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Weighing Risk and Mission, Some Nonprofits Start to Reopen

By Jim Rendon



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When the coronavirus was ravaging New York City this spring, Rising Ground worked hard to adapt to restrictive shut-down orders. The immense human-service nonprofit serves 25,000 people a year, has a staff of 1,900, and operates 50 buildings across the city. Its programs include family services, special education and early-childhood learning, and residential and day programs for people with intellectual and developmental disabilities.

Now that the virus is waning in New York, it's facing an even bigger challenge — how to resume face-to-face operations safely.

The group's residential programs never closed, even at the height of the pandemic this spring. But other services had to change significantly. Mentors, for example, used text messaging or even masked meetings on the street to engage with clients.

Now, Rising Ground employees in other programs have started to open buildings and meet with clients in person, something they haven't done in months. For example, foster-care staff are resuming home visits — but with important changes. The meetings take place outside the home; everyone wears masks and maintains six feet of distance. If the employees need to enter the home, others must leave.

Figuring out how to restart other services has proven to be more complicated. One example: preschool special education programs, which are scheduled to open in early August.

The group's executives pored over a 150-page document from the New York State Department of Education with guidelines for safely reopening. They reviewed federal and city guidance and webinars from experts in the real-estate industry.

“There is guidance coming from many different directions,” says Alan Mucatel, the group's CEO. He's identified the most stringent requirements from each and applied them across his organization.

In many buildings, Rising Ground executives are making changes big and small. The organization is determining which doors can be propped open to allow for better flow of fresh air without affecting security or fire codes. It is installing higher quality filters in the HVAC system. There are social-distancing decals on the floor, and the staff has built and installed plexiglass barriers for receptionists. The group's administrative offices, which usually hold more than 200 people, are

being reorganized for a maximum of 40 or so. Hours will be staggered so that employees who come in can take public transit when it is less crowded.

And there are real costs for all of these changes. The new air filters cost \$11,000 every three months, one of many new ongoing expenses. Supplies and equipment to reopen will cost hundreds of thousands of dollars.

“You have to pay attention to all aspects of what it means to make people actually safe,” Mucatel says.

Rising Ground isn't alone. Across the country, nonprofits are navigating the difficult questions of when to reopen and how. Guidelines that are relevant to a nonprofit's work can be hard to find. Making changes to buildings and procedures can be complex and expensive.

But figuring out how to reopen safely goes beyond physical precautions. A good communications plan is essential. Leaders need to make sure that staff is well informed and willing to return to working with clients in person. Clients need to be informed, too. Otherwise they may not be comfortable coming back. Everyone has to behave differently — wearing masks, maintaining social distance, and using space differently. For organizations that have opened their doors, finding the personal protective equipment they will need to keep everyone safe has been a challenge.

Nonprofits are quickly learning that returning to face-to-face operations is complicated, risky, and expensive. But many groups feel like they don't have a choice. Under the terms of some government contracts, groups receive reimbursement only when they provide certain services in person. Others just want to get back to doing business as close to usual as they can.

To keep employees and clients safe, organizations need to examine both the services they provide and the physical spaces where they take place, says Alex Neuhoff, a partner at the consultancy Bridgespan who is helping several nonprofits in the Detroit area reopen their facilities. Even details that no one thought much about before are important — how people move through a building, where they stand or sit, and how they interact with one another.

“You have clients coming for appointments,” he says. “What doors do they come through? Do you take their temperature before they come into the building? Do you ask them to take their temperature at home before they come in? Do you have a staff in full PPE?”

Cobbled-Together Plans

State and local guides to reopening often aren't a perfect fit for nonprofits. That means leaders are cobbling plans together on their own.

The State of Michigan has detailed criteria for when different kinds of businesses can reopen, information that was helpful to Jaimie Clayton, CEO of Oakland Family Services, which provides a range of social services to communities north of Detroit. Clayton has kept in close contact with board members. One of them suggested that she look at the reopening manual from a nearby auto-seat manufacturer. The group's insurance broker shared its plans.

The organization created a reopening committee made up of senior leaders, which merged some of the best of the collected ideas, making sure they followed Centers for Disease Control and state guidelines. Among the principles Oakland Family Services has



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Rising Ground limits the number of employees in the building at any one time.

adopted: staggered schedules to limit the number of people in the building at one time.

Several state nonprofit associations have stepped up to help nonprofits wade through all the information.

The Oklahoma Center for Nonprofits received a grant of \$100,000 to create reopening guidelines designed specifically for nonprofits. The group did what many others have been doing: reviewing plans from a broad cross-section of government and industry. It reviewed CDC guidelines and those from state public-health agencies and from large commercial property management firms.

The guide it produced covers topics that almost all nonprofits deal with, like fundraising and board governance, as well as more specialized cases like reopening church congregations and handling artifacts in museums. Other state associations are also making it available for their members.

The guide, along with information from the CDC and the Oklahoma State Department of Health, was a helpful starting point for the YWCA Oklahoma City when it began to offer more services in person. The group provides many in-person services to victims of domestic violence and rape, including forensic exams and housing. Its senior management team meets two to three times a week just to make sure it stays on top of changing guidance and information about the virus. “We've had to do a lot of research on our own,” says Janet Peery, the group’s CEO. “It has almost been like having a second job,”

The group had to shift the time people ate meals in its domestic-violence shelter for purposes of social distancing and asked people to eat in their rooms, something that used to be prohibited. It added no-touch water faucets, hand-sanitizing stations, plexiglass dividers in reception areas, and increased cleanings.

Oakland Family Services has taken a slow path to reopening. Clayton is still struggling with the risks inherent in bringing staff and clients back and determining the value of those changes. The decisions aren't always clear.

“If you're depressed and you need mental-health counseling, is it better to still get it virtually where you can see each other over the computer and read each other's faces versus sitting in an office with a mask on?” she asks. “How many staff do you want back in the building and how many clients, and how do you control it?”

She decided to limit the number of people in the building to 25 percent of its normal capacity. To make sure the group adhered to that number, she found a smartphone app called Clear Pass that staff can use to tally the number of people in the building at any given time. If too many people are in the building, Clayton gets an alert as does the last person attempting to enter.

Rather than having people wait in the lobby, clients now text when they arrive. Employees let them in one by one. There are also kiosks at every site so clients can check in without talking to anyone, conference rooms now have fewer chairs to encourage smaller meetings. But Clayton remains uneasy. She wonders if it will be enough to keep staff and clients safe.

Clear Communication Is Key

All of the research and planning that senior managers put into reopening can be for naught if employees don't want to return.

Open, two-way communication with staff members is key to getting them on board with returning to the office, says Bridgespan’s Neuhoff.

Many staff members may have legitimate fears about the work environment and may not want to return. But people who work in social services in particular often take risks in their jobs even when there isn't a pandemic, Neuhoff says it's OK to discuss the risks they

are taking by showing up at work with staff, while also being very clear about the precautions the group is taking to minimize the possibility of catching Covid-19.

“Staff have to balance competing public-health risks,” he says, “the risks of contracting Covid or spreading it and the risks that come along with not providing their services to people. It definitely helps to make those risks that you're willing to accept explicit.”

This spring, the Minneapolis American Indian Center closed the large center where it held programs for young people and the elderly as well as fitness classes, large gatherings like powwows. (A café that provides meals for needy people remained open.) Immediately, the organization began having weekly virtual staff meetings to keep everyone informed about the steps the group was taking to continue its work. When it came time to reopen, the regular communication helped smooth the transition, says Mary LaGarde, the group's executive director.

In June, another native American nonprofit lost its building to a fire during the protests of George Floyd's death. So the American Indian Center provided space to its fellow nonprofit. It also began providing some programs in person again, especially the youth programming, which was hard to do virtually.

The group takes the temperatures of people entering the building and asks them to disinfect the areas they have used. There is a limit of 10 to a room so some groups have been meeting in nearby parks.

Communication with staff that started with those weekly meetings and the staff's resulting communication with clients helped everyone feel better about coming into the building, which has been especially important because of the high rates of Covid infection among many Native American communities, she says.

Real Challenges

Careful planning can be foiled by a virus that transmits as easily as Covid-19.

The nonprofit Hale Centre Theater in Utah closed down in March but reopened in late June following state guidelines. The theater brought back two musicals — *Mary Poppins* and *Bright Star* — it had suspended.

The group has tried hard to mitigate risk. Its theater is relatively new and has a top-quality HVAC system. Its seats are larger than in a normal theater and a bit farther apart. Hallways, doors, and entrances and exits are larger than older theaters so people can be farther apart when entering and leaving. Staff members ask actors and crew members whether they have Covid symptoms. Staff are asked to take their own temperature in the morning, monitor themselves carefully, and social distance from others when they're not at the theater.

Everyone wears masks during rehearsals. When actors aren't on stage, they sit in assigned seats that are more than six feet apart. The directors even changed the blocking in the musicals so that actors were farther apart and farther from the audience.

Six actors in one of its plays chose not to return because of health concerns.

"They wanted to play it safe," says Mark Dietlein the theater's CEO and co-founder. "We fully understood that."

Mary Poppins was back on stage for three weeks when a crew member contracted the coronavirus while on vacation. Contact tracers looked for people she was within six feet of for more than 15 minutes. Twenty-three employees had to self-quarantine for two weeks, which put a temporary halt to the show.

Oakland Family Services also learned important lessons with its reopening. It usually has 200 children in its summer camps. This year, it is opening for two small classrooms of children to help it determine if and how it could open to more in the fall. The organization

changed drop-off routines. Parents are no longer allowed in the classrooms; they have to drop children off outside. Staff members take the children's temperatures outside and at lunchtime serve them plated food instead of a family-style meal.

Challenges were numerous across its programs as they re-opened. Some staff members were exposed to someone who had Covid. Other staff traveled to hot spots. In another program, family members arrived without masks; staff had to provide face coverings.

Oakland Family Services followed the lead of multiple states and implemented travel restrictions on its staff. It asked employees who had been to states with high infection rates or places like Disney to self-quarantine for two weeks. When it comes to clients, the group has to follow state policies. Michigan does not have any domestic travel restrictions. If families have traveled to a hot spot, they cannot be denied services, but the staff will educate them and encourage them to quarantine and get tested

"Going this slow has allowed us to test our protocols, make adjustments, and learn how to handle some of it," Clayton says.

Realistic Expectations

Clients can be a wildcard in reopening plans. Some people aren't ready to go back yet. Nonprofits can set up protocols, but there is no guarantee that clients, some of whom have mental-health issues, developmental disabilities, or substance-abuse problems, will adhere to them, especially when they require complex or counterintuitive behavioral changes. Plus, in many areas, masks have become a political flashpoint.

"The best groups are taking a human-centered design approach to this, where they are thinking through what are the behaviors that we need people to exhibit to be safe. What can we get?" Neuhoff says. "What can we realistically expect given that they are two years old or they have developmental disabilities or they have significant mental illness?"

Often that means designing with the knowledge that some people won't follow all the guidelines. For example, it might mean rather than struggling to get young children to wear masks all day, putting them in small, self-contained groups instead. Or a nonprofit can stagger appointment times rather than expect people to distance or wear masks while in a waiting room.

"You have to take a realistic risk-minimization perspective as opposed to an unrealistic risk-elimination perspective," he says. "There are a whole bunch of things you can do structurally to take into account the reality of your client population."

Once again, he says, communication is very important so clients know what is expected of them.

The Hale Centre Theater has worked hard to communicate with its customers about changes to the theater experience. Employees explain to ticket buyers that everyone in their party must wear a mask the entire time, and they receive an email three days before the show reiterating the message. Signs throughout the theater remind people to wear masks and socially distance, as do announcements before the show and during intermission. Ushers tell people who have pulled down their masks to put them back on. People who refuse to wear a mask are not allowed in the theater.

Another big change: Anyone who feels ill can get a refund right up until showtime.

"People just feel grateful to be here so they're willing to abide by the rules," Dietlein says. "We're doing everything we can to make it easy for people to come in and easy for them to stay home."

For some groups, one of the biggest challenges is finding enough personal protective equipment for staff and clients. Without masks, sanitizer, and other equipment, many of the protocols they enact won't be enforceable.

The Alliance of Arizona Nonprofits is working to secure protective equipment for groups there. The YWCA Oklahoma City recently received a donation of 6,000 adult masks, but it is having a hard time finding masks for children. "We're trying to assess every day, 'How much do we have? How long will that last, and how much more do we need?'" says the YWCA's Peery.

Leaders worry that as infection rates increase across the country, supplies will become even more scarce. The Minneapolis American Indian Center has had trouble finding enough hand sanitizer and masks for its staff and clients.

"By the end of the day, you're just kind of drained with everything, with your organization, with what's going on in the community, between Covid and the civil unrest," says LaGarde.

'Going Backwards'

The economics of reopening is tricky. For Hale Centre Theater, in Utah, starting back up created new financial problems. The three-and-a-half-month shutdown cost the group millions. The organization says it may take three or four years to get to the financial position it was in before March.

When it closed down, the group had sold 221,000 individual and season tickets, worth a total of \$8 million. The theater wants to honor those tickets. But it's meant paying actors and stage crews to put on shows while bringing in little new revenue to cover the costs.

Only about 15 percent of the remaining available tickets are selling for each show.

Audiences have been slow to return. While it sold out every show last year, the theater is now selling about 70 percent of the seats. Plus, the group issues \$2,000 to \$4,000 in refunds every day.

"We are very, very lucky if we have a day where we actually are profitable," Dietlein says. "We're going backwards financially."

But the theater is working through the backlog of prepaid tickets. Eventually more people will be paying when they see a show. And the group's mission is to perform, to bring theater to its community.

"The arts impact people in a really deep way. It lets us know we're human and that we have feelings and emotions that we can experience as we're watching a production," he says. "I guess you could say it's medicine for the soul."

Any leader that decides to provide services in-person again is going to face criticism, he says. Some people will say it's too soon and not worth the risk. But others will be grateful, whatever the service may be.

"It does take some backbone to go forward and open up," Dietlein says. "It's been an interesting journey, but at least, for us, it's been the right decision."