



## BP5 MEDICAL RESERVE CORPS UNIT DELIVERABLES

1. **One representative from a federally recognized unit shall participate on the Regional MRC Advisory Group. The advisory group must meet quarterly (at minimum) to:**
  - Provide a listing of any gaps in MRC coverage within the region and strategies to address them.
    - *Regions without complete community coverage will not be eligible for Q4 MRC funds.*
  - Review the regional funding formula used to determine annual unit (and/or regional) allocations. Revise, as necessary.
  - Select a representative and alternate to participate on the Statewide MRC Steering Committee.
  - Determine opportunities for regional collaboration.
  
2. **Engage MRC volunteers regularly to enhance public health preparedness and unit capacity by providing a minimum of four (4) regional or unit sponsored training opportunities throughout the year.**
  - Complete and submit the training request form to the HMCC at least 30 days prior trainings using MRC/PHEP/ASPR funds for DPH pre-approval.
    - *Trainings must receive approval prior to being held.*
  - Maintain records (i.e. description, agenda, evaluation, and attendee list) of MRC sponsored trainings.
    - *Completed trainings should be submitted through the quarterly report. Rosters must be available upon request.*
  - Trainings should be based off of the [MRC National Core Competencies](#), [ASPR Capabilities](#) and/or the [PHEP Capabilities](#) and may be in-person or remote, as appropriate.
  - Units are encouraged to work in collaboration with one another.
  
3. **Federally recognized MRC units that receive state funding must utilize MA Responds:**
  - a. To **register** unit volunteers.
    - i. All volunteers must be registered using MAResponds.org.
  - b. To **credential** unit volunteers.
    - i. MRC units must have all volunteers registered and credentialed in MA Responds prior to any deployment. Volunteers eligible for local or state deployment must be credentialed in accordance with the MA Responds standards (CORI/SORI)\*. Volunteers not fully

credentialed within MA Responds are not eligible for deployment – either locally or statewide.

*\*Non-compliance may result in the withholding of funds.*

- c. To **communicate** with eligible volunteers for deployments.
  - i. All deployment communications must be done through the MA Responds system; however, units may use alternate systems **in addition to** MA Responds as redundant communications for deploying fully credentialed MA Responds volunteers.
- 4. 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.**
  - New unit administrators must attend basic MA Responds training within 60 days of starting their position.
  - Unit administrators must remain up to date with changes around policies and procedures related to the MA Responds database.
    - *Changes to administrators should be reflected through submission of the [Appendix C form](#).*
- 5. Participate in and/or facilitate quarterly drills (1 drill/quarter) utilizing the MA Responds system. 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.**
  - An [After Action Report/improvement Plan \(AAR/IP\)](#), unit specific results report or completion of the MRC call-down [template](#) must be submitted within 30 days of all unit sponsored drills.
  - The completion of an AAR/IP because of a real-world event may be submitted in lieu of a quarterly drill.
- 6. Identify at least three focus areas to strengthen the MRC unit and build capacity to respond as outlined in the BP5 Reporting and Submissions Tool. *Focus areas may include but are not limited to:***
  - Developing, updating and/or exercising MRC unit plans
  - Addressing responder health and safety through unit resources (plans, trainings, etc.)
  - Establishing community partnerships and/or better engaging local health depts
  - Diversifying MRC volunteers to build unit capabilities
  - Supporting activities in underserved areas/populations (e.g., medically underserved areas, rural communities)
  - Supporting activities to address the needs of at-risk individuals
  - Other areas as determined by the unit
- 7. Collaborate with regional emergency preparedness and hospital coordinators, public health coalitions, hospitals, HMCCs, MA Responds representatives, public health and response volunteer organizations and other planning and response partners to:**
  - Identify gaps in volunteer needs and support local, regional, and statewide recruitment plans.
  - Ensure that MRC volunteers are incorporated into local and regional public health and medical response protocols, plans, and coalitions as appropriate.
  - Ensure local communities and coalitions are aware of relevant unit policies and procedures (i.e. deployment protocols)
  - Collaborate with communities and coalitions to build or enhance mass care activities specifically around the use of volunteers.
- 8. Participate in DPH MRC applicable projects and trainings and share links/resources provided by OPEM for education, training, and unit development as appropriate.**