

Crime Victim Compensation QUARTERLY

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COMPENSATION BOARDS

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State Budget Deficits Imperil Victim Compensation Funds

With at least 39 states projecting budget deficits for this fiscal year, and the country as a whole going through its worst economic crisis in decades, the outlook for many crime victim compensation programs is uncertain at best. While most compensation programs rely on their own dedicated funding sources — and many are doing quite well with their collections — legislatures are eyeing their accounts in their hunger to cover shortfalls in revenue. And the few compensation programs dependent entirely on appropriations may be unable to obtain funding at the levels necessary to sustain payment of claims in a timely manner.

Fiscal uncertainty for compensation programs is nothing new, of course, since hard economic times for states seem cyclical in nature. During the last budget crises at the beginning of the decade, an Association survey found that a fourth of the state compensation programs were having money taken away from them by state legislatures. While some of these programs had healthy revenue streams that enabled them to recover quickly, others had to cut benefits, delay payments, and watch backlogs grow. Our hope is that history will not repeat itself, and programs will be able to protect crucial funds — particularly at a time when more victims may be out of work or may lose health-care benefits, and

turn to compensation programs for their recovery from violence.

Compensation programs are working with their colleagues in victim services to preserve funding, and to convince budgeters that a “prudent reserve” is vital to pay not only current claims but also potential contingencies, such as mass violence or terrorism. In situations where spending must be cut, programs may have to adopt strategies such as reducing medical pay-

ments to a much smaller percentage of the billed amount (some programs have gone as low as 30% or 50%) with the remainder to be written off by the provider; requiring claimants to apply for charity-care discounts or free care; reducing coverage of lost wages to one year or less; and eliminating coverage for some expenses.

Programs also are doing what they can to raise revenue by assigning staff to pursue restitution and subrogation collections aggressively, and to explore alternative sources of funding, such as unclaimed restitution amounts from counties and inmate-wage deductions.

States, and their compensation programs, have faced hard times before, and they’ve managed to survive. Victims are too important to ignore in times of crisis. Programs will be working with their allies to protect funds to help victims in their recovery.

National Training
Conference
2009
Washington, DC
Sept. 30-Oct. 2

President's Message

Thank you for the opportunity to serve as the Association's President. It is an honor and a privilege. I hope to build on the excellent work of Frank Henderson, who represented us so well for the past two years. We thank him for his leadership, and for the generosity he showed in giving his time and talent to our organization. I know I'll be looking to the other Association officers—Shawanda Reynolds-Cobb, Gene McCleskey, Cletus Nnanabu, and George Gutierrez—as well as our Board for their advice and support over the next two years. And I'll be counting on all our members for their participation in our activities and in our network of compensation professionals. With your help, our Association can continue to thrive.

These are difficult times for everyone in state government. Victim compensation programs will face numerous challenges in the coming months: some programs will be struggling to find funds as state budgets are cut, and others will be fending off efforts to take money away. We will need to work together to emphasize the importance of helping victims, particularly in a tough economy, and to guard against the devastating impact that a loss of funding can have on victim compensation programs. No one wants to cut benefits, or to delay financial assistance because claims can't be paid. Our Association will share ideas and strategies to help get us past these hurdles, and keep our programs strong.



Despite the economic crisis we face, many people sense a hopeful mood among the American people as a new Administration enters Washington. I believe we can move forward with that same hopefulness in the work we do over the next two years. I look forward to working with you to make our Association more effective in meeting your needs.

As we close this year, I want to thank a few of the people who made this year memorable. It was wonderful to see our executive director, Dan Eddy, win the national award for public policy achievement, and it's fitting that we've established our own award in Dan's name for distinguished service. Thank you to all of the people at the California Crime Victim Compensation Program for helping plan and implement an outstanding National Training Conference; to the Connecticut Office of Victim Services for hosting our Eastern Regional in Mystic; and to the Texas Crime Victim Compensation Program for holding the Southern-Western Regional in San Antonio. And we need to express our appreciation to OVC

Director John Gillis, who has consistently and generously supported the Association for the past seven years. We wish him well in his future endeavors.

I wish you all a wonderful holiday season, and best wishes for a successful New Year. Let us know what we can do to help you succeed.

—Deb Rice

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National Conference Explores Crucial Policy and Admin. Issues

Crime victim compensation programs from around the country met in San Diego, September 8-12, for five days of workshops examining an array of issues relating to the successful provision of financial assistance to crime victims. Hosted by California's Victim Compensation and Government Claims Board (VCGCB), and sponsored by the Office for Victims of Crime, the conference brought together 175 program managers, claims processors, Board members, and other key staff from 44 states.

Conferees were welcomed by VCGCB Chair Rosario Marin and Executive Officer Julie Nauman, as well as OVC Director John Gillis, who spoke about OVC accomplishments and initiatives. Guest speakers included Casey Gwinn, a leading force in the Family Justice Center movement; Paul Greenwood, one of the nation's foremost prosecutors of elder abuse; gang-violence expert Paul Mohler of Texas, and Arizona's Viki Sharp, who provided perspectives on effective ways to help victims and to cope with burnout.

The conference was organized around a management track for program directors and managers; a series of workshops for claims processors; and special sessions for Board members. Directors and managers explored organization change, the new workforce, solution-focused management, and budget forecasting and planning. Victimization and trauma reactions, contributory conduct, cultural differences, effective communication with victims, domestic violence dynamics, and handling medical claims formed the core of the curriculum for claims processors. Board members discussed the special responsibilities they have as decision makers in several of their own workshops.

Other topics explored during the week included new compensation benefits, victims' privacy rights, revenue recovery, forensic-exam payments, VOCA grant management, domestic violence relocation, child victims, working with Indian communities, police reports, emergency planning, understanding crime statistics, and outreach and awareness.

The Association appreciates all who contributed to the success of our conference, including our California hosts, our speakers and facilitators, and our partners in the Office for Victims of Crime. Summaries of some of the sessions follow, starting on the next page.

Comp. Programs Host Chinese Supreme Court

A delegation of justices from the Supreme People's Court of the People's Republic of China recently met with several victim compensation programs to learn more about how victim compensation and restitution work in the United States. The goal of the justices is to come up with a way to provide assistance to victims within China, many of whom have no medical insurance or way to pay for their recovery.

China is one of many less-developed countries that do not have victim compensation programs. In the Far East, Japan has a program open only to legal residents, not tourists; Taiwan and Korea have programs, and so does Hong Kong, which has a special legal status within the People's Republic. (Australia and New Zealand also have programs.)

The Supreme People's Court delegation visited with the compensation programs in the District of Columbia, New York, Colorado, and California during its trip across the country. Executive Director Dan Eddy also met with the group, as did representatives from the Office for Victims of Crime.

The delegation seemed particularly interested in how the programs are funded, and what the interaction between federal and state authorities was. They also wanted to know how they were structured, and what challenges and difficulties were encountered. Issues related to restitution and victims rights also were explored.



Texas Directors Offer Tips on Budgeting and Managing

Herman Millholland, director of the Texas Attorney General's Crime Victim Services Division, and Crime Victim Compensation Program Director Gene McCleskey both presented workshops as part of the Association's management track at our recent National Conference.

Herman focused on several objectives in his workshop: to learn the challenges and benefits of "generational management," to understand the qualities of a successful manager, to explore the importance of "hiring well," to discuss how to creatively empower a workforce, and to plan for your own obsolescence through "succession planning."

Herman described the different generations seen in today's workforce: the "silent generation," born roughly between 1925 and 1942; the Baby Boomers born between 1943 and 1960; Generation X, spanning births from 1961 to 1980; and the Millennials, born between 1980 and 1998. Each of these generations has a different profile, and managers must take that into account in managing a diverse workforce. Herman urged managers to "hire for today's need and tomorrow's vision," considering an applicant's business skill set, personal skill set, and professional, nonprofit, or private sector experience.

Herman discussed the reasons many people become dissatisfied and leave the workforce, including too little coaching and feedback, too few growth and advancement opportunities, feeling devalued and unrecognized, stress from overwork and work-life imbalance, and a loss of trust and confidence in senior leaders. He urged quick action on a "bad hire," because they can have negative effects on others ("the poison apple").

Herman discussed some effective ways to manage and lead a workforce, such as building collaborations and partnerships; empowering your workforce; and managing expectations, change and disappointment. He urged managers to create a healthy environment that supports good morale, employee productivity, wellness and loyalty, using such tools as reward and recognition.

Gene McCleskey's goal in his workshop was to exchange ideas on forecasting future fiscal needs. As a starter, a manager must forecast how much the program needs for payments, and whether funding will be sufficient to enable those payments. In addition, workloads must be forecast: Are we as efficient as we can be, and is there something we can buy that will give us a better tool? Are we adequately staffed, and is staff performing the correct functions? Are we providing the level of service that our legislature, agency head, and constituents desire? That our own staff desires?

National Training Conference
San Diego
September 8-12, 2008

Gene spent some time describing how to track and forecast payments, looking both at applications and expenses. He then discussed revenue and operating budgets, noting the type and

source of revenue, cash flow, and all the costs that go into program operations. He warned that there is no way to state what the future will be with complete certainty. Claim payments might be associated with crime rates, changes in benefits, or other factors. Regardless of the methods we use, Gene said, there will always be an element of uncertainty, as well as blind spots. In addition, forecasts themselves may cause policy-makers to make changes, which may in turn change the accuracy of the forecast. Past performance may not be the only basis of future performance, but by clearly stating your assumptions, you can at least make transparent the basis of your forecasts, and adjust as circumstances change.



Expert Provides Perspective On Burnout and Finding "Joy"

Arizona's Viki Sharp had the rapt attention of her audience throughout her presentation on "Vicarious Trauma and Rediscovering Your Joy" at the Association's annual conference. Formerly the director of the victim compensation program in Tucson, with a national reputation as a victim advocate and trainer, Viki now administers employee assistance programs for the Arizona Department of Corrections.

Viki began by describing vicarious trauma as the result of an accumulation of tragic experiences. "Repeated exposure to grief, pain, suffering and sad stories seeps into our hearts, spirit, way of thinking and being," Viki said, and burnout or compassion fatigue can result.

An individual suffering from burnout can no longer cope or perform the job. Someone feeling compassion fatigue simply is tired of caring. However, people with these challenges can still do their work, if shown ways to prevent these syndromes and find balance in their lives.

What are the symptoms of vicarious trauma? No time or energy for self; social withdrawal; feelings of despair and hopelessness; nightmares and difficulty sleeping; changes in world view or spirituality; diminished ability to manage strong feelings; altered sensory experiences; and dissociation (a feeling of detachment from an emotional or physical state). Contributing factors can be recent trauma in one's own life, or similarities felt with another's trauma, as well as physical and emotional fatigue.

Empathy, identification, safety, trust, intimacy and power are what makes helping effective, as well as what makes helping others hurt us at times. People who are in helping professions and suffering from burnout may use one or a number of common methods to cope: excessive eating or drinking, drugs, smoking, sleeping, frantic activity, withdrawal, or even illness.

Viki advised that to prevent or ameliorate burnout and stress, it's necessary to develop a plan for your program and think about changing its culture. Training and awareness are key, and managers can do this through annual sessions and updates; through encouraging self evaluation and the use of buddies; and by exploring these issues in performance reviews. Man-

gers also can consider rotating stressful jobs, using teams to work together and share burdens, and adopting flexible schedules.

Viki had a number of suggestions, and used several practical exercises, to help participants use their senses as the "gateway to balance and rediscovering joy." She emphasized the importance of sound, including music, wind chimes, fountains, and drums, to help heal, relax, and energize. Sight — colors, shapes, and symbols — in one's office, work area, and home, can have an impact. Taste, smell, and touch (massage, baths, showers, clothes, bedding)

also can make a difference in mood and well-being. Viki encouraged people to find a mind/body connection, understanding that your body responds to the way you

think, feel and act. Neck tension, back pain, changes in appetite and digestion, dry mouth, tiredness, headaches, insomnia, weight gain and loss, and many other symptoms can signal when stress is becoming too predominant.

Exercise and meditation may help overcome stress. "Journaling" or writing about trauma changes how you feel about it, Viki said. "Know your limitations," Viki counseled: when to say no, when to delegate or hand off responsibilities. Balance your life,

by establishing a personal life with satisfying hobbies, support systems, and healthy habits. Find a role model, and make sure there's fun and laughter in your days. The power of laughter is real: it can boost the immune system, reduce stress hormones, lower blood pressure, increase creativity, reduce stress, and give your muscles a

workout.

Acknowledge trauma by processing experiences, changing job tasks, educating and training about its effects, and then use creative outlets and counseling to help overcome it. Search for meaning, Viki concluded; your life has to make sense in some way, it has to make a difference.

National Training Conference
San Diego
September 8-12, 2008



M.D. Addresses Medical Claims

Dr. Cameron Crandall, an emergency room physician who also chairs the New Mexico Crime Victims Reparation Commission, led a workshop on medical and dental issues in compensation claim evaluations at our National Conference. His objectives were to identify sources of medical data useful for claims processing; to improve skills in decoding medical documentation; and to recognize common limitations in medical record interpretation. One exercise was to try to translate a few typical reports from “medicine” into English, using the common medical abbreviations on the following page. See how well you do!

Common Medical Abbreviations

Try to translate these medical reports from “medicine” into English:

Medical case

67 y/o male c/o chest pain and SOB x 2 h. Pain is severe (8 out of 10), centered under sternum, and radiates to the L arm and jaw. Pain woke patient from sleep, and is w/o Δ with movement or breathing. Pt has a h/o ASHD, MI 1/15/01, HTN, and DM. Meds include ASA, insulin, lasix, and lisinopril. Allergic to PCN.

PE: A+O x 4, diaph, and anx HEENT: PERL Neck: – JVD, + accessory muscles Chest: BS crackles at bases, + retractions Abdomen: soft, non-tender Extremities: – edema/clubbing/cyanosis

Ass: r/o chest pain of cardiac origin

Plan: oxygen (15L NRB), IV NS TKO, cardiac monitor, monitor V.S., transport position of comfort, NTG x 3 and MS 2 mg IV with decrease in pain from an 8 to a 3, ASA deferred as patient had a dose today.

Trauma case

23♂ BIBA code 3 s/p MGSW head and chest. ↓LOR \bar{c} GCS 12. ↓BP \bar{c} ↑HR. Recd 2L LR bolus en route. Min hx. c/o SOB, CP and HA. PMH/SH/Meds/All/ROS unobtainable.

VS: AF, 80/p, 132, 24, 92% 15 l FM O₂

GSW R parietal skull \bar{s} exit. PERRL. R EAC \bar{c} blood TM not vis. OP clear \bar{c} gag. No JVD. Carotids 2+. † GSW on R chest, 2/3 ICS. ↓ BS on R, CTA on L No crep. ABD soft, NT. Ext WNL. Back WNL. Neuro: GCS 13 (-1 eyes, -1 speech). Moves all ext.

pCXR: HPTX R o/w –.

Assessment: MGSW head and chest with HPTX, r/o AICH.

Plan: IVF resus, chest tube, stat head CT, admit.

Common Medical Abbreviations

ā	Before (ante)
AED	Automated External Defibrillator
a.c.	Before meals
ASA	Aspirin
AMA	Against medical advice
AMI	Acute myocardial infarction
ASHD	Arteriosclerotic heart disease
b.i.d.	Twice a day
BP	Blood pressure
BS	Breath sounds, bowel sounds, or blood sugar
BVM	Bag-valve-mask
Ā	With (c with bar over it)
c/o	Complaining of
Ca	Cancer/carcinoma
cc	Cubic centimeter
CC	Chief Complaint
CHF	Congestive heart failure
CO	Carbon monoxide
COPD	Chronic obstructive pulmonary disease (emphysema, chronic bronchitis)
CPR	Cardiopulmonary resuscitation
CSF	Cerebrospinal fluid
CTA	Clear to auscultation (of the lungs)
CVA	Cerebrovascular accident
CXR	Chest X-ray
d/c	Discontinue
DM	Diabetes mellitus
DOA	Dead on arrival
DOB	Date of birth
Dx	Diagnosis
EAC	External auditory canal (ear canal)
ECG, EKG	Electrocardiogram
e.g.	For example
ETA	Estimated time of arrival
ETOH	Alcohol (ethanol)
Fx	Fracture
GI	Gastrointestinal
GSW	Gun shot wound
gtt.	Drop
GU	Genitourinary
GYN	Gynecologic
H, hr.	Hour (degree symbol too "1°")
H/A	Headache
HEENT	Head, ears, eyes, nose, throat
Hg	Mercury
h/o	History of
hs	At bedtime
HTN	Hypertension
Hx	History
ICP	Intracranial pressure
ICU	Intensive Care Unit
IM	Intramuscular
IO	Intraosseous
JVD	Jugular venous distension
KVO	Keep vein open
L	Left or Liter
LAC	Laceration
LOC	Level of consciousness

LR	Lactated Ringers solution
mcg	Micrograms
MS	Morphine sulfate, multiple sclerosis
NAD	No apparent distress
NC	Nasal cannula
NKA	No known allergies
NPO	Nothing by mouth
NRB	Non-rebreather mask
NS	Normal saline
NSR	Normal sinus rhythm
NTG	Nitroglycerin
N/V	Nausea / vomiting
O ₂	Oxygen
OB	Obstetrics
OD	Overdose
OD	Right eye
OS	Left eye
OU	Both eyes
OR	Operating room
Ⓜ	After (post)
PCN	Penicillin
PEA	Pulseless electrical activity
PERL	Pupils equal and reactive to light
PID	Pelvic inflammatory disease
PND	Paroxysmal nocturnal dyspnea
PO	By mouth
PRN	As needed
PSVT	Paroxysmal supraventricular tachycardia
Pt	Patient
PTA	Prior to arrival
PTX	Pneumothorax (dropped lung)
PVC	Premature ventricular contraction
q.h.	Every hour
q.i.d.	Four times a day
R	Right
RRR	Regular rate and rhythm (of the heart)
r/o	Rule out
Rx or Tx	Treatment
SIDS	Sudden Infant Death Syndrome
SOB	Shortness of breath
s/p	Status post (s/p bypass surgery)
stat.	immediately
SVT	Supraventricular tachycardia
TIA	Transient ischemic attack
t.i.d.	Three times a day
TKO	To keep open
TM	Tympanic membrane (ear drum)
V.S.	Vital signs
x	Times
Ā	Except
w/o or ā	without
WNL	Within normal limits
y/o or y.o.	Years old
Δ	change
+	Positive
—	Negative
ī	One (1)
īī	Two (2)

2009 National Training Conference

Washington, DC
September 30 – October 2

The nation's crime victim compensation programs will join with their colleagues in VOCA assistance for three days of discussions on the most important topics facing professionals serving victims today. Sponsored by the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime, the conference will celebrate the 25 years that have passed since the Victims of Crime Act of 1984 (VOCA) was adopted by Congress, providing crucial funding for services administered by the states. A full agenda of workshops for compensation program managers, claims processors, Board members, and other key staff will be offered. More details will be sent to all programs soon!

VOCA
25 Years
1984—2009