Guide for MRC Unit Leaders in Massachusetts

November 2018
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Chapter 1 - Administration

The Medical Reserve Corps (MRC) is a national network of volunteers, organized locally to improve the health and safety of their communities. In Massachusetts, the MRC network is comprised of 38 units. Each unit is organized to best suit the unique challenges of its area. In all cases, MRC units are local assets and are deployed at the discretion of local MRC unit protocols.

Units function as part of local emergency preparedness teams. They supplement existing public health resources and emergency agencies such as Red Cross, local public health, fire, police and ambulance services. Units recruit, train, credential, and organize medical, public health, and non-medical volunteers to strengthen their communities through volunteerism.

MRC volunteers offer their expertise throughout the year by supporting local public health initiatives, such as immunization and prevention activities. When there is an emergency in the community, MRC volunteers work in coordination with local emergency response programs. Most MRC units work with other local and regional emergency preparedness groups.

Interface with Agencies and Partners

The Federal MRC Program Office is housed within the U.S. Department of Health and Human Services (HHS); Assistant Secretary for Preparedness and Response (ASPR). In Massachusetts, the MRC program is run by the Massachusetts Department of Public Health (MDPH) Office of Preparedness and Emergency Management (OPEM). MDPH OPEM works closely with other groups. Please see Appendix A for a description of responsibilities for each agency and partner organization.

MDPH Funding and Deliverables

For the current budget period (BP1X), MDPH OPEM allocated $646,981 in emergency preparedness state match funds to support the operation of the federally recognized MRC units (https://mrc.hhs.gov/FindMRC) in Massachusetts. Approximately $92,426 in MRC funding is distributed to the identified host agency in each of the seven Public Health Emergency Preparedness Regions. This funding is intended to enhance local, regional, and state public health preparedness by supporting recruitment and increase MRC coverage and services so 100% of the cities and towns in each Region are served by an MRC unit. These funds may be used only for approved activities relating to recruitment, training, deployment, and management of MRC units. The funds will be distributed according to formulas determined by each region. Details can be found in Appendix J.

The Grants Management Manual, MRC BP1X Workplan Template and BP1X Deliverables outline the eligibility requirements and conditions of funding (deliverables) for units and are available on the state MRC website:


Reporting

Unit leaders are required to file state and federal reports as part of their administrative activities.
MRC UNIT SUBMISSIONS REQUIRED FOR MDPH FUNDING

Unit leaders are emailed a link to the quarterly report submission, which includes unit updates and workplan updates, one month before the report deadline. See Appendix C – MRC Unit Submissions Required for MDPH Funding for more details. If you do not receive a link to this submission, please contact Regina Villa Associates (see Appendix B). Leaders should complete the report by the deadline listed below. Copies of the reports are sent to the Health and Medical Coordinating Coalition (HMCC) in each region.

<table>
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Users can save their report and come back to it later and can export their responses as a PDF document at the final submission (links are on the final page).

FEDERAL UNIT ACTIVITY MODULE

The next several pages provide instructions for completing the module and generating unit reports from the site. Appendix D provides supplemental information on this module including Frequently Asked Questions and Examples.

Completing the Module

1. Log in to the MRC website: [https://mrc.hhs.gov](https://mrc.hhs.gov)
2. Click on “Add/Edit Unit Activity” OR Click on “Unit” tab, then your unit name, then “Add/Edit Activity”
3. Click “Add an Activity”
4. Enter Type of Event (Emergency Response Incident or Non-Emergency/Public Health Event)
5. Enter the Start and End Date of the incident
6. Enter a Name for the incident you are adding
7. Select the mission that is most appropriate for the incident you are adding.
8. Select the Requesting Entity /Organization (Please note that this question refers to the entity or entities that requested volunteers and not the entity that activated the volunteers.)
9. Write the Description and Impact Statement (Include details such as what occurred, which types of agencies were present, what made it noteworthy, and why the activity was important or significant for your unit to conduct.)
10. Enter Volunteer Deployment Information
    - To enter the information, you have two options:
      o Enter the information manually by clicking your mouse in the box and entering data.
      o Click on the economic impact calculator icon and complete the necessary information. Once you have done that, the data will automatically populate on the report form and you can submit the report.
        - Enter the total number of volunteers by profession and the total number of hours served by each profession.
        - A subtotal will be automatically calculated and added to the total.

What is an Emergency Response Incident?

MRC volunteers are activated to respond to an all-hazards emergency (i.e. public health, biological, or natural event). Exercises, trainings, community events, and planned activations (even those related to preparedness and response) should be considered a Non-Emergency/Public Health Event.
Once you have added all of the volunteers and the hours served at the event, click on the “Submit” button and your total will be automatically calculated and added to your report.

11. Note availability of After Action Report (If you have completed or are planning on completing an AAR for the incident, select “Yes.”)

12. Enter Subjective Evaluations (Evaluate the unit and the response using the 1–5 Likert scale. One is the weakest score, and 5 is the strongest.)

Generating Summary Reports

1. Go to the Reports Tab
2. Click on Summary Unit Activities
3. Enter the Dates of the Activity Period and Choose the Type of Chart

Reports can include summary numbers and a breakdown of categorization (see below). If you would like to request a breakdown of your volunteer hours by profession (using the cost calculation), please contact the Medical Reserve Corps Program Office (see Appendix B). That information is available as an Excel file by request.

* All MRCs are required to alert MA DPH when activating for an emergency.
Leadership
Unit leaders must provide MDPH 24/7 contact information for leaders who should be contacted in case of emergency. Changes in unit leadership should be reported to the Federal MRC Regional Liaison and Statewide MRC Coordinator as soon as the information is available. New unit leaders should also update their information on the federal website (see the Resources chapter for a detailed explanation on how to do this).

The federal website also has a Guide to MRC Unit Leader Transitions for outgoing and incoming unit leaders available here: https://mrc.hhs.gov/leaderFldr/UnitLeaderTools

Jurisdiction
Unit leaders must provide MDPH an annual list of communities covered by their unit. This information must be submitted to the Statewide MRC Coordinator through the Quarter 1 report (by October 15). Changes in jurisdiction should be reported to the Statewide MRC Coordinator immediately so the state website can be updated. Unit leaders must also update the unit information directly on the federal website (see the Resources chapter for a detailed explanation on how to do this).
Chapter 2 - Regional Representation

MRC Advisory Group
One representative from a federally recognized unit shall represent the unit on the Regional MRC Advisory Group. The advisory group must meet regularly to:

- Identify gaps in coverage within the region;
- Determine the primary unit offering coverage to a town covered by more than one unit; and
- Provide the specific funding procedure or formula currently used (for BP1X) to determine annual unit allocations with the Quarter 1 report.

Steering Committee
The Statewide MRC Coordination Steering Committee includes one representative from each Region’s MRC Advisory Group (See Appendix B for a current list of representatives). A description of the Steering Committee’s role can be found in Appendix E. Each Region’s MRC Advisory Group shall submit the name of its representative to the State MRC Coordinator prior to the first meeting of the Coordination Steering Committee in each grant year.

Each member of the Committee provides regular reports to his or her Region or Regional Coalition on the activities of the statewide MRC Coordination Steering Committee. The Committee meets (by phone or in person) approximately quarterly.
Chapter 3 - MA Responds (maresponds.org)

MA Responds is an online registration system for health and non-health volunteers. This system is a partnership between the MDPH, local Medical Reserve Corps units, and other volunteer organizations in Massachusetts. Registering with MA Responds allows people to volunteer for a variety of public health events. The MA Responds system is maintained by MDPH and the Massachusetts Medical Society (MMS). Technical questions should be directed to MA Responds technical support or MMS staff (see Appendix B for contact information).

Requirements for Units Currently in MA Responds

To be a unit in good standing, the unit must have a signed Memorandum of Understanding (MOU) with MDPH. To check on the status of your MOU, please contact the Statewide MRC Coordinator at MDPH (see Appendix B). Unit leaders must also log into the system at least once a week – to check the status of their prospective volunteers.

TRAINING

At least one administrator needs to complete the MA Responds Basic and Advanced Training. Trainings are posted on the state MRC website: http://bit.ly/MRCtrainingcalendar or can be requested at any time.

CHANGE IN LEADERSHIP

Upon a change in unit leadership, please complete an “Administrator Change Form” (http://bit.ly/MRCadminchangeform) within 60 days of the change and contact the Statewide MRC Coordinator at MDPH (see Appendix B).

Units Not in MA Responds

If your unit is not currently in the MA Responds system, and you are interested in joining, please contact the Statewide MRC Coordinator at MDPH.

Frequently Asked Questions


BACKGROUND CHECKS

All volunteers who apply to be part of MA Responds must undergo a CORI (Massachusetts Criminal Offender Record Information) check and a Validated Sex Offender Search (VSOS). The CORI form can be found at: http://bit.ly/MRCCORIf orm and the VSOS is completed within MA Responds with a valid social security number.

Please note: CORIs cannot be accepted without photo ID verification. Volunteers must have their photo identification verified and this form signed indicating photo verification by a local program administrator or by a notary public before sending it in to MDPH with a wet signature for processing. In order to be considered a member of MA Responds, both checks must be resolved in a satisfactory manner. Both forms of background checks will be conducted in accordance with the policies outlined here: http://bit.ly/MRCCORIpolicy

Volunteers who do not have a clean Validated Sex Offender Search and a satisfactory resolution of the CORI process cannot participate in missions.
CREDENTIALING
- Integrates with, DEA, and OIG LEIE as well as DPL, DHPL, BORM and BSAS State licensure boards for verification of professional licenses when a volunteer first registers, monthly, and prior to a deployment
- Automatically assigns emergency credential level in accordance to federal ESAR-VHP standards

DATA SECURITY
- All communications with MA Responds are encrypted
- MA Responds is hosted in two Class A / Tier IV Data Center with redundant power and connectivity
- MA Responds meets the applicable security measures and is HIPAA compliant and SOC 2 compliant and certified.

NOTIFICATION FEATURES
The MA Responds system features an integrated two-way notification system that can be used to contact volunteers via phone (including extensions), SMS text, pager, fax, email and TTD/TTY. While emails can be sent through the system at no cost, MDPH is charged for all other types of communication on a per use basis. DPH has pre-paid for a pool of minutes that can be requested by local units to use these features in an emergency (at no cost to the individual unit). Due to budget limitations, DPH has decided only to use the pool of minutes for these features in emergency situations. To request permission to use the non-email notification features of MA Responds, a unit administrator should contact the Statewide MRC Coordinator or Darryen Anderson at MDPH. If the request occurs during an emergency, and MDPH staff cannot be reached by the unit administrator, unit administrator must follow the Criteria for Emergency Use of Telephony Minutes available here: http://bit.ly/MRCnotificationfeatures

JUVARE MESSAGING APP
The recently updated IMX Messages app offers a subset of the MA Responds messaging module in a flexible platform that you can easily use while you are on the go. The app, which is free to download in the app store, is fully integrated with MA Responds so that you can send and receive alerts and notifications on your mobile device, Android tablet and iPad. To log into the IMX Messages app, you simply need to enter the MA Responds URL (www.maresponds.org) and the username and password that you use on the Web. Use the app to compose a message and send it via email, text message, and/or phone, compose and send a message based on an existing template, view responses from and send follow-up messages to groups of recipients and respond immediately to alerts and notifications that you receive. Please note that the app cannot be used for Mission Manager.

CHANGING A VOLUNTEER'S PASSWORD
This is one of the most common questions from volunteers, although they can reset their password by using the password reset function at https://maresponds.org/pw_assist_request.php.

1. Click on the Account Settings part of the profile and type in a new password in the two fields under the Reset Password bar at the top of the page.

2. After you have typed the new password twice, click on the “Change” button to save the information. An email will then be sent to your volunteer to notify them that the password has been changed, and the next time they log-in they will be required to change it again to something that they would like. Because of this security measure, you may want to reset all passwords to the same thing to make it easier.

RESOLVING DUPLICATE ACCOUNTS
To resolve duplicate accounts, you can close one account. Please take the following steps to do so:
1. Look at the 2 accounts that are duplicate for a volunteer. Usually you will close the account without the CORI and VSOS results or the less percent complete account.

2. Make sure all information that is in the account you will close is also in the other (contact and licensing information, etc.) You can print out pages of the profile in order to enter in information to the account remaining open.

3. Click on the Contact sub-tab under the Profile tab to remove the email address from the account that you are closing. The email can be removed by clicking on the “Edit Information” button, then clicking on the “x” to the right of the Primary Email Address box, and then clicking on the “Save Changes” button at the bottom of the screen.

4. Close the account you have chosen to close by going under the Account Settings part of the profile and selecting “Closed” from the drop-down menu under the Account Status bar.

SEARCHING FOR VOLUNTEERS WHO ARE READY TO BE ACCEPTED
1. Begin by clicking on the Responders tab and, on the next page, the Responder Search tab.

2. On the search screen under the "Memberships" section, select the volunteer group you want to view from the "Organizations Selection" button. All organizations will be listed here, but you will only be able to see results from the organization(s) you have permission to see.

3. Select "Pending" from the Unit Status list that is also in the “Memberships” section (Note that you must always select "Pending" to see pending volunteers, since the default search is to look for "Accepted" volunteers).

4. Under "the Background Check" section, select "CORI: Complete: Clear" and “VSOS: Complete – No Match Found” from the Status list, which will give you everyone who has completed their CORI and/or VSOS check. You will then have your list and can review each member's profile to make sure both background checks have been completed and other information you want is included, and then change their status to "accepted" on the Affiliation part of their profile.

PERFORMING A BATCH ACCEPTANCE
This may be helpful if you are an organization that routinely runs large numbers of CORIs and then needs to accept all the CORI and VSOS passed volunteers at once to save time. It may also be helpful if you can’t remember who you’ve submitted CORIs for but need to accept your volunteers.

1. Go to "Organizations" tab and click on the blue hyperlink “Dashboard” for your organization.

2. Once you are on the Dashboard for your organization click the “Members” tab from the left-hand side of the screen.

3. Change the Display Filter (in the blue box) to show pending or researching (if you use this status) volunteers. *Note—organizations like to use "Researching" as a status to change volunteers to once they’ve collected their CORIs which is good for keeping track of volunteers. However, volunteers can be kept as "Pending" too until they’re accepted*

4. Click on the "Check All" box and then pick "Select All Across All Pages" from the drop-down menu that appears.

5. At the bottom left of the page select an Action of "Set to Accepted" and then click the "Submit Action" button.
6. All volunteers that have a CORI and VSOS status of "Complete-Clear" will be accepted and all others will pop up as an error since the system won't allow you to accept volunteers who haven't completed their CORI and VSOS checks.

REQUESTING MARKETING MATERIAL
To request marketing material, fill out an Order Request Form (http://bit.ly/MRCmarketingmaterialorderform) and submit to MMS staff (see Appendix B).
Chapter 4 - Volunteer Management

Recruitment
Units must maintain and revise, as necessary, a written plan documenting unit policies and procedures for recruiting volunteers.

Credentialing and Background Checks
Each MRC unit must credential volunteers in accordance with pre-established standards in MA Responds including completion of the MA criminal offender record information (CORI) check and the submission of a Validated Sexual Offender Search (VSOS) check. Units within MA Responds are considered in compliance with this requirement (see the MA Responds chapter for more information about credentialing and background checks) when volunteers are considered “accepted” within the system.

Units not in MA Responds must submit a copy of their written procedures to meet the credentialing requirements annually (by September 30). Documentation must include a process for verifying medical licenses when appropriate, CORI and VSOS/SORI checks, and provisions for insuring all applicant personal data is maintained securely in accordance to state and federal laws.

Volunteers who have not completed the credentialing process will not be considered deployable through MDPH and will not be utilized for staffing of any MDPH activation.

Activations and Responses
Units should follow their own written policies and procedures when activating and responding to an emergency. Please ensure your volunteers understand your unit’s policies.

REQUESTING VOLUNTEER ASSISTANCE FROM OTHER UNITS IN NON-EMERGENCIES
To request MRC assistance from another unit in non-emergencies, you may contact another local unit leader directly. If that local unit cannot provide all of the assistance you need, fill out a Volunteer Request Form at bit.ly/MRCvrequest (Appendix F) and send it to Regina Villa Associates staff (see Appendix B), who will share the request with the statewide database of unit leaders.

REQUESTING VOLUNTEER ASSISTANCE DURING AN EMERGENCY
If you need MRC assistance from outside your jurisdiction in an emergency, and the ESF 8 desk is not staffed (or you are unsure) please contact the DPH 24/7 duty officer at 617-339-8351. This call could come from a community representative directly or from a unit leader on behalf of a community. If the ESF-8 desk is staffed during the emergency, please contact the desk directly1.

Either the duty officer, the ESF-8 desk or members of the DPH's Office of Preparedness and Emergency Management (DPH OPEM) Volunteer Support Team (VST) will ask you a number of questions in order to fill out the Volunteer Request Form (Appendix F). ESF-8/VST staff will contact unit leaders statewide to see if the request can be filled.

RESPONDING TO A REQUEST FOR VOLUNTEERS FROM OUTSIDE YOUR JURISDICTION
Please comply with the Process for Volunteer Requests during a Cross-Jurisdictional Event: bit.ly/MRCvrequest (Appendix G) to mobilize MRC volunteers across units or regional boundaries.

1 Contact information for the ESF-8 desk will be shared with unit leaders when the desk is activated.
MA Responds Units:

- When receiving a request for volunteers from MDPH, units should send out a message using the MA Responds system to accepted and deployable volunteers within 2 hours of initial notification to all accepted volunteers to ask their availability.
- Units shall work with MDPH within 4 hours of initial notification to assign needed volunteers to requested roles/positions.
- Document large-scale/regional event responses, as requested.

Non-MA Responds Units:

- When receiving a request for volunteers from MDPH, units should send out a message to all accepted and credentialed volunteers within 2 hours of initial notification to ask their availability.
- Units shall work with MDPH within 4 hours of initial notification to assign needed volunteers to requested roles/positions.
- Document large-scale/regional event responses, as requested.

Badging

In order to promote uniformity in statewide badging, representatives of local MA MRC units formed a Badging Committee to provide template recommendations. These recommendations were adopted by a unanimous vote of the MA MRC membership during a conference call in April of 2007.

There is not an official MA DPH or federal MRC badge policy; local units may choose to adopt this template.

SAMPLE BADGE TEMPLATE

LANGUAGE ON BADGE BACK

MDPH legal counsel recommended that the badge not include any language about the legal authority of MRC members. MRCs are likely to be deployed in many and varied situations around the state, for both routine situations and disasters. No single statement of authority would necessarily be accurate. If locally-based MRC units want a statement of legal authority on their badges, leaders should consult with the town counsel or city solicitor for guidance on whether a statement is appropriate and if so, what it should say.
The final recommended language is as follows:

This badge is the property of

[Unit Name]

[Unit Address]

If found, please return to:

[Mailing Address/contact info]

COLOR CODING
The committee recommended a basic color coding scheme: Red for Medical Personnel; Green for Non-Medical Personnel; and Purple for Mental Health Personnel. Local units can choose their own colors for any other categories they wish to employ (pink for child care, for example).

BADGE RENEWALS AND EXPIRATION STICKERS
The committee recommended using a sticker system for renewal. The badge itself would contain the DAY/MONTH of expiration, while the sticker would state the expiration year. Non-licensed volunteers would renew the badges every two years, while licensed volunteers would renew annually.

To request expirations stickers, please contact Regina Villa Associates (Appendix B). To place an order, please indicate the year of the sticker, quantity, and your mailing address.

Training
Per the BP1X Medical Reserve Corps Deliverables, MRC Units should recruit, train, and retain members specifically to enhance public health preparedness activities related to Emergency Dispensing Site (EDS) operations and public health programs and emergencies. Units are required to:

- Maintain records of completion of trainings by MRC members;
- Maintain copies of training agendas and attendees to submit to OPEM through Regina Villa Associates (quarterly);
- Offer trainings for unit members and ensure core competencies are achieved, as appropriate.

Units that would like to host or attend a training or conference using PHEP or MRC funds must complete the appropriate training/conference form (Appendices H & I).

The Federal Program Office has also developed a core competency guides for Disaster Medicine and Public Health:

Medical Reserve Corps Volunteer Core Competencies:


MA Responds:

For information on MA Responds training, please see Chapter 3.

Drills and Exercises
Per the BP1X Medical Reserve Corps Deliverables, units must participate in and/or facilitate quarterly drills (1 drill/quarter). Participation must include two (2) MDPH sponsored drills and two (2) individual unit sponsored drills to satisfy the PHEP-HPP Volunteer Management Joint Performance Measure.
Drills for units within MA Responds will be conducted using the system.

Units not using MA Responds will participate in the drills using their unit’s written policies and procedures for unit operations.

An After Action Report (AAR), unit specific results report or completion of the MRC call-down template must be submitted within 30 days of all unit sponsored drills: http://bit.ly/MRCafteractionreport

Per the Deliverables, units are required to complete at least two additional drills or call-downs. MDPH will organize four drills for units who wish to participate in additional MDPH-sponsored drills. Drills/exercises that are not sponsored by MDPH require advanced notification (at least 30 days prior to the exercise) through submission of the Exercise Notification Form (Appendix I) to the HMCC (see contact list on HMCC website: https://www.mass.gov/service-details/learn-about-the-health-and-medical-coordinating-coalitions).
Chapter 5 - Resources

Federal MRC Website (https://mrc.hhs.gov)
The federal MRC website, maintained by the MRC Program Office (MRCPO), offers many resources for unit leaders and volunteers. Unit leaders are expected to update information about their unit on the federal site. If you have technical questions about the site, please contact the Webmaster (see Appendix B - Important Contacts).

MRC DIRECTOR/COORDINATOR
To register to use the interactive features of the MRC Web Site, select the “Register” link on the header and follow the instructions.

- Enter your e-mail address and select a username and password.
- Complete your contact information. Ensure to select MRC Director or MRC Coordinator and your unit’s state and name (or “New Unit” if registering a new MRC unit).
- The system will display that your information has been submitted and that you will receive an authorization e-mail in 5–7 days.

Once approved, you will receive one e-mail indicating your basic account is approved and another e-mail if you are approved as an MRC Director or Coordinator. Note: you may receive a phone call from a member of the MRCPO prior to approval to verify your position as Director or Coordinator.

Once approved as a registered Director or Coordinator, you will have access to your and your unit's personal account information. Please verify that everything is correct with your MRC unit information by following the “Updating Unit Information” link on the website; update the information quarterly, at a minimum. As the Director or Coordinator, we advise that you update your unit information to include your volunteer numbers and major unit activities. You may receive quarterly reminders to review and update the information.

UPDATING UNIT INFORMATION ON THE FEDERAL WEBSITE
As a registered MRC Coordinator or Director, you have permission to change the content information for your unit. To make adjustments to your unit’s content information, log on to the website site using the LOGIN link on the homepage of the website (upper right hand corner) and the username and password you created at registration. Once logged in, you will see four tabs – My Info, Unit, Reports, and Report Issues, in the “User Panel” of the website. Click on this “Unit” tab. The next page will include all of the fields for your MRC unit, which you should maintain and keep accurate. After making any corrections in each section, simply click “Submit” button.

Please review your profile often for accuracy and completeness, including the following fields:

- Basic Unit Information including Jurisdiction Information
- Regular and Emergency Contact Information
- Volunteer Counts
- Unit Activities (examples can be found on the Activity Reporting page: https://mrc.hhs.gov/SearchFldr/Search.apx?search=activity%20reporting)
- Additional Unit Information

Note: Only the MRC Program Office staff and you can see the emergency contact and activation process information. This will not be shared with other users of the website.
**UPDATING PERSONAL INFORMATION ON THE FEDERAL WEBSITE**

Once logged into your account, click on the “My Info” tab. Here you may make changes to your personal information including all demographics, e.g. email address and phone numbers.

Note: You will be unable to change your personal information on the Unit Profile directly – all personal information must be changed in this “My Info” section and it will auto-populate into the Unit Profile.

**State MRC Website (www.mamedicalreservecorps.org)**

The state MRC website is maintained by the Department of Public Health and Regina Villa Associates. If you have technical questions about the website, please contact staff at Regina Villa Associates (see Appendix B – Important Contacts).

**FIND AN MRC UNIT**

This feature allows volunteers and unit leaders to search for an MRC unit by zip code. It also contains contact information (and website, if applicable) for local MRC unit leaders. If information about your unit (jurisdiction covered, contact information) needs updating, please email Samantha Souto, Regina Villa Associates (see Appendix B).

**DOCUMENTS**

The Documents page provides many resources for MRC unit leaders. In addition to forms and protocols, it also is a repository for trainings and contains a unit leader toolbox that is updated monthly. If you would like to add a training to this page, please just email Ms. Souto (see Appendix B), and we are happy to post and share it. Please visit the Documents page regularly to stay up-to-date on new resources and forms.

**CALENDAR**

The Massachusetts MRC website (www.mamedicalreservecorps.org) features a statewide calendar. This calendar has a number of important features:

- MRC unit leaders and volunteers can register themselves as “basic users”
- Basic users can register for any event where online registration is available.
- Basic users can view events for which they are registered
- Users can edit their contact information and/or password.
- Designated MRC unit leaders and coordinators can manage events and trainings for their unit or region (track registrations, post events) via a “MRC unit leader” level of admin.

**Administrator Privileges**

Each unit can designate which individuals from their unit will have “MRC unit leader” admin access. (Note: These users must already have accounts on the website.) Once the unit has sent their admin list to Regina Villa Associates, staff will process this information and send an email to the designated individual, confirming admin access.

**Create an Event (MRC Administrators only)**

Go to www.mamedicalreservecorps.org

Login to the system. Enter your username and password (select the "click here to login" link at the bottom). If you do not have a username and password, create an account.

1. Select "Events" in the top navigation bar.
2. Enter all of the information about the event. Choose the event type.
3. Be sure to include the contact name for the event – that person will receive confirmation emails once someone has registered for a mission.
4. Click Submit.
5. Review the event details. If it is correct, click submit again. If it is incorrect, hit reset and re-enter the information.

**To Register Volunteers (in batches) for an Event (Administrators)**

MRC unit leaders can register multiple volunteers for an event.

To add volunteer registrations, click on “Batch Registration” on the sidebar.

1. Click on an event that you would like to register volunteers for.
2. Click on volunteers that you would like to register. (Note: Volunteers must first be registered as basic users.)
3. To select multiple volunteers, hold the CTRL key and click on the volunteers you would like to register. Click Submit. You will have click submit again on the Confirm page.

**Event Registration and Attendance Reports**

This feature allows you to track event registrations and attendance for each event. To check registrations for an event, click on Registration on the Sidebar. Choose an event and click on it to view who has registered. You open the list of registrations in a printable window by clicking on the link above the list of names. If you would like to record a registered volunteer as having attended the event, click on the user name and click on submit on the next page.

**Volunteers**

Registering for a Mission/Event directly:

2. Login to the system. Enter your username and password (select the "Log In" button on the upper right of the screen). If you do not have a username and password, create an account.
3. Click the “Calendar” tab.
4. Click on the event you wish to attend. It will take you to the Event Detail page.
5. Confirm your registration.

**MRC Federal Listservs**

The federal program office offers two MRC Listservs. The first option is the one-way listserv (medicalreservecorps-l), which is used by the MRCPO to share information on upcoming events, new resources, changes to the Web site, and major announcements. The second option is the two-way listserv that allows for those active in the program to share ideas, resources, best practices, and lessons learned. This listserv is conversational and allows for great interaction between units, the MRCPO, and others involved in the program. All subscribers must review the MRC Leaders-l Rules and Regulations before subscribing.

To subscribe the one-way listserv (email notifications), do the following:

- Go to the MRC Listserv homepage at [https://list.nih.gov/cgi-bin/wa.exe?SUBED1=MEDICAL_RESERVECORPS-L&A=1](https://list.nih.gov/cgi-bin/wa.exe?SUBED1=MEDICAL_RESERVECORPS-L&A=1)
- To register for the one-way listserv, select the link under the one-way listserv section.
- On the next page, enter your e-mail address, full name, and then select “Join the List”.
- You will receive an e-mail message to confirm your request to join the listserv.
To register for the two-way listserv:

- Go to the two-way listserv rules and regulations page: https://mrc.hhs.gov/searchFldr/ListservRulesRegulations
- Review this page.
- Then, select the hyperlinked sentence “By clicking on this link, I agree to abide by these Rules of Conduct.”
- On the next page, enter your e-mail address, full name, and then select “Join the List”.
- You will receive an e-mail message to verify your subscription to the list.

Use of the MRC Logo

The MRCPO offers registered units the opportunity to request use of the official MRC logo. The logo may be used on unit developed items identified in your logo authorization application.

To request logo authorization:

- Login on the homepage of the website (https://mrc.hhs.gov), enter your username and password.
- Select the “Logo Request/New Use” link from the My Info tab.
- Select the “Online Form” link to complete the authorization online.
- Select the Unit that will be using the logo, or complete the Other Organization information.

Please read the logo authorization carefully; it also is advisable to print a copy of the Logo Agreement for your records. If you agree to the terms of the agreement, select the “I Agree” button.

Complete all fields on the logo authorization details screen. You must state specific logo uses in the “Description/Quantity” field. For example, if you plan to use the logo on letterhead, business cards, and postcards, state this in the description box along with the expected quantity of each.

Upon completing the logo authorization, you have temporary access to three MRC logo file formats that can be used for 30 days pending approval by the MRCPO. For your convenience, you will be able to download the logo files from the website, including a vector file, which is a higher resolution version of the logo.

An automated email will be sent to you at your e-mail address within 30 days of your application submittal, informing you of your approval or rejection to use the MRC logo permanently.

To update your logo use on items:

- Follow the same process as above.
- If your unit or organization has an approved or pending authorization on file, you will be able to add additional Logo Uses to your online record.
Appendix A - MRC Roles - Guide for Massachusetts Unit Leaders

See following page.
# MRC Roles – Guide for Massachusetts Unit Leaders

## MDPH
- Provides funding for MRC Units and reviews/approves associated documentation
- Responsible for development of annual MRC deliverables
- Provides technical assistance for development/implementation of unit workplans and budget support
- MA Responds management, program coordination, trainings, support, and oversight of volunteer credentialing process
- Organizes quarterly MRC drills
- Social media

## MRC Program Office (Federal)
- Provides technical assistance, coordination and other associated services.
- Helps establish, implement, and maintain units (including merging and disbanding)
- Hosts unit profiles on federal website: [mrc.hhs.gov](http://mrc.hhs.gov)
- Regional events and announcements

## MRC Steering Committee
- Provides regional representation to MDPH staff
- Provides MRC policy recommendations to MDPH
- Provides feedback on MRC deliverables
- Provides suggestions/feedback on statewide MRC meeting agendas
- Advances Massachusetts MRC issues of concern with MDPH

## HMCC Sponsoring Organizations
- Oversees MRC financials:
  - Annual budget
  - Quarterly expenditure reports
  - Budget modifications
  - Subcontractor ID Form and supporting documents
- Collects MRC Work Plans (and updates) and quarterly reports and submits to MDPH

## Regina Villa Associates (RVA)
- Compiles quarterly reports from units
- Assists MDPH staff in tracking MRC deliverables
- Provides meeting coordination/staffing
- Maintains state website ([mamedicalreservecorps.org](http://mamedicalreservecorps.org))
- Maintains unit 24/7 contact list
- Sends email announcements/updates to unit leaders
- Provides expiration stickers for ID badges

## Massachusetts Medical Society (MMS)
- Provides MA Responds management, program coordination, trainings, and support
- MA Responds issue resolution with Intermedix
- Supports quarterly MRC drills
- Develops and distributes MA Responds Admin Newsletter
- Coordinates the supply and distribution of MA Responds marketing materials

## Statewide Coordinator: Liz Foley
- [liz.foley@state.ma.us](mailto:liz.foley@state.ma.us)

## MA Responds: Darryen Anderson
- [darryen.anderson@state.ma.us](mailto:darryen.anderson@state.ma.us)

## Jennifer Frenette
- [Jennifer.Frenette@HHS.GOV](mailto:Jennifer.Frenette@HHS.GOV)

## R1 and R2: Lois Luniewicz
- [Lois Luniewicz](mailto:Lois.Luniewicz@state.ma.us)

## R3: Nancy Burns
- [Nancy.Burns@state.ma.us](mailto:Nancy.Burns@state.ma.us)

## R4A: Susan Lumenello
- [Susan.Lumenello@state.ma.us](mailto:Susan.Lumenello@state.ma.us)

## R4B: Neia Illingworth
- [Neia.Illingworth@state.ma.us](mailto:Neia.Illingworth@state.ma.us)

## R4C: Courtney Grey
- [Courtney.Grey@state.ma.us](mailto:Courtney.Grey@state.ma.us)

## R5: Liisa Jackson
- [Liisa.Jackson@state.ma.us](mailto:Liisa.Jackson@state.ma.us)

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Last updated November 2018
Appendix B - Important Contacts

**MA Department of Public Health**
Statewide MRC Coordinator: Liz Foley, Liz.Foley@state.ma.us
Exercise and Training Manager: Roberta M. Crawford, roberta.crawford@state.ma.us

**MA RESPONDS**
MDPH Administrative Operations Coordinator: Darryen Anderson, Darryen.Anderson@state.ma.us
Technical Support: maresponds@state.ma.us

**Medical Reserve Corps Program Office (MRCPO)**
Regional Liaison: Jennifer Frenette, Jennifer.Frenette@HHS.GOV
General Email: MRCContact@hhs.gov
Federal Webmaster: MRCWebMaster@asprmail.phe.gov

**Massachusetts Medical Society**
Johnna Coggin, jcoggin@mms.org

**Regina Villa Associates**
Regan Checchio, rchechcio@reginavilla.com
Sarah Paritsky, sparitsky@reginavilla.com
Samantha Souto, ssouto@reginavilla.com
Kyle Olsen, kolsen@reginavilla.com

**Current Steering Committee Representatives**

<table>
<thead>
<tr>
<th>Region or Organization</th>
<th>Name</th>
<th>Primary or Alternate Representative</th>
<th>Email Address</th>
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</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>Lois Luniewicz</td>
<td>Primary</td>
<td><a href="mailto:loisluniewicz@comcast.net">loisluniewicz@comcast.net</a></td>
</tr>
<tr>
<td></td>
<td>Loren Davine</td>
<td>Alternate</td>
<td><a href="mailto:lorendavine@gmail.com">lorendavine@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td>Corrine McKeown</td>
<td>Alternate</td>
<td><a href="mailto:mckeown.corinne@gmail.com">mckeown.corinne@gmail.com</a></td>
</tr>
<tr>
<td>Region 2</td>
<td>Lois Luniewicz</td>
<td>Primary</td>
<td><a href="mailto:loisluniewicz@comcast.net">loisluniewicz@comcast.net</a></td>
</tr>
<tr>
<td>Region 3</td>
<td>Nancy Burns</td>
<td>Primary</td>
<td><a href="mailto:nburns@westfordma.gov">nburns@westfordma.gov</a></td>
</tr>
<tr>
<td>Region 4A</td>
<td>Susan Lumenello</td>
<td>Primary</td>
<td><a href="mailto:slumenello@burlington.org">slumenello@burlington.org</a></td>
</tr>
<tr>
<td></td>
<td>Amy Hansen</td>
<td>Alternate</td>
<td><a href="mailto:mrc@region4a-ma.org">mrc@region4a-ma.org</a></td>
</tr>
<tr>
<td>Region 4B</td>
<td>Neia Illingworth</td>
<td>Primary</td>
<td><a href="mailto:nillingworth@bmestrategies.com">nillingworth@bmestrategies.com</a></td>
</tr>
<tr>
<td></td>
<td>Cheryl Snyder</td>
<td>Alternate</td>
<td><a href="mailto:csnyder@brooklinema.gov">csnyder@brooklinema.gov</a></td>
</tr>
<tr>
<td>Region 4C</td>
<td>Courtney Grey</td>
<td>Primary</td>
<td><a href="mailto:Cgrey@bphc.org">Cgrey@bphc.org</a></td>
</tr>
<tr>
<td></td>
<td>Michael Colanti</td>
<td>Alternate</td>
<td><a href="mailto:MColanti@bphc.org">MColanti@bphc.org</a></td>
</tr>
<tr>
<td>Region 5</td>
<td>Liisa Jackson</td>
<td>Primary</td>
<td><a href="mailto:BristolCountyplanner@gmail.com">BristolCountyplanner@gmail.com</a></td>
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<tr>
<td></td>
<td>Tracy Mayo</td>
<td>Alternate</td>
<td><a href="mailto:tracymayo@hotmail.com">tracymayo@hotmail.com</a></td>
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</tbody>
</table>

**HMCC Sponsoring Organizations**

Appendix C - MRC Unit Submissions Required for MDPH Funding

See following page.
BP1X: MRC Unit Submissions Required for MDPH Funding

Quarterly Submittals (3-4)
Expenditure Reports, Budget Modifications, and Revised Work Plans (if needed)

- **MRC Unit** develops and sends to **HMCC**
  - Dates provided by HMCC

- **HMCC** reviews and submits to **DPH**
  - Consult the Grants Management Manual for deadlines.

- **DPH** reviews and provides feedback to **HMCC**

- **HMCC** shares feedback with **MRC Unit**
  - Dates provided by HMCC

- **MRC Unit** revises, sends to **HMCC**

- **HMCC** reviews, sends to **DPH**

**Online Reports**

- **RVA** emails link to online report
  - Q1: July 1 – September 30
  - Q2: October 1 – December 31
  - Q3: January 1 – March 31
  - Q4: April 1 – June 30

- **MRC Unit** completes report by
  - Q1: October 15
  - Q2: January 15
  - Q3: April 15
  - Q4: July 15

- **RVA** sends results to **HMCC and DPH** by
  - Q1: October 31
  - Q2: January 31
  - Q3: April 30
  - Q4: July 31

**Annual Submittals (3)**
Work Plan, Budget, Subcontractor ID Documentation

_Last updated November 2018_
Appendix D - Federal Reporting Module Supplemental Information

FREQUENTLY ASKED QUESTIONS

Can I select more than one mission?
You can select all missions that apply to the activity. You may also want to consider reporting multiple missions as separate incidents.

Why is my mission not listed?
You can select “Other” and a text box will appear for you to enter the mission. Keep the text you enter to a minimum. Only select “Other” as a last option.

Can I select more than one entity?
You can select more than one entity if multiple agencies requested activation of volunteers for the same incident.

What if the entity is not listed?
Select “Other” and a text box will appear for you to enter the appropriate requesting entity. Only select “Other” as a last option.

Should I count the unit coordinator in the total number of volunteers?
Only if he or she serves in that role as a volunteer and is donating his/her time.

Do I count the hours served by paid staff?
No.

What if a medical volunteer is serving in a non-medical capacity during a response?
That volunteer’s hours should be added under the Non-Public Health/Non-Medical category.

What if I don’t know the professional breakdown of the volunteers?
All the date should be entered under the Non-Public Health/Non-Medical category.

Do I have the ability to edit the subtotal or total amounts shown in the economic impact calculator?
No.

Do I have the ability to edit hourly rate and benefit within the calculator?
Yes, but please do not. It is important that hourly rates and benefits be uniform across units for standardization.

How should volunteers be categorized for trainings?
They should be listed as Non-Public Health /Non-Medical category for all trainings. Professions should only be listed for deployments in the appropriate category

Do I need to be the lead agency completing the AAR to select “Yes?”
You do not.

EXAMPLES
Types of Events

1. MRC volunteers were activated to work in a general population shelter following a winter storm.
   (Selection: Emergency Response Incident)
2. Relay For Life requested MRC volunteers to work a first aid tent. (Selection: Non-Emergency/Public Health Event)

3. MRC volunteers received training on their emergency response activation protocols and completed a full-scale exercise to test understanding of the protocols. (Selection: Non-Emergency/Public Health Event)

4. MRC Unit Coordinator attended a state-sponsored seminar on Emergency Response and Public Health. (Selection: Non-Emergency/Public Health Event)

5. During an outbreak of a novel strain of influenza, a public health institution setup a Point of Dispensing site and MRC volunteers served as vaccinators and provided administrative support. (Selection: Emergency Response Incident)

Start and End Date

1. Completed wellness checks for first responders during search and rescue event (Start Date: 10/15/2013; End Date: 10/15/2013)

2. Provided medical support in a shelter during tornado response (Start Date: 05/06/2014; End Date: 05/07/2014)

3. Provided support at local Emergency Operations Center during flooding event (Start Date: 04/20/2014; End Date: 04/25/2014)

Name of an Incident

1. MRC volunteers provided tetanus vaccinations following a tornado. (Incident Name: Tetanus Vaccinations for County Tornado Response)

2. MRC volunteers worked in an alternate care site following a measles outbreak. (Incident Name: Measles Alternate Care Site Activation)

3. MRC volunteers assisted with evacuation during hurricane. (Incident Name: Hurricane Sandy Evacuation Assistance)

Missions

1. Mental health MRC volunteers provided Psychological First Aid following an earthquake. (Mission Selection: Disaster Behavioral Health)

2. MRC volunteers provided first responder support and assisted efforts during a search-and-rescue incident. (Mission Selection: Wellness Checks and Search and Rescue)

3. MRC volunteers sorted and moved tree limbs and other trash following a tornado. (Mission Selection: Other—Debris Management)

4. Following a hurricane, MRC volunteers assisted with evacuation; 3 days later volunteers were requested to work in a general shelter. (Mission Selection: Enter as two separate incidents—Evacuation and General Shelter Support)

Entries

1. The Local County MRC volunteers were activated to respond to a search-and-rescue incident. Local first responders were searching for an elderly woman who was missing from the local retirement home. Local emergency management requested MRC volunteers to provide wellness checks for first responders because it was very hot. Volunteers also acted as searchers. MRC volunteers discovered that two first responders had to receive additional medical attention from heat exhaustion. Eventually, the woman was found unharmed.

2. Following a devastating tornado, a flood of unaffiliated volunteers arrived onsite. The Local Emergency Operations Center was unsure of how to handle the sudden influx of volunteers and
requested MRC volunteers to manage a Volunteer Reception Center. MRC and AmeriCorps volunteers managed an estimated 1,200 unaffiliated volunteers over a 3-week period. The unaffiliated volunteers were able to be used in an appropriate manner and were encouraged to join volunteer groups, like the MRC or CERT, in their own communities.

3. This spring, our community experienced a severe flood that forced several local families to evacuate their homes for a general population shelter. The floods also ruined several crops, which many families rely on for their income. The American Red Cross had enough volunteers to work in the shelter, but the shelter manager became concerned about the mental well-being of the occupants. Knowing our work with mental health in disasters training, the ARC requested MRC volunteers to work in the shelter. Seven MRC volunteers, all mental health professionals, split shifts over a 2 week period in the shelter and visited with 10 different families. Two families were referred on to receive additional mental health attention.

**AAR Examples**

1. Local emergency management completed an AAR following an evacuation with which MRC volunteers from the local health department assisted. (AAR Response: Yes)
2. Local public health has just finished managing an influenza outbreak, in which MRC volunteers assisted as vaccinators. An AAR will likely be done, but it has not yet been completed. (AAR Response: Yes)
3. MRC volunteers assisted another volunteer organization with a volunteer reception center. The volunteer organization is not planning on completing an AAR. (AAR Response: No)
4. MRC volunteers were requested by the state health department to assist with dispensing tetanus shots following a tornado. You are unsure if the state will complete an AAR. (AAR Response: Unsure)

**Subjective Evaluations**

1. During a mass dispensing operations, the Incident Command System (ICS) was utilized by the local health department to manage the situation. Most of the MRC volunteers had received the appropriate ICS training, but there were a few who were confused and lost in the management structure. (ICS Appropriately Used Response: 4)
2. Following a winter snow storm, emergency management requested 10 volunteers to assist with disaster mental health in a shelter. Due to poor communication and the weather, the request could not be filled for several operational shifts. (Timeliness of the Response: 1)
Appendix E - Role of the Steering Committee

MRC Statewide Coordination Steering Committee

The Statewide MRC Coordination Steering Committee (Steering Committee) includes one representative from each public health emergency preparedness region’s MRC Advisory Committee and representatives from DPH’s Office of Preparedness and Emergency Response (OPEM).

The Steering Committee, facilitated by the MRC Statewide Coordinator, will meet at least quarterly, either in person or by phone. Representatives will solicit recommendations from the Unit Leaders in their region to be discussed at Steering Committee meetings. Additionally, they will develop and implement an Action Plan to be revised on a yearly basis to address recommendations and MRC deliverable requirements.

SELECTION OF REGIONAL REPRESENTATIVES

- Each Region’s MRC Advisory Committee shall submit the name of its representative to the State MRC Coordinator prior to the first meeting of the Steering Committee in each grant year.
- The State MRC Coordinator will ensure representation is rotated annually among any interested Unit Leaders, if applicable within each region.
- Each Region may also name an alternate, in addition to the main representative. It is the responsibility of each Regional Representative to ensure his/her alternate (if applicable) is kept up-to-date on issues/activities of the statewide Steering Committee.

RESPONSIBILITIES OF REGIONAL REPRESENTATIVES

- Each representative should participate in all meetings/calls of the Steering Committee (4 per year). If a representative is uncertain that he or she can make the commitment to attend all meetings, the Region should consider appointing a different representative or an alternate.
- Regional Representatives shall be in contact with MRC Unit Leaders in his/her Region on a quarterly basis through an agreed upon method established by MRC Unit Leaders in the Region. The agreed upon contact method will be utilized by Regional Representatives to inform MRC Unit Leaders in his/her Region about the activities of the Steering Committee and to solicit recommendations to be discussed at Steering Committee meetings/calls.
- Based on recommendations brought before the Steering Committee by each Regional Representative, the Steering Committee will prioritize issues and develop and implement an Action Plan to address recommendations and MRC deliverable requirements. The Action Plan will include both long and short term goals and will be reviewed and revised, as necessary, on a yearly basis.
- Regional Representatives will ensure that Action Plan items will promote consistency on recruitment, training, volunteer identification, and activation protocols for MRCs and encourage coordination with other volunteer programs such as MA Responds, CERT, etc.
- Provide recommendations on new statewide or local/regional MRC unit applications in Massachusetts.

- Provide recommendations for the agenda for the Statewide MRC meeting.
# Appendix F - Volunteer Request Form

Available online: [bit.ly/MRCvrequest](bit.ly/MRCvrequest)

---

## Massachusetts Volunteer Request Form

**Description of event:**

---

**Region**

**Local MRC leader:**

Has local MRC been contacted?  ☐ Yes  ☐ No

## Requesting Agency Information

**Date:**

**Requestor’s name:**

**Requestor’s telephone:**

**Requestor’s email:**

## Event Information

**Date:**

**Address/Location:**

**Point of Contact at Site:**

**Number:**

**Type of event?**  ☐ Shelter  ☐ Emergency  ☐ Other

**How quickly is response needed?**

## Volunteer Information

**Description of Volunteer Duties:**

**Job Descriptions included?**  ☐ Yes  ☐ No

**Type of volunteers needed (medical/non-medical)?**

**How many of each?**

**Professions & skills needed:**

**Date/time/duration of shift(s) and check-in time:**

**Who do volunteers report to?**

**Number:**

**Additional Info (meals, supplies, lodging, transportation, parking, etc)**

**Directions**
Appendix G - Process for Volunteer Requests during a Cross-Jurisdictional Event


See following page.
Process for Volunteer Requests during a Cross-Jurisdictional Event

Requesting Additional Volunteers When SEOC Is Activated

1. If the State Emergency Operations Center (SEOC) is activated, DPH OPEM will notify MRC Unit Leaders and State of MA Volunteer Program (MVP) members via MA Responds or via the HHAN (Non-MA Responds) if volunteers are needed. Volunteers may be asked to standby.

2. If an MRC unit has been asked by a local community to provide assistance and the MRC can meet these needs, the requesting entity is asked to call the ESF-8 desk to provide awareness. If the local MRC unit cannot meet the requestor’s needs, then the requesting entity should proceed to step 3.

3. To request additional MRC support, the requesting entity will call the ESF-8 desk to request necessary volunteers; ESF-8 staff may ask the following questions (but not limited to) to fill out the Volunteer Request Form:
   1. Number/ type of volunteers needed (medical/non-medical)
   2. Date/Time/Duration of shifts requested
   3. Address/ location of mission (ex: a shelter); Include Directions
   4. Name/Phone Number of Point of Contact at site and who volunteers report to
   5. Requestor’s contact information in case further information is needed
   6. Any other relevant information

4. ESF-8 will send a request to the Volunteer Support Team (VST). The VST will then contact MRC Unit Leaders an/or MVP members through MA Responds and phone/email for non-MA Responds leaders. MRC leaders shall follow unit protocols for activating volunteers.
• In accordance with MRC Deliverables, units will send a message to volunteers within two (2) hours of initial notification from DPH OPEM through MA Reponds.

• Non-MA Responds units will be requested to send a message via telephone or email. Non-MA Responds units will be asked to verify all deployable volunteer credentials (no less than CORI/SORI) in writing.

• The VST will utilize MA Responds to assign volunteers to appropriate tasks/shifts and notify the volunteer(s), Unit Leader and requestor. The VST will also notify the requestor if no volunteers are available.

• The VST will host conference calls as needed to identify and discuss any areas of concerns and all ongoing needs. These activities will be documented in WebEOC, the Duty Officer Log or other reporting mechanisms.

• The VST will provide regular email updates to relevant parties to share all necessary data (ex: from regional coordinators, MEMA situational awareness, etc.).
1. Units will work directly with requestor to fill volunteer requests. DPH OPEM volunteer support team (VST) will not be activated.

2. Requesting agencies may contact the local unit directly or notify OPEM staff by calling the 24/7 pager at (617) 339-8351 of a cross-jurisdictional need for volunteers and must include the required information listed on the Volunteer Request Form.

3. The duty officer will contact the MRC State Coordinator or designee, and if approved to assist in a local response by the OPEM Director or Deputy Director, MVP members will be contacted through MA Responds.

4. MRC unit Leaders shall follow individual protocols for activating volunteers. In accordance with MRC Deliverables, units will send a message to volunteers within two (2) hours of initial notification from DPH OPEM through MA Responds.

5. If within 2 hours of initial notification there are not enough volunteers, Non-MA Responds units will be requested to send a message via telephone or email. Non-MA Responds units will be asked to verify all deployable volunteer credentials (no less than CORI/SORI credentials) in writing.
• The MRC State Coordinator and MMS staff will utilize **MA Responds** to assign volunteers to appropriate tasks/shifts and will notify the volunteer(s) and Unit Leader, as well as the original requestor. The MRC State Coordinator will also notify the requestor if no volunteers are available.

• The MRC State Coordinator, with approval from the Director of OPEM or the Deputy Director, will host conference calls as needed with relevant parties to identify and discuss areas of concern and all ongoing needs. All activities will be documented in WebEOC, the Duty Officer Log, or other reporting mechanisms.

• Regular email updates will be provided to the relevant parties to share all necessary data (ex: from regional coordinators, MEMA situational awareness, etc.).
Appendix H - Training Request Forms

Request to Attend a Training or Conference Form

Request to attend a Training or Conference

Sponsoring Organization/Region: Choose Region

This form must be completed, signed, and submitted to the OPEM HMCC mailbox (dphhmcc@massmail.state.ma.us) by the HMCC Sponsoring Organization at least 30 days prior to the conduct of, or attendance at, any training/conference that is supported by PHEP, HPP, or state funds. Failure to submit the form prior to conducting, or attending a training or conference may result in restrictions on the use of federal or state emergency preparedness funding. Please refer to the Policy for Use of Emergency Preparedness Funds to Attend Conferences and Trainings in the OPEM Grants Management Manual BP1X for additional details. Please note funds cannot be used to pay for trainings if they are offered and available at no charge elsewhere.

Per federal grant requirements, all trainings and conferences need to address clearly identified gaps. As such, DPH OPEM conducted statewide training workshops to help identify broad statewide gaps that are applicable to all HMCC disciplines across the Commonwealth. The top 17 are listed below, and can be used to assist in the determination of appropriate training/conference hosting and attendance requests. If there are other gaps that have been identified by the requesting entity, please indicate them that below in the appropriate sections.

Statewide Training Gaps – please check all that apply

☐ After Action Review/Improvement Planning ☐ Effective Communications ☐ People with disabilities and others with access and functional needs

☐ Animals in Disaster ☐ Emerging Infectious Diseases ☐ Personal Protective Equipment

☐ Behavioral Health ☐ Incident Command System ☐ Volunteer-related

☐ Continuity of Operations ☐ Language Needs ☐ WebEOC
| Capability(ies) associated with this training/conference. Please choose more than one, if appropriate | Select a PHEP Capability
Select a PHEP Capability
Select |
| Select an HPP Capability
Select an HPP Capability
Select an additional HPP Capability (if necessary) |

<table>
<thead>
<tr>
<th>Budget Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration fees</td>
<td></td>
</tr>
<tr>
<td>Travel fees (breakdown costs below)</td>
<td></td>
</tr>
<tr>
<td>Transportation (airfare, mileage, parking, etc)</td>
<td></td>
</tr>
<tr>
<td>Lodging</td>
<td></td>
</tr>
<tr>
<td>Per Diem Costs</td>
<td></td>
</tr>
<tr>
<td>Other costs (please describe)</td>
<td></td>
</tr>
</tbody>
</table>
Request to Attend Training *(Please add agenda/flyer at time of request)*:

| Name(s) and affiliation(s) of proposed attendees: |  |
| Organization sponsoring the Training/Conference: |  |
| Name of Training/Conference: |  |
| Date of Training/Conference: |  |
| Location of Training/Conference: |  |
| Agenda/Flyer attached? | ☐ Yes ☐ No |

**Approvals:**

*Please submit to your HMCC who will review and submit to OPEM for final approval.*

| HMCC SO: | Date: | Reviewed ☐ |
| OPEM Director: | Date: | Approved ☐  Denied ☐ |
Request to Host a Training or Conference Form

Available online: http://bit.ly/MRHosttrainingrequest

OFFICE OF
PREPAREDNESS
AND EMERGENCY
MANAGEMENT

Request to HOST a Training or Conference

Sponsoring Organization/Region: Choose Region

This form must be completed, signed, and submitted to the OPEM HMCC mailbox (dphhmcc@massmail.state.ma.us) by the HMCC Sponsoring Organization at least 30 days prior to the conduct of, or attendance at, any training/conference that is supported by PHEP, HPP, or state funds. Failure to submit the form prior to conducting, or attending a training or conference may result in restrictions on the use of federal or state emergency preparedness funding. Please refer to the Policy for Use of Emergency Preparedness Funds to Attend Conferences and Trainings in the OPEM Grants Management Manual BP1X for additional details. Please note funds cannot be used to pay for trainings if they are offered and available at no charge elsewhere.

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Statewide Training Gaps – please check all that apply

☐ After Action Review/Improvement Planning  ☐ Effective Communications  ☐ People with disabilities and others with access and functional needs

☐ Animals in Disaster  ☐ Emerging Infectious Diseases  ☐ Personal Protective Equipment

☐ Behavioral Health  ☐ Incident Command System  ☐ Volunteer-related

☐ Continuity of Operations  ☐ Language Needs  ☐ WebEOC

☐ Cross-discipline coordination  ☐ Making it Simple/Real World/Operationalize  ☐ Workplace Violence/Mass Shooter

☐ Demobilizing  ☐ Media/PIO
## General Information:

<table>
<thead>
<tr>
<th>Requesting Entity Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Submitted:</td>
</tr>
<tr>
<td>Form Submitted by:</td>
</tr>
<tr>
<td>Submitter email:</td>
</tr>
<tr>
<td>Capability(ies) associated with this training/conference. Please choose more than one, if appropriate</td>
</tr>
</tbody>
</table>

### Select a PHEP Capability
- Capability
- Capability

### Select an HPP Capability
- Capability
- Capability

Outline objectives of training/conference:

Please specify funding source:
- [ ] PHEP Funds
- [ ] HPP Funds
- [ ] MRC Funds
- [ ] HMCC SO Funds

## Budget Description

<table>
<thead>
<tr>
<th>Speaker fees/honoraria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue Costs (breakdown costs below)</td>
</tr>
<tr>
<td>Rental space</td>
</tr>
<tr>
<td>Food</td>
</tr>
<tr>
<td>AV equipment</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

Other costs (please describe)
### Will a subcontract be required?

- ☐ Yes  ☐ No

- If required, is the subcontractor ID packet attached?
  - Yes  ☐ No

### Request to host Training/Conference (Please add agenda/flyer at time of request):

| Name of Training/Conference: |
| Date of Training/Conference: |
| Organization conducting the Training/Conference: |
| Name of Instructor: |
| Location of Training/Conference: |
| Number of people to be trained or will attend: |

### Approvals:

*Please submit to your HMCC who will review and submit to OPEM for final approval.*

 HMCC SO: __________________________ Date: __________ Reviewed ☐

 OPEM Director: __________________________ Date: __________ Approved ☐ Denied ☐
Appendix I - Exercise Notification Forms

General Exercise Notification Form


Exercise Notification Form

Sponsoring Organization: ____________________
Region: ____________________

This form must be completed and submitted to the Regional Hospital/Public Health Coordinator and to the OPEM Planning and Exercise Unit Administrator (Roberta.Crawford@state.ma.us) prior to the initial planning meeting for all exercises that will be supported wholly or in part with PHEP, HPP or state emergency preparedness (EP) funds received from the Office of Preparedness and Emergency Management.

In addition, this form must be completed and submitted when DPH resources such as the HHAN², WebEOC or the OPEM Duty Officers will be requested to be utilized during the exercise, regardless of whether the exercise is funded with EP dollars. Failure to submit the form prior to the initial planning meeting may result in restrictions on the use of federal or state emergency preparedness funding or availability of DPH resources.

General Information:

<table>
<thead>
<tr>
<th>Requesting Entity Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Form Submitted:</td>
<td></td>
</tr>
<tr>
<td>Form Submitted by:</td>
<td></td>
</tr>
<tr>
<td>Submitter email:</td>
<td></td>
</tr>
<tr>
<td>Name of Exercise:</td>
<td></td>
</tr>
<tr>
<td>Date of Exercise:</td>
<td></td>
</tr>
</tbody>
</table>

² Please note that this does not apply to the EDS and HHAN drills that are conducted as part of the CDC PHEP annual deliverables.
<table>
<thead>
<tr>
<th>Location of Exercise:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Entity Sponsoring the Exercise:</td>
<td></td>
</tr>
<tr>
<td>Type of Exercise:</td>
<td>□ Workshop □ Seminar □ Drill □ Seminar □ Functional □ Full-scale</td>
</tr>
<tr>
<td>Focus area of Exercise:</td>
<td>□ Response □ Recovery □ Other__________________________</td>
</tr>
<tr>
<td>Scenario Type: (e.g. Pandemic, Biological, Natural Hazard etc.):</td>
<td></td>
</tr>
<tr>
<td>Capabilities being tested:</td>
<td>Select a PHEP Capability</td>
</tr>
<tr>
<td></td>
<td>Select a Capability</td>
</tr>
<tr>
<td></td>
<td>Select a Capability</td>
</tr>
<tr>
<td></td>
<td>Select a Capability</td>
</tr>
<tr>
<td></td>
<td>Select a HPP Capability</td>
</tr>
<tr>
<td></td>
<td>Select a Capability</td>
</tr>
<tr>
<td></td>
<td>Select a Capability</td>
</tr>
<tr>
<td></td>
<td>Select a Capability</td>
</tr>
<tr>
<td>What Plan(s) are being exercised?</td>
<td></td>
</tr>
</tbody>
</table>

**Exercise Participants:**

<table>
<thead>
<tr>
<th>What facilities/entities will be involved?</th>
<th>□ Hospitals □ Public Health □ CHC □ LTC □ EMS □ Public Safety □ Other__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Participants?</td>
<td>(please list)</td>
</tr>
<tr>
<td>Federal Participants?</td>
<td>(please list)</td>
</tr>
<tr>
<td>Local Partners?</td>
<td></td>
</tr>
</tbody>
</table>
Appendix I – Exercise Notification Forms

(please list)

Have they all been notified of their participation?

Please list dates for each of the applicable planning meetings below.

<table>
<thead>
<tr>
<th>Meeting Type</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Planning Meeting:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midterm Planning Meeting:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final Planning Meeting:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Exercise Information:

<table>
<thead>
<tr>
<th>Information</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify funding source:</td>
<td>☐ PHEP Funds ☐ HPP Funds&lt;br&gt;☐ State Funds</td>
</tr>
<tr>
<td>Are funds part of an approved budget?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Will DPH resources be requested for use during this exercise?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>What DPH resources will be utilized?</td>
<td>☐ WebEOC ☐ HHAN&lt;sup&gt;3&lt;/sup&gt;&lt;br&gt;☐ OPEM Duty Officer&lt;br&gt;☐ OPEM or other DPH Bureau Staff Time&lt;br&gt;☐ Other__________________________</td>
</tr>
<tr>
<td>Name of Person(s) Writing After Action Report:</td>
<td></td>
</tr>
<tr>
<td>Email address of Person Writing After Action Report:</td>
<td></td>
</tr>
</tbody>
</table>

Please write out a brief (1 to 2 paragraph) narrative of the exercise and its scenario.

3 If the HHAN will be utilized, pre-scripted messages must be submitted at least one week prior to exercise.
Planned Event or Large-Scale Exercise Notification Form
Available online: http://bit.ly/MRCplannedevent

This form must be completed and submitted to the OPEM Planning and Exercise Unit Administrator (roberta.crawford@state.ma.us) as soon as a Regional Coordinator learns of a planned event or large scale exercise that will be occurring in their region. This form is to be submitted regardless of who is funding the event.

General Information:

<table>
<thead>
<tr>
<th>Date Form Submitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is Submitting the Form:</td>
</tr>
<tr>
<td>Name of Event:</td>
</tr>
<tr>
<td>Date of Event:</td>
</tr>
<tr>
<td>Location of Event:</td>
</tr>
<tr>
<td>Time of Event:</td>
</tr>
<tr>
<td>Type of Event (Planned Event or Exercise):</td>
</tr>
<tr>
<td>Sponsor Organization for the Event:</td>
</tr>
</tbody>
</table>

Will OPEM staff be in attendance in an official capacity, if so who and in what role? *(Completion of this form does not replace any necessary supervisor approval for participation.)*

Other Event Participants:

| What facilities/entities will be involved? | □ Hospitals | □ Public Health |
### Appendix I – Exercise Notification Forms

<table>
<thead>
<tr>
<th>□ CHC</th>
<th>□ LTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ EMS</td>
<td>□ Public Safety</td>
</tr>
<tr>
<td>□ Other__________________________</td>
<td></td>
</tr>
</tbody>
</table>

**State Participants?**<br>(please list)  

**Federal Participants?**<br>(please list)  

**Local Partners?**<br>(please list)  

---

**Please write out a brief overview of the event.**

---

**Additional Event Information:**

Specify funding source if using DPH supplied funding:<br>□ PHEP Funds □ HPP Funds □ State Funds

Are funds part of an approved budget?<br>□ Yes □ No

Will DPH resources be requested for use during this event?<br>□ Yes □ No

What DPH resources will be utilized?<br>□ WebEOC □ HHAN$^4$

---

$^4$ If the HHAN will be utilized, pre-scripted messages must be submitted at least one week prior to exercise.
|                                      | ☐ OPEM Duty Officer | ☐ OPEM or other DPH Bureau Staff Time | ☐ Other__________________________ |
Appendix J - Funding Allocation Guidance for MRC Units Across Massachusetts


Funding Allocation Guidance for Medical Reserve Corps Units across MA
April 17, 2018

The Steering Committee recognizes the importance of using an equitable, replicable funding formula for distributing annual funds across regions. By adapting a standardized formula, MRC units can work more strategically to ensure scalability if funding levels change. Please note: If the region does not feel that the formulas suggested below satisfy the needs of their units and communities, the units within the region should cooperatively determine an alternate method/formula and provide a rationale for it.

The Steering Committee encourages MRC unit leaders to think deliberately about future funding when reviewing this guidance. Replicable funding formulas will help increase efficiency and equity among communities, allowing funding to be used purposefully across regions. By working with other MRCs in the region, units can demonstrate a more targeted approach in developing workplans and budgets based on regional priorities and values.

When considering potential changes in funding, the Steering Committee recommends regions consider the interests of the community, as well as the individual mission of units. While we acknowledge that these conversations may be difficult, the intent of these changes is to build MRC capacity across the state, positively impacting the preparedness, response, and overall resiliency of the Commonwealth.

Potential Funding Formulas to Consider

As regions begin preparing for the next budget period, leaders are encouraged to think strategically about future funding. The Steering Committee has developed three possible funding models for units who wish to identify or modify their current models. Regions are not required to use these models, but rather, are encouraged to identify justifiable formulas.

Workplans should reflect the rationales for funding that are used in each region. For example, if a region provides direct MRC unit allocations on the basis of population, units that receive additional funding should demonstrate how this funding is used to meet the needs of the population.

1. MODEL ONE
   o Unit leaders develop a single regional workplan and budget.
o A percentage of the region’s funding is allocated for multiple regional projects. These projects address regional gaps.

o Funds not allocated to regional projects are allocated based on funding requests/applications to the regional MRC Advisory Group. Once approved, they will correspond to specific tasks outlined in the regional workplan.
  ▪ For example, one unit covers a population with a high percentage of non-English-speakers. The non-English speakers are not receiving the appropriate preparedness materials from the unit, therefore a workplan would identify the development of translated materials and associated costs.

o Considerations:
  ▪ Units must collaborate to develop the regional workplan and budget.
  ▪ The MRC Advisory Group must develop a system for how they review and approve funding requests from units.

2. MODEL TWO
  o Unit leaders develop a single regional workplan and budget.
  o A percentage of the region’s funding is allocated for multiple regional projects. These projects address regional gaps.
  o Funds not allocated to a regional project are distributed as individual unit allocations, according to one or more of the factors to consider (see below – “Factors to Consider for Unit Allocations”).
  o Considerations:
    ▪ Units must collaborate to develop the regional workplan and budget.
    ▪ Units must still develop a funding formula for the unit allocation. (see below- “Example of how to Develop a Factor-Based Formula)
      ➢ Formulas based on multiple factors can be complicated to develop and implement.
      ➢ If a simple formula is developed around only one factor, such as population, it potentially provides additional funding to units with high populations (depending on current regional funding structure) and potentially decreases future funding to units that cover large geographic areas with smaller populations.

3. MODEL THREE
  o Each unit in the region has its own individual workplan and budget.
  o A percentage of the region’s funding is allocated to a regional project(s)
    ▪ Similar to a mini-grant, this project addresses a regional gap.
    ▪ The regional project is reflected in all units’ workplans, but is only included in one unit’s budget.
  o Funds not allocated to a regional project are distributed as individual unit allocations, according to one or more of the factors to consider (see below – “Factors to Consider for Unit Allocations”).
  o Considerations:
- Units must still develop a funding formula for the unit allocation. (see below- “Example of how to Develop a Factor-Based Formula)
  - Formulas based on multiple factors can be complicated to develop and implement.
  - If a simple formula is developed around only one factor, such as population, it potentially provides additional funding to units with high populations (depending on current regional funding structure) and potentially decreases future funding to units that cover large geographic areas with smaller populations.
- Individual unit allocations potentially decrease the likelihood of units pooling resources to work and fund projects/staff collaboratively (see County-based funding in Region 1).

Factors to Consider for Unit Allocations

The Steering Committee recognizes the diversity of the MRC structures (county-based, single community-based, regional units, etc.), along with the varying demographics of each coverage area. The Steering Committee has therefore included a list of factors that regions may want to consider when looking at funding formulas and designing workplans. These factors (while not exhaustive) have the advantage of capturing regional and community needs, and can be examined with a variety of data sources.

In determining funding for the region, some factors to consider could include:

- Population covered by the unit
- Demographic profile of the region
  - Age breakdown
  - Income levels
  - Poverty status
  - Race and ethnicity
  - Environmental Justice populations – based on income level, minority status, and Limited English Proficiency
- Geographic area served (size, terrain, etc.)
- Regional gaps identified (jurisdictional risk assessment, hazard vulnerability analysis, etc.)
- Historical incidents (i.e. proximity to weather events, major planned events, etc.)

*If a region chooses to focus on one or more of these factors and use it to weight funding allocations, activities in the workplan(s) should be tied to efforts that relate to the factors.*

Example of How to Develop a Factor-Based Formula

A region could identify MRC units that meet certain minimum thresholds – for example, a unit in which 20% or more of its population lives in a census block group where Environmental Justice (EJ) criteria are met. Additional funding could be given to units that meet this threshold, in order
for it to develop an activity or project that improves emergency preparedness for that specific community.

- Example: Region A (with 4 units) sets a funding formula that is 90% population-based + 10% EJ based.
  - If the regional allocation is $40,000, 90% of the regional allocation is set aside for population-based funding ($36,000). Region A has a total population of 40,000. The allocation per individual in the region is $36,000/40,000 ($0.90/person)
    - Unit 1 has a population of 15,000. Its population allocation is $0.90 * 15,000 ($13,500.00)
    - Unit 2 has a population of 5,000. Its population allocation is $0.90 * 5,000 ($4,500.00).
    - Units 3 and 4 each have a population of 10,000. Its population allocations is $0.90 * 10,000 each ($9,000.00 each).
  - 10% of the regional allocation is set aside for units that meet EJ-thresholds ($4,000). In Region A, Units 1 and 4 meet the thresholds. $4,000 is divided by 2 and each unit receives an additional $2,000 worth of funding.
    - In this example, Unit 1 receives a total of $15,500.

Data Sources

Please note that DPH is available to assist with the provision of data when reviewing the factors to consider. The following data sources are available to unit leaders who wish to collect data about their communities:

- Jurisdictional risk assessment
- BEH Portal community profiles
- Regional Hazard vulnerability analysis (if available)
- Mapping resources:
  - RX Open
  - Social Vulnerability Index Map
  - Toxics User Map
  - Empower Map

How to Develop a Regional Project

Similar to the approach to unit allocations, the Steering Committee encourages regions to use the data sources and other available resources. Units can brainstorm ideas for addressing known regional gaps. Regions could develop projects that address:

- Population covered by the unit

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5 These can be requested from a region’s HMCC sponsoring organization.
• Regional gaps that have been pre-identified (jurisdictional risk assessment, hazard vulnerability analysis, etc.)
• Demographic profile of the region
  o Age breakdown
  o Income levels
  o Poverty status
  o Race and ethnicity
  o Environmental Justice populations – based on income level, minority status, and Limited English Proficiency
• Historical incidents and gaps (i.e. proximity to weather events or major planned events)
• After-action reports from emergencies/drills

A regional project can be geographically specific, yet still address a regional gap.