Medical Reserve Corps
2022 Operational Readiness Awards
Interim Project Report
October 2022
Background on MRC Awards
The National Association of County and City Health Officials (NACCHO) provides Medical Reserve Corps (MRC) Operational Readiness Awards (ORAs) through a cooperative agreement between the Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), and Medical Reserve Corps Program. The 2022 award year marked the third iteration of NACCHO’s MRC ORAs. In 2020, NACCHO transitioned from the MRC Challenge Awards, a community-based project focused award, to the MRC ORAs which shifted the focus of the award to preparedness and response capabilities.

This report includes an overview of the 2022 MRC ORAs and the results of the Interim Project Survey. The interim project evaluation is typically completed by awardees approximately six months after they receive notice of award. The survey provides an opportunity for MRC units to share progress or challenges on planned activities and provide feedback on the award process.

2021 MRC Operational Readiness Awards
The MRC ORAs aim to build the operational readiness capabilities of MRC volunteers and units to meet the emergency preparedness and response needs of their local, regional, or statewide stakeholders. The awards are intended to be flexible to meet the needs of all MRC units, support efforts to build MRC capabilities, strengthen stakeholder awareness of MRC capabilities, and identify or sustain integration of the MRC into local, state, and/or regional emergency response plans.

In 2022, a total of $1,065,000 was awarded to 128 MRC units through two funding tier levels:
- Tier 1: 43 units received $5,000 each to build MRC response capabilities
- Tier 2: 85 units received $10,000 each to strengthen MRC response capabilities.

ASPR Priorities for the MRC
2022 MRC ORA applicants were expected to align their project goals and activities to support at least one of the four ASPR priorities for the MRC which include:

1. Medical screening and care in emergencies
   a. Examples: medical support at shelters, clinics, alternate care sites, evacuee resource centers, and community outreach sites; and medical screening and surveillance during disease outbreaks

2. Points of dispensing (PODs), mass vaccinations, and other mass dispensing efforts
   a. Examples: medical countermeasure PODs, mass vaccination clinics, and commodity distribution

3. Deployment of volunteers outside of local jurisdiction
   a. Examples: activation across city and/or county lines and Emergency Management Assistance Compact deployments across state lines

4. Community response outreach and training
   a. Examples: STOP THE BLEED®, You are the Help Until Help Arrives, CPR/AED, and naloxone administration training events

MRC Mission Sets
Released in 2019 and updated in 2021, the MRC Deployment Readiness Guide outlines a number of deployment readiness tools for unit leaders and training resources for MRC volunteers. It also introduced the concept of Mission Sets. A Mission Set is “a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.” While Tier 1 awardees were funded to develop volunteer-level capabilities, Tier 2 awardees were funded to develop unit-level capabilities, including to identify new or evolving response missions.
and draft corresponding Mission Sets. A [template](#) and examples of Mission Sets developed through ORAs are featured on [NACCHO’s MRC website](#).

### 2022 MRC ORA Fast Facts

Awardees developed a range of projects which included recruiting new MRC volunteers, procuring deployable medical equipment, improving efficiency and coordination of MRC volunteers at mass vaccination sites, and conducting volunteer and community training and educational events.

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### Delayed Projects

92% of awardees reporting having already begun their award activities at the time of the Interim Project Survey, which is 6% higher than that of 2021 MRC ORA awardees at the same point in time. 8% of units reported they had not yet begun their planned activities. Many of these delays were due to staff turnover, although it appears limited staff time is still a minor factor in delays as well. These responses are depicted in Figure 1 below. Despite these obstacles, 97% of awardees did respond the interim survey with a project start date. Figure 2 illustrates both previously started projects and anticipated start dates.
Figure 1: Delays in Start Times

- # of Units that have begun activities
- # of Units that have not begun activities due to Staff Turnover
- # of Units that have not begun activities due to limited staff time (due to COVID-19 response activities)
- # of Units that have not begun activities due to limited staff time (due to non-COVID-19 response activities)
- # of Units that have not begun activities due to other reasons

Figure 2: Project Start Date (By Month)
MRC Volunteer Engagement
ORA awardees were asked how many MRC volunteers were expected to contribute to the implementation of ORA projects and how many MRC volunteers were expected to directly benefit from the projects. The average number of volunteers contributing per project was 58 which is much lower than the 2021 MRC’s where over 100 volunteers were expected to contribute per project. There is a similar decrease in the number of volunteers expecting to benefit from the project. However, we also see a decrease in overall awardees since 2021, contributing to the change. Overall, the number of volunteers benefiting from the award projects is almost five times higher than those contributing. This is further depicted in the Figure 3 below.

Feedback on Award Processes
ORA awardees were asked a series of questions to help NACCHO’s MRC staff evaluate the usefulness and ease of the MRC ORA process from extremely satisfied to extremely dissatisfied. Overall >60% of awardees reported extreme satisfaction with the award process. Figure 4 breaks down the satisfaction rates of the request for application process, the timeline of the application period, the online application, and contract processing below. Across processes, the primary reason for dissatisfaction was lack of communication on the award fund arrival timeline. This feedback was common among dissatisfied MRC unit responses in 2021 as well. In 2022, the rate of extremely satisfied responses increased between 10%-20% across all processes while rates of somewhat satisfied-extremely dissatisfied responses decreased across all processes. This shows that, while there are still improvements to be made with communication and award check receipt efforts, the overall satisfaction among ORA awardees is increasing.
Success Stories

Nassau MRC, Florida:
“We have already partnered with the Health Department and Starting Point Behavioral Health and have joined the county's public health and substance abuse awareness coalition (CROWN). We have also held two Train-the-Trainer sessions for our MRC volunteers who will be going out into the community to teach overdose awareness and recognition, hands-only CPR, and Narcan administration.”

NC Baptist Men MRC Central Region, North Carolina:
“We have already seen an increase in the number of new MRC volunteers being trained this spring, due in part to recruitment of collegiate healthcare programs who have worked with us on the mobile health screening unit over the past several years.”

Upper Merrimack Valley MRC, Massachusetts:
“We've overcome minor delays in getting started. (On Feb. 25 our town mgr. signed the contract, but Jerome Chester's signature was Apr. 5, and check for $10K arrived May 11. Technically, we're not supposed to start w/o cleared contract and check.) We DID notify collaborators about grant award, with their enthusiastic support. We celebrated our members in a big event on 5/10, telling them about grant opps; introduced grants in June newsletter that's due To Print on 5/10, for wide circulation (700 members and affiliates). Launched Mental Health curriculum: 5/23 "Protecting Teens and Tweens (depression/anxiety)," 6/6 Samaritans and "The Gender Paradox" for suicide awareness and prevention; Dementia webinar due 6/14 and Alzheimer's for EMS responders 6/22 and 6/30. Strong interest and participation! Raising awareness of unit and grants at 6/11 Town Meeting (over 200 participants expected). New requests to screen veterans for hypertension at monthly breakfast, and to
support efforts that alleviate hoarding. Events to date and scheduled thru Dec. contribute to skills for Mission-Ready Team development.”

**NACCHO Observations/Lessons Learned**

Observations: Despite ongoing challenges due to the COVID-19 pandemic only 9 units reported COVID-19 as being a factor in meeting their proposed timeline. A number of units reported that delays in the receipt of their award check and administrative delays within their county were the main issues they had in pursuing award activities.

The focus of award activities seemed to also move away from COVID-19 specific projects and focus on county specific goals and volunteer recruitment.

Lessons Learned: Similarly, to 2021, awardees reported delays in contract and check processing which meant many units did not receive award payments until the project year was already underway. One unit stated, “The only suggestion I have is the timeline. When we start the grant with a certain timeline in mind and then get pushed back since contracts are not being processed in time it is frustrating for the planning and implementation of the workplan.” (Beaver River MRC, Utah).

One unit suggested extending project periods, “As with any emergency, each community will have a variety of competing priorities (hurricanes, monkeypox, COVID, etc.) and inherent challenges based on the systems they work in. For New Orleans, it would be better to have longer project periods (closer to 2 years) to be able to report back meaningfully on implementation and effectiveness of new programs that are being designed.” (New Orleans MRC, Louisiana).

NACCHO is actively working to streamline future ORAs for future project years and better internal coordination with the contracts and grants team. Units are also becoming familiar with the SAM.gov requirement which is decreasing delays in contracting. NACCHO will also monitor the response rates in the MRC inbox to improve communications with units.
List of 2022 MRC Operational Readiness Award Recipients by Award Tier and State

**Tier 1 Awardees ($5,000)**
- **Arkansas**- Marion County MRC
- **California**- Stanislaus County MRC
- **Colorado**- MRC of El Paso
- **Illinois**- Douglas County MRC, Hocking County MRC, McDonough County MRC, McHenry County MRC, St. Clair County MRC
- **Kentucky**- Hopkins-Muhlenberg MRC, Three Rivers District MRC
- **Louisiana**- Jefferson Parish MRC
- **Massachusetts**- Greater Fall River MRC, Greater New Bedford MRC, Greater Taunton MRC, Middleboro Area MRC, Mystic Valley MRC, Northern Essex County MRC, North-Shore Cape Ann Emergency Preparedness Coalition MRC
- **Missouri**- Northeast Missouri (NEMO) MRC
- **Nebraska**- Eastern Nebraska MRC
- **New Jersey**- Morris County MRC
- **New Mexico**- Southern New Mexico MRC
- **New York**- Putnam County MRC, Schuyler County MRC, Sullivan County MRC
- **North Carolina**- NC Baptist Men MRC Central Region, Onslow County MRC
- **Ohio**- Fairfield County MRC, Fulton County MRC, Paulding County MRC, Pickaway County MRC Unit, Pike County MRC, Preble County MRC
- **Oklahoma**- Oklahoma MRC Nurses, OKMRC Stress Response Team (SRT)
- **Oregon**- Cannon Beach MRC
- **Texas**- Montgomery County MRC
- **Utah**- Bear River MRC - Cache County, Bear River MRC - Rich County, Bear River MRC - Box Elder County, Central Utah MRC, Summit County Utah MRC
- **Washington**- Skagit County MRC

**Tier 2 Awards ($10,000)**
- **Alabama**- North Alabama MRC
- **Arizona**- Maricopa County Public Health MRC, Animals and Humans in Disaster
- **Arkansas**- River City Ministry of Pulaski County MRC
- **California**- Ventura County MRC, Marin County MRC, Berkeley MRC, California Health MRC, San Bernardino County Sheriff's MRC, California Veterinary MRC, Sacramento MRC
- **Colorado**- SW Colorado MRC, Colorado Veterinary MRC, Con-Naugatuck Valley MRC
- **Connecticut**- Capitol Region MRC (CR-MRC), Shoreline MRC, Housatonic Valley Health District
- **Florida**- Nassau MRC, Martin County MRC
- **Illinois**- Kane County MRC
- **Louisiana**- New Orleans MRC
- **Maryland**- Prince George's County HD MRC, Howard County MRC, Maryland Responds MRC
- **Massachusetts**- Berkshire, Massachusetts Task Force, Berkshire MRC, Duxbury Bay Area Regional MRC, Wachusett MRC, Upper Merrimack Valley MRC
- **Minnesota**- Bollinger County MRC, Pettis County MRC, Schuyler County MRC, Pleasant Hill MRC, MRC of Greater Kansas City (MRCKC)
- **Nebraska**- Central Nebraska MRC, West Central Nebraska Medical Reserve Corps
- **New Hampshire**- Lakes Region MRC
- **New Jersey**- Middlesex County MRC, Mercer County MRC
• **North Carolina**- Capital MRC
• **Ohio**- Greene County MRC, Portage County MRC, Lorain County MRC, Hancock County MRC, Delaware County (OH) MRC, Franklin County and Columbus MRC, Lake County MRC, Union County MRC, Wood County MRC
• **Oklahoma** - OKMRC District 8 MRC, OK Region 6 - Cleveland County MRC, OKMRC - Tulsa County MRC, OKMRC District 1 MRC - Northwest Ok, OKMRC District 2 MRC, OKMRC Oklahoma County MRC, OKMRC Statewide MRC
• **Oregon**- Eastern Oregon Regional MRC, Linn County MRC
• **Pennsylvania**- South Central PA MRC
• **Tennessee** - Harris County MRC, Northeast TN Regional MRC
• **Texas**- Brown County MRC, Tarrant County MRC, Univ. of Texas MRC, Williamson County (WilCo) MRC, Galveston County MRC, Brazoria County MRC, Fort Bend County MRC, Dallas County MRC
• **Utah**- Utah County MRC, Morgan County MRC, Weber County MRC
• **Virginia** - Loudoun MRC, Near Southwest MRC, Southwest Virginia MRC, Three Rivers MRC, Norfolk MRC
• **Washington** - Bainbridge Island MRC, Kitsap County MRC, MRC Island County, Vashon Island MRC (VIMRC), Pierce County MRC, Snohomish County MRC
• **West Virginia**- Mid-Ohio Valley MRC