

In the MetroWest Leadership Class we have been working through many different topics designed to challenge us and to build our leadership skills: personal leadership styles, health equity, using data, managing change, working in coalitions, successful negotiation, and effective messaging. However, nothing could prepare us for the challenges brought to our work places—Public School Nursing, Elder Care, Children and Mental Health, Housing, Developmental Disabilities, and Adult Mental Health—because of the COVID19 Pandemic. Each agency has handled these unprecedented challenges with positive and negative outcomes. This essay will address those outcomes as well as plan for the future in a post-COVID19 world.

There are many things that each organization did well, which ultimately led to a stronger coordinated effort by all agencies within the MetroWest region. As COVID19 became an immediate concern, each agency/school immediately began to plan how to keep clients served and staff safe. Many departments moved to telehealth or remote working capabilities, cleaning protocols were implemented, and clear communication from leadership allowed for staff and clients to operate safely and effectively. Once each agency moved into new modes of operating, the MetroWest region was able to coordinate services together to provide for the communities. The food distribution coordination became a smooth and effective way to serve the greater community. Mental Health and Emergency services moved to telehealth, allowing for severe mental health needs to be addressed quickly and with ease of access.

The MetroWest region faced complex needs that were not met well and became more challenging to meet within the communities served. While agencies quickly responded individually and then collectively, many agencies were hesitant to change service lines (and how to change these lines). Clear communication and data from the Federal, State, and City Governments delayed how each agency/school provided services. Access to information on community safety (guidelines/PPE) and access to testing and medical care varied in each city and was felt differently within many ethnic communities. In schools, it became clear that access to technology, school supplies, food, and educational needs were great and very divided within different populations. Populations with specific ethnic, language, age, and income needs were affected more adversely than their peers, highlighting the disparity within each community. While all MetroWest communities were impacted, some were able to switch well into remote working with laptops, phones, and delivery of services, while others struggled to meet the technology needs and job fulfillment, resulting in furloughed staff.

Over the last three months, each agency has adjusted to new ways of operating for communities and learned new strengths and skills that will allow for better support in the coming months and years. Each agency will have to look at the following aspects as we move into the new phases of re-opening Massachusetts:

Remote services: technology, equipment, service delivery, staffing structure

Bio-Psycho-Social Emergencies: Access to health care (testing/doctors), psychiatric emergency services, food, social needs, and other evolving needs as the pandemic lingers

Planning: Days, Months, Years and service delivery. Creating contingency plans for Massachusetts re-opening phases and the possibility of a surge in the fall/winter, or whenever it might come. Is a vaccine available and how affective will it be? How to venture safely and financially strong into a new era of service delivery.