



GOVERNOR'S COORDINATING OFFICES

COMMUNITY INITIATIVES • SERVICE & VOLUNTEERISM • MINORITY AFFAIRS
CRIME CONTROL & PREVENTION • CHILDREN • DEAF & HARD OF HEARING
PERFORMANCE IMPROVEMENT • GRANTS

Nonprofit Working Group Recommendations

Maryland Strong: Roadmap to Recovery

Working Group Members

Walter Kirkland, Founding President
100 Black Men of Prince George's County

Mayur Mody
American Diversity Group

Howard Libit
Jewish Federation of Baltimore

Jeff Breslin
Boys & Girls Club of Metropolitan Baltimore

Julie Kernan
Business Volunteers Maryland

Steve Salem
Cal Ripken Sr. Foundation

Pablo Blank
CASA de Maryland

Krista Gilmore
Cecil County Government Department of
Community Service

Joseph Jones
Center for Urban Families

Matthew "Mateo" Peters
Chesapeake Multicultural Center

Terence Blackwell
Chimes Inc.

Mitch Posner
Community Assistance Network

Shawna Kersley
Crisfield Arts Syndicate

Cara Fogarty
CSM Nonprofit Institute

Bill McCarthy
Catholic Charities

Crystal Townsend
Healthcare Initiative Foundation

Henry Posko
Humanim

James Bond
Living Classrooms

Thomas Higdon
Maryland Food Bank

Malcolm Furgol
United Way of Frederick County

John Hoey
The Y in Central Maryland

Cherelle Hill
DMV PAL

Mike Posko
Habitat for Humanity of the Chesapeake

Heather Iliff
Maryland Nonprofits

Andy Cashman
Maryland State Fair

Emanuel J. Stanley
The Most Worshipful Prince Hall Grand
Lodge

Jim Longenecker
NorthBay Education, Inc.

Frank Lance
Parks & People

Mandy Arnold
Partners in Care

Overview:

Members of the nonprofit working group met six times to discuss and generate recommendations for the phased reopening of nonprofit organizations in accordance with the Maryland Strong: Roadmap to Recovery Plan. The group made broad recommendations which are included in this report. They also made specific recommendations for like organizations (e.g., protocols for reopening fitness centers, protocols for providing programming to children, and strategies for serving vulnerable populations in congregate care settings). Those recommendations will be shared outside of this report.

The working group views the meetings that led to this report as a starting point for their continued collaboration. They are uniformly committed to moving through the phases safely, and

in accordance with all federal, state and local requirements. They believe they are stronger together as they navigate this process.

Working group members understand that progress in each stage will be evaluated against the following criteria:

- The governor's four pillars outlined in "Maryland Strong, Roadmap to Recovery (April, 2020) https://governor.maryland.gov/wp-content/uploads/2020/04/MD_Strong.pdf
- The president's 14-day decline guidelines; and
- Implementation of the recommendations in each of the three risk stages outlined in this report: Stage I -- Low Risk; Stage II -- Medium Risk; Stage III -- High Risk.

In each stage, the state will evaluate which localities meet appropriate criteria based upon viral infection rate in the jurisdiction and/or region. In the event a locality has satisfied the criteria, county health officers will be permitted to expand the permitted activities and businesses under the parameters of the current stage identified by the state. The Roadmap includes "stop signs" that would halt or roll back activities that are deemed unsafe.

Because the state provides guidelines and criteria for local governments to implement, it is essential that nonprofits maintain close communication with local agencies, especially their local health departments, which will provide detailed instructions for following state guidelines.

In general, most recommendations apply to all three phases, as it is acknowledged that even during Phase III, safety protocols will still be needed. For example, the working group recommends that, throughout the phases, programming and services should be provided in a context of appropriate physical distancing, masking, sanitation and any other requirements specified by the organization or the local health department.

They also recommend that any programming or day-to-day business that can occur virtually and/or remotely should. Telework, remote/virtual volunteering, and virtual programming and events should continue. They note that organizations should prioritize client access to and easy use of technology. Organizations should also develop and hone programming, policies and procedures that optimize their ability to operate virtually/remoteley.

The working group emphasized that nonprofit organizations that provide essential services have remained open throughout the Covid outbreak. Thus, these recommendations also focus on safe relaxing of safeguards in place at such nonprofits as homeless shelters, and congregate care facilities for foster children, individuals with disabilities and other vulnerable populations.

Also, the working group noted that Phase I changes will be limited in scope because nonprofit employees who are not already deemed essential workers will not have access to childcare.

Working group members also emphasized the importance of anti-discrimination campaigns and messaging throughout the phases. A combined effort, including the Governor's Ethnic Commissions, would guard against discrimination against racial, ethnic and other groups who are wrongly blamed for the spread of the disease.

As a next step, the discussion groups envision many forms of collaboration and communication for the foreseeable future. There appears to be consensus around a Covid consortium that is segmented into affinity groups and works collaboratively to identify, pool and share resources and information.

Phase I Recommendations

Specific Recommendations

Outdoor Activities

- When providing outdoor activities/programming, organizations must
 - ensure that groups are small enough to maintain adequate social distance (at least six feet). Strategies for this include providing more classes, camps, etc. that are shorter in duration.
 - Ensure that any children's activities are adequately supervised so that children can maintain social distance.
 - Ensure that all staff, volunteers, children and parents/guardians receive in-depth training on and frequent reminders of safety, distancing, sanitizing, and pick up and drop off procedures.
 - Nonprofit and like organizations that provide outdoor services and education should continue to meet to develop and share best practices safe reopening.
- Equity should be taken into account when considering who can access outdoor programming. Children who live in highrises, whose parents are essential workers and who otherwise have had less access to outdoor activities should have the earliest opportunity to participate in outdoor programming.
- For outdoor and indoor activities, very careful consideration should be given to if/how/when program participants access bathrooms and locker rooms, as surfaces in these spaces are vectors for disease.

Indoor Activities

- Continue with telework, telehealthcare, and virtual client support to the greatest extent possible
 - Work to remove barriers to client/patient access to virtual service and telehealth
 - Improve/build out virtual programming that may have been developed in haste

- Continue to ensure HIPAA compliance of all methods of telehealthcare.
- For client interactions that must be in person
 - Ensure that extensive PPE is used, including
 - Hand sanitizer
 - Gloves
 - Masks
 - Shields/plexiglass barriers between staff/volunteers and clients
 - Extensive training of all staff, volunteers and clients on all safety procedures
 - Ensure that social distance is maintained
 - Conduct as much intake/business as possible
 - Outdoors
 - Electronically (e.g., through digital food pantry software)
 - Limit service to one-on-one interactions when at all possible
 - Ensure that the number of people in any indoor space is limited such that everyone can maintain six feet of distance from each other (e.g., through use of floor stickers)
 - Sanitize frequently
 - Clean surfaces with disinfectant frequently throughout the day (after each use)
 - Fully sanitize indoor work spaces daily
 - Ensure that all staff, volunteers and, when appropriate, clients know how to do their part in ensuring that indoor spaces are sanitized
 - Avoid/limit exchange of physical items
 - Use curbside pick-up and drop-off whenever possible
 - If any documents, materials, etc. must be shared, develop safe protocols for depositing them in a standalone box/tray

Volunteer Engagement

- In general, during phase one, nonprofits and other organizations that engage volunteers should continue to follow the guidance and protocols provided during the stay-at-home order. This guidance is inclusive of that provided by state and local government agencies and guidance provided by their own organizations at a local, regional and national level.
- Volunteers who are in high-risk categories, such as individuals over 60 years of age and those with underlying health conditions, should continue to serve remotely unless organizations have sufficient PPE and protocols in place for them to serve in-person.
- Recently unemployed individuals should be recruited to volunteer.
- The Volunteer Connector/Engagement Workgroup initiated in March 2020 by the GOSV should continue to meet.

Congregate Care

- In general, during phase one, nonprofits providing congregate care should continue with current practices. If congregate care providers are able to put appropriate safety protocols in place, during phase one, they may provide increased opportunities for residents to be outdoors.
- Depending on specific Phase I guidelines, congregate care facilities may be able to provide transportation to residents to enable increased access to activities and care.

Care for particularly vulnerable populations

- An affinity group for nonprofit organizations that support people with disabilities, people in foster care, people in recovery and other exceptionally vulnerable groups should be convened. Factors to consider include:
 - Individuals with certain disabilities are particularly challenged when it comes to social distancing (e.g., individuals with autism who are aggressive may not be able to maintain social distance). These individuals need to be welcomed back as soon as possible, as their families report that they are not able to manage them at home, and that in some instances, family members are not safe.
 - Families are ready to welcome children in foster care but not until those children test negative for COVID 19
- The appropriate agencies should be prepared for a surge of child welfare and domestic abuse reports as the stay-at-home order is gradually relaxed.
- The appropriate agencies should be prepared to address evictions and foreclosures when the moratorium is lifted.
- All information and services should be made accessible to deaf and hard of hearing individuals, the blind and others who need accommodations.
- All information and services should be made accessible to people for whom English is not a first language.

General Recommendations

- Consolidated Distribution Centers allow for safe, efficient provision of a wide range of resources and services
 - Food
 - Health resources and services
 - Electronic devices
 - Educational materials
- A handbook of uniform protocols and best practices for phase I and beyond should be developed and widely distributed to nonprofit and like organizations throughout the state. Organizations that can disseminate information:

- Maryland Nonprofits
 - Local chambers of commerce
 - Local United Way organizations
- For many nonprofits and like organizations, remote/virtual services and activities have been very successful and have allowed organizations to serve a broader constituency; Factors to consider include
 - Many do not have sufficient access to the internet
 - Many do not have the necessary devices
 - Not everyone understands how to use the technology
 - GOCI/GOSV could use its platform to raise awareness of this issue
 - Much of the current remote/virtual programming has been developed ad hoc and would need to be more fully developed and integrated into the mission of organizations to be part of a long term strategy.
 - New remote/virtual programming would need to be developed (e.g., virtual tutoring materials)
 - The programming/activities provided this way need to be monetized through
 - Sponsorships
 - Fees
 - Virtual fundraising activities and events
- A registry of staff, volunteers and clients who are associated with nonprofit organizations could help with contact tracing efforts.
- A better understanding of liability exposure for staff and volunteers who interact with clients would help as in-person interactions continue and resume.
- Nonprofit and like organizations should use the Maryland Manufacturing Network to source PPE and other needed materials/items for purchase.
- Information about sources of donated PPE and like materials should be disseminated to nonprofit organizations.
- Segmented working groups within the nonprofit sector should be convened and should meet regularly throughout the coming months. These groups should be developed based on focus area and mission.

Phase II Recommendations

Specific Recommendations:

Develop and disseminate a best practices resource page for nonprofit organizations to use as a guide as they move through each phase of the reopening process

- Resource page(s) can include existing handbooks, organizational Covid response plans, etc. developed by various organizations, including national nonprofits, regional nonprofits, membership organizations, and affinity groups
 - Any resources on the page are designed to assist organizations in developing their own internal protocols and are not official guidance or recommendations
 - The page can be updated by segmented discussion groups that continue their work over the summer
 - Trusted organizations should be used to get this information out to nonprofits and like organizations
 - Chambers of Commerce
 - United Way organizations
 - Maryland Nonprofits

Share/Combine Resources to support communities

- Identify additional buildings/spaces where programming and services can be provided in a spread out fashion that allows for fewer people in one space and appropriate physical distancing
 - Recreation Centers
 - Schools
 - Places of worship
 - Buildings owned/managed by nonprofit organizations
- Nonprofits that have existing relationships with the Maryland State Department of Education should collaborate with each other and MSDE to identify and develop programming to supplement classroom learning
- Nonprofits that receive grant should work together to communicate with grantors and seek relaxed restrictions on use of funding.
- Nonprofits should work together to identify funding streams, specifically from the philanthropic community.
- Work together to identify PPE and other supplies, such as hand sanitizer, that is being donated to nonprofit organizations
- Work together to identify PPE and other supplies for purchase

Ensure that service delivery is tailored to community needs

- Consult with the local health department to confirm local requirements for safe movement through phases
- Especially in zip codes where the outbreak has been more concentrated, communicate with community members about how nonprofits will ensure safety of program participants
 - Ensuring physical distancing by serving few people in larger spaces

- Ensure that surfaces are regularly sanitized
- Ensure that hand sanitizer is available
- Especially in communities where physical distancing and other safety measures are not being observed, send trusted messengers into the community to convey the importance of these measures

Seek out experts from other sectors, such as

- Schools of social work, whose faculty can provide expert guidance on reaching and serving vulnerable communities.
- For-profit trade groups such as
 - Retail
 - Construction
 - Fitness Centers
 - Grocery stores

Allow volunteer engagement to occur at a pace that is right for the organization and its volunteers

- If all or most of an organization's volunteers will serve remotely and/or virtually for the foreseeable future, find innovative ways to connect and recognize their contributions
 - Catholic Charities' example of weekly check-ins during which staff show volunteers the impact of their service that week (e.g., the casserole program)
- Volunteer connectors should continue to provide ample opportunities to serve remotely and/or virtually while also providing in-person opportunities for individuals, groups, businesses, etc. that are ready to serve in person and to do so in accordance with all guidelines and safety protocols.

Liability

- Organizations should speak with insurers to learn if their existing liability insurance, including volunteer liability insurance is adequate
- Organizations should review and, if deemed appropriate, update volunteer and participant liability waivers to include
 - Confirmation that, to the best of their knowledge, they have not been exposed to Covid.
 - Agreement to follow all safety protocols
 - Acknowledgement that they understand the risks of in-person service at this time

Phase III Recommendations

Have plans in place for time when

- Sufficient testing is available
- Sufficient contact tracing is available
- Community members have the confidence to return

Continue to identify and support trusted messengers who

- Are culturally and linguistically competent to share information about and instructions for safe reopening
- Have credibility, especially with vulnerable communities where there has been low compliance with stay-at-home order and other restrictions

All should be mindful of organizations that will have been completely closed up until Phase III. They will not have experience with PPE and safety protocols and will need extra support.

The Governor's Office of Community Initiatives is part of the Governor's Coordinating Offices and connects Marylanders to economic, volunteer, and human service opportunities through government, business, and nonprofit partners. Its outreach efforts encompass the state's geographic areas, ethnic groups, and faith communities.

Steven J. McAdams, Executive Director, GOCI
Winston Wilkerson, GOCI Chief of Staff
Cathy Barba, GOCI Executive Admin.

Patrick Lally, Senior Exec. Dir., GCO
Nicki Fiocco, Director, GOSV
Kerry Ose, Acting Deputy Director, GOSV