

White Paper – Mass Care Task Force Structure and Function By Michael Whitehead, State Mass Care Coordinator, Florida

Purpose and Scope

Few individuals in the nation have experience coordinating a mass care response at the state or major metropolitan level during a major or catastrophic disaster. With the call in the National Mass Care Strategy for more states to identify a State Mass Care Coordinator, persons assigned this task will be responsible for developing a capability to respond during such an event. The purpose of this White Paper is to introduce the State Mass Care/Emergency Assistance (MC/EA) Coordination Process and the Mass Care Task Force as tools that can be utilized to expand state mass care capability.

During a major disaster the size of the State MC/EA organization must expand in order to address the multitude of required responsibilities. In order to manage this expansion the State Mass Care Coordinator must plan to address the following questions:

- What is the scale and scope of the disaster?
- How large must the MC/EA organization be to meet the response requirements?
- Which mass care task forces must be activated?
- How large must these task forces be?
- How should these task forces be organized?
- What role will these task forces play in the mass care response?
- How will these task forces coordinate with each other and with MC/EA staff in the State EOC?

In this document “**States**” refers to local, state, tribal, territorial and insular areas.

The State MC/EA Coordination Process and the Mass Care Task Force structure and functions presented in this White Paper address these questions. The concepts presented here were developed with the input of numerous mass care practitioners. They were tested and modified during two national level mass care exercises held in Florida in 2012 and 2013. The configuration presented in this Paper will be tested again during the 2014 National Mass Care Exercise in Tallahassee, Florida, from May 19-22.

State MC/EA Coordination Process

The principal activities of MC/EA staff at the State Emergency Operations Center (EOC) during an event are the acquisition, prioritization and distribution of information and resources for identified Supported Agencies. The key function of the MC/EA organization and the State Mass Care Coordinator is to ensure that State agencies, local governments and NGO field headquarters (such as an American Red Cross Disaster Relief Operation or a Salvation Army Incident Management Team) in the affected area have the mass care resources (equipment, supplies, personnel and services) they need for the response.

In this document **MC/EA** signifies the mass care and emergency assistance functions as defined in the National Response Framework

The State MC/EA Coordination Process divides internal responsibilities between two Groups: MC/EA EOC Operations and MC/EA Planning. EOC Operations are defined as the daily, response-related activities and interactions that occur on the main floor of the State EOC. The Time Horizon for MC/EA EOC Operations is TODAY and TOMORROW. The diagram below outlines this coordination process for a major event.

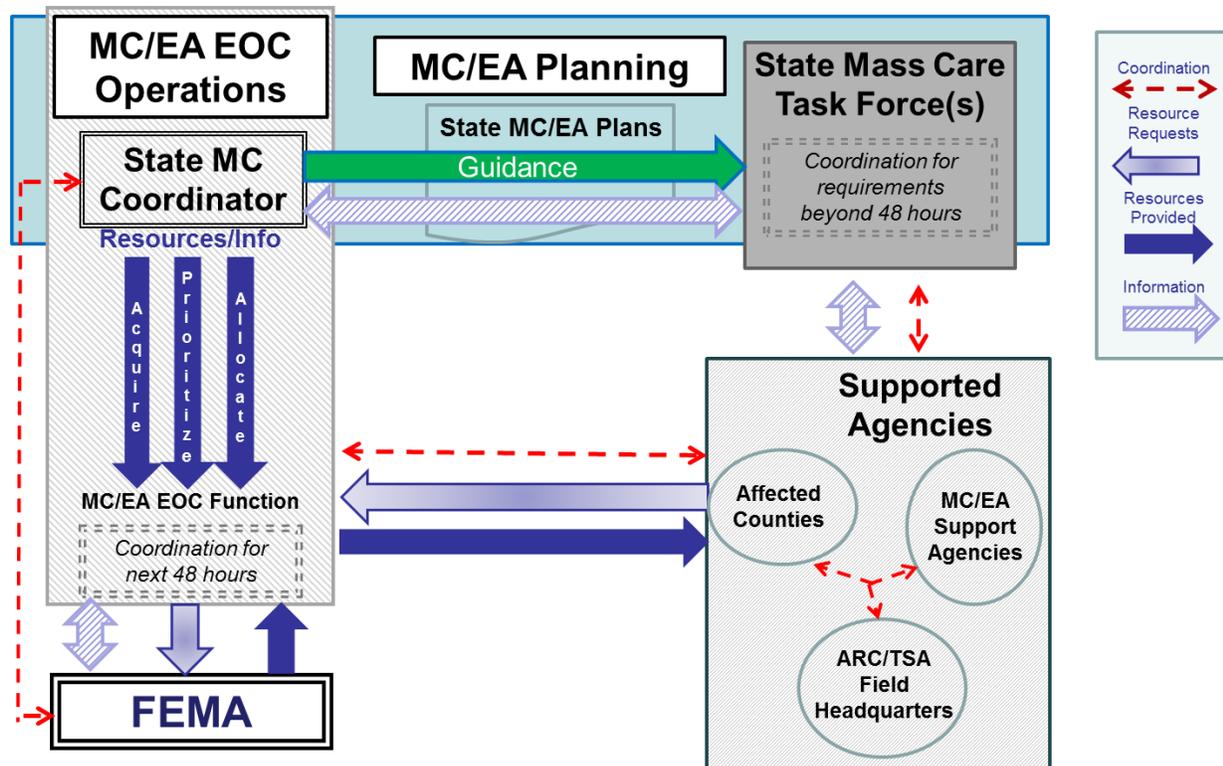
A **time horizon** is a fixed point of time in the future at which point certain processes will be evaluated or assumed to end.

MC/EA Planning is a process to analyze the mass care situation and to recommend actions to achieve the completion of MC/EA Operational Priorities. The Time Horizon for MC/EA Planning is 48 hours from NOW and beyond. Recommended actions developed through the planning process are discussed, modified (if necessary) and approved (if agreed upon) by the participants of the daily State Mass Care Conference call. These approved actions are passed on to MC/EA EOC Operations for implementation.

Operational priorities specify what the responding organizations are to accomplish to achieve a desired end-state for the operation.

**State Mass Care/Emergency Assistance (MC/EA) Coordination Process
Response Phase – Large Event**

All participate in a daily mass care conference call.



The State Mass Care Coordinator is responsible for initiating and continuing the planning process once a disaster occurs and the State EOC is activated. The State Mass Care Coordinator uses this process to plan for the distribution of select state and federal resources to Supported Agencies in order to augment the delivery of mass care and emergency assistance services in the affected area. In larger events, the State Mass Care Coordinator is assisted in the completion of planning through the provision of a Mass Care Planner or establishment of one or more mass care task forces.

Increasing the MC/EA Structure and Staffing

In a major event, the State MC/EA organization faces a dramatic increase in the number and complexity of the tasks that must be coordinated. Upon recognition that the State has been or will be impacted by a major or catastrophic disaster, additional personnel to assist with the coordination requirements must be procured.

The transition to a larger MC/EA organization in a major or catastrophic event must be planned. This planning is conducted in coordination with the FEMA, State agency, NGO and private sector MC/EA partners. The size of the structure and staffing requirements will depend on the coordination complexity of the event (see below). While the exact organization will vary according to the requirements of each event, the structure should account for additional:

- 1) NGO liaisons,
- 2) Staff to meet increased reporting and logistics requirements,
- 3) Staff for one or more mass care task forces, and
- 4) Liaisons to State field or regional multiagency coordinating systems.

There are a number of options for acquiring these additional personnel:

- 1) The State Mass Care Coordinator can work with the NGOs to acquire not only additional liaisons to meet the coordination requirements, but mass care subject matter experts to fulfill the needs for expertise in logistics or a Mass Care Task Force.
- 2) Additional mass care staff can be acquired from other States via EMAC or from FEMA through a request to the FEMA Region.
- 3) A Mass Care Mission Planning Team (MPT) can also be requested from the FEMA Region.
- 4) Staff to perform administrative or logistical support tasks can be acquired from counties or municipalities through Mutual Aid or from employees with State agencies supporting the mass care operation if they are available for training before the disaster.
- 5) Staff can be acquired from vendors.

Additional staff must be requisitioned prior to a **Noticed Event** or immediately after a **No-Notice Event**.

Mass Care Task Force Structure & Function

A mass care task force is activated in accordance with criteria specified in the respective mass care plan, or upon mutual consent of the MC/EA stakeholders. Once activated, the task force operates at the direction of the State Mass Care Coordinator as a part of a Multi-Agency Coordination System (MACS). “MACS consists of a combination of elements: personnel, procedures, protocols, business practices, and communications integrated into a common system,” (NIMS, 2008). The most common example of MACS is an EOC (a physical location where multiagency coordination takes place).

The mass care task force structure and function conforms to the MACS combination of elements.

Capability is defined as “the means to accomplish a mission, function or objective based on the performance of related tasks, under specified conditions to target levels of performance.” (National Preparedness System, November 2011).

The desired capability of a mass care task force, measured by the means to accomplish one or more of the MACS functions, determines the organization’s size and structure. The desired capability of a mass care task force is based on the coordination complexity of the event.

Coordination complexity has yet to be defined within NIMS. The equivalent term in the Incident Command System is Incident Complexity, wherein incident and/or event “complexity determines emergency and incident response personnel requirements.” Incident Complexity has been typed into five categories. A Type 1 “incident is the most complex, requiring national resources,” while a Type 5 “incident can be handled with one or two single resources.”

The Homeland Security Institute did develop a list of coordination complexity parameters, which were incorporated into Table 1 below. An event involving multiple agencies of varying capability, for example, increases the number and type of tasks to be completed, which in turn increases the number and competency of staff required to perform effective coordination. Media attention to the event increases demands for current information.

The **coordination complexity** of an event drives the resource requirements for a mass care task force.

Table 2 presents a coordination complexity scale for the state of Florida. A Level 1 on the scale is more complex than a Level 3. Column 1 of the Table has a list of coordination complexity indicators derived from the parameters in Table 1. The first 4 indicators have numbers. The next four indicators require the user to make a subjective evaluation of the status of the indicator and assign a High, Medium or Low ranking. The Table can be modified to include additional

The **Coordination Complexity Level** of the event is used to determine the Type of Mass Care Task Force to be established.

indicators. The determination of the Coordination Complexity Level is made as early as possible so that requirements for additional personnel can be identified and requested.

TABLE 1. COORDINATION COMPLEXITY PARAMETERS

Media Attention		
Stakeholder Composition		
Number of federal & state agencies involved	Internal (within EOC) Stakeholder Composition	Types (varying capability of stakeholders)
Number of counties & jurisdictional levels involved	External (outside EOC) Stakeholder Composition	
Task & Staff Composition		
Number of: new requests/ offers of assistance/ data points to be processed	Urgency & expediency required to process tasks	Measured level of competencies of all assigned staff
	Number of nonlinear follow-up actions required	
Source: Adapted from <u>Core Competency Framework for Multiagency Coordination Systems</u> . Final Report 6 February 2009, Homeland Security Institute.		

Table 2. Coordination Complexity Levels

Coordination Complexity Indicators	Complexity Levels		
	1	2	3
# of simultaneous events affecting the state	3	2	1
# of counties federally declared or expected to be federally declared	25	15	5
Population of counties federally declared or expected to be federally declared	1,000,000	500,000	250,000
Anticipated post-event short term shelter population	15,000	10,000	5,000
Scale of projected or actual damage to residential structures	High	Medium	Low
Scale of projected or actual damage to infrastructure	High	Medium	Low
Need for federal resources	High	Medium	Low
Media attention	High	Medium	Low
Capabilities of voluntary agencies	Capability exceeded	Capabilities stressed	Within capability
Totals			

Types of Mass Care Task Forces

Once the Coordination Complexity Level of the Event is determined, the Resource Typing Table on pages 9 & 10 is used to select the appropriate task force by Type, or capability desired. This Typing Table shows staffing, procedures, facility and equipment requirements for three typed mass care task force organizations. The organizational structures and positions for the different Type 1, Type 2 and Type 3 Task Forces are shown in the diagrams on pages 7 & 8.

A mass care task force operates at the direction of a Task Force Leader to assist the State Mass Care Coordinator in planning for the completion of assigned Operational Priorities. In a Type 1 or a Type 2 Task Force the Task Force Leader can utilize the available, assigned agency liaisons and technical specialists to perform specific, temporary, Task Assignments as required (see diagram).

The Multi-agency Feeding Task Force in New York City after Hurricane Sandy, for example, was initially established similar to a Type 3 Task Force. As the disaster progressed, additional staff was assigned, and the Task Force operated similar to a Type 2 Task Force. The Task Forces established during the 2012 and 2013 National Mass Care Exercises were Type 1 Task Forces. To our knowledge no Type 1 Mass Care Task Force has been established in an actual event.

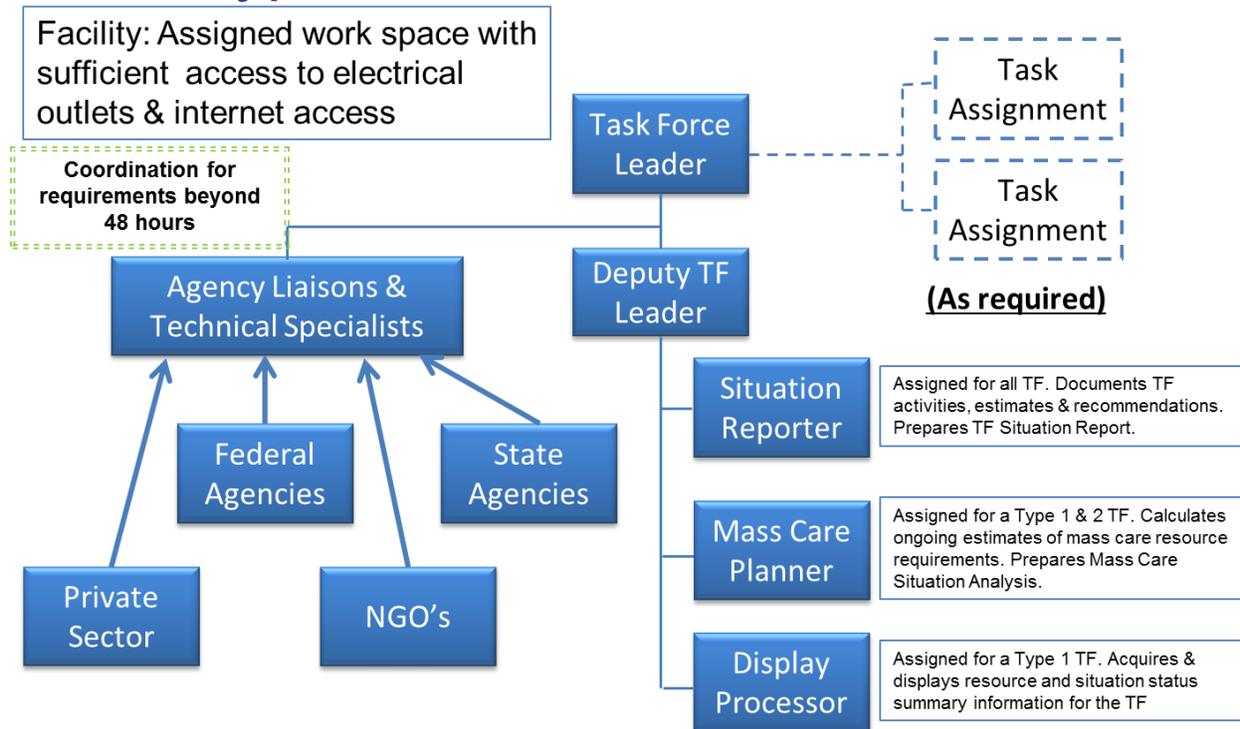
Conclusion

The first step in the process of building an effective MC/EA capability for a state is to designate a State Mass Care Coordinator. The training and experience requirements to become a Type 1 or a Type 2 [State Mass Care Coordinator](#) were developed by the national mass care community and adopted by FEMA. Once the training and experience requirements are met, the next step is to provide this individual with opportunities to build expertise through exercises or EMAC deployments.

In the last two years federal, state and NGO mass care practitioners have come together to train and learn at a [National Mass Care Exercise](#). A common issue identified by the participants of both of these exercises was the lack of a common understanding of the structure and function of a mass care task force. This White Paper can begin the process of achieving that common understanding.

The intent of this White Paper is to disseminate these mass care task force concepts to the national mass care community so that they can be discussed, adopted, modified and improved. Many jurisdictions in the nation face threats that would require a large, complex mass care response. A few of these jurisdictions have experienced these disasters and learned painful lessons from them. For the balance, though, the Big One will be a once-in-a-lifetime event. They must be ready.

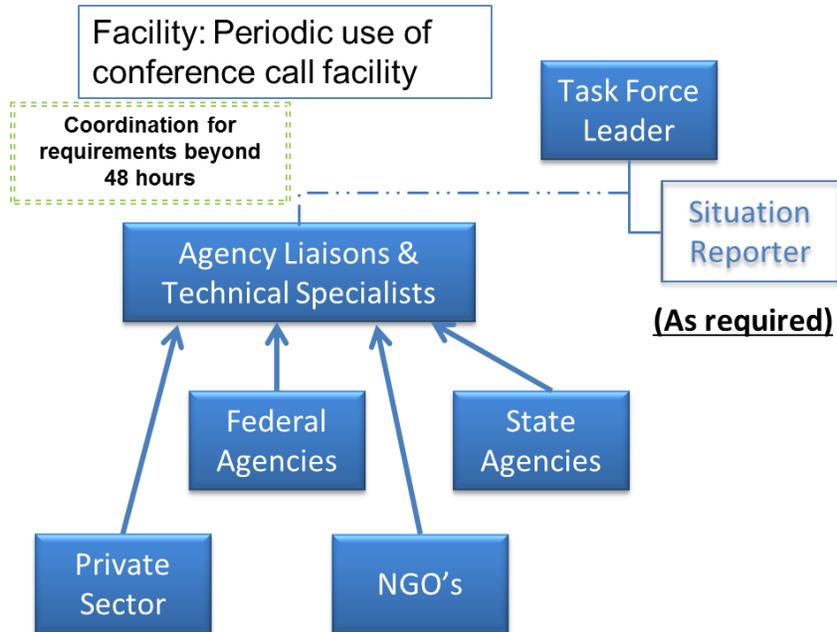
Type 1 Mass Care Task Force



Type 2 Mass Care Task Force



Type 3 Mass Care Task Force



STATE MASS CARE TASK FORCE

DESCRIPTION	A State Mass Care Task Force assists the State Mass Care Coordinator in planning and coordinating assigned operational priorities of the state Mass Care Plan(s).						
RESOURCE CATEGORY	Mass Care			RESOURCE KIND	Task Force		
OVERALL FUNCTION	A State Mass Care Task Force operates at the direction of a Task Force Leader to assist the State Mass Care Coordinator in planning for the completion of assigned Operational Priorities.			COMPOSITION AND ORDERING SPECIFICATIONS	The Type of Task Force selected depends on the Coordination Complexity of the event. A Type 1 or 2 Mass Care Task Force Leader may also need to be requested.		
RESOURCE TYPES			TYPE I (COORDINATION COMPLEXITY LEVEL 1)	TYPE II (COORDINATION COMPLEXITY LEVEL 2)	TYPE III (COORDINATION COMPLEXITY LEVEL 3)	NO TYPE IV	
COMPONENT	METRIC / MEASURE	CAPABILITY					
Personnel	Per Task Force	Management & Oversight	- One Type 1 Mass Care Task Force Leader - One Deputy Mass Care Task Force Leader	One Type 2 Mass Care Task Force Leader	Same as Type II	Not Applicable	
Personnel	Per Task Force	Coordination of Summary Information	Situation Reporter	Situation Reporter	Situation Reporter	Not Applicable	
Personnel	Per Task Force	Resource Acquisition & Allocation	Mass Care Planner	Mass Care Planner	Not Applicable	Not Applicable	
Personnel	Per Task Force	Coordination of Summary Information	Display Processor	Not Applicable	Not Applicable	Not Applicable	
Personnel	Per Task Force	Situation Assessment	Technical Specialists	Same as Type I	Same as Type I	Not Applicable	

Personnel	Per Task Force	Coordination with other MACS Elements	Agency liaisons assigned to task force	Agency liaisons available for meetings & conference calls	Agency liaisons available for conference calls	Not Applicable
Procedure	Per Task Force	Coordination with other MACS Elements	Task Force Conference Call Agenda Template	Same as Type I	Same as Type I	Not Applicable
Procedure	Per Task Force	Coordination with other MACS Elements	Task Force Meeting Agenda Template	Same as Type I	Not Applicable	Not Applicable
Procedure	Per Task Force	Coordination of Summary Information	Task Force Situation Report Template	Same as Type I	Same as Type I	Not Applicable
Procedure	Per Task Force	Situation Analysis	Task Force Situation Analysis Template	Task Force Situation Analysis Template	Task Force Situation Analysis Template	Not Applicable
Procedure	Per Task Force	Resource Acquisition & Allocation	Task Force Resource Analysis Template	Task Force Resource Analysis Template	Task Force Resource Analysis Template	Not Applicable
Procedure	Per Task Force	Incident Priority Determination	Incident Priority Determination Template	Not Applicable	Not Applicable	Not Applicable
Facilities	Per Task Force	Continuity of Operation	Assigned work space	Periodic use of meeting room and conference call facility	Periodic use of conference call facility	Not Applicable
Equipment	Per Task Force	Situation Assessment	Assigned computer/projector	Periodic use of computer/projector	Not Applicable	Not Applicable
Equipment	Per Task Force	Situation Assessment	Assigned printer	Not Applicable	Not Applicable	Not Applicable

Comments

- NIMS span of control criteria should be applied when assigning staff.
- A Job Title for a Mass Care Task Force Leader has yet to be developed.

References

1. SHELTER GUIDANCE AID AND MEGA-SHELTER PLANNING GUIDE, [HTTP://NATIONALMASSCARESTRATEGY.ORG/SHELTER/](http://nationalmasscarestrategy.org/shelter/)