



CONNECTICUT MEDICAL RESERVE CORPS



STRATEGIC PLAN

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CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Francesca Provenzano, MPH, CHES, RS
Public Health Section Chief
Public Health Preparedness and Local Health Section

William Gerrish, MBA
Health Program Supervisor
Office of Public Health Preparedness and Response

Stephanie McGuire, MPH
Health Program Assistant
Office of Public Health Preparedness and Response

ACKNOWLEDGEMENTS

The *Connecticut Medical Reserve Corps Strategic Plan* was developed by the Connecticut Department of Public Health through funding support received by the Centers for Disease Control and Prevention. The strategic plan is the result of more than 6 months of dedicated and collaborative effort of DPH staff and Medical Reserve Corps unit leadership.

We gratefully acknowledge the contributions of our consultant, Leadership Greater Hartford, for facilitating the process with the MRC planning team and compiling the goals, objectives, and strategies for implementation.

Table of Contents

Executive Summary	1
The Medical Reserve Corps.....	1
Purpose	2
Background and Approach.....	2
Goals, Objectives, and Strategies	3
Strategic Planning Team	4
Vision, Mission and Core Values	5
Implementation	12
Appendix A.....	A1
Appendix B.....	A18

Executive Summary

In January 2019, the Connecticut Department of Public Health (DPH) embarked on a process to create a strategic plan for Connecticut's Medical Reserve Corps (MRC). DPH identified a need for a plan to define the CT MRC's vision, mission, core values, and priorities. The strategic plan and implementation is a five year planning process. DPH established a planning team comprised of MRC representatives from throughout the state and engaged Leadership Greater Hartford (LGH) to facilitate this process. This team established five goals for the Connecticut MRC with corresponding objectives and strategies to achieve each goal. The goals are:

- develop effective regional coordination of MRC units
- create a successful volunteer recruitment and retention program
- develop a statewide public awareness and communications program
- invest in local and statewide capacity building through training and preparedness of Connecticut MRC volunteers, and
- establish a data collection and management system that assures compliance with federal and state statutory requirements

The implementation of the plan is divided into three phases. Each phase envelopes the five Strategic Planning Goals. The planning team with the guidance of DPH, will work together through each phase of the plan to develop tools, strategies, and action items for successful implementation. This strategic plan is a living document and will be updated as phases of work are completed.

Phase I will establish a unit's performance expectations and create a performance evaluation measurement tool. Phase II will address MRC emergency preparedness gaps across the state and strengthen partnerships for deployment protocols, volunteer recruitment, and retention. Phase III will develop strategies to rebrand the CT MRC units statewide, streamline reporting processes and develop a curriculum for volunteers and unit leaders.

The Medical Reserve Corps

The Medical Reserve Corps (MRC) is a national network of local groups of volunteers engaging local communities to strengthen public health, reduce vulnerability, build resilience, and improve preparedness, response and recovery capabilities. The MRC network comprises nearly 1,000 community-based units and almost 200,000 volunteers located throughout the United States and its territories.

MRC volunteers include medical and public health professionals, as well as other community members without healthcare backgrounds. MRC units engage these volunteers, as well as local and state-level partners, to strengthen public health, improve emergency response capabilities, and build community resiliency. They prepare for and respond to natural disasters, such as wildfires, hurricanes, tornados, blizzards, and floods, as well as other emergencies affecting public health, like disease outbreaks.

At the federal level, MRC is supported by the Medical Reserve Corps program, the national office of the MRC housed within the Office of the Assistant Secretary for Preparedness and Response (ASPR), and the U.S. Department of Health and Human Services (HHS). Through its Hospital Preparedness Program (HPP), ASPR provides funding through grants and cooperative agreements to states, territories, and eligible municipalities to improve the capacity of the health care system to plan for and respond to medical surge events. HPP funding is designed to advance progress towards achieving the [2017-2022 Health Care Preparedness and Response Capabilities](#) that the nation's health care delivery system should undertake to prepare for, respond to, and recover from emergencies. HPP funds support the work of MRCs in Connecticut.

Connecticut MRC

Connecticut has 23 MRC units, grouped into the five ESF-8 regions of the state. Using HPP funding, DPH has contracted with regional fiduciaries to conduct or subcontract MRC regional coordinator activities for each of the five ESF-8 regions. These activities, which align with this plan, include coordinating the work of MRC units within each region, convening quarterly meetings with MRC units, developing strategies for volunteer recruitment, and ensuring proper MRC activation procedures. The MRC units engage their volunteers in activities, trainings, and exercises that will provide a return on investment for the HPP funding they receive.

Purpose

The purpose of this strategic plan is to define the Connecticut MRC vision, mission, core values and priorities. The plan will help strengthen MRC units' engagement and activation quality, and consistency of data reporting. It will also guide volunteer recruitment and retention strategies across Connecticut MRC units.

Background and Approach

In January 2019, the Connecticut Department of Public Health (DPH) engaged Leadership Greater Hartford (LGH) to provide strategic planning services to identify the priorities and guide the activities of the Connecticut MRC. LGH worked for four months under the direction of the DPH Office of Public Health Preparedness and Response and collaborated with a planning team comprised of MRC representatives throughout the state to create this strategic plan. The plan describes how the state and its local and regional partners can advance the MRC mission; that is, to maintain a sustainable network of medical and non-medical volunteers to strengthen public health, improve emergency response capabilities, and build community resiliency.

DPH and its consultant team used a highly collaborative and participatory process to develop this plan. The planning team, comprised of 36 MRC experts and practitioners in Connecticut, provided expertise and insights to define the mission, vision, values and priority goals. They also developed objectives and action plans to address those priorities. Over the course of four months, DPH and LGH held three half-day meetings with the planning team. Five sub-groups also met at least once more to hone the final recommendations. The process also included review of the relevant literature, discussions with MRC officials from the State of Massachusetts, and the expertise of Jennifer Frenette, MRC Liaison with the U.S. Department of Health and Human Services (HHS) for the New England Region.

Importantly, the MRC unit members that participated in the planning process expressed interest in participating in the implementation strategies outlined in the plan. As such, DPH will continue to engage the planning team in the implementation and evaluation of the Connecticut MRC Strategic Plan.

Goals, Objectives, and Strategies

Five Strategic Planning Goals were created by the planning team at large. Five “break out” groups of three to five planning members were then established. Each group was assigned a strategic goal and tasked with developing corresponding objectives and strategies. The composition of each group was selected at random, and the small size of each group facilitated the free flow of ideas and active participation by all members. Each group hypothesized objectives and strategies needed to achieve each goal.



Strategic Planning Team

Participants

Stephanie McGuire
Jennifer Frenette
Regan Checchio
Elizabeth Foley
William Turley
Wideline Guerrier
Maritza Bond
Katherine McCormack
David Kosciuk
Cheryl Assis
David Bradley
Maura Esposito
Maureen Lillis
Sandy Cleary
Kristin Magnussen
Stephen Mansfield
Janet Leonardi
Bruce Varga
Jessica Stelmaszek
Terry Cooper
Derek May
Neal Lustig
Robin Lucas
Ali Mulvihill
Michael Pascucilla
Daisy Hernandez
Andrea Boissevain
Kelley Meier
Kitty Hickcox
Robert Rubbo

Organization

DPH/ CT MRC Coordinator
HHS/ ASPR MRC
MA MRC Consultant
MA MRC Coordinator
Department of Emergency Services and Public Protection
Bridgeport MRC
Bridgeport MRC
Capitol Region MRC
Capitol Region Council of Government/ MRC
Capitol Region Council of Government/ MRC
Chesprocott MRC
Chesprocott MRC
City of West Haven MRC
Fairfield MRC
Ledge Light MRC
Ledge Light MRC
Middletown MRC
Milford MRC
Naugatuck Valley MRC
New Haven MRC
Northeastern, Eastern Highlands MRC
Pomperaug MRC
Pomperaug MRC
Quinnipiac Valley MRC
Shoreline MRC
Shoreline MRC
Stratford Trumbull MRC
Stratford Trumbull MRC
Torrington Area MRC
Torrington Area MRC

Participants

Allyson Schulz
Patrick McCormack
Alexis Steele
Joseph Soto
Michael Vincelli

Organization

Uncas MRC
Uncas MRC
Wallingford MRC
West Haven MRC
Westport Weston MRC

Vision, Mission, Core Values and Goals

The planning team developed a vision, mission, a set of core values, and goals for the Connecticut MRC. These benchmarks will help Connecticut MRC units maintain high standards and develop a road map as they work to achieve the goals and objectives described in the plan.

Vision

A network of local volunteer units actively working with community partners to strengthen public health, reduce vulnerability, build resilience, and improve preparedness, response and recovery capabilities statewide.

Mission

The Connecticut's Medical Reserve Corps mission is to maintain a sustainable network of medical and non-medical volunteers to strengthen public health, improve emergency response capabilities, and build community resiliency.

Core Values

- Professionalism – high standards and competencies
- Commitment to serve community needs/community-focused/responsive
- Shared leadership
- Volunteer readiness and reliability
- Skills development to flexibly respond to changing needs
- Health equity- meeting people where they are
- Permanence and sustainability
- Appreciation of volunteers' competencies and contributions - caring and sharing
- Shared group identity - belonging, pride

Goals

1. Develop effective regional coordination of MRC units.
2. Create a successful volunteer recruitment and retention program.
3. Develop a statewide public awareness and communications program.
4. Invest in local and statewide capacity building through training and preparedness of Connecticut MRC volunteers.
5. Establish a data collection and management system that assures compliance with federal and state statutory requirements.

Goal #1

Develop effective regional coordination of MRCs to assure the following objectives are met:

Objective 1

All communities in Connecticut will have opportunities to access MRC services.

Objective 2

The capacity for timely and effective emergency response across the region will be sustained.

Objective 3

Adequate numbers of volunteers will be recruited, trained and ready to deploy.

Objective 4

Effective partnerships are established with regional colleges and universities, hospitals, health care coalitions and other allied professional groups and nonprofits.

Objective 5

Achieve compliance with federal and state program and funding reporting requirements.

Objective 6

Ongoing strategic analysis to address gaps in services, volunteers, and training needs.



Strategies

1. Define the performance expectations of regional MRC coordinating agencies reflecting all federal and state requirements, align with this plan, and assure timely and effective emergency response locally, regionally and statewide.
2. Convene MRC regional coordinators on a quarterly basis as a statewide leadership team to assure progress on this plan and timely implementation of continuous improvement measures.
3. Design and communicate a process of evaluating MRC regional and local performance, addressing performance deficiencies and remediation including a process for de-funding an existing unit.
4. Design a process for addressing gaps in statewide emergency response coverage including the addition of new MRC units and sub-units to meet this need.

Goal #2

Create a successful volunteer recruitment and retention program to meet the following objectives:

Objective 1

Design a clear roadmap for any Connecticut community to recruit, retain, and activate MRC volunteers.

Objective 2

Interested residents in Connecticut are provided options for volunteer service.

Objective 3

Emergency response capacity, preparedness, and coverage are assured through documented volunteer training, drills and exercises.



Strategies

1. Develop a statewide MRC brand and communications plan to build community awareness and promote volunteer engagement and retention including on-line (website, resource clearinghouse, social media) and print strategies.
2. Strengthen and expand state and federal partner relationships, e.g. Connecticut Division of Emergency Management and Homeland Security (DEMHS), Connecticut Emergency Management Association (CEMA), and DPH Office of Public Health Preparedness and Response (OPHPR) to enhance public awareness, volunteer recruitment and retention, and effective coordination and communication of deployment efforts.
3. Strengthen and expand partnerships with colleges and universities, nursing schools and allied professional organizations, hospitals, health care coalitions, and volunteer organizations to enhance volunteer recruitment and leverage shared missions.

Goal #3

Develop a statewide public awareness and communications program to meet the following objectives:

Objective 1

Connecticut residents are aware of the MRC vision, mission, and opportunities for engagement and support.

Objective 2

Improved outcomes in local MRC volunteer recruitment and retention rates.

Objective 3

Stronger partnerships with public, private and nonprofit health, human service and educational organizations result in increased awareness, volunteer engagement and support.



Strategies

1. Develop a statewide MRC brand and communications plan to build community awareness and promote volunteer engagement and retention including on-line (website, resource clearinghouse, social media) and print strategies.
2. Strengthen and expand state and federal partner relationships, e.g. DPH, DEMHS, CEMA, OPHPR to enhance public awareness, volunteer recruitment and retention, and effective coordination and communication of deployment efforts.
3. Strengthen and expand partnerships with colleges and universities, nursing schools and allied professional organizations, hospitals, health care coalitions, and volunteer organizations to enhance volunteer recruitment and leverage shared missions.
4. Define MRC local unit performance expectations including benchmarks, standards, and metrics for measuring unit performance, volunteer engagement, and reporting requirements.

Goal #4

Invest in local and statewide capacity building through training and preparedness of MRC volunteers to meet the following objectives:

Objective 1

MRC preparedness is strengthened through regional and statewide training strategies that encourage cross-training, sharing best practices, on-line tools and resources.

Objective 2

Local and statewide “mission-ready” emergency response packages and teams are developed for statewide deployment when needed.

Objective 3

Research and development activities that examine and share national and local best practices and models are increased.



Strategies

1. Coordinate the development of MRC training curriculum, calendar and content experts/ trainers to reduce duplication and assure core competencies.
2. Create an on-line clearinghouse for sharing best practices, tools and resources.
3. Create working groups to maintain state-of-the-art knowledge and best practices inventory for statewide training and dissemination.

Goal #5

Establish a data collection and management system that assures compliance with federal and state statutory requirements to meet the following objectives:

Objective 1

Data is submitted in a timely and accurate manner and will be accessible and transparent.

Objective 2

All volunteers will have required liability protection.

Objective 3

MRC activations will meet contractual protocols and standards.

Objective 4

MRC activities are related to medical and public health requirements.



Strategies

1. Define MRC local unit performance expectations including benchmarks, standards, and metrics for measuring performance and reporting requirements.
2. Re-design / streamline reporting forms, databases, and processes eliminating duplication where possible; obtain design input from the field to assure engagement.
3. Provide training and technical assistance to support efficiency in reporting data.

Implementation

The implementation of the plan is divided into three phases. LGH will facilitate the execution with the guidance of DPH and engage the established strategic planning team. Each phase is designed to incorporate the five established goals of the plan; develop effective regional coordination of MRC units, create a successful volunteer recruitment and retention program, develop a statewide public awareness and communications program, invest in local and statewide capacity building through training and preparedness of Connecticut MRC volunteers, and establish a data collection and management system that assures compliance with federal and state statutory requirements.



Phase I will establish a unit's performance expectations and create a performance evaluation tool. The tool will measure a unit's capacity to recruit, train, and engage volunteers, and overall unit performance. Communities that do not have established MRC units which meet the criteria and performance benchmarks for both federal and the state of Connecticut will have the opportunity to establish a MRC unit within their jurisdiction.

Phase II will address emergency preparedness gaps of MRC units by building stronger relationships with other government agencies, coalitions, and established public health preparedness groups statewide. Additionally, this phase will target quality volunteers for recruitment by formulating methods of how to grow the CT MRC network.

Lastly, Phase III will center on the rebranding of the CT MRC units statewide by using public health communication platforms, streamlining reporting and documentation, and developing core training elements and a curriculum for MRC volunteers.

The MRC planning team will work through each of the three phases to address the objectives and strategies in working groups. Associated outcomes will include an evaluation/improvement measure.

Phase I:

- Define MRC local unit performance expectations including benchmarks, standards, and metrics for measuring performance and reporting requirements.
- Define the performance expectations of regional MRC coordinating agencies reflecting all federal and state requirements, align with this plan, and assure timely and effective emergency response locally, regionally and statewide.

- Design and communicate a process of evaluating MRC regional and local performance, addressing performance deficiencies and remediation including a process for de-funding an existing unit.

Phase II:

- Design a process for addressing gaps in statewide emergency response coverage including the addition of new MRC units and sub-units to meet this need.
- Strengthen and expand state and federal partner relationships (e.g. DEMHS, CEMA, OPHPR) to enhance public awareness, volunteer recruitment and retention, and effective coordination and communication of deployment efforts.
- Strengthen and expand partnerships with universities, nursing schools and organizations, hospitals, health care coalitions, and volunteer organizations to enhance volunteer recruitment and leverage shared missions.

Phase III:

- Develop a statewide MRC brand and communications plan including on-line (website, resource clearinghouse, social media) and print strategies.
- Re-design / streamline reporting forms, databases, and processes eliminating duplication where possible and by engaging design input from the field to assure engagement.
- Coordinate the development of MRC training curriculum, calendar and content experts/trainers to reduce duplication and assure core competencies. Create on-line clearinghouse for sharing best practices, tools and resources.

Building upon the strategic planning effort, the planning team will work with the DPH MRC State Coordinator to help shape strategic actions, leverage organizational connections and expertise, and lead implementation.

The State MRC Coordinator will convene CT MRC Regional Leads as a statewide leadership team to monitor progress on this plan and timely implementation of continuous improvement measures. In addition, the work plans of CT MRC units should be aligned to support these priority actions.



Appendix A.

This section reflects input and recommendations from CT MRC unit leaders provided in the strategic planning process small group sessions, and should be considered as advisory to Connecticut MRC leaders. These are working documents that are built on the assumption of flexibility and fluidity upon evaluation within the HSEEP cycle.

Strategic Planning: Goals, Objectives and proposed Strategies:

Strategic Goal: Effective regional coordination of MRCs

Planning Team: Allyson Schulz, Jess Stelmaszek, Kelley Meier

Objective 1: Provide opportunities for all communities in CT to access MRC services.

Action Step (What are the steps to get it done?)	Name (Who will do each step?)	Resources Needed (What will it require? \$\$, Volunteers)
1.) Define process for how towns without a unit can participate in MRC	State DPH, Reg. Coordinators, DEMHS, Jennifer Frenette	Meetings (2)
-define process for becoming a subunit		
-provide trainings in those towns		
2.) Explore ways Citizen Corps statewide can help		
-add info to DEMHS & DPH websites	DEMHS, DPH, OPHPR	
3.) Promote the MRC at annual DEMHS Emergency Management Director meetings	Regional MRC Coordinators, DEMHS	Invitation from DEMHS to attend, MRC flyer

Objective 2: Ensure timely and effective emergency responses across the region.

Action Step (What are the steps to get it done?)	Name (Who will do each step?)	Resources Needed (What will it require? \$\$, Volunteers)
1.) Define performance measures for timely and effective response- establish baselines and standards	DPH, DEMHS, Regional MRC Coordinators	
2.) Improve timeliness of MRC activation request processing	DPH, DEMHS, Regional MRC Coordinators	Support for and assistance with revising the activation process
3.) Allow Directors of Health to administer the loyalty oath to MRC volunteers	DPH, DEMHS, legislature	Support for and assistance with revising the activation process
4.) Evaluate ESAR-VHP's impact on timeliness and effectiveness measures- create opportunity for design input from field, assess funding sustainability	DPH, Regional MRC Coordinators	New ESAR-VHP system

Objective 3: Ensure adequate numbers of volunteers ready to deploy.

<p align="center">Action Step (What are the steps to get it done?)</p>	<p align="center">Name (Who will do each step?)</p>	<p align="center">Resources Needed (What will it require? \$\$, Volunteers)</p>
<p>1.) Define this objective – what is adequate? Are annual recruitment targets realistic?</p>	<p>DPH, Regional MRC Coordinators</p>	<p>Meeting</p>
<p>2.) Implement national MRC definitions for mission-ready volunteers (coming soon from ASPR) and calculate how many are mission-ready</p>	<p>All MRC unit leaders, Jennifer Frenette</p>	<p>Guidance from ASPR & Jennifer Frenette</p>
<p>3.) Secure sustainable funding to recruit and train annually</p> <p>Ensure sustainability of current funding levels</p>	<p>Form an MRC workgroup, DPH MRC Coordinator, Statewide MRC Coordinator, Jennifer Frenette</p>	<p>Grantwriters, grant seekers, matching funds?</p>
<p>4.) Increase DPH and DEMHS support and promotion of the MRC through a statewide recruitment campaign</p>	<p>DPH, DEMHS</p>	<p>Marketing budget (\$\$) for materials, TV, advertising, billboards, etc.</p> <p>Central phone # for interested volunteers to call to join (211?)</p>

Objective 4: Forge effective partnerships with regional universities, hospitals, health care coalitions.

Action Step (What are the steps to get it done?)	Name (Who will do each step?)	Resources Needed (What will it require? \$\$, Volunteers)
1.) Form statewide workgroup to develop strategies and resources – meet monthly via conference call and 2-4 times a year face-to-face	DPH, DEMHS, Regional MRC Coordinators, Statewide MRC Coordinator, Jennifer Frenette	Sacred Heart University Model MOU, UMass Amherst help from State with developing these partnerships
2.) Add MRC track to CT Emergency Management Symposium	CEMA, Jess Stelmaszek, DEMHS, DPH	MRC Leaders willing to serve on panels or present
3.) Pursue partnerships with one of more Parish RN Network per region	Parish RN Network, Regional MRC Coordinators	Sample MOU, MRC listserve best practices
4.) Explore partnership opportunities with Health Occupations Student Associations (HOSA), CT Volunteer Organizations Active in Disasters (VOAD), and Red Cross	CT HOSA, VOAD, Red Cross leaders, DPH, Regional MRC Coordinators, MRC Statewide Coordinator, Jennifer Frenette	Statewide MOU, MRC listserve best practices
5.) Participate in Statewide HCC, Regional ESF8, and Regional Emergency Planning Team meetings	DPH, DEMHS, Regional MRC Coordinators, Statewide MRC Coordinator	Membership seat(s) on these groups
6.) Explore partnership with 211, Volunteer Match, and other third party match agencies	DPH, Statewide MRC Coordinator, Regional MRC Coordinators, Jennifer Frenette	Sample MOUs, MRC listserve best practices

Objective 5: Increase compliance with federal and state program and funding reports requirements.

Action Step (What are the steps to get it done?)	Name (Who will do each step?)	Resources Needed (What will it require? \$\$, Volunteers)
1) Revise the Regional MRC deliverables to reflect all national and state requirements and align with this strategic plan	DPH, Regional MRC Coordinators	Conference call for input,
2.) Develop templates for reporting work plans, deliverables and budgets with input from Regional Coordinators	DPH, Regional MRC Coordinators	
-needs assessment standard survey monkey for all units (identify local gaps and challenges)		
3.) Explore ways to streamline reporting requirements (e.g., using the MRC profile database for quarterly/annual reports)	DPH, Regional MRC Coordinators, Jennifer Frenette	MRC profile database, ESAR-VHP reports
4.) Develop plans/ process for MRC unit's performance improvement to meet standards	DPH, Regional MRC Coordinators	
5.) Develop plans/ process for de-funding underperforming MRCs after remediation efforts fail	DPH, Regional MRC Coordinators	

Objective 6: Develop strategies to address gaps in services, volunteer, training needs.

Action Step (What are the steps to get it done?)	Name (Who will do each step?)	Resources Needed (What will it require? \$\$, Volunteers)
1.) Identify trainers statewide for MRC core competencies	MRC Unit Leaders, DPH, HCCs/Regional ESF8s, DEMHS	Training budgets (REPTs?)
2.) Define statewide MRC training needs- one annual topic? Conduct a survey of MRC units regarding training needs	Regional MRC Coordinators	DPH \$\$ for annual statewide training topic
3.) Offer at least one region-wide training event for volunteers annually and plan the event as a region	Regional MRC Coordinators, all unit leaders	Training \$ for food
4.) Consider developing statewide training standards/classes for those MRC volunteers who wish to become deployment-ready across borders	DPH, Statewide MRC Coordinator, Regional MRC Coordinators	Training budget, standard curriculum, vetted trainers
5.) Organize strike teams with core competencies ready to respond statewide	DPH, Statewide MRC Coordinator, Regional MRC Coordinators, task force (Neal, Jess, others)	Training budget, standard curriculum, vetted trainers

Strategic Goal: Create successful volunteer recruitment and retention program

Planning Team: Patrick McCormack, Neal Lustig, Daisy Hernandez, and Robin Lucas.

Objective 1: Design a clear roadmap for any Connecticut community to recruit, retain and activate MRC volunteers.

<p align="center">Action Step (What are the steps to get it done?)</p>	<p align="center">Name (Who will do each step?)</p>	<p align="center">Resources Needed (What will it require? \$\$, Volunteers)</p>
<p>1. Build a partnership with 211 to refer volunteers to an appropriate local or regional coordinator, and for volunteer demographic data</p>	<p align="center">CT DPH</p>	<p align="center">Gather and update contact information for all MRC unit coordinators.</p>
<p>2. Use community health events as a means of encouraging participants to become MRC members. Open events & trainings to the public and other response groups like CERT.</p>	<p align="center">Local MRC Units</p>	<p align="center">Adequately publicize through social media, flyers, newsletter etc.</p>
<p>3. Opportunities for MRC units to purchase identifiable MRC gear in bulk as a means of unifying and recognizing volunteers. This will improve the consistency with what is being purchased regionally.</p>	<p align="center">CT DPH, Regional MRC Coordinator</p>	<p align="center">Funding</p>
<p>4a. Unveiling of the State’s new database system. 4b. Training that will be available to all MRC Unit Coordinators on how to use the data base system and establish proficiency. 4c. What are the CORE activities that need to be performed/ reported on the data base system? (Loyalty oaths, trainings attended, certifications)</p>	<p align="center">MRC Unit Leader, DOH</p>	<p align="center">The state’s new database system.</p>

Objective 2: Provide citizens with viable options for volunteer service.

<p align="center">Action Step (What are the steps to get it done?)</p>	<p align="center">Name (Who will do each step?)</p>	<p align="center">Resources Needed (What will it require? \$\$, Volunteers)</p>
<p>Develop a Multi-Year Training and Exercise Program generated by local MRC units and coordinated regionally. Design and promote statewide calendar of recruitment events, trainings, drills, and exercises.</p>	<p align="center">Regional MRC Coordinator</p>	

Objective 3: Document emergency preparedness drills and exercises in which volunteer members participate to assure adequate emergency response capacity, preparedness and coverage.

<p align="center">Action Step (What are the steps to get it done?)</p>	<p align="center">Name (Who will do each step?)</p>	<p align="center">Resources Needed (What will it require? \$\$, Volunteers)</p>
<p>Clear and concise guidance on MRC activation procedures will need to be provided to all MRC units. This is essential especially with new incoming unit coordinators, due to turnover in staff.</p>	<p align="center">CT DPH & DEMHS, Regional Coordinator</p>	
<p>Are local EMDs aware of the MRC unit activation process?</p>		

Strategic Goal: Develop a statewide public awareness and communications program

Planning Team: Robert Rubbo, Wideline Guerrier, Michael Pascucilla

Objective 1: Promote brand-recognition of MRC vision and purpose.

Action Step (What are the steps to get it done?)	Name (Who will do each step?)	Resources Needed (What will it require? \$\$, Volunteers)
1.) Statewide branding & marketing	DPH, Regional/ local leads	More time and \$\$
2.) Standardize forms and paperwork	DPH	“
3.) Social media		“
4.) Statewide website with links for individuals to sign up		“
5.) Create select print materials for distribution, i.e. palm cards		“

Objective 2: Improve outcomes in local volunteer recruitment and retention.

Action Step (What are the steps to get it done?)	Name (Who will do each step?)	Resources Needed (What will it require? \$\$, Volunteers)
1.) Social media	Local MRC	More time and \$\$
2.) Website	Regional	“

3.) Training based on community needs assessment/ keep volunteers ready and engaged	Local	“
4.) Statewide focus group of volunteers to determine best practices for recruitment and engagement	DPH	“

Objective 3: Strengthen partnerships with public, private and nonprofit health and human services and educational organizations.

Action Step (What are the steps to get it done?)	Name (Who will do each step?)	Resources Needed (What will it require? \$\$, Volunteers)
1.) Create a give-and-take partnership; bring something to the table	Local MRC	More time and \$\$
2.) Higher education partnerships		“

Strategic Goal: Invest in local and statewide capacity-building through training and preparedness of MRC volunteers

Planning Team: Kitty Hickcox, Derek May, Maura Esposito, Janet Leonardi

Objective 1: Create strategies that encourage cross-training, sharing best practices, on-line tools and resources.

<p align="center">Action Step (What are the steps to get it done?)</p>	<p align="center">Name (Who will do each step?)</p>	<p align="center">Resources Needed (What will it require? \$\$, Volunteers)</p>
<p>1.) Develop a statewide training plan (clear, definitive, with SMART objectives) including training for non-medical personnel as well.</p> <p>Make all training for MRCs as uniform as possible. All MRCs are being trained to this plan so if one team is deployed to another city or town, both teams will integrate well, and will understand what each team is doing.</p> <p>The time limit to roll out this plan to teams and get personnel trained should be two years.</p> <p>Evaluation: when the event is over, an after action report will be done and there will be a section on team integration and did the statewide training plan work.</p>	<p>DPH, Regional Coordinators</p>	<p>Regional \$\$</p>

2.) define training needs- regional level with local input (define existing training)	Regional coordinators	Regional \$\$
-types of training: public, volunteers		Family assistance, Shelter, Gas
-regional or statewide		
- can DPH define the packages “one-stop shopping” for training modules/ mission-ready categories/ uniformity		
-core competencies (more specific)		System for deployment
3.) Community Stakeholders	Could DPH contract with instructors?	

Objective 2: Develop local and statewide “mission-ready” emergency response packages.

Action Step (What are the steps to get it done?)	Name (Who will do each step?)	Resources Needed (What will it require? \$\$, Volunteers)
1.) Define what this is? “Strike team vs. training packages?”	DPH	
2.) Training packages based on needs- ex: FAC, Opiod, sheltering, family assistance-supporting med. control	Regional Coordinator	\$ Salary; \$ materials
1- Determine needs		
2- Develop packages		

3- Train volunteers		
4- Plan execution		
5- Maintain evaluations		

Objective 3: Create a Research & Development focus that examines and shares national and local best practices and models

Action Step (What are the steps to get it done?)	Name (Who will do each step?)	Resources Needed (What will it require? \$\$, Volunteers)
1.) Create Google/ Dropbox to share resources; explore existing web portals (ESF8- Jess)		
2.) Create matrix or planning documentation that any MRC lead can download and utilize		
3.) Some existing packages/program matrix plans may include Triage Practices, Stop the Bleed, Opioid Response Programs, Overdose recognition and reversal, harm reduction strategies, Shelter Response for flu, storm, functional needs, etc.		Training expectations should be the same for each “package” being deployed

Strategic Goal: Establish a data collection and management system that assures compliance with federal and state statutory requirements

Planning Team: Andrea Boissevain, Kris Magnussen, Terry Cooper

Objective 1: Prepare timely, accurate and accessible data reports

<p align="center">Action Step (What are the steps to get it done?)</p>	<p align="center">Name (Who will do each step?)</p>	<p align="center">Resources Needed (What will it require? \$\$, Volunteers)</p>
<p>1.) Volunteer Management System</p> <ul style="list-style-type: none"> - volunteers should be able to go into database to update their profile and enter participation activities - units enter activities <p>What capabilities does this produce?</p> <p>1.) Engage database design input from the field. Task force: Allyson S., Andrea B., Kris M., Katharine M., Mike M.</p>	<p>DPH will purchase the soft ware but not sure of the capabilities of the system. It’s imperative that DPH involves the end users in the design of the database platform, usability and accessibility.</p> <p>Training will be needed with explicit written directions provided.</p>	<p>Staff/time to input data into program if the volunteers can’t input the information themselves.</p>

Objective 2: Ensure liability protection for volunteers

Action Step (What are the steps to get it done?)	Name (Who will do each step?)	Resources Needed (What will it require? \$\$, Volunteers)
1.) Title 28/ follow-up with DEMHS re: DOH to give oath? 2.) Recommend for the future that volunteers can sign the oath instead of having the oath administered. It would be easier to track. Virtual e-sig?	DEMHS- DOH SOP EMD- currently DPH and DEMHS need to work together to finalize a SOP	Willing DOH to attend the MRC meetings to administer the oath

Objective 3: Ensure that MRC activations meet protocols and standards

Action Step (What are the steps to get it done?)	Name (Who will do each step?)	Resources Needed (What will it require? \$\$, Volunteers)
1.) SOPs should be clear, distributed and trained, or at the end of the semi-annual MRC meeting	DPH issues	

Objective 4: Ensure MRC activities relate appropriately to medical and public health needs

Action Step (What are the steps to get it done?)	Name (Who will do each step?)	Resources Needed (What will it require? \$\$, Volunteers)
Develop a list of activities appropriate to medical and public health needs. Such as flu & hep A vaccinations; food pantry distribution etc.	Statewide meeting to share activities and develop list.	Time to meet Individual responsible to complete the list and disseminate to units.
Have a location to share best practices, protocols and job descriptions for unit leaders to access.	MRC site on the DPH website for volunteers to read and a unit leader portal to share information.	DPH to set up a site
Need a list of activities that can be submitted for activation. Some have been told only full scale exercises others told everything.	DPH and DEMHS need to develop the list	DPH and DEMHS to find the time to complete

Appendix B.

DPH is beginning a new five-year contract period under the federal Hospital Preparedness Program (HPP) federal grant. Contract deliverables with regional MRC lead agencies align with these identified strategies to ensure implementation of the plan. The contract includes the following language:

“The contractor shall conduct or subcontract the following MRC regional coordinator activities:

- i. Convene quarterly meetings with MRC units and submit documentation of the meetings to the Department’s MRC coordinator to include planning meeting agendas, minutes, and attendance sheets.
- ii. Submit regional MRC staffing data to the Department’s MRC Coordinator for the analysis of MRC volunteer capacity and coverage in the Region.
- iii. In collaboration with MRC unit leads and the Department’s MRC Coordinator, develop strategies for recruitment and retention of MRC volunteers that include:
 1. Marketing to potential volunteers representing diverse populations in terms of age, gender, race, ethnicity, skill-sets.
 2. Increasing the number of active MRC volunteers by 10% annually starting in year two of the contract.
- iv. Ensure that MRC units within the Region activate MRC volunteers in accordance with established Standard Operating Procedures (SOP) as documented by the Connecticut Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security (DEMHS), <https://portal.ct.gov/DEMHS/Emergency-Management/Resources-For-Officials/Citizen-Corps-Program>.
- v. Participate in trainings offered by the Department on its volunteer management system.
- vi. Utilize the Department’s volunteer management system to input MRC volunteer information and credentials.
- vii. Submit quarterly MRC progress reports in a format prescribed by the Department’s MRC Coordinator at ctmrc.dph@ct.gov.”