

**Budget Period 1 (BP1) 2024-2025  
MEDICAL RESERVE CORPS (MRC)**

**MDPH Requirements and Priority Areas**

**MRC Quarterly Requirements**

- a. Update unit 24/7 contact information
- b. Meet with other MRC units within the region as an Advisory Group
- c. Complete federal MRC reporting
- d. Complete MA Responds quarterly call-down drills by participating in two (2) MDPH OPEM sponsored drills and two (2) unit sponsored drills
- e. Engage volunteers regularly to enhance public health preparedness and unit capacity
- f. Collaborate with community and public health partners
- g. Provide details around any unit volunteer deployments
- h. Participate in MDPH MRC applicable projects and trainings and share resources provided by OPEM (*as applicable*)
- i. Select three (3) MRC unit priority areas (from below) **and** describe the following:
  - i. How does the selected priority relate specifically to your unit (e.g. based on the current volunteer makeup; based on a regional HVA, risk assessment, gap analysis, etc.; geographic location; coverage area demographics)
  - ii. Any budget period 1 (BP1) unit and/or regional MRC activities that support the selected priority area

**MRC Priority Areas**

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| [Addressing At-Risk Populations] Supporting activities in underserved areas/populations (e.g., medically underserved areas, rural communities) and/or at-risk individuals (e.g., children, pregnant women, senior citizens, and other individuals who have special needs in the event of a public health emergency). |
| [All Hazards Planning] Collaborate with public health and healthcare partners to participate in all hazards planning.  |
| [Climate Change] Activities to serve areas impacted by more frequent and/or more severe disasters related to climate change.   |
| [Community Partnerships] Establish and cultivate relationships with community partners who ensure community access during public health threats and disasters.   |
| [Community Preparedness & Resilience] Improve local emergency response capabilities, reducing vulnerabilities, and building community preparedness and resilience.   |
| [Health Equity] Incorporate health equity practices to enhance preparedness and response support for communities experiencing differences in health status due to structural barriers.   |
| [Recovery] Develop and execute plans and drills to support the short and long-term recovery for populations affected by a disaster or public health emergency.   |
| [Responder Health and Safety] Address Volunteer Safety and Preparedness.   |
| [Response Plans] Build or incorporate organizational/unit and community response plans.  |
| [Unit Administration] MRC Unit Development (volunteer recruitment, engagement, retention, etc.).   |
| [Volunteer Workforce Development & Training] Build, support, and sustain a diverse, ready, and resilient public health emergency response workforce.   |
| [Addressing At-Risk Populations] Supporting activities in underserved areas/populations (e.g., medically underserved areas, rural communities) and/or at-risk individuals (e.g., children, pregnant women, senior citizens, and other individuals who have special needs in the event of a public health emergency). |

## **BP1 MDPH MRC Conditions of Funding**

Federally recognized MRC units who receive state funding must:

1. Utilize MA Responds to register, credential, and communicate with volunteers for deployments.
2. Credential all unit volunteers in accordance with established standards in MA Responds, including the submission of a MA CORI and SORI check. Volunteers must reach a status of "accepted" prior to any deployment. Pending volunteers will not be considered deployable.
3. Confirm annually that units have at least two administrators identified in the system, and that at a minimum; at least one administrator has completed the basic level MA Responds trainings.
4. Upon changes in unit leadership:
  - a. Complete the [MA Responds Appendix C Administrator Change form](#) and confirm all new MA Responds administrators have been trained within 60 days of hire.
  - b. Update the 24/7 list (*link provided directly to coordinators*).
  - c. Share updated contact information with [massachusettsmrc@gmail.com](mailto:massachusettsmrc@gmail.com) for the state website and email contact list.
  - d. Share updated information with the MDPH Statewide MRC Coordinator.
5. Comply with the Process for [Statewide Request for Volunteers Standard Operating Procedure](#) to mobilize MRC volunteers across unit or regional boundaries if needed.
6. Notify MDPH of any deployment/standby request (outside of DPH) within 48 hours.
7. Work with the HMCC to ensure that all expenditures are made and reported in compliance with deliverable requirements, the MDPH BP1 Grants Management Manual (GMM).
8. Provide to the HMCC accurate Quarterly Expenditure Reports, Budget Modifications, detailed original receipts, and any other needed information at the close of each quarter.
9. Review the regional MRC funding formula with all units within the region and share with the HMCC Sponsoring Organization.
10. Share and discuss proposed unit priorities, budget considerations, and any potential budget modifications with representatives from the HMCC and communities affiliated with the unit to maintain alignment and collaborative planning efforts.
11. Acknowledge that as a federally recognized MRC unit that receives state funding, MDPH may message, manage, and deploy MRC volunteers as appropriate in emergent and/or extenuating circumstances as determined by MDPH.
12. Participate in MDPH MRC applicable projects and trainings and share links/resources provided by OPEM for education, training, and unit development as appropriate.