RESOURCE MANAGEMENT

INTRODUCTION

The ability of public health and medical entities to conduct operations and perform essential services during emergencies may be affected by a lack of available resources. A variety of mechanisms may be employed to provide assistance during emergencies. Within California, these mechanisms fall into two broad categories: 1) emergency assistance agreements that are established between public and private sector agencies and organizations, and 2) mutual aid as specified by the California Disaster and Civil Defense Master Mutual Aid Agreement (MMAA). Furthermore, interstate mutual aid may be provided through the Emergency Management Assistance Compact (EMAC). EMAC is a nationally recognized state-to-state mutual aid compact that facilitates the sharing of resources across state lines during times of emergency or disaster.

Each of the participants in the Public Health and Medical System within an Operational Area should understand the process used to request resources during emergencies. Familiarization with this process will expedite the mobilization and delivery of available resources. This chapter describes the use of a standardized resource requesting process when the response ability of an Operational Area is exceeded. The resource requesting process should always follow the progression outlined by SEMS; e.g., a local government would not submit a request directly to the federal level.

PUBLIC HEALTH AND MEDICAL RESOURCES

The majority of medical resources are privately owned. Most hospitals, skilled nursing facilities, EMS providers and other participants in the Public Health and Medical System are private entities that own and utilize private resources to conduct their business. During a disaster that produces serious injury or illness, these components of the health care delivery system will provide vital services to save lives and care for the injured and ill.

In addition to private health care entities, local governmental agencies including the local health department (LHD), local environmental health department (EHD) and local emergency medical services agency (LEMSA) play a critical role during emergencies that impact the Public Health and Medical System. Local health officers have broad authority to take measures to protect public health during emergencies. LEMSAs coordinate disaster medical response for the EMS system. Within the Operational Area, the Medical Health Operational Area Coordination (MHOAC) Program coordinates public health and medical information and resources during emergencies; within the Mutual Aid Region, the Regional Disaster Medical and Health Coordination (RDMHC) Program coordinates public health and medical information and resources during emergencies. These jurisdictional agencies and functional coordination programs interact with State agencies including CDPH, EMSA and DHCS to provide critical resources, technical expertise and information coordination during emergencies.

The operation of the health care system is supported by payment for services, often from third party payers. During emergencies, this system historically accommodates the need to care for patients under extraordinary circumstances. For example, ambulances dispatched to a neighboring county due to a multi-casualty incident are typically eligible for payment through direct billing. The same principle applies to a hospital that accepts patients due to medical surge from a neighboring county. The payment-for-service system facilitates cooperative assistance during emergencies that cause health care surge in specific areas.

CALIFORNIA DISASTER AND CIVIL DEFENSE MASTER MUTUAL AID AGREEMENT

For both planning and response purposes, it is important to understand the distinction between "mutual aid" as defined by the California Disaster and Civil Defense Master Mutual Aid Agreement (MMAA) and other forms of emergency assistance agreements, which are discussed in greater detail in the next section.

The MMAA specifically addresses mutual aid provided between and among the State's political subdivisions (e.g., cities, counties and special districts) and the State of California. The MMAA is intended to ensure that additional resources are provided to the State's political subdivisions whenever their own resources are overwhelmed or inadequate. The MMAA obligates each signatory entity to provide aid during an emergency without expectation of reimbursement, although no party is required to unreasonably deplete its own resources, facilities and/or services in furnishing mutual aid. The MMAA requires that each signatory develop a plan providing for the effective mobilization of all of its resources and facilities to cope with any type of disaster.

Throughout this document, the term "mutual aid" is applied to assistance provided under the MMAA. While other forms of emergency assistance agreements may include the provision of mutual aid in the generic sense, this document will maintain consistency with the definition established by the MMAA.

EMERGENCY ASSISTANCE AGREEMENTS

The California State Emergency Plan promotes the establishment of emergency assistance agreements between public and private sector agencies and organizations at all levels. Emergency assistance agreements may include formal and informal day-to-day agreements, memoranda and contracts between local governments, agencies and private organizations. Emergency assistance agreements may be for generalized assistance or tailored to specific needs under specific circumstances. Such agreements may include provisions for reimbursement or other financial considerations. By establishing emergency assistance agreements in advance, the participating parties have the advantage of establishing expectations through common understanding and expediting the delivery of needed resources during emergencies. Such day-to-day assistance agreements may support operations during any condition that causes the demand for resources to

exceed the available supply. The MHOAC Program should be aware of emergency assistance agreements within the Operational Area.

There are numerous types of emergency assistance agreements that strengthen the capacity of local jurisdictions to manage local incidents. An example of this type of agreement involves the counties in Mutual Aid Regions I and VI. *The Inter-Region Cooperative Agreement for Emergency Medical and Health Disaster Assistance* is signed by all participating county boards of supervisors and authorizes several individuals, including the local health officer and Medical Health Operational Area Coordinator, to request and/or provide emergency public health and medical assistance to the extent reasonably available to meet the needs of the requesting agency. Each party to the agreement is financially responsible for resources requested under the agreement.

During emergencies, HCFs may enter into agreements with commercial vendors or other HCFs for the rapid delivery of supplies and equipment, in addition to agreements with personnel agencies to augment staffing. Health care systems may establish internal arrangements so that system resources, including staff, equipment and supplies, may be shared among facilities within the health care system. The MHOAC Program should be informed of such arrangements.

Examples of other types of agreements include:

Local Mutual Assistance Agreement. Local mutual assistance agreements may involve jurisdictional agencies (e.g., LHD, EHD or LEMSA), non-governmental organizations (e.g., Red Cross), and public and private entities such as HCFs and vendors. The assistance provided may be non-reimbursed, provided at a pre-established rate, or require the requesting entity to reimburse the providing entity for labor costs, materials, and administration. Specific expendable supplies and materials may require reimbursement or replacement to make the assisting or cooperating agency whole, such as replacement of first aid supplies, pharmaceuticals, medical supplies, IV solutions, blood or blood products, etc. These agreements are often structured as memoranda of understanding (MOUs).

Local Automatic Aid Agreement. Public health and medical entities may establish automatic aid agreements through which resources are automatically provided from the closest available resource. Automatic aid agreements may involve jurisdictional agencies (e.g., LHD, EHD or LEMSA), non-governmental organizations (e.g., Red Cross), and public and private entities such as HCFs and vendors. The signatories agree to provide immediate assistance for normal day-to-day conditions that may or may not include "conditions of extreme peril" or declared emergencies. Typically, the assistance is provided quickly and for short duration.

When local automatic aid agreements involve jurisdictional agencies and non-governmental organizations, it is often without expectation of reimbursement. For private entities, the assistance is typically reimbursed at a pre-established rate or the requesting entity is required to reimburse the providing entity for labor costs, materials, and administration.

Local Assistance-By-Hire Agreement. Jurisdictional agencies can establish direct agreements between assisting and cooperating agencies and private providers and vendors to supply personnel, equipment, and resources on a direct payment for services basis.

Local Direct Protection Agreement. The local health officer or LEMSA Medical Director may provide direct protection or services to another jurisdictional agency through local agreement. A Local Direct Protection Agreement provides the authority for the local health officer or the LEMSA Medical Director to act on behalf of the local governing body (county board of supervisors, city council, special district board of directors, etc.) to provide direct public health and/or medical emergency management for that entity at the field level.

Examples of Local Direct Protection Agreements include:

- Statutory provisions (Health and Safety Code § 101000 et seq) call for counties and incorporated cities to establish a local health officer. The statutes allow the Health Officer appointed by the county to act as the city health officer, if the city by ordinance, resolution, or contract designates the county health officer to be the city health officer. All county health officers function under this type of agreement for incorporated cities, except for the cities of Berkeley, Long Beach, and Pasadena.
- Statutory provisions (Health and Safety Code § 1797.200 et seq) call for counties to establish a LEMSA and designate that agency shall be either the county health department, an agency established and operated by the county, an entity with which the county contracts for LEMSA administration, or a joint powers agreement for LEMSA administration between counties or between cities and counties.

MUTUAL AID REGIONS

Six Mutual Aid Regions have been established for the effective coordination of mutual aid as defined by the MMAA. See Figure 7 at the end of this chapter. The California Emergency Management Agency (Cal EMA) has divided California into three Administrative Regions (Coastal, Inland and Southern) which function through respective Regional Emergency Operations Centers (REOCs) during emergencies. The six Mutual Aid Regions fall within the Cal EMA Administrative Regions as follows:

ADMINISTRATIVE REGION	MUTUAL AID REGION(S)
Coastal Region	Mutual Aid Region II
Inland Region	Mutual Aid Regions III, IV, V
Southern Region	Mutual Aid Regions I and VI

MEDICAL AND HEALTH RESOURCE REQUESTS AND ASSISTANCE

During emergencies, requests for any medical and health resources that cannot be obtained locally or through existing agreements should follow standardized resource ordering procedures in accordance with SEMS and the Resource Management chapter of this manual. The general flow of medical and health resource requests and assistance is shown in Figure 8 at the end of this chapter.

A Medical and Health Situation Report should precede or accompany resource requests unless extraordinary circumstances prevail. The Medical and Health Situation Report, in addition to resource requests, should be entered into the Response Information Management System (RIMS) at the Operational Area level.

Figure 9 at the end of this chapter describes the primary roles and responsibilities of emergency response entities involved in the Public Health and Medical System when additional resources are needed.

During emergency system activation, entities involved in the Public Health and Medical System may require **medical and health resources**, e.g., medical equipment and supplies, medical transportation, or health care personnel. Public Health and Medical System entities may also require **non-medical and health resources**, e.g., power generators, potable water, etc.

The resource ordering point for **medical and health resources** is the MHOAC Program in accordance with local policies and procedures[2]. Local policies and procedures will determine the appropriate contact within the MHOAC Program since MHOAC Program functions are typically shared between the LHD and LEMSA. It is essential that MHOAC Program activities are conducted in coordination with the appropriate emergency management agency.

The resource ordering point for **non-medical and health resources** is also determined by local policies and procedures. Such resource requests may be directed to the MHOAC Program, and if so, it is assumed that MHOAC Program activities are conducted in coordination with the appropriate emergency management agency. If it is local policy to direct non-medical and health resource requests to the emergency management agency, the MHOAC Program should be informed in order to maintain situational awareness.

All entities in the Public Health and Medical System should be familiar with local policies and procedures when resources are needed to mitigate the effects of an emergency, including contact information for resource ordering points. In addition, all entities should be familiar with the processes described in this chapter to expedite the acquisition and delivery of needed resources.

Prior to requesting resources, the MHOAC Program should confirm the following with the requesting Public Health and Medical entity:

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[2] The term "local policies and procedures" is intended to encompass all of the policies and procedures developed for emergency response activities at the field, local government and Operational Area levels.

☐ Is the resource need immediate and significant (or anticipated to be so)?

☐ Has the supply of the requested resource been exhausted, or is exhaustion imminent?

☐ Is the resource or an acceptable alternative available from:

- The internal, corporate supply chain?
- Other commercial vendors?
- Through existing agreements?

☐ Have any relevant payment/reimbursement issues been addressed?

All resource requests should include the following information (minimum data elements):

MINIMUM DATA ELEMENTS
RESOURCE REQUEST: MEDICAL AND HEALTH
Describe current situation. Submit Medical and Health Situation Report as soon as possible.
Describe the requested mission (e.g., ability to transport 20 critically injured pediatric patients).
Describe needed equipment, supplies, personnel, etc. and acceptable alternatives.
Provide contact information and specific delivery location with a common map reference.
Indicate if logistical support is required (e.g., food and shelter for personnel, fuel for equipment).
Indicate urgency of need.

The **Resource Request: Medical and Health** (Appendix D) contains the minimum data elements and should be used to request medical and health resources from outside the Operational Area. This form will be updated and revised over time. Please download the latest version of the Resource Request: Medical and Health from the California Health Alert Network (CAHAN) in the document library section (CAHAN → Document Library → Documents → 2 State and Local Health → # CDPH → EPO →EOM). Please remember that the Medical and Health Situation Report should precede or accompany the Resource Request: Medical and Health unless extraordinary conditions prevail.

RESOURCE MANAGEMENT PROCESS: REQUESTING RESOURCES

If additional resources are needed to mitigate the effects of an emergency, the following activities should occur:

Field-Level Entities

☐ If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around

services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

LHD, EHD or LEMSA

☐ If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program, since MHOAC Program functions are typically shared between the LHD and LEMSA. Include required logistical support ("wrap around services") such as food, lodging and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.

MHOAC Program

☐ Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements).

Note: If an Operational Area has existing agreements with neighboring Operational Areas and urgently requires resources, it may request and obtain those resources as needed to meet the demands of the situation, even if the neighboring Operational Area is outside of the Mutual Aid Region or Cal EMA Administrative Region.

☐ If requested resources cannot be met within the Operational Area or through existing agreements, prepare a Resource Request: Medical and Health that includes the minimum information including the need for logistical support ("wrap around services") such as food, lodging, and fuel. Submit the resource request to the:

- RDMHC Program, which will begin to coordinate the resource acquisition process; and
- Emergency management agency for the Operational Area (or Operational Area EOC if activated).

☐ Confirm that the RDMHC Program received the resource request.

☐ Confirm that the emergency management agency for the Operational Area (or Operational Area EOC if activated) received the resource request and entered it into RIMS or other resource tracking system.

☐ Ensure that situational information is provided to the RDMHC Program, emergency management agency for the Operational Area (or Operational Area EOC if activated), and CDPH and EMSA Duty Officers (or JEOC if activated) to support the requested resources.

Note: A Medical and Health Situation Report should be submitted with the resource request or as soon as possible.

☐ Notify the requestor of the outcome of the request and delivery details if the request is filled.

RDMHC Program

☐ Assist the requesting MHOAC Program in refining the resource request and/or identifying alternative resources within the Operational Area.

☐ Immediately begin the process of filling the request by coordinating with unaffected Operational Areas within the Mutual Aid Region if resources are not identified within the Operational Area or through existing day-to-day agreements.

☐ Coordinate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure proper tracking and fulfillment of the resource request.

☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that a resource request is being processed.

☐ Notify the requesting MHOAC Program, CDPH and/or EMSA Duty Officers (or JEOC if activated), and Cal EMA Regional Duty Officer (or REOC if activated) of the outcome of the request and delivery details if the request is filled within the Mutual Aid Region.

Regional Emergency Operations Center/State Operations Center (if activated)

☐ If the request cannot be filled within the Mutual Aid Region, the Cal EMA Regional Duty Officer (or REOC if activated) coordinates with the other RDMHC Programs within the Cal EMA Administrative Region to fill the resource request.

☐ If the resource request cannot be filled within the Cal EMA Administrative Region, the request is forwarded to the Cal EMA Executive Duty Officer (or SOC if activated) to seek resource availability in unaffected Cal EMA Administrative Regions or from State agencies.

☐ The SOC coordinates with State agencies, other states or the Federal government to fill the request if necessary and notifies the REOC and RDMHC Program of the outcome.

Joint Emergency Operations Center (if activated)

☐ Monitor Medical and Health Resource Requests.

☐ Coordinate with State agencies to identify and mobilize medical and health resources.

☐ Provide CDPH and EMSA-maintained resources in accordance with policies and procedures.

RESOURCE MANAGEMENT PROCESS: MOBILIZING RESOURCES

To facilitate the effective mobilization of medical and health resources, the completed Resource Request: Medical and Health must provide clear and detailed information and instructions in the Deliver to/Report to Point of Contact section. Additional information regarding the mobilization of Personnel and Equipment/Supplies is provided below.

Personnel

- Agencies and/or organizations that agree to provide personnel resources to an affected jurisdiction should notify the personnel to mobilize and communicate detailed information regarding when and where to report for duty (e.g., Incident Command Post, Staging Area, Mobilization Center, or EOC).
- The providing agency/organization should also arrange for transportation, food, lodging, security, and other support while en route and advise the requesting jurisdiction regarding the resource's anticipated needs upon arrival.
- The MHOAC and RDMHC Programs for the requesting jurisdiction and providing agencies/organizations should ensure the mobilized personnel receive and provide:
  - o Point-of-contact and delivery information that is complete, accurate, and provides the necessary detail for the personnel resource to be mobilized from portal to portal.
  - o Contact information for mobilized personnel resources (cell phones, radio frequencies, etc.) while en route to allow for information sharing, notification of travel hazards, change of assignment, change in reporting location, cancellation orders, etc.
  - o Clear instructions regarding the mission/task assignment.
  - o Resource order number (for resource confirmation and tracking purposes).
  - o Special mobilization instructions, including security or recommended equipment/personal gear they should carry, based on the anticipated length of the assignment, situation and resource availability in the affected area.

Equipment and Supplies

Organizations or vendors that agree to provide equipment or supplies to an affected jurisdiction should arrange for the material to be staged for shipment and provided with detailed information regarding delivery contact information, location and time, special delivery requirements, etc.

RESOURCE MANAGEMENT PROCESS: TRACKING RESOURCES

The providing agency and/or organization should track all resources sent to the requesting Operational Area, including the condition of the resource and anticipated return dates/times. The MHOAC Program for the providing agency and/or organization tracks all resources sent to other Operational Areas and the RDMHC Program tracks all resources between Operational Areas within their region and to other regions. The MHOAC Program for the requesting jurisdiction tracks all

resources sent to their Operational Area. In addition, the providing agency and/or organization may send an Agency Representative to the appropriate locations(s) to coordinate with the respective Liaison Officer to ensure that the resources provided are used for the appropriate assignments and to facilitate support, resolve problems, and assist with demobilization.

Upon arrival at the designated reporting location, personnel should check in with the requesting jurisdiction and notify the providing agency/organization of arrival. It becomes the responsibility of Incident Command or Unified Command to provide support and coordinate the use and tracking of personnel in accordance with field-level policies and procedures. The providing agency/organization should be notified when there is a change in status, including demobilization and pending release.

RESOURCE MANAGEMENT PROCESS: DEMOBILIZING RESOURCES

Non-personnel resources should be demobilized according to plans, policies and procedures, which may include the return of resources to vendors, suppliers, warehouses, or other originating sources. Personnel provided to the incident should be demobilized and follow checkout procedures according to local policies and procedures. Personnel may be reassigned to another mission, but the requesting jurisdiction must submit a formal resource request for the reassignment and the providing agency and/or organization must accept. The reassignment needs to be communicated throughout the emergency management system. The resource tracking system, e.g., Cal EMA's Response Information Management System (RIMS), should be updated and the supplied resources remain under the control of the requesting jurisdiction. When personnel have returned to their point of origin, the providing agency and/or organization should notify their MHOAC Program.

RESOURCE MANAGEMENT PROCESS: NOTIFICATION OF CHANGE IN STATUS

The receipt, status, and demobilization/release of resources must be communicated through the emergency management system. The following activities should occur upon change in resource status:

Requesting Jurisdiction

☐ Notify the emergency management agency for the Operational Area (or Operational Area EOC if activated) and the MHOAC Program regarding resource status.

MHOAC Program

☐ Notify the RDMHC Program regarding resource status when resources are requested from outside the Operational Area.

☐ Coordinate with the emergency management agency for the Operational Area (or Operational Area EOC if activated) to ensure resource status is properly tracked and updated in RIMS or other resource tracking system.

☐ Notify the providing entity of the change in status.

RDMHC Program

☐ Notify the MHOAC Program for the providing entity (if within the same Mutual Aid Region) or contact the RDMHC Program (for the providing entity if outside the Mutual Aid Region) regarding resource status.

☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) regarding resource status.

☐ Collaborate with the Cal EMA Regional Duty Officer (or REOC if activated) regarding resource status and ensure that other REOCs and/or the SOC are notified.

RESOURCE MANAGEMENT PROCESS: CANCELLATION OF RESOURCE REQUESTS FOLLOWING MOBILIZATION

Resource requests may be cancelled following mobilization but prior to arrival and/or check-in. The following activities should occur once it is determined that resources are no longer needed:

MHOAC Program

☐ Immediately notify the RDMHC Program that the resources are no longer needed if the resources came from outside the Operational Area.

☐ Submit a formal cancellation of the resource request to the emergency management agency for the Operational Area (or Operational Area EOC if activated) and request cancellation in RIMS or other resource tracking system.

☐ When cancellation of the resource request has been confirmed by the RDMHC Program, notify the resource(s) of the cancellation order and obtain an estimated time of return to their point of origin.

☐ Provide formal notification that the resource(s) have been contacted and they have acknowledged cancellation with the emergency management agency for the Operational Area (or Operational Area EOC if activated).

RDMHC Program

☐ Contact the MHOAC Program for the providing entity if within the same Mutual Aid Region or contact the RDMHC Program for the providing entity if outside the Mutual Aid Region.

☐ Notify the CDPH and/or EMSA Duty Officers (or JEOC if activated) that the resource request is being cancelled.

☐ Collaborate with the Cal EMA Regional Duty Officer (or REOC if activated) to ensure formal cancellation of the resource request.

☐ Provide notification to the RDMHC Program and MHOAC Program of the requesting jurisdiction that the cancellation order has been received by all agencies and/or organizations and that the cancellation order can be provided to the resource(s).

Regional Emergency Operations Center/State Operations Center (if activated)

☐ Cancel the resource request and inform the providing agency and/or organization's Cal EMA Administrative Region, the providing State Agency, or the federal government, as appropriate.

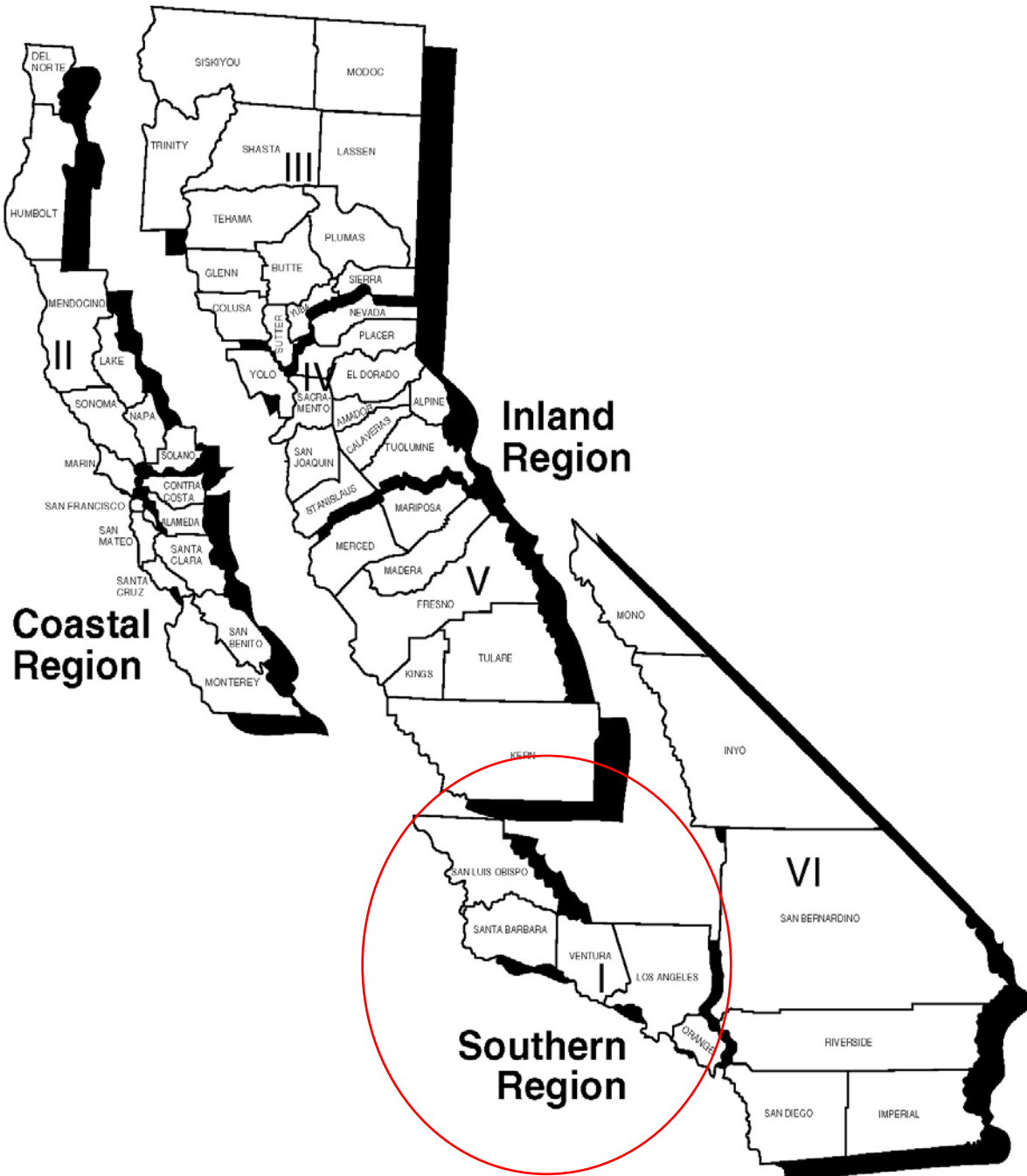FIGURE 7. Map of California's Mutual Aid Regions.

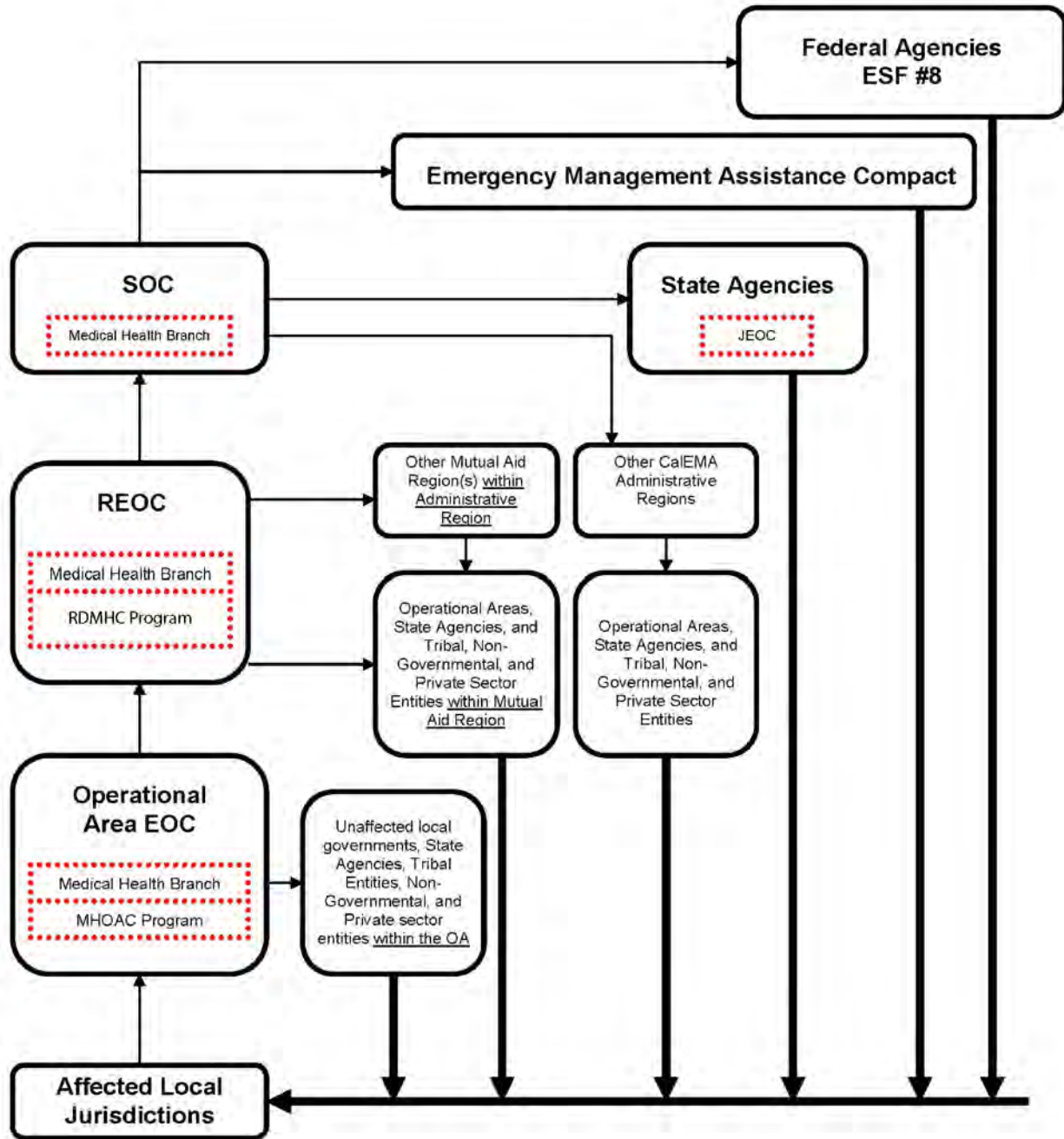**FIGURE 8. Flow of Resource Requests and Assistance during Emergencies.**

Figure 9. Roles and Responsibilities involving Resource Management

ENTITY	ROLE / RESPONSIBILITY			
	Resource Request	**Resource Mobilization**	**Resource Tracking**	**Resource Demobilization**
Participants in the Public Health and Medical System, including: **Hospitals, EMS providers, community clinics, skilled nursing facilities, laboratories, physician offices, veterinary facilities, handlers of hazardous materials, drinking water systems and others.**	If medical and health resources are needed that cannot be obtained through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.	Providing Entity: If materiel, the providing entity should stage for shipment. If personnel, coordinate with the requesting entity to provide transportation, food, lodging, security and other necessary support while en route. Requesting Entity: If personnel, once the resource has arrived at the check-in site, the receiving entity is responsible for coordinating support (food, lodging, etc.) for the resource.	Providing Entity: Once personnel resources have arrived at the check-in site, the requesting entity is responsible for tracking the resources. Requesting Entity: Coordinate with the MHOAC Program for the requesting Operational Area. The providing entity may send an Agency Representative to the requesting entity (at the Incident Command Post or Unified Command) if needed.	Providing Entity: Coordinate with the requesting entity and MHOAC Program. Confirm when resource has returned to the point of origin. Requesting Entity: Coordinate with the providing entity and MHOAC Program to demobilize provided resources.

Note: Prior to submitting a formal resource request, it is incumbent upon the Requesting Entity to assure that all reasonable efforts have been made to locate the needed resources through pre-established agreements and existing channels, including suppliers within the corporate supply chain and other commercial vendors. Existing agreements should be fully utilized prior to requesting resources through SEMS.

Figure 9. Roles and Responsibilities involving Resource Management (cont.)

ENTITY	RESOURCE MANAGEMENT DURING UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION			
	ROLE / RESPONSIBILITY			
	Resource Request	Resource Mobilization	Resource Tracking	Resource Demobilization
Local Public Health and Medical Agencies: **LHD** **EHD** **LEMSA**	If medical and health resource requests cannot be filled within the local government jurisdiction or through existing agreements, request resources through the MHOAC Program in accordance with local policies and procedures. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program.	Providing Agency: Coordinate with the requesting agency and MHOAC Program. For personnel resources, communicate information on when and where to report for duty (e.g., Incident Command Post, staging area, or EOC). Arrange to provide transportation, food, lodging, security and other necessary support while en route. Requesting Agency: Once the personnel resources have arrived at the check-in site, the requesting agency is responsible for coordinating support (food, lodging, etc.) for the resources.	Providing Agency: Coordinate with the requesting agency and MHOAC Program. The providing agency may send an Agency Representative to the requesting entity (at Incident Command Post or Unified Command) if needed. Requesting Agency: Once the resources have arrived at the check-in site, the requesting agency is responsible for tracking the resources.	Providing Agency: Coordinate with the requesting agency and MHOAC Program. Confirm when resources have returned to the point of origin. Requesting Agency: Coordinate with the providing agency and MHOAC Program to demobilize provided resources.

Figure 9. Roles and Responsibilities involving Resource Management (cont.)

ENTITY	ROLE / RESPONSIBILITY			
	RESOURCE MANAGEMENT **DURING UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION**			
	Resource Request	Resource Mobilization	Resource Tracking	Resource Demobilization
MHOAC Program	If requested resources cannot be obtained within the Operational Area or through existing agreements, submit a resource request to the RDMHC Program and emergency management agency for the Operational Area (or Operational Area EOC if activated).	Providing Operational Area: Coordinate with the requesting Operational Area. For personnel resources, communicate information on when and where to report for duty (e.g., Incident Command Post, staging area, or EOC). Arrange to provide transportation, food, lodging and other necessary support while en route. Requesting Operational Area: Once personnel resources have arrived at the check-in site, the requesting Operational Area is responsible for coordinating support (food, lodging, etc.) for the resource.	Providing Operational Area: The MHOAC Program tracks resources sent to the requesting Operational Area and anticipated return date. (Note: The providing entity may send an Agency Representative to the appropriate location to facilitate support, solve problems, and assist with demobilization.) Requesting Operational Area: The MHOAC Program tracks all resources sent to the requesting Operational Area. Coordinate with activated DOCs and Operational Area EOC as appropriate.	Providing and Requesting Operational Areas: The MHOAC Programs from the providing and requesting Operational Areas coordinate to ensure that resources are properly demobilized. If resources demobilized from one mission are needed elsewhere, the requesting Operational Area must submit a formal resource request. Coordinate with activated DOCs and Operational Area EOC as appropriate.

Figure 9. Roles and Responsibilities involving Resource Management (cont.)

ENTITY	RESOURCE MANAGEMENT DURING UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION			
	ROLE / RESPONSIBILITY			
	Resource Request	Resource Mobilization	Resource Tracking	Resource Demobilization
Local Emergency Management Agency (or Operational Area EOC if activated)	Coordinate with the MHOAC Program to submit medical and health resource requests into RIMS or equivalent.	Coordinate with MHOAC Program as appropriate.	Coordinate with MHOAC Program as appropriate.	Coordinate with MHOAC Program as appropriate.
RDMHC Program	Immediately begin to coordinate with the MHOAC Programs in unaffected Operational Areas in mutual aid region to identify needed resources; collaborate with Cal EMA Regional Duty Officer to ensure proper tracking and fulfillment of resource request. Coordinate with CDPH, EMSA and JEOC throughout process.	Coordinate with requesting MHOAC Program(s) to refine mission/task as appropriate. Coordinate with MHOAC Program(s) within mutual aid region to mobilize needed resources.	Coordinate with MHOAC Program(s) to track resources sent to other Operational Areas within mutual aid region.	Coordinate with MHOAC Program(s) to demobilize resources sent to other Operational Areas within mutual aid region.

RESOURCE MANAGEMENT				
DURING UNUSUAL EVENTS AND EMERGENCY SYSTEM ACTIVATION				
ENTITY	**ROLE / RESPONSIBILITY**			
	Resource Request	**Resource Mobilization**	**Resource Tracking**	**Resource Demobilization**
Cal EMA Regional Duty Officer Program (or REOC if activated)	Coordinate with RDMHC Program(s).	Coordinate with RDMHC Program(s).	Coordinate with RDMHC Program(s).	Coordinate with RDMHC Program(s).
Cal EMA Executive Duty Officer Program (or SOC if activated)	Coordinate with CDPH and/or EMSA Duty Officer Programs or JEOC if activated.	Coordinate with CDPH and/or EMSA Duty Officer Programs or JEOC if activated.	Coordinate with CDPH and/or EMSA Duty Officer Programs or JEOC if activated.	Coordinate with CDPH and/or EMSA Duty Officer Programs or JEOC if activated.
CDPH/EMSA Duty Officer Program (or JEOC if activated)	Monitor Medical and Health Resource Requests.	Coordinate with State programs to mobilize needed resources.	Coordinate with State programs to track deployed resources.	Coordinate with State programs to demobilize deployed resources.

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