

MRC Unit Sustainability Guidance

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Introduction

This document is intended to serve as guidance for MRC unit leaders to ensure sustainability as funding continues to evolve, host agency support changes, and MRC unit staff transitions over time. Over the past several years, many unit leaders have chosen to make structural changes to their units and workplans, identified creative funding opportunities, and taken on documentation responsibilities to ensure their units' success and sustainability.

This Sustainability Guidance arose during discussions of the MRC Steering Committee in 2019 around sustainability of the MRC program. The MRC Steering Committee expressed interest in sharing lessons learned and strategies that units have utilized to maximize efficiency and pool resources as funding has changed over time.

Like the Funding Allocation Guidance developed by the Steering Committee in 2018, this guidance is available to unit leaders that wish to use it but is *not* required.

This document provides an overview to existing sustainability challenges (financial, host agency support, and MRC staff transitions) to MRC units in Massachusetts.

Additionally, this document includes information around four different strategies units have found successful when considering a unit's maintenance and longevity. Each strategy page includes a similar structure, including an overview of the strategy, potential benefits, considerations unit leaders should think about before implementation, example(s) of unit(s) that successfully used the strategy, and tasks and actions unit leaders can take.

Sustainability Challenges to MA MRC Units

MRC units in Massachusetts may face a variety of potential challenges, including funding reductions and other financial challenges, varying levels of host agency support, and challenges related to MRC unit staff transitions.

Challenge: Financial

Both federal and state funding have seen decreases in recent years.

Funding from the National Program Office

When the federal MRC Program began (FY04 and FY05), units received pilot grants of \$50,000 each for three years. After those initial pilot grants, Capacity Building Awards (CBA) were given to MRC units via a cooperative agreement that NACCHO has with the federal program office. From FY07-FY10, units that received CBAs received between \$5,000 - \$10,000 per unit/per year. Beginning in CBA amounts continued to fluctuate and decrease further until they were eliminated after FY15.¹

From FY14-FY18, the federal program office has also provided additional funding in the form of Challenge Awards, competitive grants which encouraged collaboration among units. Since then, the program office eliminated direct funding choosing to focus on three select pilot programs, then reinstating the opportunity for competitive funds over the last year.

Massachusetts Direct Funding to MRC Units

In FY06, MDPH began funding each region to enhance regional volunteer resource development through local Medical Reserve Corps (MRC). Beginning with the distribution of funds at approximately \$115,000 per region, DPH has continued to provide direct support to ensure all MA communities are covered by and have access to an MRC unit. To date, the annual funding (FY21) amount remains at approximately \$88,000 per region.

Over the last 15 years, funding levels have changed as a result of fluctuations in federal dollars, directly affecting on the state match funds which are now used to support MA MRCs. In addition to the provision of state dollars, federal funds are allocated by MDPH OPEM to increase program capacity indirectly, such as offering a statewide volunteer database, conduct strategic planning, offer technical assistance, etc.

Uncertainties and Limitations of Federal and State Funding

Direct funding to MRC units has decreased over time from both the federal program office and from MDPH as a result of changes in CDC's PHEP (Public Health Emergency Preparedness) program and ASPR's Hospital Preparedness Program (HPP) funds). MRC units that may rely solely on grant funding are faced with annual uncertainty that makes it difficult to plan ahead. Furthermore, most MRC staff positions are funded by grants that may be reduced or potentially eliminated from year to year.

Due to annual funding conditions, the process of renewing contracts and funding each year can also create potential gaps in payment, often in July after the start of the new fiscal year. At times, there have been delays, and there is not always interim funding available to provide support if an emergency happens during

¹ In FY20, units were awarded \$2500 (Tier I) or \$7500 (Tier II) for operational readiness. Some units also received \$5,000 COVID-19 Awards.

that timeframe. Moreover, there are additional financial challenges and delays associated with an administrative change, such as changes in the sponsoring organization.

Sources of funding may have limitations for how the money can be spent. These limitations may change over time. For example, historically, MRC units were able to purchase food for trainings that were longer than four hours under the grant guidance from PHEP. Beginning in FY20, this guidance changed, and units are no longer able to purchase food under the grant.

Potential Strategies to address financial challenges:

- Regionalization of Workplans & Shared Unit Activities
- Unit Consolidation
- Seek Outside Funding

Challenge: Host Agency Support

MRC units' host agencies vary in the levels of staff time, guidance, office space, and equipment they provide. Some communities have determined the MRC unit is a town priority and included MRC responsibilities in the job descriptions of local public health staff (who are paid as town employees). While this provides more stability for the employee, the inclusion of MRC responsibilities can be subject to change based on town leadership and capacity. If an MRC unit leader loses their patron or advocate at the municipal level, the future of the unit may be uncertain.

In some cases, host agencies may have limitations around how to accept sources of external funding. For example, some municipalities cannot prescribe funding that goes into the town's General Fund or accept monetary or in-kind donations from partners. Unit leaders should explore these potential challenges with their host agencies to gain an understanding of these issues.

More guidance around host agency support can be found in Appendix A, Guidance around MRC Host Agency Responsibilities.

Potential Strategy to address this challenge:

- Discussion with MRC Host Agency about Roles and Responsibilities (See Guidance around MRC Host Agency Responsibilities (Appendix A))
- Outline municipal level direction and support. Units that are affiliated with multiple communities should communicate regularly with health department staff to ensure communities remain engaged and supportive.

Challenge: MRC Staff Transitions

MRC unit staff turnover can create a variety of challenges for other existing unit staff, as well as new staff that are hired to take over for a unit leader who has departed. There are capacity challenges with reduced support for existing staff that can create delays. For new unit leaders, there is an inevitable learning curve in the transition, delays related to the difficulty of locating files (or the potential loss of information), as well as the difficulty of completing a workplan that may have been created by a previous unit leader.

Potential Strategy to address this challenge:

- Documentation of MRC Unit Contacts, Policies and Procedures

Strategy: Regionalization of Workplans & Shared Unit Activities

Overview

MRC unit leaders in Massachusetts have found that developing regional workplans can help pool resources and enhance efficiency with limited funding amounts. Furthermore, regional workplans allow MRC units in a geographic area to partner on projects that may make sense to scale up and open to surrounding communities, such as trainings.

Challenge this helps address:

- *Financial*

Benefits

The regionalization of workplans:

- Allows units to partner on activities and projects that benefit surrounding communities and volunteers of multiple units
- Enables units to take on bigger projects and initiatives than what they can afford individually
- Frees up unit leaders to develop a single regional workplan instead of multiple individual unit workplans
- Reduces reporting responsibilities allowing a single unit leader (vs. all units) to maintain the responsibility of reporting on the regional workplan on a quarterly basis

Considerations

When developing a regional workplan, unit leaders should consider, discuss, and document:

- Individual unit responsibilities for regional tasks in the workplan, as well as any individual unit projects that should be included
- How regional projects should be accounted for as part of your region's funding formula (more information and suggestions can be found in the [2018 Funding Allocation Guidance](#))
- Establishing a process for reporting on a regional workplan – Unit leaders in a region should decide which unit leader is responsible for reporting on the regional workplan each quarter
- When discussions should begin – consider scheduling an Advisory Group meeting several months before the new fiscal year to discuss these and other considerations

Example

Below is an excerpt from Region 4B's regional workplan to satisfy Deliverables 2 & 3 to recruit, train, coordinate outreach, and retain members to enhance public health preparedness and unit capacity:

Objective	By the end of June 30, 2019, the four (4) federally recognized MRC units in Region 4b will work together to offer four (4) regional trainings to our current MRC volunteers. Two of these trainings will also be used to recruit at least 10 new members throughout the year.
PHEP Capability	Capability 15: Volunteer Management; Capability 1: Community Preparedness; Capability 8: Medical Countermeasure Dispensing; Capability 14: Responder Safety and Health

<p>Planned Activities</p>	<p>The four (4) federally recognized MRC units in Region 4b will work together to offer four (4) regional trainings throughout the year, one of which will be ‘Stop the Bleed’.</p> <p>In addition, depending on available resources [trainer(s), venue, etc.], other trainings may include, but are not limited to the following:</p> <ul style="list-style-type: none"> • CPR and/or First Aid. This will be open to volunteers and the general public in an effort to both retain and engage current volunteers, while also recruiting new volunteers. • EDS training delivered to existing MRC volunteers prior to seasonal flu clinic/EDS drill and at other times during the year. This will include just-in-time training and/or review for volunteers regarding the terminology and concepts of mass dispensing at the community level, an overview of the strategic national stockpile (SNS), Incident Command Structure, how to administer flu vaccine, etc. MRC units will then exercise their volunteers prior to the seasonal flu clinic and volunteers may assist the local BOH/HD in their flu clinics if deemed appropriate. • Offer a movie night or speaker with a Q&A session/panel with medical doctor(s). This may be done in conjunction with September’s National Preparedness Month or during National Public Health Week in April. This will be open to volunteers and the general public in an effort to both retain and engage current volunteers, while also recruiting new volunteers. • Volunteer appreciation/recognition/training event with guest speaker(s). This will be a coordinated effort to retain and engage current volunteers. • Other possible opportunities may include other community events in an effort to both retain and engage current volunteers, while also recruiting new volunteers. • Host a regional training/conference, hopefully in collaboration with the Region 4A MRC units. (Note: also in Deliverable #10) <p>Records, including a description, agenda, and attendee completion of each training, will kept on file by the MRC unit in Region 4b that offers the regional training. Trainings will be submitted to MDPH OPEM through the quarterly report. In addition, rosters will be made available upon request.</p> <p>All trainings using MRC and/or PHEP funds will be pre-approved by completing and submitting the training and conference request form to the HMCC at least 30 days prior to the training.</p>
<p>Evaluation Measure(s)</p>	<p>At each training held, the MRC unit in Region 4b that is offering the training will provide a sign-in list to capture the number of current and new volunteers who have attended. That MRC unit will then evaluate each training based on the number of volunteers who were in attendance, the number of new volunteers recruited, and with the feedback that is received through written evaluations. This information will also be shared with the Region 4b MRC Advisory Committee.</p>

Date to be completed by	June 30, 2020
Responsible Entity	The four (4) federally recognized MRC units in Region 4b will work together to schedule and coordinate each training with appropriate trainers and stakeholders as needed. The MRC unit in Region 4b that hosts the training will also oversee completing the quarterly reports with the description, agenda and attendee completion of each training.

Tasks and Actions for Unit Leaders

Questions to discuss in the **winter/spring** leading up to the new fiscal year:

- Have you thought about and discussed your regional funding formula?
- Have you scheduled an Advisory Group meeting with all MRCs in the region?
- What are individual unit leader responsibilities for regional tasks?
- Which individual unit projects should be included in the regional workplan?
- Who will be responsible for completing the quarterly regional workplan updates?

Strategy: Unit Consolidation

Overview

As funding trends downward, unit leaders are finding it efficient and cost-effective to consolidate. Instead of multiple units with individual overhead costs (staff, office space, equipment, etc.), these resources can be pooled for greater efficiencies, improved responses to emergencies, and long-term sustainability of the MRC program.

Challenge this helps address:

- *Financial*
- *Host Agency Support*
- *MRC Staff Transitions*

Benefits

Consolidating MRC units can help:

- Increase total available funding to be shared by each unit within a region (depending on the region's specific funding formula)
- Enable units to pool their volunteers and other resources and open up MRC events to broader populations
- Increase efficiency because individual units have to each complete all deliverables and benchmarks
- Decrease the administrative burden on unit leaders for reporting
- Increase the number and diversity of available community volunteers that can be called upon in an emergency
- Increase the likelihood of fulfilling an emergency request due to the increased availability of volunteers, demonstrating the unit's value to the wider community
- Make trainings more cost-effective when offered regionally than just to individual units (since leaders can pool their resources and more volunteers can benefit)

Considerations

When considering combining units, unit leaders should consider, discuss, and document:

- Requirements of consolidation – All towns included in the consolidation must be listed in a written letter and the letter must include a CC to all towns involved. Reach out to the MRC Program Office for any additional paperwork requirements and for the unit's official name change (if applicable)
- How unit consolidations are accounted for as part of your region's funding formula (more information can be found in the 2018 Funding Formula Guidance)
- Naming the new unit – Some consolidated units take on an old unit's name, while others come up with a new unit name that is more geographically appropriate
- Who the point of contact(s) will be for the new unit – Keep in mind public-facing contacts as well as 24/7 list contacts, and please send contact information to MA Department of Public Health (MDPH) and Regina Villa Associates (RVA)
- How to maintain connections to local communities during regionalization
- How to maintain connections with current volunteers
- Ensure coordinator of the consolidated unit has time and resources to manage the new unit

- Work to ensure local volunteers will turn out for regional events; maintain those connections
- When discussions should begin – consider scheduling an Advisory Group meeting several months before you would like to consolidate units to discuss these and other considerations

Examples

Two recent examples in MA Region 1 show the effectiveness of unit consolidation.

- Hampshire MRC: Hampshire County used to be the home of four MRC units – UMass Amherst, Nonotuck, Hilltown and South Hadley/Granby. The units consolidated in November 2017 to form the Hampshire County unit. Two of the units likely would have had to disband if the regionalization did not occur.
- Central Hampden County: At one time, Hampden County was the home to 10 MRC units². Beginning in 2017, a new unit Central Hampden County was created. Over time, many units in Hampden County have joined the Central Hampden County unit. Today, there are six units in the county – Central Hampden County, East Longmeadow, Greater Westfield and Western Hampden County, Monson, and Springfield.

Tasks and Actions for Unit Leaders

- Thinking about a consolidation? Reach out to Jennifer Frenette about the administrative requirements.
- Don't forget to inform MDPH and RVA about the consolidation.
- Talk to other unit leaders who have been through a consolidation to learn more about their experiences and lessons learned.
- Talk to the existing unit leaders you are thinking about consolidating with about the potential benefits and challenges of consolidating. Who will take on the management and reporting responsibilities for the new unit? How can existing unit leaders remain involved (if desired)? How will the change be communicated to volunteers and how will connections to local communities and volunteers be maintained?
- If you are renaming your consolidated unit and/or changing your unit's point of contact, let RVA know so they can update your unit's information the state website, in quarterly reports, and the 24/7 contact list.

² Agawam, Chicopee, E. Longmeadow, Greater Westfield and Western Hampden County, Hampden/Wilbraham, Holyoke, Longmeadow, Monson, Springfield and W. Springfield.

Strategy: Seek Partnerships and Alternative Sources of Funding

Overview

Massachusetts MRC unit leaders have established partnerships and sponsorships and explored other sources of funding to bolster their units' funding and sustainability from year to year. Many unit leaders have partnered with other volunteer organizations on projects, events, trainings, and grant applications, while others have found it useful to partner with other organizations and businesses who support volunteer organizations with donations in-kind. Some of these businesses even match volunteer hours with funds. MRC units have affiliated themselves with the national MRC non-profit or created their own 501(c)(3). Furthermore, many MRC units have explored outside sources of funding or charged training attendees a minimal fee to cover costs. Some units have applied Public Health Emergency Preparedness (PHEP) funding towards MRC units for MRC or town staff support. Additional information about applying for grants can be found in the Grant Resources Document (currently under development).

Challenge this helps address:

- *Financial*
- *Host Agency Support*

Benefits

Establishing partnerships and/or sponsorships and identifying additional sources of funding can help units:

- Expand capacity by identifying new sources for funding and collecting donations
- Achieve more visibility with other organizations and funding, which can help with volunteer recruitment and establish relationships within the community
- Partnerships can assist with developing credibility with local and regional partners, and allow units to be part of planning, training and response options for a jurisdiction
- A 501(c)(3) status can allow the unit to accept donations and other discounts and formalize/legitimize the unit as an established organization

Considerations

Please keep in mind that there are strict rules about accepting funds:

- Units that are affiliated with a city or town may have restrictions on accepting funds. *If your unit is affiliated with a city or town, consult with your municipality before accepting funds, gifts, or food.*
- A 501(c)(3) must comply with government regulatory requirements (such as having a Board) that may change over time and be up to date on all financial paperwork, including filing taxes.

Examples

- The Wachusett MRC received its 501(c)(3) certificate in 2009. The federal application cost approximately \$300 and only necessitated some updates to the unit's bylaws. The process took about four months. The unit can accept donations from organizations and community members and can get discounts for supplies due to its non-profit status.
- Some MRC units have partnered with businesses that are willing to match volunteer hours with funds.
- MRC units that have partnered with American Red Cross, other health and disaster response organizations, and high school and college volunteer organizations.

- The Brookline MRC unit partners with a Community Emergency Response Team (CERT), which increases opportunities for training and collaboration. This partnership provides the unit a seat at the Emergency Management table, as the CERT is run by the Police Department.
- Brookline Dept. of Health has applied for various EP / PHEP grants over the past 5 years, which were not specifically for the Brookline MRC, but provided some indirect resources for the Brookline MRC, such as access to grant-funded administrative support.
- Brookline is part of the Metro Boston Homeland Security Region (MBHSR) and therefore has access to Urban Area Security Region (UASI) funding. The Brookline Emergency Preparedness Buddies Program is funded via UASI grants, and that Program Coordinator occasionally provides administrative support & trainings for the Brookline MRC (both Brookline MRC & CERT volunteers serve as Coaches in the EP Buddies Program).

Tasks and Actions for Unit Leaders

MRC unit leaders interested in establishing partnerships, sponsorships, or exploring other funding sources should:

- Talk to other MRC unit leaders that have affiliated with the national MRC non-profit or established their own 501(c)(3).
- Talk to other MRC unit leaders that have partnered with outside organizations/businesses on sponsorships, volunteer time, or events.
- Refer to the Grant Resources Document (currently under development) for ideas for grants to apply for as well as best practices for applications.

Strategy: Documentation of MRC Unit Contacts, Policies and Procedures

Overview

Staff departure is a universal challenge, regardless of organization or industry. Documenting key processes in your MRC unit – from the development of emergency procedures to volunteer management protocols (deployment and demobilization) to day-to-day tasks (account logins/passwords, staff and volunteer contact lists) – is an important step for establishing routines and creating redundancy in your unit. In the event that you are absent for a day, a week, or permanently, this documentation will allow someone to take over for you more quickly and easily.

Challenge this helps address:

- *MRC Unit Staff Transitions*

Benefits

- Redundancy - Having specific plans makes it easy for someone to take over when you are unavailable (vacation) or if you leave your position
- Establishes processes and protocols that may otherwise be more informal or non-existent
- Centralizes information in one place

Considerations

Think about what keeps your unit running before, during, and after an emergency:

- What are the key unit specific procedures/processes you follow to prepare or respond during an emergency? (SOPs, Activation, Deployment, Demobilization, etc.)
- Who are key contacts in your host agency, HMCC sponsoring organization, and/or local partner organizations?
- What are the essential documents or websites you use to keep your unit running?

Tasks and Actions for Unit Leaders

- Develop a Standard Operating Procedure Standard Operating Procedures and plans that address all communications systems the unit uses (notifications, pagers, etc.), how to use them, where to find passwords, volunteer databases (where to find hard copies of volunteer lists), inventory of supplies, and other key resources (file path on server, etc.).
- If you are a new unit leader, start by reviewing the [Massachusetts MRC Unit Leader Guide](#), and reach out to MDPH for new unit leader webinar.
- Share the guide with a colleague at your host agency (and/or a volunteer) to ensure he or she understands what to do if you are unavailable

Appendix A. Guidance around MRC Host Agency Responsibilities

The information contained in this section was originally developed by Region 4B. It has been adapted into a more general guidance by the MRC Steering Committee.

Host Agency - Coordinator Reporting Structure:

- MRC host agency (community or organization): Deals with day-to-day issues/Programmatic & Administrative support to coordinator.
- Fiscal host agency: Host agency & Regional HMCC (holds contracts).
- Workplan & Budget Development/Strategic & Regional Planning: Host agency/MRC Unit Coordinator who then submits to the HMCC.

Host Agency Fiscal / Workplan Responsibilities:

- MRC Unit Budget
 - The host agency shall be responsible for the development of the budget and timely submission to the HMCC.
 - Note: The regional allocation formula is an annual deliverable.
- MRC Unit Workplan
 - Host agency shall provide guidance to the coordinator in developing workplans for each budget period.
 - Host agency shall provide oversight in ensuring that deliverables are achieved in accordance to the workplan.
 - Host agency shall assist the MRC Coordinator³ as necessary in completing quarterly reports.

Host Agency Volunteer Management Responsibilities:

- Credentialing and re-credentialing volunteers through MA Responds
- Badging
 - Host agency shall be responsible for housing the MRC badging equipment & for providing space for the coordinator to make badges (unless an alternate badging agreement has been made amongst the region).
- Volunteer Coordination
 - The host agency shall ensure that the MRC has a protocol in place for communicating with MRC volunteers and health department representatives on the following topics:

³ Some unit leaders have suggested having a paid employee in the jurisdiction serve as the MRC Coordinator provides significant benefits, in terms of both access to various departments & a seat at the EM table.

- Training calendar
- Quarterly drills
- Activations, deployments & demobilization
- The host agency shall ensure that the MRC has a protocol in place for recruiting new volunteers.
- This protocol will be carried out by the MRC Coordinator with the host agency oversight.
- Records:
 - The host agency shall provide space for the secure housing & backup of paper and electronic records of MRC volunteers

Host Agency Volunteer Training Responsibilities:

- The host agency may provide guidance to the MRC Coordinator in developing a training calendar for the MRC.
- The host agency shall provide oversight of the coordinator to ensure that the trainings meet deliverables, address regional gaps, qualify for appropriate CEUs, etc. and are offered in collaboration with the other MRCs in the region when applicable.
- The host agency shall provide oversight of the coordinator to ensure that the trainings are properly approved (if necessary), then promoted to the member communities of the MRC as well as to other regional partners.

Meetings, Integration with Other Emergency Management Efforts & Other Responsibilities for Host Agency:

- Consider the benefits of having a paid employee (with sustainable funding, access to various departments and better integration with the agency's other emergency management efforts) act as the MRC Coordinator.
- The host agency shall send MRC representative to the Regional Advisory Committee Meetings.
- The host agency shall review/maintain SOPs and use as a guide for supervising the Coordinator.
- Maintain MRC database and website (if applicable).
- The host agency shall provide or identify a space to house MRC inventory & equipment
 - Consult with the MRC Coordinator on purchase/replacement strategies
- Other support and oversight of the MRC as needed