Donald Brannen is an epidemiologist at Greene County Public Health since 2001. He investigates outbreaks and monitors the health status of the community. He holds a doctorate in public health and graduate degrees in hospital administration, epidemiology, and biostatistics, with undergraduate degrees in medical laboratory sciences and liberal arts. Prior to his current role he was a manager of global outpatient research for Hilltop Research and the Senior Study Manager at Phoenix International Life Sciences. During his current role he was an adjunct professor of Health Services Administration Graduate Program at Xavier University and Community Health at the Boonshoft College of Medicine Wright State University. Since 2003 he has served as the Greene County Medical Reserve Corps Unit Leader. He has actively managed readiness exercises and multiple MRC deployments. The unit currently has over 700 volunteers.
Objectives - Addresses relationship and stakeholders over time

a. Objective 1: How MRC units can establish, incorporate, maintain partnerships during blue-sky operations, and disasters with regional, state-level and non-traditional responders’ partners.

b. Objective 2 – Identify how your unit’s relationship to your partners changed over the course of COVID 19
   • Did you gain new partnerships -- how
   • Did you lose partnerships -- why
   • Did the partnerships you had change – how and why

c. Objective 3 – Unit leaders will learn to identify which partnerships and types could have beneficial in response to COVID-19 and for future missions.

d. Objective 4 -- Assess units' level of engagement and how units can strengthen their current partnerships to be more effective in the next response.
Partnerships Before the Pandemic

MRC Statewide Retreat HIV+

- 2009
- 2010

HOSA Hosted students 2012-2019

2015 5k

United Way

2007 VRC

ARC

- 2012 Fire
- 2011 Ice Storms
- 2014-2018 Local Advisory Board

WSU
- 2013 Rad
- PFA
- H1N1
- 2013-18 Adjunct

College / Universities

2013 Rad

PFA

H1N1

YMCA

First Aid 5k
- 2010
- 2014
- 2015

Sinclair
- 2010 Triage
- 2013 Rad
- MCI lab
- H1N1 Planning

2008 Ike

2005 Rita Katrina

2012

2007 VRC

ARC

2005

2012

2011

2007

2005

2012

2011

2007
Partnerships (blue-sky (before) and red-sky (during COVID-19) operations.

- **HOSA**
  - Preparedness
  - Planning & ‘2022 Training – refocus post COVID’

- **Colleges Universities**
  - Training Planning Some Ops
  - Mobilization Ops & ‘2022 Training – refocus post COVID’

- **ARC**
  - Non-Pandemic Disasters
  - Limited Participation

- **CERT**
  - Local Response Only (No Pandemic-MRC Partner Activity)
  - COVID-19 Response

- **YMCA & United Way**
  - Community Health – Health Promotion (e.g., 5k)
  - No Pandemic-MRC Partner Activity
How and Why Did Partnerships Change

• HOSA stopped after helping plan for pandemic MRC mobilization event unit we refocused on MCI training in 2022.

• Senior Level Nursing Students focused on supporting mock mobilization instead of neighborhood assessments. Later fully engaged in mass vaccination clinics.

• ARC sent 1 representative to each mass clinic if they had the staff, so most of our clinics did not have a ARC person onsite due to how many clinics were ongoing at once.

• CERT – a neighborhood-based group – helped fill the ranks of data entry and mass clinic support staff.

• YMCA and United Way – were busy with their own operations, and MRC too busy to help if they had community-based health events.
Which Partnerships were Useful

Pre-Pandemic

• HOSA
• Graduate Interns
  • Evaluations
  • Data Collection
• ARC – non-pandemic disasters
• YMCA
• United Way

COVID-19 Pandemic

• Colleges and Universities –
  • Planning
  • Mobilization
  • Training
  • Vaccinations – Nurses and Medical Residents
• CERT
Opportunities – for Greene County MRC

Could have had Greater Benefits

• ARC
  • Large coverage area (maybe a good thing)

• Mental Health
  • MRC focused on
    • Mobilization Event
    • Just in Time Training
    • Vaccinations
    • Investigations
    • Contact Tracings

• Clinic planning – MRC Unit Leader’s input at clinic design per each clinic site

Future

• Formal internship programs – with MOU’s, agreements, etc.
  • Lays the foundation of learning and capacity by providing an ongoing basis of quality improvements.
    • E.g. HOSA and XU Intern

• Healthcare Preparedness Councils
  • CMS mandated, MRC should participate

• MRC unit leaders should have option to take the Medical Countermeasures: Point of Dispensing (POD), Planning and Response MCPOD MGT-319 course or its equivalent.
• Tracking (Call-outs, Assignments, Sign in Sheets, logistics)
• Show Up – Be at coalition meetings
• Effective partnerships help address health equity
• Having a seat at community planning events helps assure social accountability
• Partnering with health education institutions helps introduce future health professionals to volunteer service.
• Understanding dynamic stakeholders needs and goals helps address structural inequalities at their root cause.
Nancy Carlson has over 30 years of experience in crisis and disaster behavioral health at the community, county, and state level. Since 2003, she has been the Disaster Behavioral Health Program Coordinator with the Minnesota Department of Health, in Emergency Preparedness and Response. In this position, she develops state-level preparedness, response, and recovery plans, administers a state-wide Minnesota Behavioral Health Medical Reserve Corp, leads a team of Regional Behavioral Health Coordinators, and provides training, education, and technical assistance to disaster behavioral health partners and stakeholders. Prior to her current position, Nancy worked in county human services with emotionally disturbed children, seriously and persistently mentally ill adults, and coordinated a multi-discipline county-wide community crisis mental health response team. Nancy is a Certified Compassion Fatigue Therapist, and Compassion Fatigue Educator. She has a BS in clinical psychology from Mankato State University, an MPhil, everything but the Ph. D. dissertation, in Human and Social Services specializing in Disaster, Crisis, and Intervention from Walden University.
The MN Behavioral Health (BH) MRC

- BH MRC volunteers may be licensed or unlicensed mental health professionals, social workers, mental health counselors, school counselors, mental health case managers, substance abuse professionals, chaplains, psychiatric nurses, geriatric specialists, pharmacist, or they may come from a closely related community support service area.
Partnerships Developed Pre-COVID

• Federal Agencies (SAMHSA, CDC, FBI Victims Assistance, USDA)
• State agencies (HSEM, MDE, DHS, DEED, MDA, BAA)
• State Response Teams (MNVET, HOSA MRC, MN MMT MN DMERT, MNRAD)
• University of MN (UMN MRC, School of Public Health)
• County/City (Public Health, Emergency Managers, Human Services, MRCs, Victims’ Assistance, Schools)
• MNVOAD
• Red Cross
• Others- gained from past response efforts
Impact of COVID on the BH MRC Volunteers and Partnerships

**Negative Impact**

- Lost volunteers (retirement, health issues, moved out of state).
- Lost experienced Team leaders.
- Unable to respond in a traditional manner.
- Issues regarding deployment of State asset versus local assets.

**Positive Impact**

- Student Intern - Communications
- BH MRC collaboration with healthcare coalitions to support responders – website/virtual services
- Contracted Regional Behavioral Health Coordinators / BH MRC Team Leaders – virtual services
- New and expanded partnerships at state and local level
COVID Response Partnership: Healthcare Coalitions
(Statewide Behavioral Health Wellness Group)
COVID Response/Recovery Partnership: MN Department of Education/School Nurses

New and Expanded Partnership

• School Nurses
• School counselors/SW/psychologists
• Special education teachers
• Regional education cooperatives

Methods to build and support relationships

• Training
  • Psychological First Aid
  • Skills for Psychological Recovery
• Responder support services
  • Presentations and tools geared towards schools and school nurses
Training Collaboration BH MRC & Ramsey County MRC: Volunteer PFA T-t-T Training

- PFA Train-the-Trainer Training on July 22, 2023
- Mainly from Ramsey county, but open to all MRC volunteers in MN until seats are filled.
- Proof of completion of the PFA is required for registration.
- PFA training is offered every other month
  - MNTRAIN https://www.train.org/mn/ Course ID 1101620
COVID Collaboration with the University of MN: Psychological First Aid (YouTube videos and online training)

This course was designed as an overview for MRC volunteers, hospital personnel, disaster responders, and first-responders, of the concepts and applications of psychological first aid as it applies to assisting survivors and fellow responders impacted by a disaster or emergency event, particularly in the field during a response.

- Introduction to Psychological First Aid
- The Impact of Trauma
- Principles of Psychological First Aid
COVID Collaboration: Pediatric Community of Care
Care Providers for Children with Special Healthcare Needs and Disabilities

Welcome
Skills for Psychological Recovery

Skills For Psychological Recovery
Hosted by Minnesota Department of Health

Welcome!
COVID Collaboration: BH MRC & MN HOSA MRC

• MN HOSA MRC goal- to prepare themselves for disasters and to teach others to be prepared for disasters in their homes, schools, communities or state.
• Unable to provide training during COVID
• MN HOSA MRC Training Camp at Camp Ripley –November 30-December 2, 2023
Nancy Carlson, MPhil, CFT, CFE
Disaster Behavioral Health Program Coordinator
MN Behavioral Health Medical Reserve Corp
Administrator
Division of Emergency Preparedness and Response

MDH Webpage:
https://www.health.state.mn.us/communities/ep/behavioral/index.html

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Table Discussions

How did your unit’s relationship to your partners change over the course of COVID-19?

• Did you gain new partnerships – how did that happen?
• Did you lose partnerships – why did that happen?
• Did the partnerships you had change – how and why?