VOLUNTEER MANAGEMENT – RECRUITMENT, RETENTION & DEPLOYMENT STRATEGIES

Lois Luniewicz, Worcester Regional MRC, Massachusetts David Bell, GO Health VALOR MRC, New York State Monserrat Hellman, Loudoun MRC, Virginia







Working with individual communities and local

public health

Lois Luniewicz

MRC Coordinator

Worcester Regional MRC, Massachusetts





COMMUNITY DIVERSITY

- Worcester Regional supports 38 communities including the City of Worcester, the second largest city in Massachusetts and includes a variety of cultures
- Populations vary from 1800 to >200,000
- Public Health Departments in the smallest, rural communities may have no staff or one part time admin with a Board





IDENTIFY WAYS TO REACH MORE VOLUNTEERS

- Understand the differences between areas that your unit covers and reach out to volunteers for their perspectives
- Incorporate into your planning how you can appeal to the needs and expectations that your volunteers express to you
- Engage potential volunteers from other volunteer organizations as a place to start
- EXAMPLE: Greater Grafton MRC began with existing CERT team volunteers whose desire to help their community was broadly based





WAYS TO HAVE A PRESENCE

- Training opportunities can be held more than once in different communities.
- If you area is large and spread out, understand that volunteers may want opportunities closer to where they live or work
- Partner with local public health and/or CERT Directors to engage their volunteers and introduce them to the MRC by holding orientation/recruitment training events in their communities
- Target Senior Centers by presenting Preparedness programs with workbooks they can take home with them





IDENTIFY YOUR PARTNERS

- Reach out to Local CERT teams, Emergency Planning Committees, Emergency Managers, State VOAD to name a few.
- Introduce them to the MRC; determine how your unit can support their mission
- Attend their meetings, arrange for joint training opportunities, drills, Tabletop Exercises (TTX). EXAMPLE: MRC participated in an REPC TTX with a local dam break. Ask one question or offer one comment so they know that you are taking an active interest.
- Work with local public health departments to attend/participate in their annual flu/covid 19 vaccination clinics. Offer volunteers to assist.



IDENTIFY YOUR PARTNERS, continued

- Find an inroad with a local hospital if possible. Work with them to fill staffing gaps if they are open to your support. Participate in hospital preparedness drills if possible with your volunteers (decontamination drill). When timely, attend their meetings, Help staff their clinics.
- Align with Vocational/Technical Schools, colleges. EXAMPLE: Twice annual recruitment/orientation events with Baypath.
- Develop when possible personal relationships with at least one key community member: EMD, Health Director, CERT Director, CMDART and stay in contact with them





IDENTIFY YOUR PARTNERS, continued

- Identify at least one town-wide event that your MRC can participate in: Townsend Earth Day
- Sturbridge Night Out (sponsored by local police department)
- Pepperell Senior Center Annual Health and Safety Fair with senior housing, fire, police, American Red Cross
- Involve your volunteers in these local events as much as possible
- EXAMPLE: MRC ran a Family reunification tent as part of a Hospital Emergency Medicine Functional exercise held at a local college





MAKE YOUR UNIT AVAILABLE FOR SUPPORT

- Be aware of community needs and provide volunteers as much as possible to support those events:
- Warming, cooling, emergency, overnight shelters when possible (Worcester)
- Provide medical, non-medical volunteers to staff covid 19 or flu clinics, local or regional. Align with a Vaccination Clinic organizer and reach out with support options: Harrington, Westborough, Devens
- If the opportunity presents itself, engage and involve neighboring MRC units to join you in these events. Ask to be included in theirs.





KNOW THE COMMUNITIES YOU SUPPORT

- Every unit is different, every community has its own identify, every partner operates in their own way
- To be effective, though it takes time, get to know those entities that you work with or want to work with.
- Seek support and ideas from your volunteers. Ask them for events where you can speak or opportunities for recruitment. Make them part of the process: Rotary, Lion's Club to name a couple. Ask them to participate and talk first hand about being an MRC volunteer





EVERY DAY IS A NEW OPPORTUNITY

• Engage with other units (Monthly Well Check calls), Massachusetts MRC Steering Committee and Bi-annual meetings, Public Health Region 2 monthly status meetings and quarterly advisory meetings

Do what works for you, be open to ideas, don't be afraid to reach out

• YOU CAN DO THIS!!!!



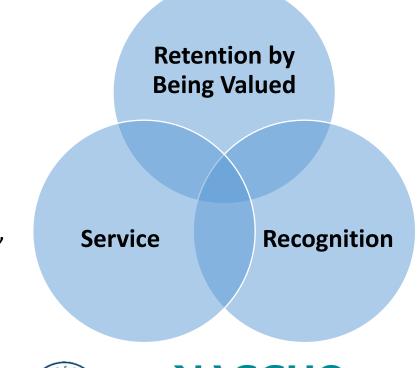


Volunteer Management Strategies (David Bell)

PRIMARY strategy for effective volunteer management has been through management of data and information as discussed in session part II on "Assessing MRC Composition."

Other strategies can be grouped in 3 main areas:

- Retention strategies
 - Keeping members engaged and feeling valued
 - Emphasizing value and offering diverse "safety" trainings
- Non-emergency service strategies
 - Community service projects, health department outreach, large community events, partner agency placements
- Recognition strategies
 - Annual service/training hour participation certificates
 - Newsletter or social media updates
 - Feedback mechanisms







Volunteer Management Framework (Monserrat Hellman)

- Promote your program from within
 - Challenge volunteers to promote the program
 - Host "lunch and learn" sessions for housing organization staff to highlight volunteer capabilities and maximize the use of volunteers within the organization
- Develop Standard Operating Procedures that reflect unit capabilities
- Get yourself out there
 - Think outside the box
 - Introduce yourself, make yourself visible (social media, community events, etc.)
- Develop outreach materials
 - Utilize resources like Canva (FREE for non-profit organizations)







Assessing MRC Composition: Keys to a Successful Unit by Linking Data from Onboarding to Training and Maintenance to Active Deployment

David Bell

Emergency Preparedness Coordinator

GO Health VALOR MRC, Genesee and Orleans County, New York State







Background on Unit 2237: GO Health VALOR MRC

- Originally established in 2010 as the Orleans VALOR MRC (VALOR is "volunteer alliance linking our resources"), with the Orleans County Health Department as the sponsor organization
- In 2012, the Orleans County Health Department joined the neighboring Genesee County Health Department to become a shared service agency
 - Now referred to as "GO Health"
 - Only management staff fully shared, with many county policies (including working hours) specific to each health department
 - Currently, GO Health is the only dual-county shared service in New York State
- In early 2020, MRC management and leadership switched to being under the GO Health Public Health Emergency Preparedness Coordinator
 - In 2021, the jurisdiction and name was formally changed to include Genesee, NY







Background . . . Who I Am

- Switched from public health assistant professor to practitioner in March 2020 . . .
 - I wanted to be a part of pandemic response, use background in emergency preparedness
 - Thought it would be only a few weeks
- Began work in public health emergency preparedness at the beginning of NIMS in the wake of 9/11, so around 2004
- I have always volunteered as much as could (it is harder now)
- After completing my MPH related to emergency preparedness and global health, I
 did my PhD in medical anthropology focusing on controversy and anxiety over
 environmental exposure to low-dose irradiation, and what constitutes "safe"
 environmental remediation
- Taught in anthropology and public health for about 10 years
 - St. John Fisher University in Rochester, NY







Purpose of This Talk

- NOT here as any expert, just willing to talk from my experience and share what has helped my unit
 - Necessity is the mother of invention
 - No need for any of us to recreate the wheel
- Here to LEARN like the rest of us, because I want to do things better
- PURPOSE: promote discussion so more of us can share what has worked and helped
- I WELCOME any follow-up contacts, recommendations, or requests <u>david.bell@orleanscountynygov</u>; work cell (585) 813-3925







Measuring "Success"

Assessing MRC Composition: Keys to a "Successful" Unit by Linking Data from Onboarding to Training and Maintenance to Active Deployment

"Success":

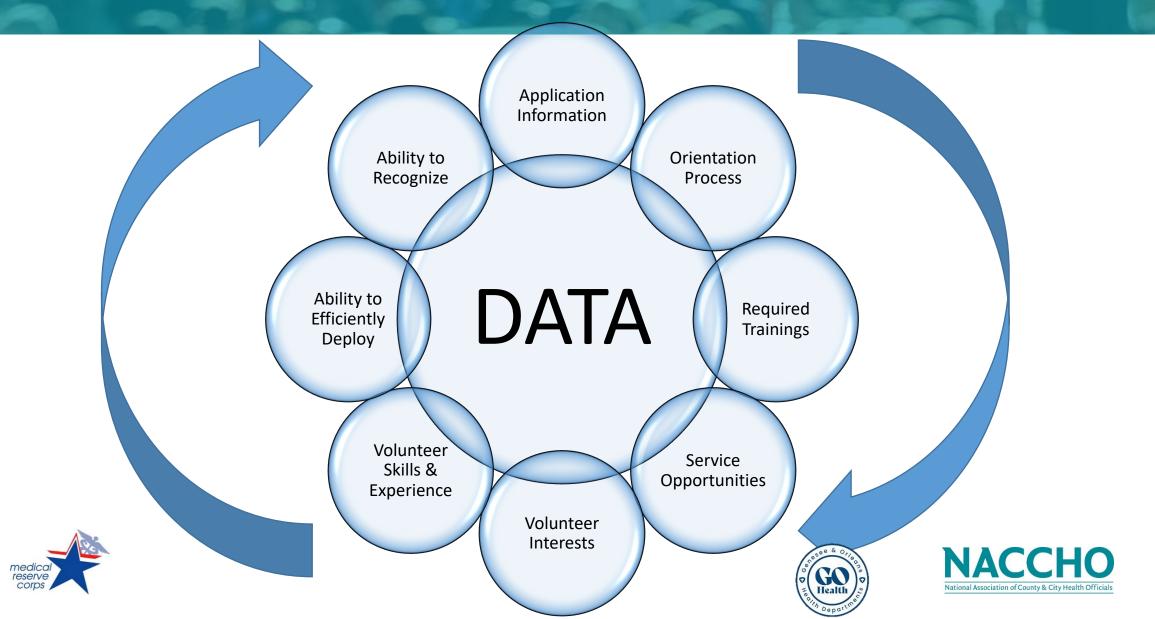
- Some peace of mind feeling that I am leading a functional unit with key elements in place
- Have the data and recordkeeping to keep everything straight
- Feeling a sense of congruence between MRC application, on-boarding, training curriculum, outreach activities, and emergency deployment
 - Data management: GO Health VALOR MRC Membership Spreadsheet
 - Excel file with bunch of tabs

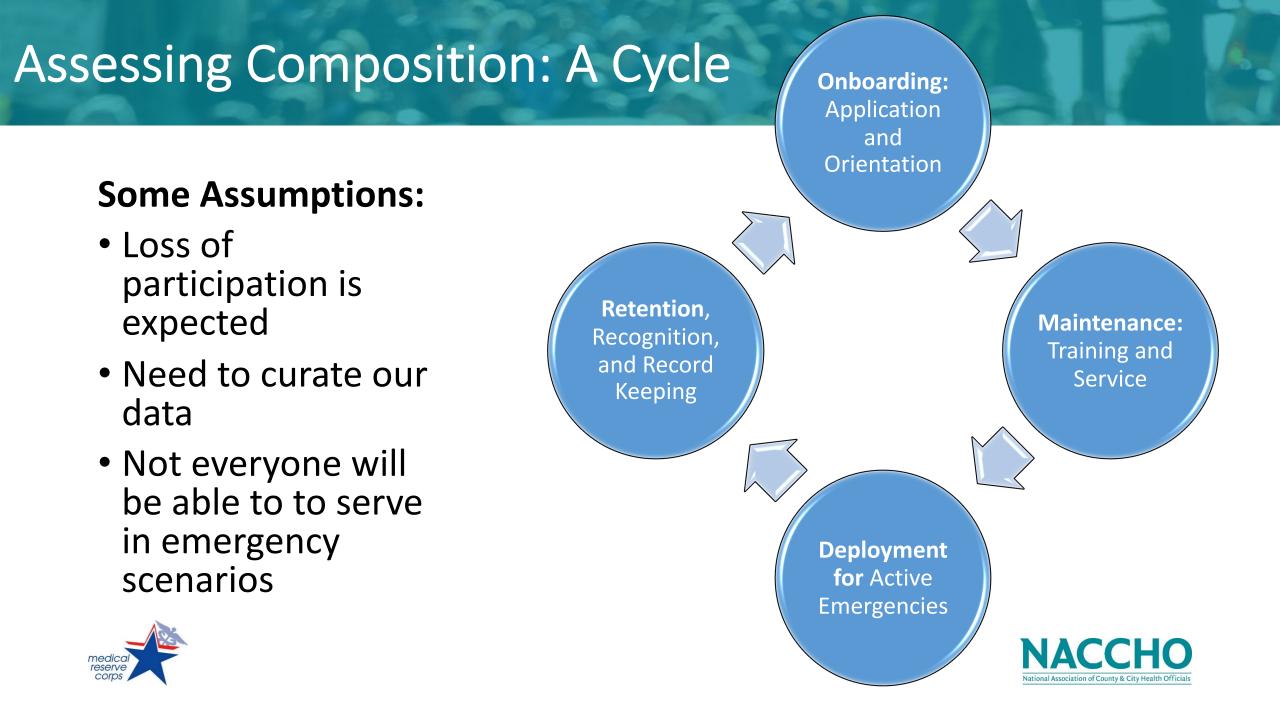






Measuring "Success"





Data Management and Assessing Composition: What Do We Keep Track Of?

MRC UNIT PROFILE & ACTIVITY REPORTING SYSTEM

• <u>https://mrc.hhs.gov/</u>

12 MRC Factors for Success with Questionnaire

- Purpose, community partnerships, financial needs, composition, recruitment, screening, training, utilization, administration, retention, risk management, planned events, unit activities (reporting!)
- Prior to current data management: 44 out of 78 points
- Currently: 71 out of 78







Data Management and Assessing Composition: What Do We Keep Track Of?

Member #	County Employee?	Vetted	First Name	Last Name	Volunteer County	Hours Served	Application	Refresher/Orientation	Badge
2237-25	OC-Office for the Aging		Smith	John	Genesee	3	9/21/2022	9/21/2022	X

		Trainings			Experience			Interest					
Ba	dge	ICS 100	Psychological FA		Medical	IT/Admin	Child Care	Safety	Trainings	Rabies	Emerg Res	Service Proj	Partner agency
	X	9/21/2022	9/21/2022	EMT			Day Care		X	Х	X	X	x

Excel Tabs on the GO Health VALOR MRC Membership Spreadsheet:

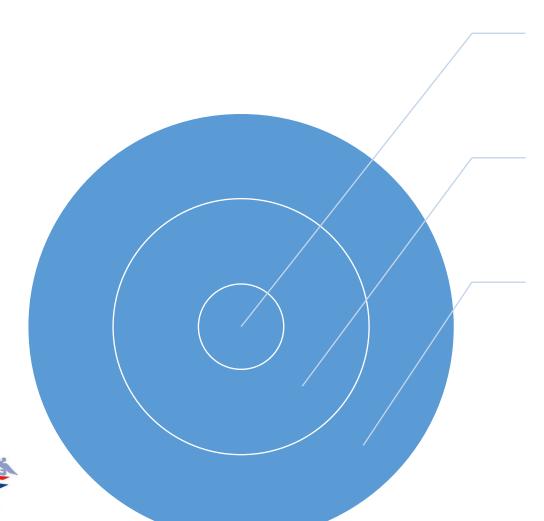
- General Info (Member ID with all primary information from application)
- Training and Service (Hours served in each)
- Roles (Following ASPR HHS reporting categories)
- Listserves (degree of affiliation, interests, jurisdiction)
- Contacts (includes emergency contacts)
- Event Summary (name and numbers of attendees or trainings provided)
- Key (for degrees, affiliations, and training expiration periods)
- Supervisory Checklist (POD or shelter management)







A Few Special Notes: Listserves and Layers of Participation



Active Volunteers

Completion of Application

Registration with ServNY





A Few Special Notes: Listserves and Layers of Participation



ServNY

- <u>https://apps.health.ny.gov/pu</u>
 <u>b/servny/</u>
- Registration with either Genesee, Orleans, or Both

Application

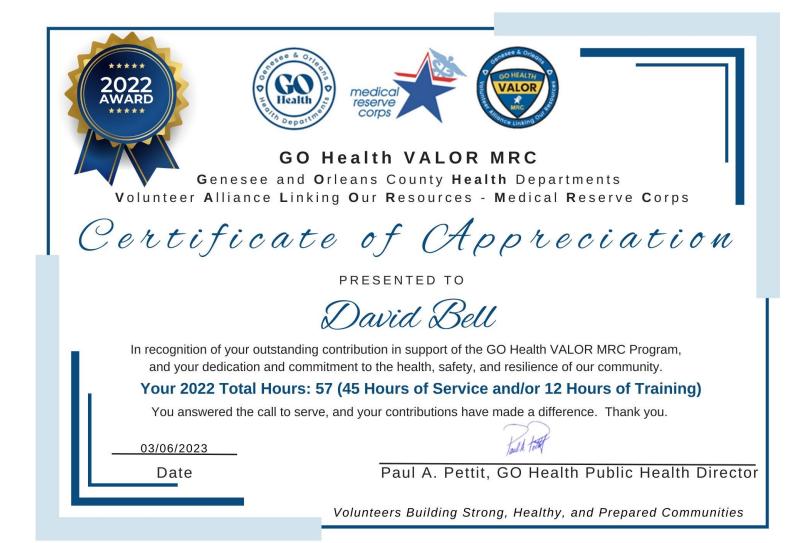
ACTIVE

- <u>https://www.surveymonkey.com/r/</u> <u>MRC_Application</u> or fillable PDF
- Includes question on interest:
 - Emergency response
 - Service
- Health Dept activities (rabies, etc.)
- Attend Refresher/Orientation Session
- Receive Policy Handbook
- Sign Consent and Release Form at end of Handbook
- Complete 2 online trainings
- Vetting
- Attend Refresher/Orientation at least once every 3 years





A Few Special Notes: Training and Service







A Few Special Notes: Our Application



 GENESEE COUNTY
 ORLEANS COUNTY

 HEALTH DEPARTMENT
 HEALTH DEPARTMENT

 3837 Wust Main Street Rd.
 14016 State Route 31, Suite 101 Albion, NY 14411

 6565) 344-2580 x5555
 (585) 589-3278

GO Health VALOR MRC

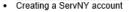
Genesee and Orleans County Health Departments Volunteer Alliance Linking Our Resources - Medical Reserve Corps

VOLUNTEER APPLICATION

Thank you for interest in being an ACTIVE MRC member!

If you participated in any MRC activities prior to 3/1/2022, you are a LEGACY MRC member. After this time, ACTIVE membership requires:

> Completion of this application, also found online at https://www.surveymonkey.com/r/MRC Application or here



- Completing 2 online trainings
- Attending an in-person refresher/orientation session at least once every 3 years.

A GO Health VALOR MRC certificate and photo ID will be issued once you attend your first refresher/orientation session, regardless of any past experience.

Full name:				
Preferred email:				
Preferred phone (Cell? _ yes _ no):	Optiona	l alternate	phone (Cell?	o yes □ no):
()	()		
Current occupation or title:			Date of birth	: (mm/dd/yyyy)
Home address:			1	
Mailing address (if different from above):				
Which county(ies) would you like to voluntee	er in?	⊐ Genesee	e □ Orleans	□ Both

Genesee Email: health@co.genesee.ny.us | GOHealthNY.org | Orleans Email: OCPublicHealth@orleanscountyny.gov Updated 8.11.2022

Emergency Contact:

In emergency, notify: Name_

Relationship

Volunteer Agreements and Consents:

 I verify that I have not been convicted of a felony. I further verify that within the last 24 months I have not been convicted of a misdemeanor that resulted in imprisonment. If I HAVE, I will submit a separate explanation with this application detailing the circumstances. If these statements are incomplete or untrue, I understand my volunteer assignment will be terminated.

Phone

- I understand that GO Health and affiliated agencies reserve the right to perform driver's license, reference, and criminal background checks.
- I understand that photos taken of me while volunteering may be used for publicity purposes.
- I consent to be included on the GO Health VALOR MRC listserve, as well as to receive communications and alerts through other means related to my volunteer interests. I may withdraw my participation at any time.

Your signature (or full name typed):

Date:	

Experience: Please check and give short description as appropriate.					
•	hcare, public health, or social servi	• •			
Any past or current lices	nsures related to experience above	?			
Professional License Type:	State Issued & Number:	Expiration Date			
Any other professional experience of relevance to community service?					
Any particular areas of interest related to community service?					





medical reserve corps

A Few Special Notes: **Our Application**

Skills & Training: Please check wherever you have professional skills with training, checking "Yes" or "No" if current.						
First Aid Current? Yes _ / No	CPR Current? Yes / No	AED Current? Yes / No				
Data Entry	CB Radio	Ham Radio				
Traffic Control	Search & Rescue	Construction				
Food Preparation	Child Care	Pastoral Care				
Firefighting	Law Enforcement	Mental Health				

Potential Interests: Please check the activities for which you would like to receive further information and communication.

Free preparedness safety trainings (CPR, First-Aid, Narcan, etc.)

Volunteer service for Health Department rabies clinics (Any of the scheduled 4-5 clinics each year per county for cats, dogs, and ferrets)

Volunteer service to support emergency response efforts (Such as outreach and clinics for infectious disease testing or immunizations)

Community service projects coordinated by the Health Department (TBD)

 Other service projects coordinated by established MRC partner agencies (As needed)

Final steps:





See more online at our website: https://gohealthny.org/public-health-emergenc preparedness/ or with this QR code:

MRC Member ID:

(To be completed by administrator)

Date:

Your Name (Printed):

Active Membership Checklist:

Further information and all websites below can be found linked at https://gohealthny.org/public-health-emergency-preparedness/ or with QR code



Completion and submission of MRC Application Either in-person, online through SurveyMonkey, or to an MRC Administrator or by email to both david bell@co.genesee.nv.us and cora.young@orleanscountyny.gov

Registration through ServNY with affiliation in Genesee and/or Orleans Online at https://apps.health.ny.gov/pub/servny/

Completion of ICS 100 course:

- o Can be completed in-person at any refresher/orientation session or online at: https://training.fema.gov/is/courseoverview.aspx?code=is-100.c (w/ creation of FEMA ID)
- Email certificate to both david.bell@co.genesee.ny.us and cora.voung@orleanscountvnv.gov

Completion of Psychological First Aid course:

- Can be completed in-person at any refresher/orientation session or online at: https://nylearnsph.com/Personal/Catalog/Description.aspx?u=kM6WW0gCRpm9grRV0B MMi%2f8za3l20s478ONXEfCZHf3MwfKhIAGoHFT3giAlGZt%2fflOzS92Mw84%3d
- To gain certificate, must create NYS Learning Management account (at https://nylearnsph.com/) and then certifying completion of the course
- o Email certificate to both david.bell@co.genesee.ny.us and cora.voung@orleanscountvnv.gov

Attend 1 refresher/orientation session every 3 years

- o Intended to be in-person every quarter (3 months) or as needed
- o On-site at the Health Department alternating between Batavia and Albion
- o Typical agenda: review of Policy Handbook and onboarding requirements, summary of recent activities and upcoming volunteer opportunities, educational component, optional training component

Signing Policy Agreement and Release form at end of Policy Handbook (A separate signed sheet is submitted to MRC administrators during the refresher/orientation session.)

Receipt of Active Member Certificate and your photo ID for GO Health VALOR MRC (photo to be taken during refresher/orientation session.)



Genesee Email: health@co.genesee.ny.us | GOHealthNY.org | Orleans Email: OCPublicHealth@orleanscountyny.gov



SUMMARY and TAKE-AWAYS

- For our unit, data management practices have been essential to facilitate everything else, including application material, training curricula, and confidence to hold routine events
- Cornerstone of our data management is a carefully constructed Excel spreadsheet taking into account:
 - Different layers of participation
 - Different listserves with different participation levels and interests
 - Hours for both training and service (for both recordkeeping and recognition!)
- Questions, discussion, and comparison with other Unit Leaders is WELCOMED and HELPFUL

david.bell@orleanscountynygov; work cell (585) 813-3925







UNIT COMPOSITION-LONG TERM PROJECTS (Lois Luniewicz)

- Worcester Regional has an Emergency Trailer Response Team to assist local public health
- Several communities house regional emergency response trailers
- Team Volunteers inventory and organize supplies
- The Team provides continuity between trailers so volunteers can work in any sponsoring community and know what is available and where





UNIT COMPOSITION, continued (Lois Luniewicz)

- New team established last year: Quick Response
- Team is about 10 volunteers strong
- Make-up is both medical and non-medical
- They are contacted using texting for short turn-around response
- Can support same day requests from schools, vaccination clinics whereas most deployment opportunities are two or more days out





UNIT COMPOSITION, continued (Lois Luniewicz)

- Newest team: Interpreter/translator
- Identify volunteers who speak/write/understand a language other than English
- Present a Certification pathway for them
- Once certified they can be of assistance in many settings including: shelters, vaccination clinics and Resource Recovery Centers following fires, storms, hazardous material evacuations to name a few



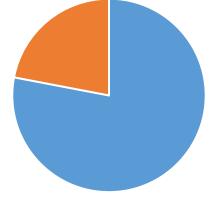


Unit Mission (Monserrat Hellman)

- Analyze current membership numbers (medical vs. support volunteers)
- Conducts a Training Needs Assessment (TNA)
 - Set completion goals to incentivize volunteers to complete TNA
- Determine Current Service Levels
 - Create realistic goals for desired service levels
- Solicit Support
 - From housing organization
 - Key stakeholders
 - MRC Volunteers
- Identify Strengths and Weaknesses



MRC Unit Composition



Non-Medical Volunteers







The Impact of COVID-19 on Recruitment, Retention and Deployments

Monserrat Hellman

MRC Coordinator

Loudoun MRC, Virginia





Recruitment





COVID-19 Recruitment Impacts

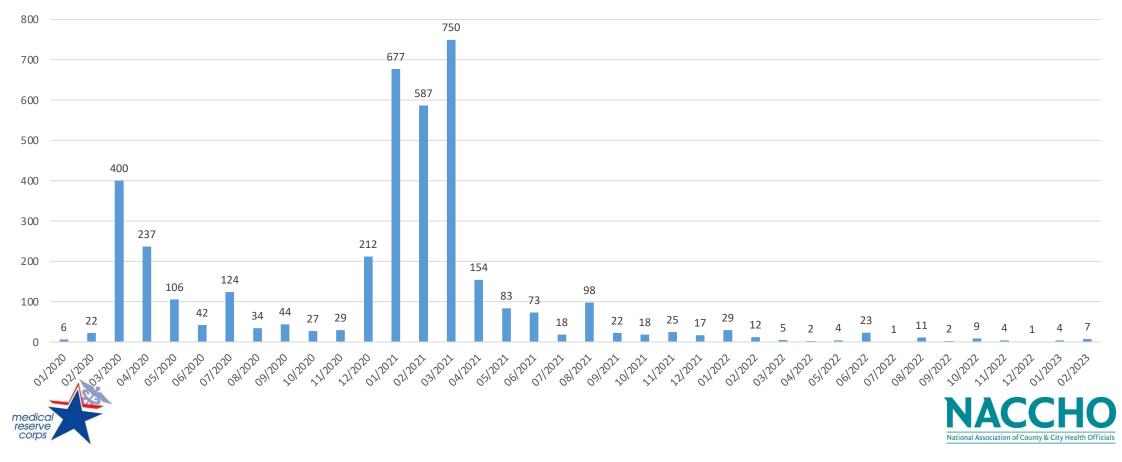
- High visibility and promotion from local leaders (e.g., governors, board of supervisor representatives) aided the recruitment of volunteers in various stages of the COVID-19 pandemic.
- Units faced a wave of solidarity resulting in high volume of applications.
- Human resources were quickly overwhelmed
 - Adjustment to onboarding processes had to be made
- Onboarding resources such as shirts, IDs, lanyards were depleted with large number of new volunteers.





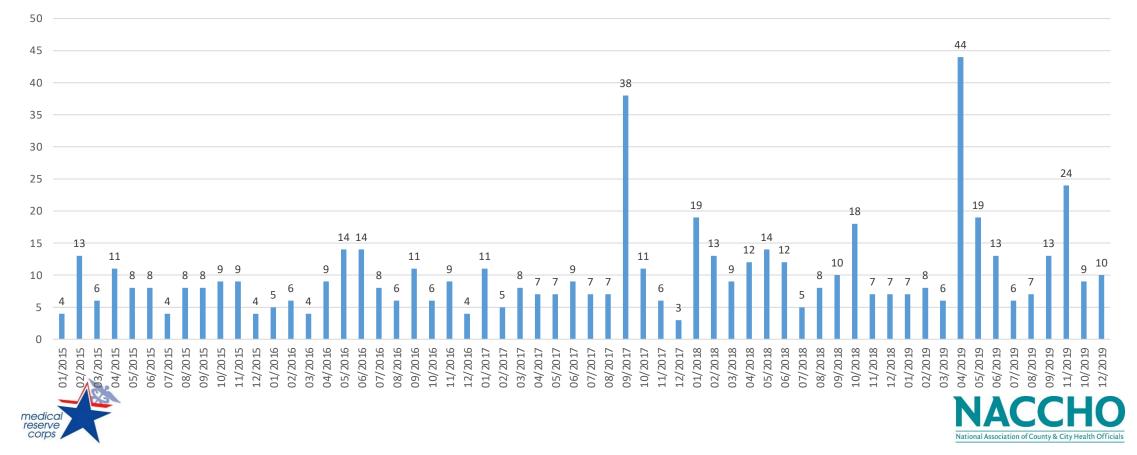
Loudoun MRC Applications during COVID-19

Applications by Month 2020-Present



Pre-COVID Unit Growth

Applications by Month 2015-2019



Post COVID Recruitment

• Expectation must be adjusted

- Units are less likely to meet medical volunteer recruitment goals due to qualified volunteers already being part of the unit and/or may be facing burnout from the pandemic
- Units are less likely to meet other recruitment goals due to travel bans and other restrictions being lifted and volunteer candidates already being part of the unit.
- Recruitment vs. Retention





Retention





Why do people volunteer?

Volunteering...

- Promotes a sense of solidarity by working towards a common purpose.
- Alters self-perceptions, allows people to build confidence and selfesteem and to learn new skills.
- Helps career advancement
- Friendships





Why do people stop volunteering?

- Time restraints
- Lack of efficient training
- Mismatched opportunities
- Feeling unrecognized for personal contributions.
- Unaware of their impact
- Burnout
- Relocation
- Lack of new volunteer opportunities





Volunteer Retention 101

- Balancing act:
 - Retention of current volunteers vs. recruitment of new volunteers
- Invest time and create strategy for your volunteer training program
- Be humanistic with your volunteers and get to know them personally
- Respect your volunteers' values and their time
- Recognize your volunteers and their achievements
- Be accessible for volunteers
- Think outside the box





Then vs. Now

- 1,400 volunteers
- 1 EP&R exercise a year
- 1 in-person training per quarter
- 2 outreach events per year

- 3,200 volunteers
- 1 EP&R exercise a year
 - No longer enough
- 1 in-person training per month
 - Instructor base must be expanded
- 2 outreach events per year
 - No longer enough

Deployment





Deployments During COVID-19







Deployments during COVID-19 Continued

Typical Deployments

- Points of Dispensing and Points of Testing
- Call Center Operations
- Public Health Outreach
- First Aid Stations
- Emergency Preparedness Exercise Support
- Health Screening
- Naloxone Training
- Shelters
- Case/Contact Tracing

Atypical Deployments

- Long Term Care Facility Support/Backfill
- Infection Prevention Ambassadors
- Translation/Interpretation Support
- Respiratory Fit Testing





Deployment Challenges During COVID

- Impact on volunteer attendance
- Fear of being exposed or exposing others to COVID-19
- Impacts on information flow
- Overwhelmed human resources
- Lack of clarity on assignments





Deployment Challenges Post COVID

- Volunteer opportunities expectations are higher from both volunteers and housing organizations
- Volunteers seeking to meet volunteer hours requirements are no longer able to do so and are frustrated
- Deployments aren't as impactful as they were during COVID
- Volunteer opportunities are preferred over training
- Volume of volunteer opportunities is no longer adequate for organization size





What's to come...





With COVID comes opportunity

- Quality standards have become a greater priority
- Policies and procedures for volunteer safety and safeguarding were strengthened
- Allowed for the creation of strategic partnerships and strengthened existing partnerships
- New advocacy work opportunities
- Additional funding opportunities through grants were made available





What Impacts did COVID-19 Make (David Bell)

• MRC was INVALUABLE

- COVID-19 became a great validator of the purpose and need for MRC
- However, forced to re-conceptualize "volunteer", including reallocated county staff and other temporary paid positions
- Need to create consistent yet expedited ways to do volunteer onboarding, vetting, and training
- Readjustment of supplies and planning
- After huge influx of participation, need to keep interest and stay relevant



- Recognize that not everyone needs to stay involved, but be ready to re-accommodate!







COVID 19 EXPERIENCES (Lois Luniewicz)

- Our unit was asked to support Long Term Care Facilities in the early months of the pandemic
- We quickly learned that there were obstacles to our response
- Fear of the disease for themselves, their families
- Volunteers identified with underlying health conditions
- Volunteers are caregivers for vulnerable family members such as elderly or young children





COVID 19 EXPERIENCES, continued (Lois Luniewicz)

- Working volunteers were prohibited from engaging in activities that would expose them to covid
- Employers did not want their staff to become ill preventing them from reporting to work
- Employers feared that off-duty exposures could bring covid into the workplace



