessment questionnaires, if any are identified

The establishment of the CCRI Planning Workgroup is essential for not only the above reasons, but also to begin development of the inter-agency dialogues and a team problem-solving approach that is essential to the success of the CCRI.

#### **! Review and analysis of self-assessment materials by JIJS**

Upon receiving the completed self-assessment package from the community's CCRI Planning Workgroup, JIJS will review and analyze the information. JIJS will make an initial determination about the community's readiness to proceed. If JIJS determines that the community is not ready to proceed with the CCRI, it will notify the CCRI Planning Workgroup of its findings in writing. It will also provide to the CCRI Planning Workgroup a report outlining the identified obstacles along with a suggested work plan for addressing these obstacles. If JIJS determines that the community is ready to proceed, it will notify the CCRI Planning Workgroup in writing and begin making arrangements for the on-site assessment.

Figure 1 - Phase I Flowchart



## Phase II - On-Site Visit

If, the analysis of the self-assessment data indicates that the community is prepared to proceed forward with CCRI and that training time is available, the community will begin Phase II with JIJS staff conducting an on-site assessment. A flowchart displaying the action steps of Phase II can be found in **Figure 2** on **page 26**.

### ! **Coordinate with the CCRI Planning Workgroup**

The first step of this process will involve JIJS coordinating the timing of and meeting schedule for the on-site visit with the CCRI Planning Workgroup.

### ! **On-site assessment by JIJS**

The JIJS on-site assessment team will meet with the CCRI Planning Workgroup, the CEOs of the participating agencies either individually or as a group, key community leaders identified by the workgroup, and various inner-agency committees as needed. The purpose of these meetings will be to determine if JIJS's evaluation of the self-assessment materials is correct, examine in detail the data collection processes of the CCRI agencies, and ensure that the CEOs have a complete understanding of the CCRI concept and their obligations and responsibilities in establishing the CCRI.

### ! **Make determination of community readiness**

At the conclusion of the on-site visit, the project staff will develop an after action report. This report will be a confidential document for the internal use of JIJS and OVC. It will provide a detailed explanation of the on-site activities and the information gained. The report will also contain a summary that will make a recommendation as to the site's readiness to proceed with Phase III, the development of the community-specific, long-range strategic plan.

If the report indicates that the site is ready to proceed and approval is granted by OVC, JIJS will begin making the arrangements for Phase III.

If the report indicates that the site is not ready to proceed, JIJS will develop a set of suggested strategies to overcome the identified obstacles. These suggested strategies will be provided to the CCRI Planning Workgroup along with limited and OVC approved technical assistance. Once the site has alleviated these obstacles, JIJS will move forward with Phase III.

Figure 2 - Phase II Flowchart



## Phase III - Plan Development Work Session

### I Facilitate the CCRI Planning Session

The CCRI Planning Workgroup and JJJS will decide cooperatively on a time for the planning/work session. The participants in this planning session will be the members of the CCRI Planning Workgroup and other personnel from the CCRI agencies who are:

- responsible for first line supervision and mid-level management of the program
- responsible for the field implementation of the CCRI
- interested in designing, developing, and implementing new and innovative ideas in the area of CMV
- have at least limited knowledge and experience in working with victims for crime

The optimum size of the group would be approximately thirty-five (35) participants; however, it may be possible to accommodate a maximum of fifty (50) participants.

The planning/work session will focus on developing a long-range strategic plan for implementing strategies for:

- delivering services to multiple victims of a CMC through a multi-disciplinary interagency team approach
- incorporating victim services into the Incident Command System
- identifying and securing skills-based training for crisis response teams
- inter-agency conflict resolution
- identifying and securing resources
- organization, mobilization and sustaining the CCRI
- developing the participant's skills in team building, problem solving, and networking
- developing interagency agreements and/or memorandums of understanding
- the development of a long-range strategic plan

This will be accomplished through a combination of lecture, group discussion of identified problems, small and large group work sessions, and practical exercises.

Each Community Implementation Plan will be unique to its community. It will be designed and tailored by the CCRI planners to address, through the available resources, issues of multiple victims of a CMC in their community. Through goals and tasks, the plan will guide the CCRI Implementation Team in overcoming obstacles, blockages, and bottlenecks relating to data collection, data analysis, information sharing, case management, victim criteria, service development, and service delivery. The objectives outlined in the plan

will be agency specific, multi-agency specific, and community-wide. The plan will be presented to the CEOs and upper-level management of the involved agencies on the final day of the planning/work session.

### **! Final draft development of the Plan**

After the presentation of the plan to the CEOs, the CCRI Implementation Team will begin the process of final draft development of the plan. The CEOs will each be supplied a copy of the plan and will review it to identify agency and non-agency specific concerns. The CEOs will review and discuss their concerns with the agency's CCRI representatives to the one-week planning/work session.

The CEOs designated agency representative to the CCRI Implementation Team will relate these concerns to the CCRI Implementation Team for review and/or incorporation into the plan. This will bring about the production of the community's CCRI Implementation Plan and its formal adoption by the CCRI Implementation Team.

### **! Final approval for Plan implementation**

The CCRI Implementation Team will develop an interagency agreement that outlines the commitment of each of the agencies to work cooperatively, collaboratively and to support the implementation of the CCRI Implementation Plan. In a formal signing process, this agreement will be signed and dated by each of the CEOs.

### **! Plan implementation.**

With an implementation plan in hand the CCRI Implementation Team will begin to meet in earnest to implement the CCRI concept in its community.

Figure 3 - Phase III Flowchart



Figure 4: Complete Assessment and Planning Flowchart



## Systematic Planning and Management Process

All aspects of the CCRI will use a “systematic planning and management process.” A discussion of this approach is presented so that members of the CCRI Planning Workgroup will understand the various steps the community will follow in establishing their CCRI. A graphic representation of this process can be found in **Figure 5** on **page 32**.

There are five primary sequential steps in the systematic planning and management approach: data collection, data analysis, planning, service delivery and feedback.

### Data Collection

Data collected will consist of:

- ! Information on the various types of victims within the community that are currently being served and/or referred
- ! Identification of and information on the special needs populations of the community that may need special assistance in the event of CMC
- ! Identification of high-risk situations that might exist for a particular community or geographical factors that might impact the community
- ! Education and awareness level of community on CMV related issues
- ! Specialized training, resources, and skills level of victim service providers
- ! Current and past multidisciplinary initiatives
- ! Current resources that exist within the public and private sector that can be accessed in the event of a CMC
- ! The cost factors presently encountered through these programs.

### Data Analysis

The data collected must be analyzed in an effective and coordinated manner with input from the various agencies/disciplines involved in the process. This analysis will be conducted by JIJS and will focus on identifying major obstacles that must be addressed before the community can proceed with the planning and implementation process.

Additionally, identification of these issues will assist JIJS in facilitating the community through the one-week planning work session (Phase III). Also, identification of the exact victims served by the various agencies and the services rendered will allow the CCRI Implementation Team to identify gaps as well as duplication of services among the various agencies and streamline the services to avoid unnecessary duplication. Agencies will be able to render services to a larger number of victims than can presently be served.

While JIJS will conduct the analysis of this data and information, this process will assist the CCRI Planning Workgroup in gaining a better understanding of their community.

Depending on the size of the community and agencies involved the CCRI Planning Workgroup may need to have the larger agencies establish **intra-agency committees**. These committees will most likely be chaired by that agency's representative to the CCRI Planning Workgroup. The intra-agency committee will assist in the collection and limited analysis of data and information from their respective agency. This process will ensure that the agency representative has a well-rounded view of his/her agency's perspective. Failure to use this intra-agency approach can increase the amount of time needed to gather information and, most importantly limit the point of view on issues expressed by agency representatives.

## **Planning**

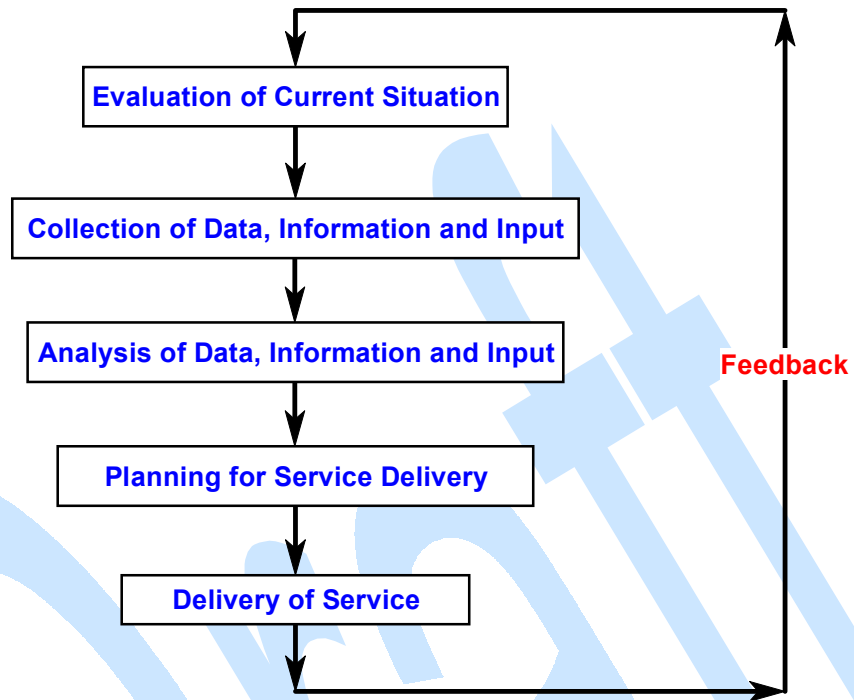
Once the data is collected and analyzed, the CCRI team will begin the development of a strategic plan to determine the best course of action to follow in meeting the needs of the children and their families. The plan will present the mission statement of the CCRI team, long range and short range goals, objectives, tasks, and the anticipated time lines.

## **Service Delivery**

After the completion of the above stages, the process of reorganized service delivery will begin. The mechanism for reorganizing the service delivery will be outlined in the tasks portion of the strategic plan generated by the CCRI team. The new information gathered from this stage will be fed back into the data collection stage of the process. This new data will enhance the capability of the team to analyze the effectiveness of services and the service delivery process.

## **Feedback**

Periodically, the CCRI team will evaluate their existing strategic plan to ensure that they are still in line with the original mission statement and goals. This reevaluation should take place annually or as often as the team feels necessary. As new data is collected and analyzed, the team may need to adjust its objectives and tasks to ensure that the overall mission is accomplished.



**Figure 5:** Systematic Planning Process