VULNERABLE POPULATIONS
Playbook Summary

Concerns/Issues | Connecting to Solutions

Playbooks: Adams Clay Nuckolls Webster County Area, Blue Valley Area and Public Health Solutions, Buffalo County Area, Cherry Brown County Area, Dawson County Area, Douglas County Community Collaborative, Families First - The Connection (North Platte), Fremont Family Coalition, Growing Community Connections (Dakota), Hall County Community Collaborative, Keith Perkins County, Lancaster County, Lift Up Sarpy, McCook Area, Norfolk Family Coalition, Otoe County Area, Panhandle Partnership, Platte Colfax, Sandhills Community Collaborative, Tribal Communities (Native American Metro Omaha, Western Nebraska, Winnebago, Omaha Tribe, Santee Sioux Nation), York County Community Collaborative

*Vulnerable populations reviewed:
- Children
- Children and Youth in State Custody (foster care and probation)
- Immigrant and Refugee Populations
- People Experiencing Homelessness
- People who are Incarcerated
- People with Chronic Illness and Comorbidities
- People with Chronic Mental Health Issues
- People with Disabilities
- Seniors
- Victims of Domestic Violence/Trafficking

*Older Youth population 18-26 is a full separate report and is not duplicated here.

Themes and priorities common across communities:

Children
- Neglect/Abuse
  - There are fewer professionals monitoring at risk children
- Mental/behavioral health
  - Children are restless, often home alone unsupervised or under the care of older siblings
  - Parents need supplies and ideas to keep children busy
  - Technology is needed to access to telehealth
- eLearning is causing parental stress. Lack of devices, access, and technological aptitude are the most noted challenges
  - General fear that children are falling behind
Children and Youth in State Custody

- Neglect/Abuse—Monitoring children, youth, and foster families during time of increased stress
- Placement interruptions are occurring due to behavioral outbreaks
- Staff unable to help clients apply for supports and benefits
- Concerns about COVID-19 spread to youth and staff in YRTCs and group home settings, new placements, in-person intakes, and in-person check-ins for those at risk
  - Difficulty locating families to accept placements
- Technology/devices needed for check-ins, eLearning, and court appointments and for those on probation
- Fear that children will fall behind in education
- Reunification delay potential as check-ins are only virtual and courts are delayed

Immigrant and Refugee Populations

- Financial assistance is much needed
  - Green card holders are unable to collect unemployment when laid off
  - Lack of knowledge/understanding of stimulus package and other programs leads to lack of basic needs- financial, housing, food, healthcare
- Technology- Devices, access, and training needed for eLearning
- Healthcare access- Need knowledge that hospitals and clinics are safe and should be accessed when needed and that it will not count against their immigration eligibility
- Behavioral health hard to access due to language barriers/lack of insurance
- Subpopulation most at risk- Those who The Immigrant Law Center cannot help because the individual doesn’t have a good enough case to seek citizenship

People Experiencing Homelessness

- Food, medications, groceries, personal hygiene products needed
  - Some communities requiring appointment for food bank access, which requires a phone
  - Housing- Need to quarantine increases needs for space and staff
  - Some communities have no shelter and no way to transport to nearby shelters

People who are Incarcerated

- Reentry will require Help with housing, food, and job search and transportation
- Mental/Behavioral Health needed for those incarcerated, limited access makes this difficult

People with Chronic Illness/Comorbidities

- Home bound supports for basic needs of food, medication, groceries
- Personal connection needed to combat isolation
- Transportation help needed
- Testing needed
People with Chronic Mental Health Issues

- Food, medications, groceries, personal supplies needed
- Healthcare/Telehealth - Link counselors and people with previously identified needs
- Technology - Devices, access, and support to access telehealth
- NE licensing process needs a ‘fast track’ option to add staff quickly.
  - Training is needed for existing providers

People with Disabilities

- Food, medications, groceries, personal hygiene products needed
- Loss of core service is problematic
- Medicaid waiver needed for in-home care support
- Transportation - Many business have only drive-through access
- Interaction to combat isolation

Seniors

- Technology - Largest need for training/help to access assistance and social connections.
  - Need for devices and access for interaction. In many cases healthcare workers are too busy to help seniors in facilities speak to their relatives via FaceTime, etc. This compounds isolation/fear
- Mental health concerns center on Isolation, depression, disconnection
- Food, medicine, and supplies needed. Access is an issue. Ability to order online for delivery is more difficult for many seniors.
- Difficultly to accessing needed assistance. General lack of knowledge of what’s available and inability to apply is exacerbated by loss of volunteers and providers.
- Healthcare - Loss of volunteers/providers

Victims of Domestic Violence

- National Domestic Violence/abuse hotline reported 65% increase
- Shelters have limited/no space, but anticipate an increase in need. Will need hotel rooms and food as shelter space fills.
- There are challenges to support victims when the perpetrator is in the same home with services for Telehealth and case management. Delivery of food or products is not an option either.
- Long waits for housing (up to 36-months prior to COVID-19) and anticipate getting longer during and after pandemic (Douglas Co.)
- Victims living with perpetrators are not considered “homeless” and do not qualify for many public housing support (Douglas Co.)
- Increase of hotline calls by 50% and severity of calls have increased, per law enforcement (Douglas Co.)
- More difficult to get protection orders with courts closed (CYI) (Families 1st)
Unique needs and disparities:

Children
- Parents of children with special education needs are unable to do the work as given to them (Keith Perkins)
- 150 students and 30 staff from Grand Island public schools were potentially exposed to COVID-19 during recent travel (H3C)
- Only 20% of families have access to internet and technology per Girls INC. survey (Douglas Co.)

Children and Youth in State Care
- Need temporary debt relief for medical and student loan debt and other debt
- Pause youth exiting care
- 46 youth exiting B2i between March 1 and Sept. 30.
- Youth exiting care at age 17 or 18 (and not entering B2i) or exiting B2i between April 1 and Sept. 30 are vulnerable to the unstable economy, workforce, and housing – would like to stop exits from care or from B2i for 90-180 days until economy is more stable

Immigrant and Refugee Population
- Language Barriers- Extra difficulty navigating assistance and helping children with e-learning
- People Experiencing Homelessness
- Alternative housing options for those with COIVD-19 symptoms is limited in rural communities
  - Hotels unwilling to house those that need quarantine (Families 1st)
  - Schools not able to locate homeless students due to pandemic (Panhandle)
  - Shelter at 50% capacity, but anticipate an increase which will require additional shelter space and staff capacity (H3C)
  - Shelters receiving increase of calls and drop-ins of people traveling from out-of-state; shelters not accepting out-of-state clients in the shelter due to health and safety concerns (Families 1st)
- Shortage of sustainable funding because homeless shelter relies on sales from thrift store ($5,000 per week) that is now closed (H3C)
- Maternity group home will need to close if shelter-in-place is ordered which would leave 4 mothers and 4 infants without housing (Project Everlast)

People who are Incarcerated
- Those with mental and behavioral health issues are being incarcerated due to nowhere to go

People with Chronic Mental Health Issues
- Increase in severity of calls for help as people are dealing with increased anxiety and fear (Douglas Co.)
- Loss of face-to-face social supports (e.g. therapy, AA) will increase mental health concerns (H3C)
People with Disabilities

- Increased need for single adults with disabilities for rent and utilities support (Families 1st)
- Seniors
- Transportation (Tribal Communities- Native American Metro Omaha and Omaha Tribe)
- Seniors in rural areas have limited or no access to food (Blue Valley) (H3C)

Victims of Domestic Violence & Trafficking

- Increase of hotline calls by 50% and severity of calls have increased, per law enforcement (Douglas County)
- Long waits for housing (up to 36-months prior to COVID-19) and anticipate getting longer during and after pandemic (Douglas Co.)
- Victims living with perpetrators are not considered “homeless” and do not qualify for many public housing support (Douglas Co.)
- Shelter closed due to COVID risks (20-30 family capacity) (Families 1st)
- More difficult to get protection orders with courts closed (CYI) (Families 1st)

Barriers that exist for people to access necessary services

Children

- Potential repercussions (grade-wise) for school-aged children not able to complete at-home and e-learning due to lack of parental involvement or lack of access to technology
- Food access after the school year ends

Children and Youth in State Care

- Staffing shortages for benefits via AccessNebraska
- Shelter put a hold on all foster care and probation referrals (Panhandle)

Immigrant and Refugee Populations

- Need information available in Spanish
- Technology- Devices and access for el-earning

People Experiencing Homelessness

- Technology needed to access food
- Transportation needed to access assistance, move to areas with shelters
- No access to library or other public places to use internet and technology
- Need inspection waivers from HUD

People with Chronic Mental Health Issues

- Technology- Devices, access, and support to access telehealth
  - Only 65% of population have access to cell phones for telehealth services (H3C)
- Capacity- shortage of therapists using telehealth
  - Nebraska licensing process needs a ‘fast track’ option to add staff quickly. Training is needed for existing providers
People with Disabilities
- Getting online registrations set up
- Funding for basic needs not covered by SCAA
- Loss of in-home care and chore services

Seniors
- Food- Difficulty with SNAP renewal/in person sign up and some seniors are canceling food of deliveries due to virus fears
- Bus/public transportation not always operating during special senior shopping hours
- General need for transportation noted (Tribal Communities- Native American Metro Omaha and Omaha Tribe)
- Technological aptitude- training or assistance needed
- Isolation- seniors living in highly rural or frontier areas are particularly isolated

Victims of Domestic Violence and Trafficking
- Telehealth and virtual case management are not safe options due to living with perpetrator
- Not enough public resources allocated for emergency shelter options
- Anticipated over-crowded emergency rooms may not address health needs of DV/trafficking victims or nursing staff qualified in forensic exams may be responding to COVID-19
- DV victims are more likely to have compromised immune systems due to daily stress – more at-risk of COVID-19

Workforce capacity related barriers to serve people impacted by COVID-19:
- Volunteer shortage for food banks, pantries, Meals on Wheels, etc.
  - Retiree volunteer base is a vulnerable population
  - Demand has increased as volunteers have stepped back.
- Overall, smaller organizations report that staff do not have access to technology necessary to work-from-home and many are using personal resources
  - Examples of needed tech and supplies
    - laptop with camera, printer (toner, printer paper) increased data on phones, software (e.g. Zoom and HIPPA compliant Zoom), DocuSign ($300 per signer), increased internet bandwidth on home internet, scanner
- Homeless and DV shelters need more funding for staff capacity
  - Concern that staff will become sick with COVID-19, reducing their workforce further
- Partners across all communities report a need for unrestricted flexible funds to support infrastructure costs, staff, increase staff capacity to serve the community, and cover expenses that they cannot even anticipate yet due to the pandemic.
Please list any barriers around serving specific populations (historically segregated neighborhoods, immigrant populations, LGBT youth):

People Experiencing Homelessness
- Particular COVID-19 related health concerns for people living with HIV/AIDS (LGBTQIA+ and Trans communities) may face discrimination of providers and are less likely to seek medical attention for symptoms and testing (CYI)
- People who are Deaf or Hard-of-Hearing
- Ensure hospitals have alternative forms of communication (white board, voice-to-text tablet software, etc.) for nursing staff to serve this specific population

Non-English Speaking & Immigrant Populations
- Translation services are needed in all communities to ensure translation of CDC information, school information, resources, healthcare, etc.
- Recent refugee population in community facing language and cultural barrier for information, technology, assistance (H3C)
- Anticipated technology barriers due to lack of familiarity and use for non-English speaking individuals and families

Please share any noteworthy solutions that could be brought to attention of decision makers

Children
- Public school teachers are going door-to-door to put eyes on vulnerable children, could be expanded as expectation of school staff (Families 1st)
- Use of school systems bully hotlines for community members, neighbors and relatives to report concerns; connect bully hotlines to CR central navigation (for calls not being reported to DHHS) (Families 1st)
- Some public schools offering no repercussions on grading or grade level for students unable to complete e-learning (H3C)
- Some public schools adapting lessons to not require technology (H3C)

Children and Youth in State Custody
- 36 B2i youth will exit care between April 1 and Sept. 30 – would recommend DHHS put a hold on all B2i exits through Sept. 30 and continue the living stipend and case management for young people that choose to continue
- Halt new admissions to YRTC’s and speed up discharge proceedings (advocacy letter)
- Designated DHHS visitation rooms and virtual visitation, but not enough to foster the relationship
- Recommended-increased or 24/7 supervision for families to allow children to remain with parents. Dorms to be used for safe place.
Immigrant and Refugee Populations
- Informational videos at immigrantlc.org/covid-19
- Educational events on Facebook
- Educational opportunities from The Immigration Law Center
- People with Chronic Illness and Comorbidities
- Create a case management system that connects health care case managers to community care management

People with Chronic Mental Health Issues
- DHHS, Four Corners looking to implement Jump Start to support parents (Tx, Evals);

People with Disabilities
- Allow community response funds to serve vulnerable single adults

Seniors
- Paring seniors with unconnected older youth in the community to do weekly “check-in” calls
  - Older youth help seniors with chores like grocery shopping, yard work, technology, etc. (Blue Valley)
- “Village Champions” – neighborhood association, community partners and OHA partnering to deliver food to seniors living in public housing (Douglas Co.)
- Sheriff’s office providing some food delivery to seniors (Lift Up Sarpy)

Victims of Domestic Violence and Trafficking
- Relax public funding for housing resources that don’t require victims to be “homeless” as are living with a perpetrator but need alternative housing
- Make sure victims or at-risk youth and individuals have a cell phone with internet access for emergency use
- Create an online “alert” system on sites or social media that are frequently visited or identify an emoji that indicates help is needed or other ways people can reach out for help without having to call or use telehealth options
- DV shelters should have testing kits available

Other findings
- Need radio PSAs for all categories in Spanish on radio stations and connected to Spanish ministries
  - Need financial support to access these resource
- Census- Many agencies rely on data for funding. Census marketing is being overshadowed with COVID-19. Fear this will result in funding reductions
- Those unqualified for stimulus check will be without resource
  - Undocumented workers, parents that owe child support, older youth that are claimed as a dependent, etc.
- Communities need to encourage stimulus check spending through marketing and education – specifically education to older youth, families and individuals about how to utilize their stimulus checks and not put off paying rent and utilities during the pandemic
• Technology and connectivity support needs are not limited to families with school-aged children or college students. Include non-traditional students, those who need training and single individuals with no technology to access public assistance and resources.

Vulnerable Population Data Collection by Playbooks Reviewed

Children
• Blue Valley Area and Public Health Solutions, Buffalo County Area, Cherry Brown County Area, Douglas County Community Collaborative, Hall County Community Collaborative, Keith Perkins County, Norfolk Family Coalition, Panhandle Partnership, Sandhills Community Collaborative, York County Community Collaborative

Children and Youth in State Custody
• Adams Clay Nuckolls Webster County Area, Buffalo County Area, Cherry Brown County Area, Douglas County Community Collaborative, Lancaster County, Norfolk Family Coalition, Otoe County Area, Sandhills Community Collaborative, Sandhills Community Collaborative, York County Community Collaborative

Immigrant and Refugee Populations
• Buffalo County Area, Growing Community Connections (Dakota), Hall County Community Collaborative, Lancaster County

People Experiencing Homelessness
• Buffalo County Area, Cherry Brown County Area, Douglas County Community Collaborative, Hall County Community Collaborative, Norfolk Family Coalition, Otoe County Area, Panhandle Partnership, Sandhills Community Collaborative, Tribal Communities- Native American Metro Omaha, Native American Western Nebraska, Winnebago, York County Community Collaborative

People who are Incarcerated
• Buffalo County Area, Cherry Brown County Area, Norfolk Family Coalition, Sandhills Community Collaborative, Tribal Communities- Native American Western Nebraska, Winnebago

People with Chronic Illness/Comorbidities
• Buffalo County Area, Norfolk Family Coalition, Sandhills Community Collaborative, Tribal Communities- Native American Metro Omaha, Native American Western Nebraska, Winnebago, York County Community Collaborative

People with Chronic Mental Health Issues
• Buffalo County Area, Douglas County Community Collaborative, Growing Community Connections (Dakota), Hall County Community Collaborative, Lancaster County, McCook Area, Norfolk Family Coalition, Sandhills Community Collaborative, York County Community Collaborative
People with Disabilities

- Buffalo County Area, Families First - The Connection (North Platte), McCook Area, Norfolk Family Coalition, Sandhills Community Collaborative, Tribal Communities- Native American Metro Omaha, Native American Western Nebraska, Winnebago, Omaha Tribe, Santee Sioux Nation

Seniors

- Adams Clay Nuckolls Webster County Area, Blue Valley Area and Public Health Solutions, Buffalo County Area, Cherry Brown County Area, Douglas County Community Collaborative, Families First - The Connection (North Platte), Hall County Community Collaborative, Lancaster County, Norfolk Family Coalition, Panhandle Partnership, Otoe County Area, Sandhills Community Collaborative, Tribal Communities- Native American Metro Omaha, Native American Western Nebraska, Winnebago, Omaha Tribe, Santee Sioux Nation, York County Community Collaborative

Victims of Domestic Violence

- Adams Clay Nuckolls Webster County Area, Blue Valley Area and Public Health Solutions, Buffalo County Area, Cherry Brown County Area, Dawson County Area, Douglas County Community Collaborative, Families First - The Connection (North Platte), Growing Community Connections (Dakota), Hall County Community Collaborative, Lancaster County, Norfolk Family Coalition, Otoe County Area, Panhandle Partnership, Platte Colfax, Sandhills Community Collaborative, Tribal Communities- Native American Metro Omaha, Native American Western Nebraska, Winnebago, Santee Sioux Nation, York County Community Collaborative