

# Virginia Medical Reserve Corps



## District Leadership Actions to Ensure MRC Program Success

Mike Wagner, State Volunteer Coordinator  
Virginia Department of Health

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Office of  
**Emergency  
Preparedness**

# Virginia Medical Reserve Corps

## Mike Wagner, State Volunteer Coordinator

<p>Learn From Us</p>	<p><b>Statewide MRC Program</b></p> <ul style="list-style-type: none"> <li>• Standardized Policies and Practices</li> <li>• Shared Resources</li> <li>• Funding</li> </ul> <p><b>Tips for Ensuring Local MRC Program Success</b></p> <ul style="list-style-type: none"> <li>• MRC Unit Coordinator selection, onboarding and training</li> <li>• Ongoing District Support to MRC</li> </ul> <p><b>MRC Program Benefits for Local Health Districts</b></p>
<p>Need From Others</p>	<p>Support your local MRC Unit Coordinator for optimal Success Provide opportunities to Volunteers</p>
<p>About Us</p>	<p>Mike Wagner, MPH, MSS, State Volunteer Coordinator, <a href="mailto:Michael.Magner@vdh.virginia.gov">Michael.Magner@vdh.virginia.gov</a> Lara Cash, Program Administrator, <a href="mailto:Lara.Cash@vdh.virginia.gov">Lara.Cash@vdh.virginia.gov</a></p>

The MRC is *YOUR* program

*How can you ensure its success?*

## Presentation Outline

Introduction/Problem Statement

MRC Program Overview

MRC Program Benefits to VDH and the Local Health District

MRC Program Issues/Challenges

Tips for Success at the Local Level

Normal and “Unique” MRC Missions

## A *BRIEF* History of MRC in Virginia

- ★ National MRC program began in 2002 in response to 9/11 and anthrax attacks Oct 2001
- ★ The Virginia MRC program started in September 2003 with 12 units, and presently expanded to 25 units
- ★ Virginia Board of Health Declaration of Interest in the MRC Program in 2005
- ★ In 2006, the Virginia Law began providing MRC with Risk Management Liability Coverage

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# VA MRC Mission

Community volunteers  
prepared to support  
ongoing public health  
initiatives and  
emergencies in localities  
throughout Virginia.



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***Volunteers Protecting  
Virginia's Health***

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# Medical Reserve Corps in Virginia

- Statewide Program
  - Common Infrastructure
  - Policies and Procedures
  - Training & Support
  - Liability Protection
  - Agency Risk Management
  - Funding through Federal Grants to VDH
- Local Control
  - MRC Units Coordinators work for their Districts
  - Health District Leadership decides where, when, how, why Volunteers will be deployed to support the Local Health District mission

## MRC COVID-19 Response (Mar 2020 – May 2023)

- Over 26,000 Unique Volunteers deployed at least once
- Over 800,000 volunteer service hours
- Response Roles:
  - Testing Sites
  - Vaccinations
  - Call Centers
  - Case/Contact tracing
  - Entry way screening
  - Health Ambassadors (elections and other events)
  - Community Canvassing
  - Making/distributing masks

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# **VIRGINIA**

## **MEDICAL RESERVE CORPS**

FISCAL YEAR 2023 (JUL 1, 2022 – JUN 30, 2023) IMPACT REPORT

OVER  
**25K**

**APPROVED  
VOLUNTEERS**

**94%**

**DEPLOYABLE  
VOLUNTEERS**

**\$1.1**  
MILLION

**WORKFORCE  
SAVINGS**

**9.7K**

**VOLUNTEER  
DEPLOYMENTS**

**35K**

**HOURS OF  
SUPPORT**

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# VIRGINIA MEDICAL RESERVE CORPS

FISCAL YEAR 2023 (JUL 1, 2022 – JUN 30, 2023) IMPACT REPORT

## *Volunteer* IMPACT BY MISSION TYPE

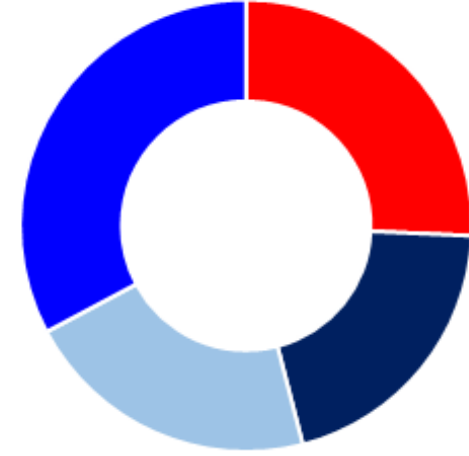
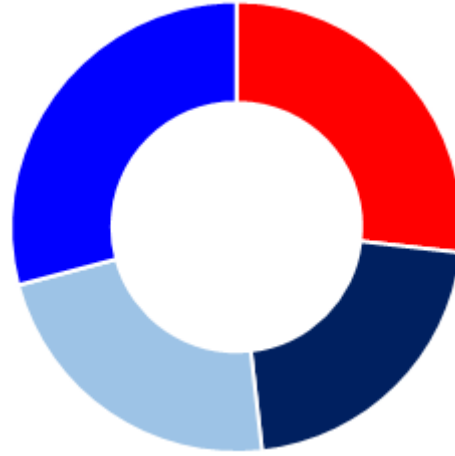
Events



Engagements



Hours



■ Training/Exercise

■ Emergency Response

■ Administration

■ Public Health

## Problem Statement:

- How do we maintain the Capability and Capacity to provide a trained and qualified Volunteer Public Health Workforce to meet our future Emergency Response needs?
- Assumptions:
  - Volunteers, if deployed, want to be engaged in meaningful work
  - Now that COVID is over...
    - Some Volunteers want to **SCALE DOWN** their participation
    - Some Volunteers want to **MAINTAIN** or **INCREASE** their participation
  - Your local needs for Volunteers have **CHANGED** (and will continue to change)
  - Volunteers should be trained and prepared to do the work that we need them to do

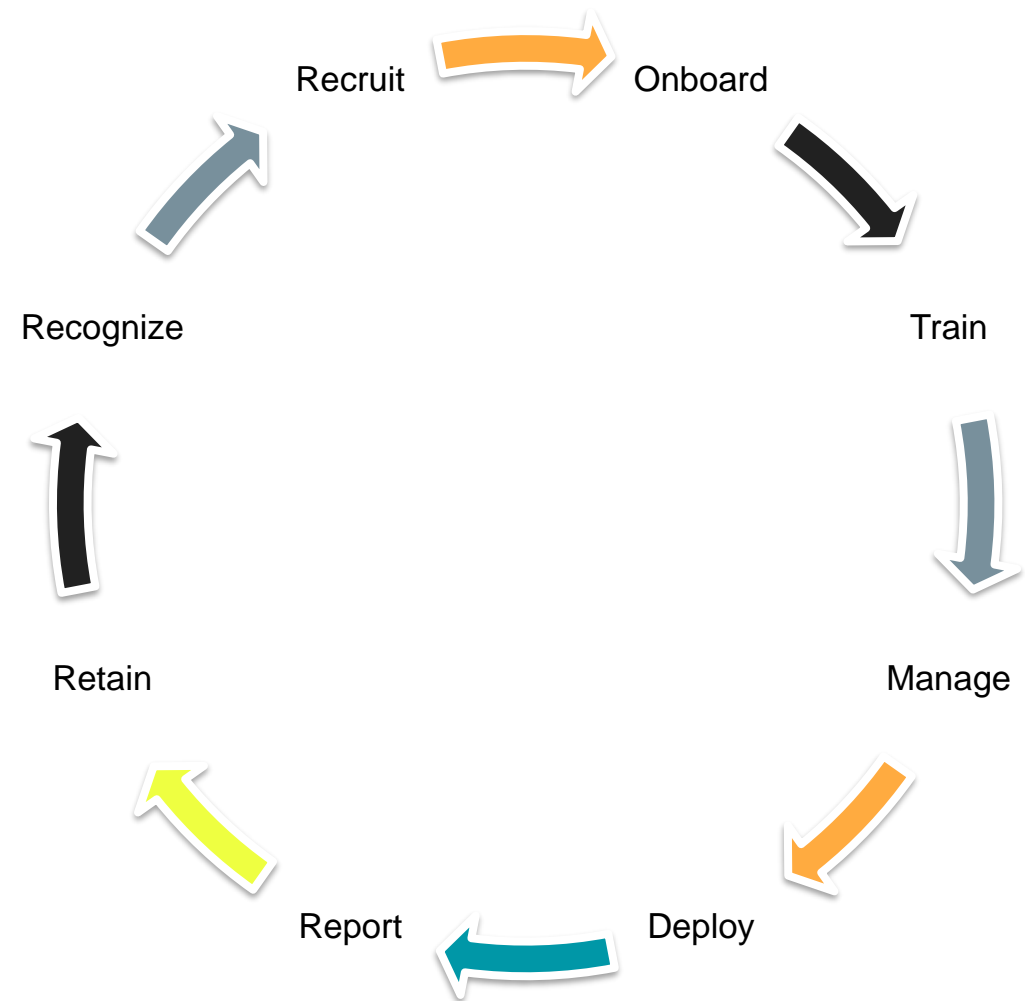
## How we are addressing the Problem:

- “MRC Level 5: Emergency Only” designation
- Increased Non-Emergency Deployments:
  - Public Health Support
  - Administrative Support
  - Training & Exercises
- Specialized State-Level Volunteer Teams
  - RadHealth Response Team
  - HAM Radio Communications Team
  - Behavioral Health MRC Unit
  - Central Office Emergency Augmentation Team
- MRC Unit Coordinators

## MRC Unit Coordinators



Where the rubber meets the road.



## Funding for MRC Coordinator Positions

- Public Health Emergency Preparedness (PHEP) grant
- Cities Readiness Initiative (CRI) grant
- Public Health Workforce Development grant (WDG)
- Public Health Infrastructure grant (PHIG)
- MRC-State, Territory and Tribal Nations, Representative Organizations for Next Generation (MRC-STTRONG)
- Local Funding (most of the Northern Region MRC Units)

# Hiring the right MRC Unit Coordinator

- The Ideal Candidate:
  - Prior experience with successful Volunteer Management
  - Outgoing personality/ People Skills are a must
  - Communication Skills: Oral, Written, Graphic arts, etc.
  - Project Management Skills
  - Reliable and Dependable
  - Team Player
  - Public Health Champion
  - Ability to get things done: Overcome obstacles and red tape
  - Ability to follow policies and procedures
  - Decent IT skills
  - Emergency Preparedness and Response background or education is a plus

## Attracting and retaining good candidates

- Full-Time Position
- Competitive Salary
- Stability
- Job Satisfaction
- Management Support
- Collaborative Team Environment

# Building a Collaborative Team Environment

- Understanding how MRC Volunteers can augment Health District Operations
  - Administrative Support
  - Clinical Support
  - Community Outreach
  - Health Education
- Working with MRC Coordinators to match the right Volunteers to the right missions
  - Outline requirements
    - Credentials
    - Training
  - Identify Solutions
  - Develop a plan of action

# MRC Regional Coordinators

- ★ Direct support to MRC Units & LHDs
- ★ Support regional efforts
- ★ Coordinate regional deployments



Abigail Hobbs



Kate Bausman



Madison Davis -



Rebecca Chester

## State Level Initiatives

- Upgrades to VVHS:
  - Enhance VVHS experience for the Volunteers
  - Provide new tools to Coordinators to manage Volunteers
  - New Data and Reporting Tools
  - Training Competency Tracking
  - Alert by Competency
- Cybersecurity/HIPAA Statewide Training Requirement
- State Level Teams:
  - OCME Support Teams (in place)
  - RadHealth Response Team (in place)
  - Behavioral Health MRC Unit (in development)
  - Ham Radio Communications Team (in early development)
  - Central Office Augmentation Team (in concept stage)
- MRC E.P.I.C. Awards (Engage, Partner, Innovate & Champion)
  - Recognizes Health District leaders for achieving successful local MRC programs

# Random Tips & Tricks

## **Readiness Alerts:**

- A situation has just occurred. Could you respond if needed?

## **Specialized Training needed for a particular mission?**

- Build training plans in TRAIN
- Track completion in “Competencies” section in VVHS

## **Immunization Requirements?**

- Track in Immunizations module in VVHS

# MRC-STTRONG Project

- \$1.5 million project
- Address immediate/short-term funding gaps in the VA MRC program
- Meet local health needs, address health disparities, and build community resilience
- Mitigate the impacts of our mental health crisis
  - Opioid harm reduction through Naloxone training and dispensing
  - Stop the Bleed and CPR training
  - BH Response Team
- Address findings from COVID-19 Response AAR/IP
- Partner with external organizations
  - American Heart Association
  - Remote Area Medical (RAM)
  - FQHCs and Free Clinics
  - Local Food Banks
  - And many more!

## MRC-STTRONG Funding Breakdown (\$1.5 Million)

Item	Total Cost
Salaries & Contract Personnel	\$ 973,745.13
Supplies, Equipment & Services	\$ 346,754.87
Travel	\$ 179,500.00
<b>Total:</b>	<b>\$ 1,500,000.00</b>

## Training Equipment, Supplies and other Costs

- Stop the Bleed Training Kits – Centrally Purchased: Up to 4 per MRC Unit
- CPR/AED Training Supplies & Equipment: Centrally Purchased
- Other Training Supplies: \$1500/Unit to spend locally
- Volunteer Competency Camps – \$1500 per Region

# Travel

- Conference Attendance for MRC Coordinators (Centrally funded):
  - NACCHO Prep Summit (Up to 10 people)
  - VEMS (Up to 9 people)
  - Virginia Volunteerism Summit (Up to 25 people)
  - VHHA Preparedness Summit (Up to 5 people)
  - Region III MRC Conference (Up to 25 people)
  - National MRC Conference (Up to 5 people)
- Routine Local Travel for MRC Coordinators and Assistants: \$1000/Unit/Year for the 2-year period

## MRC-STTRONG Project Goals & Deliverables

- Goal 1: Strengthen specific MRC Units that struggled before, during or after COVID pandemic
- Goal 2: All units conduct community outreach events to enhance community resilience, address health equity issues, and build partnerships
- Goal 3: Enhance the statewide volunteer management system (VVHS)
- Goal 4: Build State-Level Response Teams
- Goal 5: Provide training and professional development to MRC Coordinators and Volunteers

# MRC State Team

- ★ State Level Direction and Program Support
- ★ Align MRC Program Goals with VDH Goals
- ★ Use data to inform leadership and stakeholders



Mike Wagner



Lara Cash

## Additional Support

- CONTACT US!
  - Mike Magner, State Volunteer Coordinator
    - [Michael.Magner@vdh.virginia.gov](mailto:Michael.Magner@vdh.virginia.gov)
    - 804-846-7486
  - Lara Cash, MRC Program Administrator
    - [Lara.Cash@vdh.virginia.gov](mailto:Lara.Cash@vdh.virginia.gov)
    - 757-297-0125
  - General Admin Mailbox
    - [VAMRC@vdh.virginia.gov](mailto:VAMRC@vdh.virginia.gov)
- And... We'll come to you – anytime!

Questions????

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