

Program Element # 079 Medical Reserve Corps (MRC)- State, Territory and Tribal Nations, Representative Organizations for Next Generation (STTRONG)

OHA Program Responsible for Program Element:

Public Health Division/Center for Public Health Practice, Health Security, Preparedness & Response Program

1. Description.

Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below to deliver the MRC-STTRONG award.

The MRC-STTRONG award will provide funds to MRC units to strengthen future public health emergency responses. Funds will support MRC leadership, volunteers, and the communities they serve through workforce development, volunteer engagement, community engagement and partnerships, training, the purchase of medical supplies, professional development, training and education, volunteer safety and liability, and costs associated with the establishment of new units. The associated projects aim to improve the local readiness and capacity of Oregon's MRC units, which are frequently tasked by local governments and community organizations with providing medical assistance during public health emergencies and disasters. LPHAs activities will be based on promoting the Center for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response Capabilities.¹

Cite Public Health Modernization Manual

Emergency Preparedness and Response is one of the seven foundational capabilities described in the Oregon Public Health Modernization Manual. The foundational capabilities are needed for governmental public health to meet its charge to improve the health of everyone in Oregon. The vision for this foundational capability as stated in the Public Health Modernization Manual is as follows: "A healthy community is a resilient community that is prepared and able to respond to and recover from public health threats and emergencies."²

This Program Element and all changes to this Program Element are effective the first day of the month noted in the Issue Date of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of the Exhibit C of the Financial Assistance Award.

2. Definitions Specific to this Program Element Description

- a. **ASPR:** The U.S. Department of Health and Human Services, Administration for Strategic Preparedness & Response.
- b. **CDC Public Health Preparedness Capabilities:** The 15 capabilities developed by the CDC to serve as national public health preparedness standards for state and local planning. The CDC Public Health Preparedness Capabilities can be found on the CDC's website here: <https://www.cdc.gov/readiness/php/capabilities/>
- c. **Medical Reserve Corps (MRC):** The Medical Reserve Corps is a national network of more than 300,000 volunteers, organized locally to improve the health and safety of their communities. LPHAs and jurisdictions with MRCs have developed these volunteer organizations to help meet the public health needs of their communities.
- d. **MRC-STTRONG:** Grant applicable only to LPHAs who have been awarded as a sub-recipient of OHA's MRC-STTRONG application. MRC-STTRONG is an ASPR Cooperative Agreement to strengthen the MRC network – focusing on emergency preparedness, response, and health equity needs. Funded projects will bolster community response capabilities, building on the invaluable role that the MRC played during the fight against COVID-19. Procurement and allocation of MRC-STTRONG funds in Oregon is managed by the State Program Office.
- e. **State Program Office:** Refers to OHA's statewide volunteer management program, housed under Health Security, Preparedness & Response. Individual MRCs are not led by the State Program Office but do receive guidance and assistance.

3. Alignment with Modernization Foundational Programs and Foundational Capabilities.

The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Public Health Modernization Manual at: https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

a. Foundational Programs and Capabilities (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component X = Other applicable foundational programs						X = Foundational capabilities that align with each component						
Workforce Development		*		*		X	X	X		X	X	X
Volunteer Management						X	X	X		X	X	X
Community Engagement	*	*	*	X		X	X	X		X	X	X
Training & Education	X	X	X	*	X	X	X	X	X	X	X	X
Medical Supplies	*			*								X
Start-Up Costs												X

b. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, Health Outcome Indicators:

Not applicable

c. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, LPHA Process Measures:

Not applicable

4. Procedural and Operational Requirements.

By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

LPHA must:

- a. Submit any updates to the local program plan and local program budget to OHA for approval. Once updates are approved by OHA, the local program plan and local program budget, including OHA-approved revisions thereto, become incorporated herein by this reference.
- b. Engage in activities as described in its OHA-approved local program plan.
- c. Use funds for this Program Element in accordance with its OHA-approved local program budget. Modification to the local program budget may only be made with OHA approval.
- d. Report on activities during required reporting schedules, both quarterly and annually.
- e. Maintain a standardized local program plan: LPHA must populate and maintain a local program plan on a template provided by the State Program Office. This workplan will be referenced during annual State Program Office check-ins to discuss and monitor progress.

5. General Revenue and Expense Reporting.

LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. A separate report must be filed for each applicable Program Element and any sub-elements. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: June 1 – August 30	September 30
Second: September 1 – November 30	December 31
Third: December 1 – February 28	March 31
Fourth: March 31 – May 31	July 20

6. Program Reporting Requirements.

LPHA shall submit the following reports:

- a. ASPR reports: An annual report is required by ASPR. This report aims to capture impact of MRC-STTRONG funded activities as they relate to [MRC-STTRONG goals](#).
 - (1) LPHA shall submit an Annual Report on a template provided by ASPR by August 2026. Annual reports may require detailed descriptions for each expense made with MRC-STTRONG funds, in alignment with the federal Defend the Spend initiative.
- b. Other reports: The following other reports may apply to LPHA’s local program plan and local program budget. The State Program Office will contact LPHA if it requires information LPHA must report to ASPR.
 - (1) LPHA Status Report: LPHA shall report the status of allocated funds (spent/unspent/encumbered) 3-months prior to the end of the funding period (March 2, 2026). A template for reporting will be provided by the State Program.
 - (2) Any additional reporting requirements as identified by ASPR or the State Program Office throughout the funding period.

7. Performance Measures.

- a. LPHA will progress local emergency preparedness planning efforts in a manner designed to achieve the 15 CDC National Standards for State and Local Planning for Public Health Emergency Preparedness and is evaluated by mid-year, end of year and triennial reviews.
- b. LPHAs must attend two check-in meetings with State Program Office and other LPHAs receiving MRC-STTRONG funding to provide progress reports and engage collaboratively with other units for resource sharing.

References

1. *Centers for Disease Control and Prevention. (2018). Public health emergency preparedness and response capabilities. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved from <https://www.cdc.gov/cpr/readiness/capabilities.htm>*
2. *Oregon Public Health Division (September 2017) Public Health Modernization Manual. Retrieved from https://www.oregon.gov/oha/ph/About/TaskForce/Documents/public_health_modernization_manual.pdf 58-62*