



Mile High United Way

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Initial analysis of Mile High United Way COVID-19 survey

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In response to COVID-19, Mile High United Way reached out to the 2020 Strategic Investment Grant (SIG) applicants to understand how their services, staff, and organization has been impacted. The following analysis, based on 115 responses, describes high-level themes from the survey.

Overall, organizations consistently discussed how COVID-19 has upended their ability to deliver services, meet the needs of clients, and remain fiscally sustainable. The demand for services has amplified exponentially with organizations seeing a two-to-three-fold increase in clients. Organizations anticipate significant income loss due to a combination of factors, including the increased demand for services, the cancellation of fundraising events, which has typically comprised a significant portion of their revenue, and the closure of programs. Social distancing has made it harder for some organizations to operate, resulting in new forms of no-touch service delivery, such as virtual programming. New partnerships have formed in response to increased demand thereby creating opportunities to better leverage and distribute resources. Right now, everyone is simply trying to plug the dam.

Needs and challenges

Unsurprisingly, organizations described a massive uptick in addressing basic human needs.

The primary needs were food, rental assistance, direct income support, and access to medical services (physical and mental health), with food being the most reported need; these needs are consistent with 2-1-1 data. Additionally, respondents highlighted childcare as a pressing need, given that several childcare centers closed due to COVID-19.

Other basic needs included:

- Access to transportation (e.g., bus passes, gas cards);
- Access to telehealth for primary care and mental health;
- Emergency shelter for homeless and domestic violence populations – several providers anticipate the shelter system will be overrun soon;
- Access to laundry services;
- Availability of personal hygiene items and cleaning products, e.g., soap, hand sanitizer, and toilet paper.

Organizations that remain open (i.e., “essential services”), particularly food banks, residential facilities such as shelters or domestic violence residences, and on-site medical providers, also expressed a need for custodial services to maintain a virus-free environment. These unanticipated costs have forced organizations to dip into general operating funding or divert funds from other services to more frequently purchase cleaning supplies or hire a custodial service.

Technology is now a basic need.

Access to technology has risen to the top of many organization’s efforts and concerns. In order to maintain regular contact with clients and deliver services, most organizations relied on virtual engagement, i.e., online meetings, trainings, etc. However, many of their clients do not have (or have limited access) to laptops, computers, or internet service. Organizations are scrambling to find funding for laptops and locate enough laptops for clients. In response, many organizations have instituted phone calls with clients to check on their well-being and needs.

Specific populations are disproportionately affected by COVID-19 and are experiencing exacerbated challenges.

Though COVID-19 affects the entire population, organizations report that certain groups are experiencing greater challenges.

- Refugees, newer immigrants, and undocumented workers face unique financial burdens as they do not qualify for the stimulus check or unemployment. Refugees and immigrants who lack digital literacy or the necessary technology are also unable to take advantage of virtual support and services.
- Stay-at-home orders have amplified risks for children, youth and individuals living in unsafe, potentially violent environments. For example, domestic violence organizations expressed concern that lockdown restrictions will lead to greater exposure to intimate partner abuse and violence.
- Older adults are experiencing greater social isolation and struggle to have their basic needs met.
- Homeless populations are at higher risk for contracting COVID-19 and organizations are seeing a higher number of clients coming in with symptoms.

The increased demand for services from groups that may not normally require assistance has resulted in the decreased ability of organizations to support high-risk, vulnerable groups.

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Programs and services

Overall, organizations prioritized basic needs and essentially shifted or amplified programming to act as a de-facto safety net system.

In prioritizing basic needs, most organizations have pulled back or paused their typical programming. For example, school-based programs (e.g., afterschool programs), home visitation, and other in-person forms of programming are largely no longer operating; the primary exceptions are “essential service” organizations, such as food pantries/banks, childcare providers focused on first responders, emergency shelters, and other organizations that directly work with high-risk or vulnerable populations. Instead, many organizations have pivoted to meeting the increased and immediate demand for basic needs.

Organizations modified existing service delivery models to serve their clients.

In order to comply with social distancing practices, many organizations have changed their service delivery model. For example:

- Food banks and pantries have overwhelmingly moved to drive thru or delivery.
- Counseling and medical organizations have largely switched to tele-health, video chats, and phone intake.
- Early childhood education providers are implementing online training and curriculum.
- Mentoring and tutoring programs are engaging youth virtually.
- In some cases, organizations have created phone banks to share information and resources with their clients and the broader community.

In large part, organizations quickly pivoted to a no-touch service model, however this has resulted in increased strain on their staff and overall finances (See themes below).

Many organizations have developed new partnerships or strengthened existing partnerships to meet the demand.

The increased demand for services coupled with the reduction in internal capacity has resulted in greater collaboration with other organizations or groups. As internal resources are strained or absent because of pivots to basic needs, these partnerships have been instrumental in addressing immediate client concerns. Most partnerships focus on food insecurity:

- Food banks and pantries are experiencing significant shortages in food donations from individuals and corporate partners. Food banks that normally rely on grocery stores for donations are seeing up to a 1/3rd reduction. As a result, they have developed new

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partnerships with local markets or restaurants to procure food and meals, typically at a higher cost than their food budget normally allows. They are unsure if this is a one-time occurrence or if it will continue during the crisis. For example, Longmont Meals on Wheels purchases 500 frozen meals/week from two local restaurants.

- Food banks and pantries partnered with organizations that can deliver food or meals to families.
- Community-based organizations partnered with food banks or local markets to essentially become food distribution centers. In some cases, organizations have created pop-up food pantries.

Other notable examples of partnership include:

- Sunshine Home Share Colorado partnered with Brothers Redevelopment and the City and County of Denver to receive applications and calls for the Temporary Rent Assistance and Utility Assistance (TRUA) program. TRUA is backlogged by over 200 calls. Sunshine deployed its MSW team to staff the phones 8 hours per day / 5 days per week and are being trained on their database, as well as devising a tracking process for call follow up and intakes.
- The Colorado Coalition for Homeless (CCH) partnered with the City of Denver to create new temporary housing for homeless people with symptoms of the virus or those who test positive. The City recently purchased two motels with 200 rooms total. CCH is contracted to operate these motels as quarantine space for homeless individuals. Already, 20 people have been placed in one of these motels.
- Mountain Resource Center (MRC) partnered with the Jeffco Sheriffs Emergency Response Department to plan for potential needs, such as MRC becoming an onsite testing or medical supply distribution site.
- Intermediary organizations are amplifying efforts to regularly convene partners to share best practices and provide well-being support to one another.

Though COVID-19 has underscored the importance of increased collaboration, some organizations (e.g., Inner City Parish, Colfax Community Network) are also finding fewer partners to connect with because their existing partners either lack capacity or have shut down most services.

Staff capacity

Organizations are experiencing an increased strain on internal staff capacity.

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Meeting the high demand for services has exacerbated already thin staff capacity. There was no single response to addressing this challenge. In some cases, organizations laid off or furloughed staff; for example, two organizations downsized staff by over 50%. Conversely, other organizations – primarily food banks and pantries – hired temporary staff to keep up with the demand.

Organizations that rely heavily on volunteers have lost significant internal capacity.

The stay-at-home order has led to a significant reduction of volunteer availability, causing several organizations to hire temporary staff or require existing staff to take on volunteer shifts. Organizations most impacted appear to be food banks, food pantries, and community organizations that address food insecurity. These organizations are no longer accepting volunteers to prepare meals, package food, or deliver food. For example, one organization lost 120 volunteers and shifted to hiring 10 part-time employees. Though the loss of volunteers may be more acute for food insecurity organizations, it also affects any non-profit that relies on volunteers. Medical organizations, homeless shelters, and emergency family centers also report volunteer loss and the resultant strain on internal staff.

There is growing concern about staff burnout and wellness.

Adapting to new service delivery models, the increased demand for services, the decrease in overall capacity, and the general anxiety associated with COVID-19 has created new concerns about staff health and well-being. Several organizations worried about managing staff burnout and their mental and emotional health. They were unsure how to support staff and sought guidance from other organizations. For staff who continue to interact with clients in-person, there was also concerns about contracting COVID-19.

Finances

Organizations are experiencing substantial financial challenges with no clear line of sight for when funding uncertainty will end.

All organizations reported considerable financial strain as a result of COVID-19. Organizations have dipped into their limited reserve of general operating funds or diverted program funds in order to keep the doors open, pay staff, and deliver services to more clients than they ordinarily see. Some grants have been suspended or tied to metrics that are no longer possible to achieve in the current environment. Some childcare centers are at risk of shutting down permanently due to loss of revenue and the uncertainty about when they will re-open. Several

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organizations cancelled fundraising events, which comprised a significant portion of its annual revenue. Some organizations with staff in front-line roles, such as shelters or emergency housing, have instituted hazard or overtime pay, which further drains expenses. Finally, organizations that rely on local, state or federal funds/reimbursement based on serving individual clients have lost significant revenue; in other words, no new clients equate to less revenue. These organizations include residential treatment programs, childcare centers, and some school-based programming.

Organizational capacity building support

Few organizations identified specific areas of capacity building support in the survey. Support was primarily expressed as a desire for unrestricted or flexible funding. The few examples of capacity building support included:

- Technology – procuring hardware and how to deliver ongoing technology technical assistance.
- Communications – regularly providing updated information on COVID-19, specifically around access to COVID-19-specific resources.
- Staff wellbeing – implementing a program or connecting to resources that address staff burnout and wellbeing.

Though not discussed in survey responses, one area of capacity building support – related to technology – is understanding the efficacy of virtual engagement and programming. Most organizations have shifted to this service delivery model resulting in new curricula, trainings, intake processes, and programming. Yet, we know little about its effectiveness in meeting the needs of clients and the goals of the organization. Understanding efficacy is especially important when organizations serve populations that benefit most from in-person engagement.

Innovation

The survey asked organizations to discuss ways in which they've innovated or creatively delivered services as a result of COVID-19. The majority of respondents identified the shift to virtual service delivery as their primary innovation. A handful of organizations provided examples of innovation or creativity, including:

- Developing a drop-in telehealth program (Street's Hope);

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- Creating pop-up food pantries (ECDC African Community Center, Mountain Resource Center);
- Working with a local software development company, Vacay, to develop a customized platform/app for the organization so that mothers can chat securely with one another, keep in touch with the organization, and share resources easily (Thriving Families).
- Enlisting local businesses to purchase meals from local restaurants and donate them as café meals for client participants. (Outreach United)
- Contracting with local restaurants to provide frozen meals that can be distributed to families (Longmont Meals on Wheels).

This initial analysis may be of help when considering immediate funding and allocation decisions.

About Mile High United Way

Working side-by-side with the community, Mile High United Way takes on critical human services issues facing our seven-county footprint including the Metro Denver, Boulder and Broomfield communities. Our united approach changes the odds for all children, families, and individuals in our community, so that we all have the opportunity to succeed.

Learn more at unitedwaydenver.org and follow us on social media @UnitedWayDenver

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