

# A Guide for Texas Faith-Based and Community Organizations: Preparing for, Responding to, and Recovering from Mass Violence and Casualty Events

Texas Division of Emergency Management

December 2025

## Introduction

This guidance document provides faith-based and community organizations (FBCOs)—including houses of worship, nonprofits, social service agencies, and community groups—with practical, actionable steps to prepare for, respond to, and recover from mass violence and casualty events. It is written for non-technical audiences and rooted in the Texas Emergency Management context.

The purpose of this guide is to help FBCOs in Texas:

- Understand the dynamics of mass violence and casualty incidents and their effects on individuals and communities
- Prepare proactively by developing organizational plans aligned with state and federal emergency management practices
- Engage effectively with community partners, first responders, and victim-service systems
- Provide trauma-informed care, emotional and mental health support, and practical assistance to survivors, families, and communities
- Manage donations and volunteers responsibly

## How to Use This Guide

This guide is intended to be used before, during, and after a mass-violence event. It does not replace emergency response protocols or law enforcement procedures but instead complements them, helping FBCOs operate in coordination with the public safety, victim services, and emergency management frameworks. The guide may be read in order, but each chapter functions as a standalone resource that can be used to support organizations' current needs, such as building an Emergency Operations Plan (EOP), understanding Family Assistance Center (FAC) operations, or strengthening long term recovery efforts.

The chapters follow the general timeline of an incident: understanding mass violence, preparing plans and communication protocols, responding with coordinated support, and assisting with long term recovery through services such as the Community Resiliency Center (CRC).

Throughout the guide, references to Texas emergency management systems—TDEM, Texas VOAD, and ICS/NIMS—show how FBCOs fit into local and statewide coordination.

The appendices offer practical tools, including an EOP outline, response and recovery checklists, a glossary of key terms, and a list of references and authorities.

## **Texas Emergency Management Overview**

Texas uses a coordinated, statewide approach to emergency management that brings together local governments, state agencies, nongovernmental organizations, and community partners. Faith-based and community organizations (FBCOs) are an important part of this system. Understanding how Texas manages emergencies helps FBCOs know where they fit, how to communicate, and how to support response and recovery efforts during a mass violence or casualty event.

### **Local Response Comes First**

In Texas, emergencies are managed locally. Cities, counties, and tribal nations lead the initial response through their emergency management offices, first responders, and local support organizations. Local officials activate their Emergency Operations Center (EOC) as needed, coordinate with law enforcement, and begin requesting support when additional resources are required. FBCOs may be asked to support reunification, sheltering, donations, behavioral health needs, or spiritual care based on local needs and organizational capabilities.

### **Role of the Texas Division of Emergency Management**

The Texas Division of Emergency Management (TDEM) supports local jurisdictions when the scale of an incident exceeds local capacity. TDEM manages the Texas State Emergency Operations Center (SOC), maintains 24/7 monitoring, and oversees disaster coordination across the agency's regional structure, which divides the state into regions with dedicated staff, who work closely with local officials and community partners. During a mass violence event, TDEM may assist with resource requests, logistics, crisis communications, and coordination with state and federal partners.

For FBCOs, understanding the local office of emergency management, how TDEM manages the state's response in support of local emergency management officials, and building relationships with local and state officials strengthens coordination before an incident occurs. These partnerships also help align organizations with local and state expectations for training, credentialing, and volunteer support.

### **ICS and NIMS in Texas**

Texas follows the Incident Command System (ICS) and the National Incident Management System (NIMS)—the national standards for emergency response. Local, state, and federal agencies use ICS to manage complex incidents, including active shooter events and mass casualty situations. FBCOs do not need to be experts, but familiarity with ICS language and structure makes coordination easier and reduces confusion during response. Many free ICS/NIMS courses (such as ICS-100 and IS-700) are available online and are recommended for FBCO leaders, safety teams, and volunteers.

### **Texas Emergency Management Council and VOAD Partners**

Texas maintains an Emergency Management Council comprised of state agencies and voluntary organizations that support emergency response in support of local officials. Texas Voluntary Organizations Active in Disaster (VOAD) is part of this network and plays a major coordination role for nonprofit and faith-based partners during statewide emergencies. Texas VOAD helps organize resources, share information, and avoid duplication of services. Many FBCOs choose to join Texas VOAD or partner with a local VOAD/COAD to strengthen relationships before a disaster occurs.

### **Behavioral Health and Victim Services Coordination**

In mass violence events, Texas agencies coordinate closely on victim support and behavioral health needs. The Texas Health and Human Services Commission (HHSC) provides Disaster Behavioral Health support through Local Mental Health Authorities (LMHAs), and the Texas Office of the Attorney General (OAG) offers Crime Victims' Compensation and victim support services. These systems connect with federal partners, including the FBI Victim Services Division, when incidents fall under federal jurisdiction.

Understanding how these agencies operate helps FBCOs know where to refer individuals, how to align services, and how to operate effectively within a coordinated support system.

### **Federal Coordination**

If an incident requires federal assistance, Texas may request support from FEMA, the U.S. Department of Justice, or other federal partners. In mass violence cases, federal law enforcement—particularly the FBI—may play a lead investigative role. Federal victim services teams often work alongside local and state partners in Family Assistance Centers (FACs) and later in Community Resiliency Centers (CRCs). FBCOs should be prepared to collaborate with state and federal personnel when appropriate, especially in victim services, donations management, and recovery.

### **Why This Matters for FBCOs**

Understanding the Texas emergency management structure helps FBCOs:

- Connect with the right partners before an incident
- Integrate their plans with local and state expectations
- Support coordinated crisis communication
- Provide services that complement, not duplicate, government efforts
- Understand where FAC and CRC operations fit within the broader system
- Ensure volunteers and staff are trained and ready to assist

By being familiar with Texas's emergency management framework, FBCOs can engage more effectively during a mass violence event and contribute to a coordinated, compassionate response that strengthens community resilience across the state.

## Chapter 1: Understanding Mass Violence & Casualty Incidents

Mass violence incidents—shootings, bombings, terrorist attacks, mass casualty accidents, or other deliberate violent acts—pose distinctive challenges for communities. For FBCOs in Texas, being prepared begins with understanding what defines a mass violence incident, how such events may unfold in a Texas context, and the critical early steps in response, including coordination under ICS and supporting victim identification and reunification.

### Definition & Texas Context

A “mass violence incident” may be defined as an event resulting in multiple casualties (fatalities and/or injuries), often affecting bystanders, witnesses, first responders, and broader community networks. These incidents may occur in urban centers, rural communities, places of worship, schools, public venues, or during community gatherings.

In contrast, a mass casualty incident (MCI) generally refers to any event—violent or non-violent—that overwhelms the local healthcare and emergency-response systems due to a large number of injured individuals. While all mass violence incidents may involve mass casualties, not all mass casualty incidents are violent in nature; examples include natural disasters, large-scale accidents, or industrial incidents.

The diversity of geography and demography in Texas — from dense metro areas to remote rural counties — means that each community’s vulnerabilities and capacities differ. For example, a rural church in Central Texas may face different logistical challenges than a large nonprofit in a major city. Distance to trauma centers, availability of mental health providers, transport infrastructure, and language or cultural differences all shape the impact and response.

### Community Impacts

Mass violence disrupts more than lives. It fractures trust, shakes a sense of safety, and can leave deep emotional, spiritual, and social wounds. Survivors, families, witnesses, first responders, and even community members not physically present may experience trauma, grief, guilt, or fear.

Often, the needs are immediate (medical care, emergency shelter, reunification) and long term (mental health, memorialization, community healing, rebuilding). FBCOs are frequently among the first non-governmental partners to offer help, comfort, and continuity.

### ICS Overview

When a mass violence incident occurs, responding agencies will usually activate ICS under NIMS. ICS establishes a unified chain of command, with roles for Incident Command, Operations, Logistics, Planning, Public Information, and more. This structure allows multiple agencies — police, fire, EMS, hospitals, social services — to coordinate effectively and avoid confusion or duplication.

While an FBCO does not hold a command role, organizations should understand that even though you are not “commanding” the response, you can integrate into ICS as part of the

“Logistics,” “Support Services,” or “Community Liaison” functions, depending on your role and capabilities. That may mean offering space for family reunification, providing volunteers, offering food/water, or giving spiritual comfort.

### **Victim Identification & Family Reunification**

One of the earliest critical tasks after a mass casualty event is identifying victims (injured or deceased) and reuniting them with family or loved ones. In many previous incidents of mass shootings and large-scale accidents, responding authorities, hospitals, and victim service agencies establish mechanisms for family reunification, including hotlines and designated family reunification centers.

FBCOs can have a role in supporting those efforts by: offering safe space for families awaiting information; providing pastoral or emotional support; helping coordinate transportation or lodging; or supporting interpreters and culturally appropriate services.

Understanding how ICS and victim service structures function allows FBCOs to anticipate where they might plug in, while respecting law enforcement control of crime scenes, chain of custody, and investigative integrity.

### **Checklist for FBCOs**

- ✓ Understand the types of mass violence incidents likely to occur in Texas.
- ✓ Train staff on ICS roles and responsibilities.
- ✓ Establish protocols within your organization.
- ✓ Prepare facilities to serve as safe spaces or FRCs.
- ✓ Build relationships with local emergency management, law enforcement, and TDEM.
- ✓ Develop communication strategies for families and the public.

## **Chapter 2: Preparedness and Planning**

For FBCOs, being ready before a crisis happens is essential. Preparedness means having plans, relationships, and resources in place so that if — or when — a mass violence event happens, your organization can respond quickly, safely, and in coordination with other partners.

### **Emergency Operations Plans (EOPs)**

FBCOs should develop an Emergency Operations Plan (EOP) tailored to mass violence and casualty incidents. The EOP should be structured in alignment with ICS/NIMS — identify who would serve in key roles (Incident Coordinator, Communications Lead, Logistics Lead, Volunteer/Donations Lead), define decision-making authority, and specify procedures for different scenarios (e.g., active shooter, mass casualty, shelter-in-place, evacuation, reunification site).

The EOP should be documented in writing, shared with key staff and volunteers, and reviewed annually (or more often). Use the template in Appendix A as a starting point.

### **Communications Protocols**

Effective response depends on clear, pre-established communication protocols. An EOP should define: how internal communications will occur (phones, messaging apps...), how you will communicate (or defer) with media (see Chapter 10), how you will communicate with first responders and local authorities, and how you will keep track of staff, volunteers, and beneficiaries during and after the incident.

Also, consider language access, accessibility (for people with disabilities), and cultural sensitivity.

### **Resource Mapping**

Before an incident, organizations should map available resources and identify additional assets that may be needed. This includes facilities (sanctuary, fellowship hall, social-service offices, parking lots, gymnasiums, kitchen, showers), transportation, volunteers, basic supplies (food, water, blankets, hygiene items), communication tools, and mental-health or pastoral-care capacity.

External resources should also be mapped—such as partner nonprofits, local shelters, congregations, community groups, mental-health providers, law-enforcement liaisons, hospitals, and other faith institutions. Include contact names, phone numbers, alternate contacts, and backup plans.

### **Training & Exercises**

Preparedness is strengthened through training and exercises. Organizations should offer periodic training for staff and volunteers on basic emergency response, including active shooter protocols, first aid and “Stop the Bleed,” victim support, psychological first aid (see Chapter 5), ICS awareness, donation and volunteer management, and communications. Drills or tabletop exercises should be conducted to practice various scenarios, such as mass casualty events at community gatherings, family reunification, or managing an influx of volunteers and donations. After each exercise, debrief and update the EOP as needed.

### **Checklist for Preparedness**

Develop and maintain a written EOP aligned with ICS/NIMS.

- Designate a spokesperson and create messaging templates.
- Map resources and identify service gaps alongside local emergency management.
- Train staff and volunteers in trauma-informed care and PFA.
- Conduct annual drills and update plans based on lessons learned.
- Maintain updated contact lists for TDEM, VOAD, and local partners.

## Chapter 3: Community Engagement

Community engagement is a cornerstone of resilience and coordinated response during mass violence and casualty events. Faith-based and community organizations (FBCOs) in Texas that build strong relationships, coalitions, and coordination protocols before a crisis are better positioned to respond quickly, allocate resources effectively, and to provide enhanced support for survivors and families. This chapter provides practical guidance on identifying stakeholders, forming cross-sector coalitions, and maintaining communication for preparedness, response, and recovery.

### Stakeholder Identification

Effective community engagement begins with knowing who is in your community and understanding the roles they can play. FBCOs should create a stakeholder map that includes:

- Other faith communities (churches, mosques, synagogues, temples)
- Nonprofit and social-service organizations
- Local shelters, food banks, and community centers
- Victim-service and mental-health providers
- Hospitals, clinics, and first responders
- Law enforcement and local government officials
- Schools, neighborhood associations, and civic groups
- Volunteer coalitions and advocacy organizations
- Special populations (seniors, individuals with disabilities, non-English speakers)

Maintain an updated directory with contact information, primary responsibilities, and preferred communication channels. Proactively building relationships with these stakeholders—through meetings, social events, or joint trainings—creates trust and sets expectations for collaboration during an incident.

### Cross-Sector Coalitions

Once stakeholders are identified, FBCOs should work to form a cross-sector coalition or working group. This group, sometimes referred to as a Community Organizations Active in Disaster (COAD), brings together faith, nonprofit, civic, and public-sector partners to coordinate preparedness, response, and recovery efforts. Key steps include:

- Define shared goals and objectives, such as coordinated communications, joint training, resource sharing, and unified volunteer deployment.
- Clarify roles and responsibilities for each organization; consider formal agreements (MOUs) or informal protocols that outline expectations during emergencies.
- Establish procedures for common functions, such as sheltering, donations management, psychological first aid, and Family Assistance Center (FAC) operations.
- Coordinate with TDEM Voluntary Agency Liaisons and Texas VOAD to access statewide technical assistance, share resources, and align your coalition with other FBCOs and nonprofits across the state.



- Engage your local COAD (Community Organizations Active in Disaster) to connect with nearby organizations, coordinate volunteer efforts, and reduce duplication of services.
- Schedule regular meetings to discuss preparedness, review plans, and conduct exercises or drills.

### **Coordination and Communication Protocols**

A coalition is only effective if it has clear coordination protocols. FBCOs should agree on:

- Leadership and decision-making roles during incidents
- Procedures for activating joint response efforts
- How to communicate with emergency management, first responders, and coalition members
- Volunteer mobilization, training, and supervision
- Donations management and resource allocation
- Privacy, confidentiality, and sensitive information handling
- Strategies for multilingual messaging and rumor control
- Coordination with long term recovery and Community Resiliency Centers (CRCs)

Use multiple communication channels—email, text alerts, social media, and phone trees—to reach wide audiences. Regular updates, drills, and exercises reinforce coordination, clarify roles, and build trust before a crisis occurs.

### **Benefits of Community Engagement**

- Builds trust and credibility within the community
- Enhances response capacity by leveraging multiple organizations' strengths
- Reduces duplication and confusion during high-stress incidents
- Promotes holistic, coordinated support for survivors and families
- Strengthens long term resilience by maintaining relationships and preparedness networks

### **Community Engagement Checklist**

- ✓ Identify and maintain a directory of local stakeholders, including special populations.
- ✓ Form a cross-sector coalition or COAD with clear objectives, defined roles, and agreements.
- ✓ Schedule regular meetings, joint exercises, and training sessions.
- ✓ Develop multilingual communication protocols and rumor-control strategies.
- ✓ Coordinate messaging with local emergency management and TDEM.
- ✓ Use multiple channels—email, text, social media—for timely outreach and updates.
- ✓ Plan for collaboration across response, FAC operations, donations, volunteers, and long term recovery.

## Chapter 4: Trauma-Informed Care

Trauma-Informed Care (TIC) is a framework that acknowledges the widespread impact of trauma and integrates this understanding into organizational practices. For FBCOs in Texas, TIC is essential for supporting survivors of mass violence and ensuring that services promote healing rather than re-traumatization. This approach emphasizes safety, trust, and empowerment, which are critical during crisis response and recovery.

After a mass violence or casualty event, many people will experience trauma, grief, confusion, fear, or spiritual distress. FBCOs offering support need to do so in a way that recognizes trauma, avoids re-traumatization, and promotes healing.

As a faith-based or community organization, adopting trauma-informed care means embedding certain principles into your policies, physical spaces, and organizational practices.

### Organizational Practices & Policies

Begin by adopting a statement of commitment: your organization values dignity, safety, compassion, privacy, and respect. Ensure that your staff and volunteers understand the impact of trauma and commit to non-judgmental support. Provide training on trauma awareness, active listening, basic psychological first aid (see Chapter 5), confidentiality, boundaries, and self-care.

Establish procedures for safe, private, trauma-sensitive spaces — whether for counseling, praying, quiet reflection, or crisis support. Ensuring language, cultural, and accessibility considerations.

### Spaces

Designate spaces in your facility that can serve as calming, safe areas — perhaps a room with soft seating, water, tissues, comforting lighting, privacy screens — where individuals or families can go when overwhelmed. Ensure the space is private, welcoming, and does not resemble a clinical or institutional environment, unless clinically appropriate.

### Training

Training is critical. Provide basic trauma-informed care and psychological first aid training to staff and volunteers. Where possible, partner with local mental-health providers or faith-based counselors experienced in trauma response.

Encourage self-care for volunteers and staff — trauma work can be emotionally heavy, so ensure breaks, supervision, peer support, and access to professional mental-health resources as needed.

By embedding trauma-informed care into everyday organizational life — not just during crises — your FBCO will build capacity and resilience ahead of time and will be better positioned to respond when mass violence or casualty strikes.

## **Core Principles of Trauma-Informed Care**

- **Safety:** Ensure physical and emotional safety for survivors and staff.
- **Trustworthiness and Transparency:** Communicate clearly and honestly about processes and expectations.
- **Peer Support:** Encourage shared experiences and mutual support among survivors.
- **Collaboration and Mutuality:** Work together with survivors, staff, and partners to make decisions.
- **Empowerment, Voice, and Choice:** Provide options and respect individual preferences.
- **Cultural and Historical Sensitivity:** Deliver services that respect the whole community and historical context.

## **Action Steps for FBCOs**

- Develop trauma-informed policies and procedures for all programs.
- Train staff and volunteers to recognize signs of trauma and respond appropriately.
- Create safe spaces within facilities, such as quiet rooms for reflection and counseling.
- Integrate trauma-informed language into communications and outreach materials.
- Partner with Texas HHSC and local mental health authorities for specialized support.
- Conduct regular reviews of practices to ensure alignment with trauma-informed principles.

## **Texas-Specific Resources**

Texas Health and Human Services Commission (HHSC) provides disaster behavioral health services and maintains a directory of Local Mental Health Authorities (LMHAs). FBCOs should establish relationships with these entities before an incident occurs. In general, if you're unsure where to start, you can also call 2-1-1 (or 877-541-7905 Option 5) or visit [211texas.org](http://211texas.org) for links to local behavioral health providers. Dial 988 for immediate crisis support.

## **Practical Example**

Example: A Dallas-area church implemented trauma-informed care by creating a dedicated wellness room for survivors and volunteers during a mass violence response. The room included calming visuals, access to counselors, and spiritual support. Staff received training on trauma-sensitive communication and referral protocols, ensuring that every interaction promoted healing and empowerment.

## **Checklist for Trauma-Informed Readiness**

- ✓ Review and update organizational policies to reflect trauma-informed principles.
- ✓ Train all staff and volunteers in trauma-informed care and Psychological First Aid.
- ✓ Designate quiet spaces for emotional regulation and counseling.
- ✓ Establish partnerships with HHSC and LMHAs for mental health referrals.
- ✓ Incorporate cultural and linguistic considerations into all services.
- ✓ Conduct annual evaluations of trauma-informed practices and update as needed.

## **Chapter 5: Psychological First Aid, Emotional Support, and Mental Health Services**

In the hours and days following a mass violence event, survivors, families, first responders, witnesses, and community members may experience shock, grief, confusion, anxiety, and other emotional distress. Offering immediate psychological support — while coordinating with professional services — is a critical role for FBCOs.

### **Psychological First Aid (PFA)**

PFA is a proven, evidence-informed approach for providing non-clinical emotional support in the immediate aftermath of a crisis. It emphasizes safety, calming, connection, self-efficacy, and hope. As an FBCO, you can train staff and volunteers in PFA, best ensuring they know how to: listen actively, offer comfort, assess for immediate needs (shelter, food, safety), help connect to resources, assist with reunification or communication, and encourage self-care and social support.

It is important that PFA providers understand their role — they are not therapists, but supporters facilitating access to help, offering compassionate presence, and helping restore a sense of safety and dignity.

### **Referral Pathways**

Because much of the emotional and mental-health needs after a mass violence event will exceed what a volunteer or pastor can provide, referral pathways to professional services must be established in advance.

In Texas, one key resource is Texas Health and Human Services Commission (HHSC) Disaster Behavioral Health Services, which supports crisis counseling and emotional support for disaster survivors. Contact lines include 2-1-1 (or 877-541-7905 Option 5) and 24/7 crisis hotlines such as the 988 Suicide & Crisis Lifeline.

Also relevant is the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Distress Helpline, reachable at 1-800-985-5990, which provides immediate counseling for disaster-affected individuals.

FBCOs should map out and develop relationships with local mental-health providers, community mental-health centers or Local Mental Health Authorities (LMHAs) and include their contact information in the organization's resource directory.

### **Privacy and Confidentiality**

When offering PFA or emotional support, ensure confidentiality and respect for privacy. Establish procedures for consent, data protection, record-keeping, referral documentation, and boundaries. Many individuals may be hesitant to share trauma; a respectful, trauma-informed approach helps build trust and ensures dignity.

Where possible, coordinate with professional mental-health agencies: FBCOs can serve as referral points and support access but should avoid acting as full clinical providers unless properly credentialed.

## Chapter 6: Family Assistance Center

In a mass-casualty or mass-violence event, families of victims' experience uncertainty, grief, and overwhelming stress. To support them, authorities often establish a Family Assistance Center (FAC)—a secure, centralized location where survivors, families, and next of kin can receive accurate information, emotional and spiritual support, victim services, reunification assistance, and referrals. FACs are a standard practice across the country and are recognized in Texas emergency management as a critical part of coordinated response.

FBCOs frequently play a central role in FAC operations. They may provide the facility, staff, volunteers, or supportive services that help families feel safe, cared for, and respected during the most difficult moments of their lives.

### Site Selection

Choosing the right location is one of the most important early decisions made by local officials. A FAC must be both functional and compassionate. It should offer privacy, calm, and dignity while also accommodating the practical needs of families and service providers.

Many Texas FBCOs provide ideal facilities for FAC operations. Houses of worship, community centers, and nonprofit campuses often have ample space, kitchens, meeting rooms, and parking. Familiar spaces can reduce stress for grieving families, especially in rural or tight-knit communities.

Before committing a site, consider whether the location has:

- **Accessibility:** ADA-compliant entrances, clear signage, and parking areas large enough to accommodate families, staff, and partnered agencies.
- **Privacy:** Separate rooms for sensitive conversations, death notifications, and meetings with law enforcement or medical examiners.
- **Comfort and Hospitality:** A spacious waiting area, access to restrooms, areas where families can rest, eat, and take breaks, and places for children.
- **Security:** Controlled access points, space for law enforcement staging, and the ability to keep media away from family areas for privacy purposes.
- **Reliable Utilities:** Adequate lighting, climate control, Wi-Fi, and outlets for laptops and equipment used by investigators and victim services.
- **Separation of Functions:** If media briefings are needed, these should occur entirely separate from the FAC to protect family privacy.

In coordination with local emergency management, FBCOs should conduct basic site assessments in advance. Identifying potential FAC sites during preparedness phases speeds activation during an incident.

### **Staffing and Management**

FAC operations require a multidisciplinary team. While law enforcement and government agencies lead investigative and victim-notification responsibilities, FBCOs often support the human-centered elements of the center.

Key functions include:

- **Reception and Intake:** Greeting families, escorting them through the process, and providing clear information.
- **Emotional and Spiritual Support:** Clergy, chaplains, counselors, and trained volunteers provide comfort and grounding.
- **Case Management and Navigation:** Helping families understand available services and connecting them to the correct agencies.
- **Logistics and Hospitality:** Providing food, beverages, rest areas, childcare spaces, and transportation assistance.
- **Language and Cultural Support:** Interpreters and cultural navigators to ensure accessible communication for all families.
- **Volunteer Coordination:** Managing volunteer check-in, training, assignments, supervision, and well-being.
- **Safety and Security:** Ensuring that only authorized personnel may enter the FAC and that families remain protected from media and disruptions.

All staff and volunteers working inside a FAC must be trained in privacy practices, trauma-informed care, cultural sensitivity, and the role distinctions between FBCOs, investigators, and other agencies. FAC staff must also understand that information inside the FAC—especially regarding victims' identities, medical conditions, or investigative details—is confidential and must not be shared outside official channels.

A structured volunteer management system is critical. Volunteers should sign in and out, be assigned roles according to skill and training, and receive regular breaks. This protects the integrity of the FAC and supports volunteer wellness, which is especially important when working in emotionally heavy environments.

### **The Transition: From FAC to Community Resiliency Center (CRC)**

A Family Assistance Center is not meant to operate indefinitely. As immediate needs stabilize, FAC operations typically wind down and transition into a Community Resiliency Center (CRC)—a long term support hub that may remain active for months or years after the incident. This model is used nationally and is supported by the National Mass Violence Victimization Resource Center (NMVVR) and the Office for Victims of Crime (OVC).

A CRC provides ongoing services such as:

- Mental and behavioral health counseling
- Peer and family support groups
- Case management and advocacy
- Financial assistance navigation, including Texas Crime Victims' Compensation
- Resource navigation for housing, employment, education, and long term recovery
- Memorial and anniversary planning
- Community healing activities

FBCOs can be instrumental in this transition. A site that begins as a FAC may later serve as the CRC, or a separate facility may be chosen for long-term operations. FBCOs should work closely with local emergency management, behavioral health providers, LMHAs, Texas VOAD partners, and victim service organizations to best ensure a smooth handoff from short-term to long term operations.

Planning for this transition from the start—during the initial FAC setup—helps reduce disruption for families and ensures continuity of care.

#### **Key Considerations for FBCOs**

- ✓ Prepare potential FAC locations ahead of time.
- ✓ Train staff and volunteers in FAC procedures, privacy, and trauma-informed approaches.
- ✓ Promote hospitality, high-quality care, and cultural sensitivity.
- ✓ Maintain strict confidentiality and secure facility access.
- ✓ Plan early for the transition to CRC operations.

By supporting or hosting a Family Assistance Center, FBCOs provide essential comfort and stability to families experiencing their worst moments. This work requires preparation, compassion, coordination with Texas emergency management systems, and a commitment to sustaining support well beyond the initial incident.

## **Chapter 7: Victims' Compensation and Assistance**

After a mass violence or casualty event, many survivors, families, and affected community members may face medical bills, counseling costs, lost wages, funeral or burial costs, and other expenses. In Texas, one of the central resources available to help cover these financial burdens is the Texas Office of the Attorney General (OAG) Crime Victims' Compensation Program (CVC). This program provides direct assistance to victims, and it is supported in part by federal funding through the Victims of Crime Act (VOCA) Compensation Program, which reimburses the state for a portion of payments made to victims.

## **Overview of the CVC Program**

The Texas Crime Victims' Compensation (CVC) Program offers financial assistance to eligible victims of violent crime to cover expenses such as medical care, mental-health counseling, lost wages, funeral or burial costs, travel for court or medical appointments, and other crime-related losses not covered by insurance or other sources. For faith-based and community organizations (FBCOs) supporting survivors, connecting them to this resource is often one of the most impactful actions they can take.

The application process is free, and victims (or authorized claimants for minors, incapacitated, or deceased victims) can apply online through the OAG's CVC portal or by mail. Importantly, the application can be submitted even before all supporting documents are available; additional documents can be uploaded later.

## **How CVC Connects to Federal VOCA Assistance**

Although the CVC Program is administered by the Texas OAG, a significant portion of its funding comes through federal VOCA Compensation grants administered by the U.S. Department of Justice's Office for Victims of Crime (OVC).

Here's how the connection works:

- 1. Texas first pays CVC claims using state funds.
  - Texas uses its state-established CVC fund—supported by court fees and costs—to pay approved victim expenses.
- 2. Texas tracks and documents all eligible victim compensation payments.
  - Only certain types of expenses (e.g., medical costs, mental-health care, funeral costs, relocation, etc.) are eligible for federal reimbursement.
- 3. Each year, the OAG requests federal reimbursement from OVC.
  - Texas submits an annual VOCA Compensation Grant application, reporting the previous year's victim compensation payments and program data. Federal reimbursement can cover up to 75% of eligible state expenditures.
- 4. Federal VOCA funds replenish the state fund.
  - Once approved, federal funds are drawn down to help restore the state's CVC fund so it can continue paying victim claims. This cycle ensures that Texas can continue to offer compensation even during years with major disasters, mass casualty events, or unusually high numbers of victims.
- By understanding this connection, FBCOs can better appreciate how both state and federal systems work together to support victims during their recovery.

## **Eligibility and What's Covered**

Eligible claimants include:

- Innocent victims of a violent crime who suffer physical or mental injury
- Individuals injured while helping a victim



- First responders injured while responding to a crime or mass violence event
- Dependents of deceased victims
- Family or household members who require mental-health care because of the crime

Covered costs may include:

- Medical, hospital, therapy, or counseling expenses
- Lost wages or loss of support
- Funeral and burial expenses
- Travel for medical care or to attend court proceedings
- Relocation expenses in certain circumstances
- Other reasonable expenses that directly result from the crime
- Note: Property damage or theft is generally not covered.

### **Application Support**

FBCOs can provide vital support by:

- Helping survivors complete the application
- Assisting in gathering documents such as police report numbers, medical bills, receipts, or protective orders
- Connecting survivors with trained advocates, law-enforcement victim liaisons, hospital-based social workers, or local victim-services agencies

Because survivors may feel overwhelmed or emotionally distressed—especially after a mass violence event—having a trusted community organization assist with the process can reduce barriers and help ensure that survivors do not miss out on available compensation.

### **Limitations & Considerations**

FBCOs should be familiar with key limitations:

- Not all losses are covered (e.g., property damage)
- The crime typically must be reported to law enforcement in a timely manner
- Applications must generally be submitted within three years, unless good cause exists
- FBCOs cannot apply on behalf of victims, but they can support victims or family members in navigating the process
- Understanding these limitations ensures that survivors receive accurate guidance and appropriate expectations.

### **The Role of FBCOs**

Through outreach, education, and direct support, FBCOs can play a vital role in ensuring survivors:

- Know about the CVC resource
- Understand the costs that may be covered

- Feel empowered to apply
- Receive assistance that helps them rebuild stability and hope

By pairing compassionate support with practical guidance—and by understanding how the state CVC program is strengthened by federal VOCA reimbursement—FBCOs become powerful partners in long-term community recovery after mass violence or casualty events.

## Chapter 8: Donations Management (Monetary, In-Kind, Services)

Following a mass violence event, communities respond with deep compassion. People want to help immediately, often by bringing food, clothing, stuffed animals, or other material goods. While this generosity reflects the best of Texas communities, unmanaged in-kind donations can quickly overwhelm response efforts, create logistical burdens, and divert attention from critical needs. For this reason, FBCOs should encourage monetary donations as the primary form of support unless and until a vetted, specific need for items is identified.

Monetary contributions allow organizations to meet real-time needs, support victims and families directly, coordinate services at the Family Assistance Center (FAC) or Community Resiliency Center (CRC), and adapt as needs change. Funds can be used immediately, require minimal storage, and reduce the risk of waste—making them far more flexible during a rapidly evolving incident.

### Standard Operating Procedures (SOPs)

Every FBCO should maintain a Donations Management SOP within its Emergency Operations Plan (EOP). The SOP should outline clear processes for requesting, receiving, tracking, safeguarding, and distributing donations. Key components include:

- **Monetary Donations Protocols:** Define who is authorized to receive or handle funds, where funds are deposited, who maintains financial oversight, and how reporting is conducted. Establish a restricted account dedicated to mass-violence response and recovery.
- **Public Messaging Procedures:** Include templates or guidance instructing the public to give financial contributions first, and only donate items when an official, vetted list of needed goods is published.
- **Recordkeeping and Transparency:** Document all donations—monetary or in-kind—with clear logs, receipts, and acknowledgments. Transparent financial practices build trust and reduce the risk of mismanagement claims.
- **Distribution Procedures:** Establish a process for how financial assistance or purchased goods will be provided to survivors and families, including eligibility criteria, documentation, and approvals.

A well-designed SOP ensures consistency, accountability, and clarity during stressful moments when donations arrive quickly and in large volumes.

### **Prioritizing Monetary Donations**

The most effective message FBCOs can convey after a mass violence event is simple:

“Monetary donations are the most helpful way to support survivors and families at this time.”

Monetary contributions allow flexibility to:

- Provide immediate financial assistance to victims and families
- Address unmet needs identified by the FAC and CRC
- Support long term recovery and behavioral health services
- Purchase exactly what is needed when it is needed
- Avoid the storage, sorting, pest control, and disposal issues associated with excess in-kind goods

FBCOs should post consistent messaging on their website, social media, and in coordination with local officials and Texas VOAD partners. Using unified language reduces confusion and prevents the community from flooding impacted locations with unnecessary items.

### **In-Kind Donations & Services (When Needed)**

While monetary donations should be emphasized first, in-kind donations may be appropriate only when specific needs are verified by response partners (e.g., the FAC Logistics Section, local emergency management, Texas VOAD, or the CRC). When requesting or accepting items:

- Only request items that have been vetted and confirmed as needed.
- Provide clear drop-off instructions, hours, and location to avoid overwhelming the incident site or houses of worship.
- Sort, label, and store items systematically, using clean and secure spaces.
- Decline items that pose health or safety risks (expired food, items requiring special handling, used bedding, etc.).

Service-based donations—transportation, translation, legal support, counseling, childcare, or professional expertise—should be treated similarly to in-kind goods. They require:

- Proper documentation of the service offered
- Verification of credentials, licenses, or background checks
- Coordination with volunteer management personnel (see Chapter 9)
- Clear tracking of who provided what and when

By managing services as donations, FBCOs ensure accountability, safety, and reliable support for survivors.

## **Transparency and Fraud Prevention**

Clear, consistent transparency helps maintain community trust—especially during high-profile events. FBCOs should:

- Maintain detailed financial ledgers and inventory logs
- Provide periodic public updates or post-response reports showing how funds were used
- Use secure, auditable systems for collecting online donations
- Share donation guidance through official channels to reduce the risk of fraudulent fundraising campaigns
- Partner with reputable organizations (local VOAD/COADs, established nonprofits, local government) to promote a unified and trustworthy message

Coordinated donation management also helps prevent duplication, reduces waste, and ensures survivors and families receive timely, equitable support.

## **Chapter 9: Volunteer Management**

Volunteers are often the backbone of any community-based response. But without good management — clear roles, training, oversight, wellness support — volunteer efforts can strain resources, lead to burnout, or even cause harm.

### **Credentialing & Vetting**

Before deploying volunteers in response to a mass violence event, your organization should have a credentialing system. This might include application forms, background checks (especially if volunteers will work with children or vulnerable populations), role descriptions, and agreement to codes of conduct.

Credentialing also helps when working with other agencies (local government, emergency management, victim services) who may require identification or liability protections.

### **Training**

Volunteers should be trained for the roles they will play — greeting families, providing meals, donation sorting, emotional support, transportation, childcare, communications, etc. Provide training on trauma-informed care, confidentiality, safety, boundaries, self-care, and when to refer to professionals.

Include briefings on your EOP, the ICS structure, chain-of-command, reporting procedures, and situational awareness — including when to defer to law enforcement or medical staff.

**Wellness and Accountability**

Supporting survivors and working in crisis contexts can be emotionally and physically draining. Provide volunteers with access to debriefing, rest periods, peer support, mental-health resources, and supervision. Keep attendance and assignment records. Establish a code of conduct, with clear consequences for misconduct.

Recognize and appreciate volunteers — gratitude, acknowledgment, and support contribute to retention and morale.

**Chapter 10: Media and Communications**

In the aftermath of a mass violence event, media interest will likely be high. Simultaneously, families will need privacy, accurate information, reassurance, and consistent messaging. FBCOs involved in response must manage communications carefully — with dignity, clarity, respect, and coordination.

**Designate a Spokesperson**

If your organization is involved in response (FAC hosting, volunteer coordination, donations management, emotional support, etc.), designate a trained spokesperson for media interactions. That person should understand what information can or cannot be shared (privacy of victims, respect for investigations, confidentiality, empathetic tone).

**Unified Messaging & Rumor Control**

Work with local authorities, first responders, and coalition partners to develop unified messaging — especially for public updates. Use clear, calm language. Avoid speculation or sharing unverified information. Monitor rumors (social media, community chatter) and correct misinformation quickly and transparently.

**Family Briefings & Privacy**

Communications must respect families' privacy and dignity. If your FBCO hosts a FAC or offers support, set up separate spaces and protocols for media vs. families. Encourage families to designate a primary family point-of-contact for media inquiries; provide them with options (such as to decline media availability, delay, or agree to share information).

**Social Media**

If your organization uses social media, treat it as an extension of official communications. Post only verified information, encourage compassion, avoid graphic images, and provide resource links (hotlines, mental-health support, donation accounting). Monitor comments for distress signals or harmful content, and moderate responsibly.

## Chapter 11: Long term Recovery and Community Resilience

In the aftermath of a mass-casualty or mass-violence event, families, survivors, and communities face profound uncertainty, grief, and emotional stress that often continue long after the initial response. While emergency response—including law enforcement investigations, Family Assistance Centers (FACs), and immediate victim services—is critical, long term recovery and community resilience require sustained, coordinated support that addresses emotional, social, and practical needs over weeks, months, and sometimes years. FBCOs are uniquely positioned to help communities navigate this extended recovery period.

### Community Resiliency Centers (CRC)

A cornerstone of long-term recovery is the establishment of a Community Resiliency Center (CRC). CRCs provide ongoing services and support in a centralized, accessible location, often transitioning from the initial FAC site. Services may include:

- Mental and behavioral health counseling, peer support, and trauma-informed care
- Case management and resource navigation (housing, employment, financial assistance, education)
- Coordination of memorials, anniversaries, and healing activities
- Support for survivors, first responders, volunteers, and affected community members
- Volunteer and donation management in collaboration with local nonprofits and FBCOs

When planning CRC operations, FBCOs should coordinate closely with local service providers, LMHAs, Texas VOAD partners, TDEM, and municipal agencies to best ensure services are aligned with community needs and resources.

### Transitioning from FAC to CRC

Planning for the FAC-to-CRC transition begins during the initial response phase. Key considerations include:

- **Facility adaptability:** Ensure the chosen site can accommodate long term services, private counseling spaces, group meeting areas, and administrative offices.
- **Staffing and volunteers:** Train personnel to support both immediate and extended recovery needs, including case management, behavioral health support, and community engagement.
- **Coordination protocols:** Establish clear handoffs from FAC operations to CRC teams, including the transfer of records, family contact information, and case files while respecting confidentiality.
- **Community partnerships:** Maintain communication with local nonprofits, volunteer coalitions, and governmental agencies to prevent service duplication and to sustain resource availability.

By anticipating the transition early, FBCOs help maintain continuity of care and ensure families and survivors experience a seamless shift from short-term support to long term recovery.

### **Memorials, Anniversaries, and Community Healing**

A mass-violence event leaves lasting scars on the community. Organizing memorials, anniversaries, and remembrance events can be part of collective healing. FBCOs can facilitate:

- Coordination with families and survivors for planning respectful and culturally appropriate memorials
- Partnerships with local government, schools, and civic organizations to ensure inclusivity
- Ongoing community events that acknowledge trauma while fostering resilience

These activities not only honor those affected but also strengthen community solidarity and reinforce a sense of hope and recovery.

### **Sustaining Recovery Efforts**

Long term recovery is resource intensive. FBCOs can support sustainability through:

- **Funding and grants:** Identify local, state, and federal funding opportunities.
- **Volunteer engagement:** Maintain a trained pool of volunteers for counseling, case management, administrative support, and community events.
- **Community partnerships:** Coordinate with COADs, nonprofits, healthcare providers, and local government to share responsibilities and maximize impact.
- **Monitoring and evaluation:** Regularly assess community needs, service utilization, and program effectiveness to adjust efforts over time.

Sustained recovery is most successful when approached as a shared responsibility among FBCOs, governmental agencies, and community partners.

### **Benefits of Coordinated Long term Recovery**

- Supports survivors' emotional, physical, and practical needs beyond the immediate crisis
- Promotes community cohesion, trust, and resilience
- Reduces duplication of services and better ensures holistic access
- Strengthens the community's capacity to withstand and recover from future incidents

### **Checklist for Long term Recovery & Community Resilience**

- Plan for FAC-to-CRC transition during initial response.
- Identify long term facilities capable of supporting counseling, case management, and community events.
- Establish partnerships with Texas VOAD, local COADs, LMHAs, nonprofits, and government agencies.
- Develop sustainable funding strategies and volunteer support plans.
- Coordinate memorials and community healing activities.
- Monitor and evaluate recovery programs regularly, adjusting services as community needs evolve.

## Chapter 12: Collaboration and Partnerships

No single organization can handle all aspects of a mass violence response — especially long-term recovery. Collaboration and partnership across sectors are essential.

### **MOUs / MOAs**

Before any incident, community coalitions and FBCOs should create Memorandums of Understanding (MOUs) or Memorandums of Agreement (MOAs) with other stakeholders — churches, nonprofits, social-service agencies, mental-health providers, local government, shelters. These documents should clarify roles, responsibilities, resource sharing, decision-making authority, site management, confidentiality, volunteer and donation management, funding, and exit or transition strategies (e.g., FAC to CRC).

Having these agreements in place before a crisis ensures quicker mobilization, clearer roles, and reduces confusion or duplication.

### **Integration with Local, State, Federal Systems**

FBCOs should build relationships and communication channels with local law enforcement, emergency management (e.g., local Emergency Operations Center), county or city government and officials, public health, hospitals, mental-health authorities, and state agencies (e.g., TDEM, HHSC, the Texas Voluntary Organizations Active in Disaster — Texas VOAD).

Engaging with the TDEM Voluntary Agency Liaisons and Texas VOAD prior to an incident can help align your organization with local and statewide disaster response networks. Texas VOAD members coordinate to mobilize resources, volunteers, shelter, and long-term recovery services in disasters. FBCOs that join or partner with VOAD can tap into shared protocols, resources, training, and support.

### **Coordination Protocols**

Your coalition or COAD should establish clear coordination protocols: who leads what in immediate response; how communications flow; how resources are shared; how referrals, data, volunteers, and donations are managed; how the transition from immediate response (FAC) to long term recovery (CRC) takes place; how accountability is maintained; and how ongoing community engagement is sustained.

Coordination increases efficiency, avoids duplication, builds trust, and helps ensure that survivors and communities receive comprehensive, sustained support.

## Chapter 13: Training and Resources

Preparedness and effective response depend on training, knowledge, and timely access to reliable resources. FBCOs play a critical role in supporting survivors, families, and the broader community after mass violence, disasters, or other traumatic events. This chapter outlines key training areas, recommended courses, and resource directories that equip FBCOs in Texas to respond safely, skillfully, and in alignment with emergency-management partners.



### **ICS / NIMS Training**

Understanding the Incident Command System (ICS) and the National Incident Management System (NIMS) is foundational for FBCOs that may participate in coordinated response operations. These frameworks provide a common language for communication, resource management, and collaborative decision-making during emergencies.

While FEMA offers widely used online courses such as IS-100, IS-200, IS-700, and IS-800, Texas also provides equivalent training through the TDEM, which can be more accessible for local organizations. Texas recognizes these state-level courses as compliant and appropriate for most FBCOs.

#### **Recommended Minimum Training:**

- Leadership, supervisors, and key volunteers: ICS-100 and ICS-200
- Staff participating in coordination or logistics: IS-700 and IS-800

These courses better ensure that organizational leaders understand unified command, situational awareness, communication protocols, and how FBCOs integrate into local and regional response structures.

### **Psychological First Aid, Stop the Bleed, and Crisis Response Training**

Mass violence and crises often result in psychological trauma as well as physical injuries. FBCOs can strengthen their readiness by training staff and volunteers in skills that promote safety, stability, and supportive care. Provide training in psychological first aid for pastoral or volunteer staff, especially those likely to be involved in supporting survivors, families, or witnesses. Train volunteers and staff in basic first-aid and bleeding-control (e.g., “Stop the Bleed”) in case of injuries.

#### **Recommended Training Areas:**

- **Psychological First Aid (PFA)** – equips pastoral staff, volunteers, and lay leaders to offer compassionate, evidence-informed support to survivors, families, and witnesses.
- **CPR / AED/ Stop the Bleed/ Basic First Aid** – prepares teams to provide immediate, lifesaving interventions before EMS arrival.
- **Crisis Intervention & De-escalation** – essential for managing high-stress environments such as reunification sites, vigils, or Family Assistance Centers.
- **Trauma-Informed Care & Cultural Sensitivity** – ensures interactions with survivors are respectful, inclusive, and avoid re-traumatization.
- **Confidentiality & Data Protection** – important for safeguarding sensitive survivor information.
- **Volunteer Management & Safety** – helps organizations maintain accountability and resilience during prolonged incidents.

These skills allow FBCOs to create a calm, supportive presence across all phases of response and recovery.

### **Victim-Service Toolkits and Guidance**

FBCOs often work closely with survivors and families, including those dealing with trauma, loss, and logistical hardships. National resources offer structured, evidence-based tools to guide this work.

Two key sources are:

- National Mass Violence Victimization Resource Center (NMVVRRC)  
<https://www.nmvvrc.org/>
- Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC)  
<https://www.ovcttac.gov/>

These organizations provide:

- Guides for establishing or supporting Family Assistance Centers
- Best practices for victim and family support, crisis communication, and long-term recovery
- Templates, checklists, and planning tools tailored to incidents of mass violence
- Cultural-competence guidance and trauma-informed practices

FBCOs should review these materials, adapt them for their local context, and integrate appropriate protocols into their EOPs. Doing so better ensures alignment with recognized standards and enhances cooperation with state and local responders.

### **Texas Resource Directory**

Maintaining an up-to-date directory of Texas-specific contacts allows quick access to resources, partners, and coordination during a crisis. This directory should be reviewed regularly and included in the organization's EOP, go-kits, and leadership handbooks.

### **Recommended Texas Contacts to Maintain:**

- Local Mental Health Authorities (LMHAs) and behavioral-health crisis lines
- 2-1-1 Texas and HHSC Disaster Behavioral Health contacts
- Local hospitals, trauma centers, and EMS providers
- Law-enforcement victim services liaisons
- Local domestic violence and sexual assault programs
- Local shelters, food banks, and long-term recovery groups
- Local elected officials and office of emergency management
- Critical hotlines such as:
  - 988 Suicide & Crisis Lifeline

- Disaster Distress Helpline
- Local crisis hotlines and mobile crisis outreach teams

A well-maintained directory ensures that FBCOs can rapidly connect survivors to credible services and improve coordination across partner agencies.

## **Chapter 14: Conclusion - Call to Action & Continuous Improvement**

Violence and mass casualty events shatter lives, communities, and a sense of safety. FBCOs in Texas stand in a unique position to offer solace, support, stability, and long-term recovery because of their trust, community presence, moral mission, and capacity for compassion.

This guide serves as a foundational resource. Its value increases when it is adopted, adapted, and integrated into the ongoing operations and culture of an organization.

### **Call to Action**

Preparedness is achieved through deliberate, sustained effort. As organizations move forward, the following steps can help strengthen readiness and response capacity:

- Establish a leadership workgroup to review this guide and identify priorities for implementation.
- Develop or update an Emergency Operations Plan using Appendix A as a framework.
- Document organizational resources and community partnerships, including facilities, personnel, service capabilities, and local stakeholder contacts.
- Provide training for staff and volunteers, such as ICS/NIMS awareness, Psychological First Aid, basic first aid and bleeding control, communication procedures, and volunteer and donations management.
- Engage local partners, including congregations, nonprofits, government agencies, mental-health providers, and victim-service programs, and consider joining collaborative networks such as COAD/VOAD.
- Maintain a current, comprehensive resource directory, including hotlines, agencies, mental-health authorities, emergency managers, healthcare partners, and crisis resources.

These steps help better ensure that support is coordinated, informed, and immediately accessible when needed.

### **Continuous Improvement**

Preparedness is not a one-time accomplishment; it is an ongoing process. Both this guide and organizational emergency plans should be treated as living documents. After drills, exercises, community changes, or real-world incidents:

- Conduct debriefings to assess strengths and areas for improvement.
- Update procedures, contact lists, and protocols to reflect lessons learned.
- Provide recurring training to reinforce proficiency and confidence among staff and volunteers.
- Sustain partnerships through regular communication and collaboration.

This cycle of reflection and revision strengthens organizational resilience and service capability over time. Through intentional preparedness, compassionate action, and sustained community engagement, FBCOs help ensure that when tragedy occurs, survivors and families encounter organized support, practical assistance, and pathways to healing. The commitment, rooted in service, care, and community, contributes to restoring safety, dignity, and connection in the aftermath of trauma.

The work of preparedness today builds resilience for tomorrow, positioning FBCOs as vital partners in Texas' collective response and recovery efforts.

Organization / Program	Role	How to Access (URL / Phone / Email)	Notes
Texas Division of Emergency Management (TDEM) – Regional Offices	State-level emergency management coordination, regional support, training, response resource deployment	<a href="https://www.tdem.texas.gov/regions">https://www.tdem.texas.gov/regions</a> (Texas Division of Emergency Management)	Check for your county’s region; used for contact before, during, and after incidents
Texas Voluntary Organizations Active in Disaster (Texas VOAD)	Coalition of faith-based, community, and nonprofit organizations working on disaster response and recovery	Search “Texas VOAD” — contact via regional VOAD chapters (varies by location)	Good for donations management, volunteers, long term recovery, coordination with other FBCOs
HHSC Disaster Behavioral Health Services / Local Mental Health Authorities (LMHAs)	Crisis counseling, disaster behavioral-health services, referrals, emotional support	Call <b>2-1-1</b> (or 877-541-7905), or visit <a href="http://211texas.org">211texas.org</a> ; DBHS: 512-873-2099; email <a href="mailto:DBHS@hhs.texas.gov">DBHS@hhs.texas.gov</a> (Texas Health and Human Services)	Use when survivors, families or responders need mental-health or crisis support; includes referral to local LMHA crisis hotlines or 988
988 Suicide & Crisis Lifeline	24/7 mental health crisis support (suicidal ideation, emotional crisis,	Call or text <b>988</b> ; chat via <a href="https://988lifeline.org">988lifeline.org</a> (Texas BH Justice Center)	Useful for survivors, families, volunteers, responders; include number

Organization / Program	Role	How to Access (URL / Phone / Email)	Notes
	disaster-related distress)		on FBCO contact cards
Crime Victims' Compensation Program (CVC) – Texas OAG	Financial assistance for victims of violent crime (medical bills, counseling, lost wages, funeral, etc.)	Apply online via OAG portal; phone: <b>1-800-983-9933</b> or (512) 936-1200 ( <a href="#">Office of the Attorney General of Texas</a> )	FBCOs can support survivors by helping with applications, gathering documentation, and liaising with victim-service advocates
FBI Victim Services Division (VSRT / National Victim Services)	National-level victim services, support in mass-casualty / mass-violence events, specialized trauma response	<a href="https://www.fbi.gov/about/leadership/victim-services-division">https://www.fbi.gov/about/leadership/victim-services-division</a> ; local FBI field-office number (varies) ( <a href="#">Federal Bureau of Investigation</a> )	In large incidents, may be activated; coordinate with local authorities before involving federal resources
DHS Active Shooter / Mass Violence Guidance	Guidance and training resources for active shooter and mass-violence response/planning	"Active Shooter: How to Respond" booklet — available from U.S. Department of Homeland Security (DHS) website / training resources ( <a href="#">Wikipedia</a> )	Use for EOP development, training for staff/volunteers , planning evacuation or shelter-in-place protocols
2-1-1 Texas / 211texas.org	Social service hotline and disaster referral, resource navigation (shelter, food,	Dial <b>2-1-1</b> (or 877-541-7905), or visit <a href="https://211texas.org/">https://211texas.org/</a> ( <a href="#">2-1-1 Texas</a> )	Useful for connecting survivors or community members with a wide range of

Organization / Program	Role	How to Access (URL / Phone / Email)	Notes
	housing, crisis counseling)		services during or after a crisis

## Appendix A: Template – Emergency Operations Plan (EOP) Outline for FBCOs

### Appendix A: FBCO Emergency Operations Plan (EOP) Outline (Aligned to ICS/NIMS)

1. **[Suggested Structure]**
2. **Introduction**
  - Purpose
  - Scope
  - Authorities & References (e.g., ICS/NIMS, Texas statutes, local ordinances)
3. **Incident Command Structure & Roles**
  - Leadership: Incident Coordinator / EOC Lead
  - Communications Lead
  - Logistics Lead (supplies, facility management)
  - Volunteer & Donations Lead
  - Mental-Health / Spiritual Support Lead
  - Safety & Security Lead
  - Documentation / Reporting Lead
4. **Communications Protocols**
  - Internal (staff / volunteers)
  - External (first responders, local authorities, media)
  - Family / community communications
  - Social media / public messaging
5. **Resource Mapping & Inventory**
  - Facilities (worship halls, community rooms, kitchens)

- Volunteers (with roles, credentials)
  - Supplies (food, water, hygiene, bedding, first aid)
  - Transportation (vehicles, drivers)
  - Communications equipment (phones, internet, radios)
- 6. Donations and Volunteer Management Procedures**
- Intake, tracking, storage, distribution
  - Record-keeping, transparency, reporting
- 7. Psychological Support & Spiritual Care**
- Trauma-informed care guidelines
  - Referral protocols
  - Confidentiality and consent procedures
- 8. Family Assistance Center (FAC) / Crisis Response Center (CRC) Operations**
- Site selection criteria
  - Staffing & volunteer roles
  - Services offered (information, reunification, emotional support, logistics)
  - Transition plan to long term support / CRC
- 9. Media & Communications Plan**
- Spokesperson designation
  - Media briefing protocols
  - Social media guidelines
  - Privacy and family consent procedures
- 10. Safety, Security, and Risk Management**
- Security during FAC/CRC operations
  - Volunteer safety and self-care
  - Incident reporting and liability
- 11. Training & Exercises**
- Schedule for regular trainings (ICS, PFA, first aid, donations/volunteer management)
  - Drills and tabletop exercises
  - After-action reviews and plan updates



## **12. Long term Recovery & Resilience**

- Recovery phases
- Memorials, anniversary events, community healing
- Resource mobilization (funding, grants, donations)
- Ongoing community engagement and resilience-building

## **13. Appendices & Supporting Materials**

- Contact directory
- Forms (volunteer application, donation receipt, intake forms)
- Checklists (see Appendix B)
- Glossary (see Appendix C)s

## Appendix B: Checklists

### 0–24 Hours Post-Incident

- Activate internal communications protocol; convene core leadership team
- Contact local first responders / EOC / law enforcement to coordinate and offer support
- Secure facility (if offering space), assess safety, open channels for family contact / reunification
- Provide PFA / emotional support; set up initial support space if needed
- Begin intake/logging of volunteers, donations; record all offers, coordinate with coalition or COAD/VOAD contacts
- Prepare initial public messaging / media statement (coordinate with local and state authorities)
- Document incident, list needs, identify immediate gaps

### 24–72 Hours Post-Incident

- Establish or support functioning of FAC (if applicable) or other family support / reunification services
- Expand volunteer coordination; assign roles for meals, lodging, transportation, support services, donation management
- Provide PFA, pastoral / spiritual care, referrals to mental-health resources
- Begin outreach to local social services, mental-health providers, victim-service agencies, legal aid, housing services, etc.
- Continue communications: with families, community, media; update as needed, monitor rumors, correct misinformation

### Long term Recovery (Weeks–Months–Years)

- Transition FAC to CRC or equivalent long term support facility if needed
- Establish support groups, counseling programs, case management, memorial/planning committee
- Manage and report donations and financial assistance; ensure accountability and transparency
- Maintain volunteer well-being, debrief, rotate, provide support for volunteers' mental health
- Sustain community engagement: coalition meetings, anniversaries, memorial events, community dialogues, resilience-building activities
- Periodically review and update EOP, staff training, resource directory, contact lists

## Appendix C: Glossary (Selected ICS/NIMS Terms)

**Mass Violence Incident** — An event involving multiple casualties (injuries or fatalities) resulting from deliberate violent acts.

**Mass Casualty Incident (MCI)** — An incident in which the number and severity of casualties overwhelm local medical or support resources.

**Incident Command System (ICS)** — A standardized, on-scene, all-hazards incident-management system that provides a common hierarchy and procedures for managing emergencies.

**National Incident Management System (NIMS)** — The national framework for emergency planning and response, of which ICS is a component.

**Emergency Operations Plan (EOP)** — A written plan that defines how an organization will respond to emergencies and disasters.

**Family Assistance Center (FAC)** — A temporary site established after a mass-casualty or mass-violence incident to provide information, reunification services, emotional and spiritual support, and other assistance to victims' families and survivors.

**Community Resiliency Center (CRC)** — A long term support facility or network established after a mass-casualty or mass-violence event. The CRC provides ongoing services such as mental-health counseling, support groups, case management, resource navigation (housing, employment, financial assistance), memorial planning, community-healing events, and resilience-building initiatives to support survivors, families, and the broader community over months or years.

**Psychological First Aid (PFA)** — A set of principles and techniques for providing emotional and practical support in the immediate aftermath of a crisis or disaster.

**Voluntary Organizations Active in Disaster (VOAD)** — A coalition of faith-based, nonprofit, community, and volunteer organizations working together to coordinate disaster response and recovery.

**Trauma-Informed Care** — An organizational approach that recognizes the prevalence and impact of trauma and integrates that understanding into policies, practices, and physical environments to avoid re-traumatization and promote healing.

**Donations Management SOP** — Standard procedures for receiving, documenting, storing, distributing, and reporting monetary, in-kind, and volunteer contributions.

### Appendix D: References (Selected)

- Texas Division of Emergency Management – Regions: <https://www.tdem.texas.gov/regions>
- Texas VOAD: <https://www.txvoad.org/>

- Texas OAG Crime Victims' Compensation Portal:  
<https://cvs.texasattorneygeneral.gov/portal/support>
- HHSC – Disaster Behavioral Health Services & Crisis Lines:  
<https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-crisis-services>
- FBI – Victim Services Division: <https://www.fbi.gov/how-we-can-help-you/victim-services/>
- DHS – Active Shooter: How to Respond:  
[https://www.dhs.gov/xlibrary/assets/active\\_shooter\\_booklet.pdf](https://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf)
- OVC TTAC – Helping Victims of Mass Violence & Terrorism Toolkit:  
<https://www.ovcttac.gov/massviolence/>
- NMVVRRC – Overview of Three Centers & Tip Sheets: <https://nmvvr.org/>
- FEMA – ICS Resource Center: <https://training.fema.gov/emiweb/is/icsresource/>
- HHSC – Find Local Mental Health/Behavioral Health Authority:  
<https://www.hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority>

## **Notes for Adaptation**

- This document is offered as a template. Local conditions — size of your congregation or organization, community demographics, local services availability, languages spoken, geography, existing partnerships — will affect how you adapt and implement it.
- After initial adoption, schedule a planning meeting with leadership and relevant staff/volunteers to walk through the EOP outline, assign tentative roles, begin resource mapping, and identify training needs.
- Use the appendices to build customized documents for your organization (EOP, checklists, contact directory, glossary).
- Share the guide with local partners — other faith communities, nonprofits, victim-service agencies, mental health providers — to foster coordination and build a coalition before a crisis happens.