



COMMUNITY AND NETWORK RESPONSES FOR ASSISTING MOBILE VULNERABLE POPULATIONS



UNIVERSITY OF NEBRASKA AT OMAHA
COLLEGE OF PUBLIC AFFAIRS AND COMMUNITY SERVICE
SCHOOL OF CRIMINOLOGY
AND CRIMINAL JUSTICE



UNIVERSITY OF NEBRASKA AT OMAHA
DEPARTMENT OF
SOCIOLOGY AND ANTHROPOLOGY



UNIVERSITY OF NEBRASKA AT OMAHA
DEPARTMENT OF
RELIGIOUS STUDIES



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OFFICE OF LATINO/LATIN
AMERICAN STUDIES (OLLAS)

OLLAS

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**COMMUNITY AND NETWORK
RESPONSES FOR ASSISTING MOBILE
VULNERABLE POPULATIONS**

Dr. Teresa C. Kulig

*School of Criminology and Criminal Justice
University of Nebraska at Omaha*

Dr. Allison V. Schlosser

*Sociology & Anthropology
University of Nebraska at Omaha*

Morgan A. VanSlyke

*School of Criminology and Criminal Justice
University of Nebraska at Omaha*

Dr. Laura E. Alexander

*Religious Studies
University of Nebraska at Omaha*

Dr. Cristián Doña-Reveco

*Office of Latino/Latin American Studies
Sociology & Anthropology
University of Nebraska at Omaha*

Office of Latino/Latin American Studies (OLLAS)
University of Nebraska at Omaha
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Nebraska
Omaha



ABSTRACT

The COVID-19 crisis highlighted the increasing vulnerability of individuals, households, and communities. It has almost certainly been even more devastating for those who rely on community networks and organizations for aid but are less able to access aid networks in conditions of reduced mobility. This is the case for “mobile vulnerable populations,” among which include persons experiencing homelessness, victims of human trafficking, immigrants, refugees, and Latinos/as. This report summarizes our research with local Omaha service providers about what they need to serve mobile vulnerable populations in the community, how the pandemic has affected their ability to do so, and whether there have been any substantial and/or institutionalized partnerships between UNO/UNMC and these community organizations. In our research, we used a multi-method approach consisting of a survey of community organization leaders and interviews with organization workers engaged into day-to-day service provision to meet the needs of their clients. Our findings can be summarized in four main themes: (a) organizations were already under-resourced prior to the pandemic; (b) the impact of the COVID-19 pandemic on organizations was substantial; (c) organizations described similar strengths and innovative responses to the pandemic; and (d) there is a lack of institutionalized collaboration with UNO/UNMC. We argue that building connections between UNO/UNMC and community organizations, as well as assisting in the development of networks among various organizations, is central to the mission of the University of Nebraska system and could benefit the community more broadly. Concluding, we present four main recommendations: (1) more connections are needed between UNO/UNMC and agencies in the Omaha area; (2) it is likely that there are existing relationships between agency partners and UNO/UNMC faculty, staff and students that could be leveraged; (3) there is an opportunity to prepare students and emphasize workforce growth among providers; and (4) the important work of serving mobile vulnerable populations can be rewarding but also challenging for Omaha providers.

Keywords: Victims of trafficking; Homeless; Refugees; Immigrants; Latinos/as; Community Organizations

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CONTACT

Teresa C. Kulig, tkulig@unomaha.edu, School of Criminology and Criminal Justice, University of Nebraska at Omaha, 6001 Dodge St., Omaha, NE 68182, USA.

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INTRODUCTION

The term “vulnerable populations” can apply to a wide range of individuals, but “in its broadest sense, the notion of vulnerability hence refers to the situation of individuals, households or communities who are exposed to potential harm from one or more risks” (Morrone et al., 2011: 6). In this context, vulnerable populations can include individuals that could be at-risk for adverse outcomes (Mechanic & Tanner, 2007). These are individuals who thus require special attention and consideration to ensure that their vulnerability is not exploited. However, broader social issues such as poverty, racial discrimination, and a lack of access to healthcare can further exacerbate vulnerability, effectively perpetuating the difficulties faced by these populations (Mechanic & Tanner, 2007; Runkle et al., 2012).

Based on the diversity of such populations, and the intersecting nature of the problems they face, a multidisciplinary approach aimed at connecting these individuals to services, resources, and protections that address their diverse needs is required (Aday, 1994). The inherent complexity and intricacy of multidisciplinary approaches can be so daunting that, at times, they are sacrificed for less attractive alternatives that are lacking in breadth. Even worse, multidisciplinary efforts can also be one of the first areas eliminated from budgets due to a lack of funding or resources (Ferguson, 2007). Thus, addressing the needs of vulnerable populations is an ongoing social concern and challenge.

The current project seeks to address this gap in the literature by surveying and interviewing service providers in Omaha who work with individuals who have intersecting vulnerabilities, including the homeless, victims of human trafficking, immigrants, refugees, and Latinos/as (hereafter referred to as “mobile vulnerable populations”). As a component of this project, the intersecting nature of the problems faced by mobile vulnerable populations is also examined in the context of the COVID-19 crisis. Prior to reviewing the current study, the following sections will outline some of the unique needs of each population and the importance of having multiple resources available for these populations.

MOBILE VULNERABLE POPULATIONS

Mobile vulnerable populations have unique needs that must be considered (e.g., Barreto et al., 2018; Rajaram et al., 2017). These individuals can experience specific traumas and circumstances that most individuals, who are not part of a mobile vulnerable population, may not have to encounter in their lives. In this way, it is important to consider the unique aspects of these populations that can make them vulnerable to various adverse outcomes. As previously noted, “mobile vulnerable populations” include the following: homeless individuals, victims of human trafficking, immigrants, refugees, and Latino/as. Each of these populations will be reviewed separately based upon trends seen in the extant research and their unique vulnerabilities and needs.

People Experiencing Homelessness

Homelessness is defined as “groups of persons living without regular, fixed, and adequate housing” (DeVilbiss, 2014). Approximately 18 out of every 10,000 individuals living in the United States are currently homeless (U.S. Department of Housing and Urban Development, 2021). Further, homelessness increased approximately 2.2% from 2019 to 2020 (U.S. Department of Housing and Urban Development, 2021). Homeless individuals can experience hardships not only with housing but also employment and mental health (Poremski et al., 2014). Further, people experiencing homelessness are exceptionally vulnerable to harm not only from other people but also as a result of their lack of safe shelter (Walsh & Klease, 2004). Due to the prevalence of this struggle, it is vital that researchers continue to study homelessness and the ways in which service providers can help address the unique needs of people experiencing homelessness (Garrett, 2012).

Prior research highlights that people experiencing homelessness have diverse needs related to: (1) food insecurity, (2) job insecurity, (3) mental distress, (4) problematic substance use, (5) multi-morbidity, and (6) violence and trauma (e.g., Alderidge et al., 2018; Barreto et al., 2018; Gunderson et al., 2003; Herault & Ribar, 2017; Mavromaras et al., 2011; Poremski et al., 2014; Wechsberg et al., 2004). Due to their lack of economic stability, people experiencing homelessness often do not have the resources to afford necessities such as food (Herault & Ribar, 2017). Thus, food insecurity—that is, a lack of access to enough affordable and nutritious food—is common among people experiencing homelessness (Herault & Ribar, 2017). People experiencing homelessness also face multiple barriers to securing employment (Poremski et al., 2014). If an individual cannot obtain a job due to their homeless status, then this can further impact their financial security and, in turn, their ability to secure funds for housing (Poremski et al., 2014). When homeless individuals lack security and stability, they are exceptionally vulnerable to violence, trauma, mental illnesses, and problematic substance use (Poremski et al., 2014;

Wechsberg et al., 2004). Consequently, people experiencing homelessness generally require more mental health and substance use disorder services than the general population. These services, however, are not always affordable, nor are they easily accessible without a permanent address or stable employment (Scott, 1993). Thus, the need for mental health- and substance use-related services to be affordable and accessible to people experiencing homelessness is paramount (e.g., Garrett, 2012).

The COVID-19 pandemic exacerbated the hardships of homeless individuals. Pandemic-related closures of public spaces, restrooms, and other health and social services significantly disrupted the ability of people experiencing homelessness to meet their basic needs (Rodriguez et al., 2021). Moreover, economic hardship associated with the pandemic, increasing rates of domestic violence, and the release of prisoners without access to safe and affordable housing led to an increase in homelessness in many parts of the U.S. (Bradbury-Jones & Isham, 2020; Kinner et al., 2020; Rodriguez et al., 2021). Meanwhile, homeless shelters struggled to respond to this growing need due to a lack of personnel and material resources as well as the challenges of mitigating the spread of COVID-19 in congregate settings (Rodriguez et al., 2021). Thus, the pandemic compounded the existing, and multiplex, needs of people experiencing homelessness.

Victims of Human Trafficking

Human trafficking is defined by federal legislation as the recruitment, harboring, transportation, provision, obtaining, patronizing/soliciting (*sex trafficking only*) of a person through the use of force, fraud, or coercion for the purpose of commercial sex, involuntary servitude, peonage, debt bondage, or slavery (Victims of Trafficking and Violence Protection Act of 2000, as amended). Minors under the age of 18 who are induced to perform a commercial sexual act are classified as sex trafficking victims without the burden of proving force, fraud, or coercion. Although anyone *could* be a victim of trafficking, there are certain characteristics that increase the likelihood of being exploited. Specifically, sex trafficking victims tend to be younger, female, individuals of color, and have fewer social support systems or resources (e.g., Anderson et al., 2019; Kulig, 2022). Labor trafficking victims tend to be a bit older, males and females, and foreign nationals (e.g., Banks & Kyckelhahn, 2011).

Studies and reports continue to show that human trafficking is an ongoing issue in the United States and abroad (Jordan et al., 2013; Human Smuggling and Trafficking Center, 2008), and that the harms associated with these experiences are substantial (e.g., Zimmerman et al., 2006, 2008). For example, victims may be subjected to physical violence, sexual assault, emotional/psychological abuse, and other violations in social relationships (e.g., romantic partner-

turned-trafficker) (e.g., Clay-Warner et al., 2021; Rothman et al., 2015; Zimmerman & Kiss, 2017). Furthermore, these experiences can be relatively short (e.g., a day) or ongoing for years, which can exacerbate trauma and inhibit healing (Kulig & Cullen, 2021). In this way, responding to human trafficking can be complex and require a thorough assessment of victims' needs.

As noted, victims of human trafficking oftentimes deal with various traumas during their exploitation. However, the existing scholarship in this area has primarily focused on the following six areas of needs that victims oftentimes have: (1) employment assistance, (2) financial aid, (3) mental health services, (4) food security, (5) legal aid, and (6) medical assistance (e.g., Farrell et al., 2019; Hardy et al., 2013; Hopper & Gonzales, 2018; Kaplan et al., 2018; McQuaid, 2020; Rajaram et al., 2017; Rothman et al., 2019; Salami et al., 2018). After the proper healthcare and protective services are provided, there is a need for victims of human trafficking to learn how to secure safe, ethical jobs where they will not be exploited (Volodko et al., 2019). Similarly, victims of human trafficking need financial aid in the initial phases of escaping trafficking (Countryman-Roswurm & Bolin, 2014). Due to the fact these victims are given little to no money and typically do not have a home upon their escape, they are in immediate need of financial assistance to support themselves (Countryman-Roswurm & Bolin, 2014). Again, because there can be substantial emotional abuse, physical abuse, and sexual abuse, these survivors tend to require numerous sessions with a therapist to untangle and address their experiences (e.g., Hardy et al., 2013). Thus, there is a need for more affordable, accessible mental health care for this population. As a consequence of their financial insecurity and employment struggles, victims of human trafficking often also deal with food insecurity (Kaplan et al., 2018). This population has an immediate need for food assistance until they can find safe housing and employment. Some victims of human trafficking are brought into the United States from other countries illegally (Srikantiah, 2007). Consequently, when these victims escape, they often require legal aid to secure citizenship or return to their home country (Srikantiah, 2007). Additionally, legal aid may be required if the victim wishes to press charges against their offender, they were incorrectly charged with prostitution, or need restraining orders against their abusers (Sadruddin et al., 2005). Victims of human trafficking oftentimes require healthcare for their physical trauma and medical needs. Many survivors need STD testing, physicals, and aid to potential injuries they may have acquired (Oram et al., 2012). Once again, there was a consensus in the extant literature that healthcare needs to be affordable and accessible to this population.

Refugees

For the purpose of this project, the term “refugees” will include individuals who have been forced to leave their home country by reason of war, disaster, risk of persecution, or other

extenuating circumstances. Refugees revitalize countries, they strengthen cultures, and they bring forth previously unexplored perspectives (Kerwin, 2018). Additionally, refugees make up a notable portion of the world's population (United Nations High Commissioner for Refugees, 2022). Because refugees enter the United States for their safety and have fled conflict, persecution, or other traumatic or violence circumstances, refugees arrive with specific needs that must be met immediately.

Given the disruptive or volatile conditions that generally bring refugees to a new country, extant research has identified the following needs as vital for addressing: (1) job insecurity, (2) food insecurity, and (3) mental illness (e.g., Warren, 2021). Regarding employment and job readiness, refugees are at risk for violation of their human right to economic freedom due to the pressure that caseworkers may feel to get refugees into employment and off of government assistance as soon as possible (Asgary & Smith, 2013). For example, caseworkers may encourage refugees to take a job that they are overqualified for to facilitate their employment (Warren, 2021). These jobs may not be in the best interest of refugees but act as more of a placeholder that primarily benefits the agency the caseworker is employed by (Warren, 2021). In this way, refugees may not be provided work that meets their skill levels or their desires. An additional need among refugees is that of food insecurity (Wilson & Rodríguez, 2019). Due to the nature of their arrival in the United States, refugees are immediately met with countless tasks (e.g., secure employment, obtain citizenship), but a pressing need is the ability to provide for themselves and their families (Henjum et al., 2019). In this way, refugees do not have access to the finances required to purchase food and need to have stable access to fresh resources (Wilson & Rodríguez, 2019). Mental illness among refugees was another common theme across the extant literature (e.g., Eruyar et al., 2018). Refugees are at an increased risk for experiencing violence and trauma not only in their home countries that they are fleeing but also in the countries they flee to (Asgary & Smith, 2013). This increases the risk of mental health issues such as post-traumatic stress disorder (PTSD), anxiety/depression, and post-partum depression in women (Eruyar et al., 2018). There is a need for mental health services aimed at treating refugees that incorporate cultural sensitivity into the treatment that they provide (Asgary & Smith, 2013).

Immigrants and Latinos/as

In the context of this study, immigrants are individuals who move from a foreign country to live in the United States permanently (Jasso et al., 2000). Immigrants are exceptionally vulnerable individuals because of the language and cultural barriers that they face upon entering the United States (Brabeck & Xu, 2010). Immigrants who are undocumented or have tenuous status are also more vulnerable to exploitation and abuse, and fear of engaging the legal system

may prevent them from seeking out community services (Menjívar & Abrego, 2012). Thus, it is vital that research study this population in order to better serve and protect them as they settle into their new home country (Brabeck & Xu, 2010). Immigrants make up approximately 14.2% of the United States' population, which continues to rise (Camarota & Zeigleron, 2022). Further, immigrants bring their rich cultures, customs, and entrepreneurship, making them exceptionally valuable individuals to further enrich the United States (Devine, 2013).

Although not all immigrants have the same vulnerabilities, there are some trends that should be noted, including needs pertaining to (1) legal aid, (2) mental health services, (3) English second language (ESL) courses, and (4) employment assistance (e.g., Bustamante et al., 2017; Devine, 2013; Guarnaccia & Lopez, 1998; Janta et al., 2012; Jasso et al., 2000; Lai & Phillips, 2018). Legal services are an almost guaranteed need of immigrants due to their need to obtain citizenship upon entering the United States (Jasso et al., 2000). There is a consensus amongst the literature that nonprofit legal services are vital to this population so that they can process the appropriate paperwork for their citizenship (e.g., Jasso et al., 2000). Regarding mental health, there is great concern for the mental well-being of immigrants who have experienced detention, have been deported, or face either of the two possibilities (Brabeck & Xu, 2010). Individuals who are undocumented or are living with individuals who are undocumented are also at risk for poor mental health (Brabeck & Xu, 2010). The constant stress that exists within such an environment can be detrimental to one's mental state. Further, the process of immigration itself can be extremely traumatic (Bustamante et al., 2017). In this way, there is a need for mental health services to be affordable and accessible for immigrants. Some immigrants enter the country with little to no understanding of the English language and require courses or tutoring (Janta et al., 2012). Lastly, securing legal employment without proper documentation can be a difficult and confusing process (Janta et al., 2012). Immigrants can thus require employment services upon their entry into the United States in order to ensure legal and ethical employment (Lai & Phillips, 2018).

While not all immigrants in Omaha are Latino/a and not all Latino/as are immigrants there are significant similarities between these two populations, hence why we are analyzing them together. As the 2021 American Community Survey shows (ACS 5-Year Estimates Detailed Tables), about 45% of the Foreign-born population in Douglas County and in the Omaha-Council Bluffs Metropolitan Area were born in Latin America, a third were born in Asia, and about 13% were born in Africa. As close to 45% of all Foreign-born identify themselves as Latino, it is safe to say that all Latin American foreign-born population identify as Latino. However, only about a third of all Latinos in these two areas were born outside of the United States.

The term Latino/a refers to “an individual of Latin American origin or decent” (Alegria et al., 2002). As of 2020, Latino/as make up 18.7% of the United States population (U.S. Census Bureau, 2022). This number has been steadily increasing over time and illustrates that this segment of the population will continue to grow (U.S. Census Bureau, 2022). Although Latinos/as contribute a significant amount to society and communities, they can face significant discrimination and prejudice in the United States (Sáenz et al., 2015). Thus, it is important to study and understand the specific needs of this population (U.S. Census Bureau, 2022).

Prior research has identified two main needs of Latino/a individuals: (1) mental health care, and (2) English second language programs (e.g., Alegria et al., 2002; Fripp & Carlson, 2017; Hanchate et al., 2019; Sommer et al., 2020). Latinx individuals frequently experience discrimination which can lead to unequal medical treatment, increased mental health issues, and limited educational opportunities (Rosenbloom & Way, 2004). Due to this discrimination, the experiences of Latinx individuals can lead to struggles with mental health and an increased need for mental health treatment/services (Hanchate et al., 2019). The research repeatedly identifies a lack of affordable, accessible mental health treatment for Latinos/as (Eisenman et al., 2003). English second language (ESL) programs were also highlighted within the literature (Sommer et al., 2020). These programs aim to teach Latino/a individuals about the English language as well as United States’ cultural norms (Sommer et al., 2020). In order for non-English speaking Latinos/as to smoothly transition to living in the United States, it is beneficial for them to learn the basics of the country’s dominant language to provide the resources to navigate day-to-day activities (Sommer et al., 2020)

Intersecting Needs and Resources

Up until this point, each mobile vulnerable population has been viewed through its own lens, giving the impression that these sub-groups are entirely independent of one another or that these needs are distinct. However, more often than not, these groups have intersecting experiences and needs. For example, victims of human trafficking can also be immigrants, homeless individuals can also be Latino/a, and victims of human trafficking can also be homeless. Homeless individuals are especially vulnerable to human trafficking (Middleton et al., 2018). For example, in a 2016 survey in Kentuckiana, Middleton and colleagues (2018) found that nearly one out of every two homeless youths had been a victim of sex trafficking. Thus, mobile vulnerable populations can have overlapping risk factors that further increase their likelihood of adverse outcomes. In this way, there is a need to better understand these populations and the challenges that they face.

The ongoing COVID-19 pandemic, which took hold in the United States in early 2020, has further exacerbated these issues. In March 2020, the United States went into lockdown in an effort to curb the spread of COVID-19 (Webster, 2021). Consequently, service providers were unable to go into the workplace to provide the aforementioned services to mobile vulnerable populations (Purtle, 2020). Telehealth services (i.e., virtual appointments) did eventually become more popular during the pandemic, but these services took time to implement and still had limitations (e.g., not being able to have face-to-face interactions, technology needs of clients, translator services). During this time, hospitals also had difficulty serving all individuals who required their services, which meant a shortage of staff and space for individuals who were not deemed to be critical (Birkmeyer et al., 2020). Thus, individuals who may have normally been able to seek assistance in hospitals when there were no other options were now left without these emergency services. There were also food shortages, medical supply shortages, and material shortages that impacted the nation, and caused panic among the community (Webster, 2021). In this context, COVID-19 created additional gaps in services available to all people, but the burden on mobile vulnerable populations was likely more substantial and the consequences more severe (Purtle, 2020).

STUDYING ORGANIZATIONS WORKING WITH MOBILE VULNERABLE POPULATIONS

The COVID-19 crisis has highlighted the increasing vulnerability of individuals, households, and communities. The impact of this crisis is far reaching. It is almost certainly even more devastating among those who rely on community networks and organizations for aid but are less able to access aid networks in the current conditions of reduced mobility. Among this population, we are interested in the needs and effects on migrants, refugees, homeless individuals, Latinos/as, and victims of trafficking and the intersecting nature of the problems they face. The current project sought to start a conversation with local Omaha service providers about what they need to serve mobile vulnerable populations in the community and how the pandemic has affected their ability to do so. In this context, we argue that building connections between the University of Nebraska at Omaha (UNO)/University of Nebraska Medical Center (UNMC) and community organizations, as well as assisting in the development of networks among various organizations, is central to the mission of the University and could benefit the community more broadly. In doing so, researchers are able to consolidate resources, assess them, inform service providers on the most beneficial paths of intervention, and learn from the experiences of community organizations who work directly with mobile vulnerable populations. The overarching goal is to ensure that these mobile vulnerable populations are receiving the necessary services to reduce any existing vulnerabilities and improve their quality of life.

Research Questions

The study was guided by three overarching research questions:

1. What do organizations need in the current crisis?
2. What will organizations need in the immediate aftermath of the crisis?
3. What can UNO and UNMC faculty and researchers do to assist the community in fulfilling these needs?

Method

The current project was carried out between August 2020 and July 2022, and was approved by the Institutional Review Board at the University of Nebraska Medical Center (IRB Protocol #: 121-21-EX).

The first step was to gather information on all organizations in the Omaha area that worked in some way with mobile vulnerable populations. Searches were completed between September and December 2020 to identify organizations that specifically state they serve these populations,

or who were otherwise known to work with these populations by the researchers. Notably, some agencies had multiple departments or divisions that could work with different populations, and these contacts were counted separately within our database. In this context, a total of 87 potential contacts in the Omaha area were collected. In total, there were 66 unique agencies represented in these potential contacts. The next stage of the project was to conduct a survey with the organizations, and then to complete interviews. Each of these steps are described in more detail below.

Survey

A survey was created to gain more insights from providers in the greater Omaha area regarding the characteristics of the organization, the services they offer, and the needs of their organizations. The survey was developed by reviewing extant literature on the mobile vulnerable populations and integrating key issues (e.g., Alegría et al., 2002; Baretto et al., 2018; Bustamante et al., 2017; Farrell et al., 2019; Warren, 2021). The survey was thus organized in nine parts:

1. *Demographics* (e.g., demographics of the respondents, the populations served by the organization, and community-level factors that could affect the organization)
2. *Partnerships* (e.g., asked respondents about existing collaborations with other organizations and the government)
3. *Perceptions and Evaluations* (e.g., perspectives of the organization within the community, including how favorably/unfavorably the organization is viewed)
4. *Funding* (e.g., financial support received by the organization and budget)
5. *Services, Needs, and Strengths* (e.g., main services offered, needs of clients, needs of the community)
6. *Policy* (e.g., existence of policies that affect the organization/community)
7. *During COVID-19* (e.g., changes in services, main needs of clients, responses to COVID)
8. *Post COVID-19* (e.g., changes in organization structure, changes in community needs)
9. *Conclusion* (i.e., open-ended response for other comments)

The survey items were uploaded to Qualtrics and administered via the platform. The survey was intended to be administered to all potential agency contacts. However, of the 87 potential contacts, one agency indicated that they did not want to participate, one department had recently shut down, one agency noted that they do not track the information the survey was requesting, two departments within the same organization did not have the position filled to contact, and 10 agencies did not respond to a general inquiry requesting contact information to participate in the study—reducing the potential number of contacts to 72 individuals. Of these 72 possible contacts, 11 were sent to two individuals for them to distribute among different areas of the organization

and 23 contacts were part of 3 organizations. These 72 contacts worked with homeless individuals ($n = 14$), victims of human trafficking ($n = 7$), refugees ($n = 9$), immigrants ($n = 7$), Latinos/as ($n = 11$), and the population more generally ($n = 24$). The survey was administered between May and August 2021. The survey was opened by 28 individuals (38.9% response rate). Of those, 16 completed the survey, two answered between 50%-75% of the survey, three between 15%-40%, and seven responded to 2% or less.

Interviews

After the surveys were administered, an interview protocol was developed between August and September 2021. The goal of these interviews was to take a deeper dive into the day-to-day activities of service providers and the needs of their clients. The extant literature, as well as the survey responses, were used to guide the development of the interview questions (e.g., Alegría et al., 2002; Herault & Ribar, 2017; Jasso et al., 2000; Salami et al., 2018; Warren, 2021). The interview protocol was organized by four overarching themes (see also Appendix for all interview items):

1. *Program and Participants* (e.g., description of organization and clientele, specific questions by mobile vulnerable population served)
2. *Successes and Barriers of Program* (e.g., goals of the program, organization's biggest needs and strengths, coordination with other agencies)
3. *COVID-19 Specific* (e.g., responses to COVID-19 pandemic, how the agency has been impacted, needs when the pandemic is over, specific questions by mobile vulnerable population served)
4. *UNO/UNMC Specific* (e.g., assessment of how UNO and/or UNMC can help with the organization's needs)

Following the administration of the aforementioned survey, a thank-you email was sent out to all participating agencies/respondents that also included an invitation asking for a representative of the organization to participate in an interview ($n = 28$). The email reiterated the goals of the project and asked recipients if they would send us contact information for any staff member who would be willing to discuss their experiences working with mobile vulnerable populations.

Of those agencies/respondents who responded to the survey, 20 individuals participated in interviews (71.4% response rate), with interviewees working with homeless individuals ($n = 7$), victims of human trafficking ($n = 4$), refugees ($n = 2$), immigrants ($n = 2$), Latinos/as ($n = 3$), and the general population ($n = 2$). The participants represented 12 separate agencies. The interviews were conducted from October 2021 to March 2022 and all interviews were completed virtually via Zoom. All respondents gave their verbal consent to be interviewed and agreed to have the interview

recorded so responses could be captured accurately. All interviews were transcribed verbatim for data analysis. Interviews lasted between approximately 20 and 75 minutes (average interview length = 45 minutes).

Analytic Strategy

The analyses were completed in two steps. First, the survey data were examined through descriptive statistics and frequencies for each item. As noted previously, the survey findings were used in part to develop the items used in the interview protocol. Second, the final interview transcription files were uploaded to MaxQDA 2022 for data analysis (VERBI Software, 2022). Interview transcripts were analyzed thematically in a two-step process. First, transcripts were coded based on categories in the interview protocol (Patton, 2002). Second, data associated with codes based on interview categories were analyzed for nuances, emergent themes, and patterns across and within themes (Saldaña, 2015).

FINDINGS

Survey

As described above, the survey was applied to leaders of not-for-profit of community serving organizations in Omaha. In total we received 15 usable surveys, 60% of which were answered by either the organization's executive director or CEO. These leaders have a vast experience in their fields with more than half having been working at the same organization for more than 6 years. However, two-thirds of those who responded mention being in their current position less than 5 years, signaling that for many the COVID-19 pandemic was likely the first major crisis they had to confront. While most organizations work with at least two populations, there is in general no pattern on which two populations. The only exceptions are organizations that work with immigrants are the same that work with Latinx ($r = 0.907$; sig. < 0.00) and in a lesser extent with refugees ($r = 0.527$; sig. < 0.07). On the other hand, is very unlikely that organizations that work with homeless also work with Latinx ($r = -0.494$; sig. < 0.09).

With regards to the characteristics of the population these organizations serve, most of them state that their clients come from either Latin America/Caribbean or Sub-Saharan Africa, followed from the United States, Middle East/North Africa, and East/Southeast Asia. Overall, these organizations serve a very large number of clients. One in four served more than 25,000 clients in 2019, proportion that increase to one-in-three in 2020. However, on the other end, 40% of the organizations served fewer than 5,000 clients in either year.

We also asked about the characteristics of the clients. Most leaders state that their clients are cismen and ciswomen and heterosexual. The only significant association is between organizations that state serving transgender people. Those that serve transgender men are also very likely to serve transgender women ($r = 0.985$; sig. < 0.01) and those that serve transgender women are also very likely to serve people identifying as Nonbinary/Genderfluid ($r = 0.969$; sig. < 0.05). The numbers are overall small, and this information seems not to be collected or not shared. There are no differences between age groups as organizations do not consider this characteristic as relevant in deciding who to serve. Organizations serve mostly white people, followed by black and Asian. Interestingly, however, data shows that organizations that serve white people are not likely to also serve black people ($r = -0.836$; sig. < 0.01). Organizations seem also to serve slightly more non-Latinos than Latinos. This is not surprising as Omaha is still less than 18% Latino. This said, there is an overrepresentation of Latinos being served, as the organizations mentioned that close to 45% of all clients are of Latino origin.

Lastly, most of these organizations have a metropolitan reach with less than a third working at the city area level—South Omaha, North Omaha, for example. While they are fairly distributed, with concentrations in North Omaha, Downtown, and South Omaha the clients themselves are either from North Omaha (39%) or from South Omaha (47%).

In general, these organizations see themselves as well positioned within the city and the overall landscape of organizations in the city. A vast majority of those surveyed stated having good partnerships with organizations in the area and having a good partnership with the city government. More than 40%, however stated that they did not think they had an adequate level of funding to fulfill its mission even before COVID. They also think that both the people within the community they serve and those beyond it, have a good evaluation of the work they do. This work is mostly concentrated around providing Physical health-related services, Mental health-related services, and dealing with Food insecurity. Despite this, the respondents argue that the most important need within the community they serve is economic security followed by housing and health security, although the cases in these two are small.

There is no consensus among those surveyed regarding the main need of their clients. Only physical and mental health and housing services have slightly higher frequencies (3 each). Interestingly, our respondents' answers changed significantly due to COVID. During the COVID-19 pandemic, more respondents stated that their clients had needs related to physical and mental health (5) and legal assistance (4). While the concentration on health seems obvious, the increasing need of legal assistance is something that needs to be explored in further depth.

One of the main goals of our project has been to explore the impacts of COVID-19 on these organizations. Some of these are similar to any other organizations and business—transition to full remote, family responsibilities, etc. Others are more specific to organizations working with vulnerable populations, highlighting the importance they have had during the pandemic. One-third of the organizations mentioned having to deal with an increase on in-demand services and one-quarter mentioned the need to add more staff as the most important impacts the pandemic had on them. When asked to expand on these impacts qualitatively, those surveyed mentioned the need to find ways to stay open due to increased need in the community and a demand for more and different kinds of services. They also mentioned increasing staff fatigue.

Respondents reported that COVID-19 created significant challenges for their clients, mainly due to loss of economic and financial security, but also due to growing housing and food insecurity. Domestic violence, insolation, and uncertainty were also mentioned as challenging aspects for their clients.

Last, these organizations reported that in general they have been able to secure funding through donations and the federal stimulus bill, which has helped them adequately serve their clients. They also observed that an increase in on-demand services is a likely long-term impact for them, as their clients will have even more needs and likely more clients will need their services.

Interviews

As noted previously, there were 20 interviews conducted with staff from organizations in the Omaha area. Although the findings are organized by the mobile vulnerable populations, some agencies worked with multiple populations. The findings below are organized based on the overarching themes from the interview protocol.

People Experiencing Homelessness

Of the 14 organizations that serve people experiencing homelessness in Omaha that participated in the survey, *four organizations* participated in the interviews. Two of these organizations volunteered several staff members from different departments to participate, for a total of seven interviews across all organizations. All four organizations provide emergency shelter, offer and / or facilitate long-term housing, and facilitate mental health, physical health, and substance use disorder treatment. In addition to these services, one organization also provides services specifically for veterans ($n = 1$ interview). One organization provides policy advocacy on behalf of clients; three staff members of this organization participated in interviews, representing their emergency shelter services, crisis response services, and policy advocacy ($n = 3$ interviews). Another organization provides street outreach and intensive case management ($n = 2$ interviews). Finally, one organization focuses on the needs of pregnant and parenting women ($n = 1$ interview). The themes that emerged from interviews with these organizations are provided below and **bolded**.

Program and Participants. Staff members of the organizations that serve people experiencing homelessness reported a wide range of **job responsibilities** and a great deal of flexibility and care for the needs of the people they serve. Almost all interviewees reported some responsibilities for a wide range of **types of services** focused on the day-to-day operations of the emergency shelters and case management, including: helping clients to obtain identification such as ID cards and birth certificates; coordinating mental health, substance use, and physical health care and facilitating client communication with healthcare providers; helping clients to apply for Supplemental Nutritional Assistance Program [SNAP] benefits, Medicaid benefits, and other governmental supports; and coordinating transportation. As one interviewee observed, “We’re just kind of meeting [clients] where they’re at with whatever that problem is.” Several agencies also provide what they call homelessness “prevention services”; that is, funding to pay fees and back

rent for people who are housed but face the threat of eviction. All organizations also provide educational sessions on topics such as nutrition and employment readiness, although interviewees described these sessions as intermittent and dependent on staff / volunteer availability and expertise. In providing this wide range of services, interviewees described their efforts to incorporate life skills support to empower clients to live independently throughout their programming.

Some interviewees have more specialized job responsibilities such as providing services for veterans, advocating for clients in eviction court, providing intensive case management, and coordinating pre- / peri-natal services. The agency focuses on pregnant and parenting women, for example, provides a range of service tailored to this population, including a one-year housing program with continuing care after completion. Continuing care includes home visitation, weekly psychoeducational and vocational educational classes, continued therapy, religious / spirituality group meetings, support groups, domestic violence safety planning, and social activities. The agency that provides intensive case management offers two years of case management that includes monthly meetings and the creation of a “housing stability plan” in addition to the general case management. As noted above, the **length of services** provided by the organizations varies from one agency’s 30-day rapid rehousing program that coordinates safe, stable housing for clients, to longer-term services such one agency’s two-year case management and continuing care program.

All organizations reported **serving** adults who are experiencing homelessness as their main service population, with one focusing on pregnant and parenting women who are homeless and another serving veterans. In addition to the general population of people experiencing homelessness, two organizations reported frequently serving transnational migrants, many of whom are of undocumented status, from Mexico, South Africa, and Vietnam, as well as victims of human trafficking. While these organizations reported serving these sub-populations, interviewees representing them added that they do not offer specialized services for them and noted this as an organizational need.

Interviews described their organizations as small to medium in **size** compared to other organizations that address homelessness in the area. Interviewees from two different agencies described their organizations as small in terms of staff (with around 50 employees) and operating budget, but prominent in the local community. Another agency noted that they have a relatively small facility (with under 100 beds) compared to larger shelters with hundreds of beds. Several interviewees stressed the benefits of small organizations. One interviewee explained:

What's great about [the agency] is that we're very flexible, like we're just going to adapt, especially in crisis engagement, because we can [...] Like when the pandemic hit in 2020, we had to do the [food] pantry because we needed to serve the community. So, all of us—including directors and our CEO—we did the [drive-up food pantry]. All of us were out there from 12 to two every day loading up cars.

Other interviewees described a similar experience, emphasizing how their relatively small organizations help them to flexibly adapt to challenges.

Interviewees agreed on three main **client strengths**: resilience, problem-solving skills, and motivation to access resources. All interviewees spoke of their clients' abilities to survive hardship and navigate complex social services systems. As one interviewee stressed, clients will “figure out how to survive. They're some of the strongest people I've ever met. And some of the wisest people I've ever met because they're able to do that.” They also stressed that many clients come to their organization with strong motivation to access resources and have become skilled problem-solvers through their experiences with housing insecurity and complex, sometimes contradictory, social services. As two interviewees from different organizations observed:

A lot of these people get caught up in [the social services] system. I mean, because the system isn't really set up for people to be successful. Like, if you make just too much money, you don't get food stamps [SNAP], or you don't get help with daycare. Or you don't get help with A, B, C, because you're not getting child support. So, it's like, they're just stuck ... So, they just keep getting caught up. They're pretty resilient about figuring out ways of getting their bills paid and reaching out for help.

They're survivors. They have a certain toughness, and they're not easily affected by either way, by good or bad news. It's a bit of almost stoicism, I would say, which I consider to be a survival mechanism. It might not be the healthiest thing, but it serves them in the world that they've been in. So, they know how to ask for and obtain resources. They're very skilled at navigating that stuff, which can be difficult.

Interviewees also agreed that **client needs** are wide-ranging, including: affordable housing (especially housing for large families, housing for people with disabilities, housing for seniors, and nursing home and hospice care); nutritional support (food assistance such as SNAP and ready-to-eat food from food pantries); material resources (clothing); financial assistance (to pay overdue rent and utility bills); education (vocational education and life skills training focused on caring for a home); and free or affordable childcare, mental health care, and substance use disorder treatment. Several interviewees particularly stressed the need for flexible services and employment that help clients manage work, school, childcare, and healthcare. One interviewee, for example, highlighted the need for substance use disorder treatment that does not require a residential stay that may

jeopardize the client’s housing. Finally, all interviewees noted the need for clients to build skills in self-advocacy to more effectively navigate health and social services systems.

In the face of these challenges, interviewees described **program strengths** that help to address them. All interviewees described a client-centered orientation with strengths in case management that is responsive to client needs, flexible, and builds clients’ self-advocacy skills. Several interviewees noted that the lack of time limits on their service provision is a strength as it allows them to work with clients based on their individual needs. One organization only accepts private funding, which the interviewee noted as a strength as it facilitates more flexible service provision. This organization also emphasized their frequent program evaluation as a strength that supports continuous program improvement. Interviewees also described common **program needs**. All interviewees stressed the need for their organizations to improve their ability to facilitate access to physical health, mental health, and substance use disorder treatment, with one highlighting the particular need for these services for older individuals. Additionally, all interviewees highlighted the need for more funding that is consistent and flexible. Funding for more staff with higher pay was noted as particularly important to reduce staff turnover.

Client and program needs are closely connected to broader **systemic needs** for a living wage, affordable housing, and affordable and accessible health and social services. Several interviewees spoke extensively about **policies** that affect their clients. For example, one interviewee stressed the need for policies that address stagnant wages:

Everything costs more, but we're not raising anything to support people, it doesn't make any sense. The cost of living went up. The minimum wage hasn't gone up, you know? And I mean, gas went up, like, how can anybody that's living on \$10 an hour get gas in their car to go 15 minutes down the road to work? So, there's just a lot of situations like that—nobody re-evaluates their systems. It just doesn't make any sense to me.

Another interviewee emphasized the need for state and local policies that strengthen tenant rights and prevent evictions. Interviewees also stressed the significance of health and social services eligibility requirements. One interviewee described the Medicaid expansion in Nebraska in 2020 as “a Godsend,” yet noted that ongoing restrictions on health and social benefits continue to present significant barriers to clients’ wellbeing. Another interviewee described these barriers in practice:

To go get SNAP benefits, if whoever you're talking to on the phone finds out that you're at a shelter, doesn't matter that you might not be able to eat some of their food—especially with people from other countries—if they provide you meals, they're going to cut back on your SNAP benefits ... There are people that get Medicare, and they get Social Security,

but they have to pay \$100 of the \$794 that they get for parts of the Medicare. So, they get \$600. How are they finding an affordable place to live and paying for their life?

Finally, nearly all interviewees expressed specific concern about how requirements for U.S. citizenship and documentation restrict access to essential services for their clients. An interviewee described how this impacts a client who is not a legal U.S. citizen:

He is cut off from everything, all benefits. He's really, really in a bad spot because of that. He can't get food stamps [SNAP] or Medicaid. He is able to go to a free clinic, but that just while he's in our program.

In these ways, interviewees described significant systemic barriers to their work and to their clients' ability to attain safe, stable housing.

Successes and Barriers of Program. All interviewees described their primary **program goal** as to provide clients with safe emergency housing and to coordinate long-term, stable, and affordable housing thereafter. Most interviewees felt confident in their **program successes** in providing emergency housing but struggled with facilitating long-term housing due to the **program barriers** of a lack of affordable housing locally and the significant systemic barriers to client stability described above. The agency focused on pregnant and parenting women also stressed the broader goal of “walking women through life.” The interviewee representing this agency described it as successful at achieving this goal due to their personalized and holistic approach to services.

COVID-19 Specific. The COVID-19 pandemic had a significant **impact on clients** of organizations that address homelessness. Interviewees across these organizations stressed that the pandemic greatly exacerbated pre-existing challenges that their clients face, particularly in access to affordable housing, mental health, and problematic substance use. As one interviewee recalled, “When COVID hit, the problems that we saw immediately exploded. They were already in the works—these things were not new issues.”

Prior to the pandemic, interviewees described a population of people who were working, but precarious financially due to their low income and poor credit, leading to their eventual experiences of homelessness. One interviewee explained:

We get a lot of people who come in with jobs, working decent jobs, but it could be that their credit is bad. They can't find [housing] because they don't have any way of really working on their credit or don't know about resources, so how can they work on that?

Interviewees observed a new group of people who became vulnerable to economic precarity and housing instability due to the economic disruptions of the pandemic such as unemployment:

We saw all these people who always had enough money and just skated by, and were always just one paycheck away from everything ... And then [the pandemic] finally did it for them. It all crumbled when they didn't have their income as they expected it.

Even pandemic-related policy interventions such as the Coronavirus Aid, Relief, and Economic Security [CARES] Act eviction moratorium did not prevent many people who are served by these organizations from losing their housing due to the complex and rules of the moratorium that were often confusing to people who may have benefitted from them. This resulted in a significantly greater need for emergency shelter and food support, particularly in Spring 2020.

In addition to heightened needs for food and shelter, interviewees emphasized how the stresses of the pandemic exacerbated mental distress and problematic substance use. Before the pandemic, interviewees noted a pattern of clients self-medicating mental distress with illegal drugs and alcohol. Reflecting a common observation among our interviewees, one described how a lack of affordable housing, heightened mental distress, and problematic substance use intersected in the lives of clients during the pandemic:

We've seen a spike in mental health [problems], for sure. A spike in mental health [problems] and substance abuse. I've had a couple clients that never had a problem with substance abuse, and then they had to work from home and were isolated, and they picked up drinking. And now they're in a homeless situation or have mental health [problems] ... Quite a bit of the people we serve have some kind of mental health issue. And there are a lot more severe mental health issues like schizophrenia and bipolar disorder and things like that. There's a lot more of that that we're seeing. And also, finding a job is a little bit harder than I feel like it used to be and especially housing, it's hard to find any affordable housing at this time, because there's the [CARES Act] eviction moratorium [which resulted in less available low-income housing due to fewer people being evicted]. And then, I don't know if the prices have just gone up or what but it's almost impossible to find any kind of just regular housing that's under \$700.

This created an even greater need for mental health and substance use services. While several interviewees noted a lack of available mental health services, particularly residential services, others observed an increase in funding for mental health services but added that this increase is not nearly enough to meet the high demand and, in their view, it is often not being used most effectively. Moreover, interviewees stressed that mental health and substance use disorder services, like housing services, have been extremely difficult to provide during the pandemic due to COVID-19 mitigation guidelines to limit contact with others.

Thus, the pandemic has had a great **impact on agencies**. Organizations that serve people experiencing homelessness struggled with material and personnel shortages. Some agencies were forced to limit emergency shelter space to prevent the spread of COVID-19. Material resources to limit the spread of the virus (e.g., masks, hand sanitizer) were initially difficult for some agencies to obtain. In Spring 2020, many agencies drastically reduced their onsite staff, switched some staff to remote work, and lost other staff due to stress and other pandemic-related needs (e.g., childcare). Staff that remained carried larger caseloads and struggled with rapid, complex, and sometimes unclear, policy and service changes. For example, multiple interviewees discussed how the CARES Act eviction moratorium complicated their efforts to find stable long-term housing for their clients. As one interviewee explained:

When the CARES Act moratorium was put in place [we shifted] to figuring out how to set up systems in court and in the communities that would help people protect themselves under the moratorium because it was it was an absolutely convoluted moratorium that didn't make any sense. No pro se tenant would have ever possibly been able to determine whether or not their landlord had a Federally backed mortgage—all sorts of stuff.

As referenced above, interviewees also found it more difficult to find low-income housing for clients because existing tenants were protected from eviction, resulting in even less affordable housing available compared to before the pandemic. Additionally, one interviewee observed that some landlords grew reluctant to rent to the organization's clients:

We have run into some landlords who didn't want to work for us when the moratorium was on because they couldn't evict people during the moratorium. We're HUD [U.S. Department of Housing and Urban Development]-funded so we require a year lease. So, they would only do a month-to-month lease which we can't work with, so that they could evict people more easily. And we got the sense that they did not want a program with a case manager, someone who knows what's involved [compared to] other people who don't know the law, and maybe they can intimidate to get out of there by extra-judicial means.

Interviewees also expressed frustration due to U.S. citizenship and other official or practical requirements to access CARES Act funds which greatly limited their ability to help clients who are not documented citizens, do not speak English, and / or have limited access to technology:

We've tried to get [the State of Nebraska] to reverse [the U.S. citizenship requirement to access CARES Act funds], but they just won't, but I know for certain from talking to statewide people, that that's a big problem, because the emergency rental assistance is the only money we have for this kind of work. So, it's just really difficult, especially now that we're getting towards the end of the year, and funds—private funds, flexible funds—are getting really tight as they always do at this time. And that emergency rental assistance money is just critical ... And even if it's not a direct citizenship requirement for eligibility,

there's still a lot of hesitancy [among clients] about getting involved, putting your name down on paper for an application [...] We have not done a very good job of making these things accessible to people who don't speak English, people who don't have access to a computer.

Furthermore, organizations switched some of their services, such as case management, to a virtual format. This presented challenges for staff and clients alike. Staff had to be trained in virtual service delivery and adjust to working from home, isolated from clients and colleagues. Several interviewees noted this as a particular challenge as they find face-to-face colleague collaborations and client interactions to be most effective. They noted that clients often do not have the education and technological resources to engage in online services such as case management and other services to which they were referred, such as telepsychiatry. One interviewee stressed that the population of people experiencing homelessness is one for which:

Things are still done on a handshake and agreement. So, when they lost the ability to sit down with their mental health provider and when everything went to telehealth, it didn't work because our population doesn't work like that.

Finally, some interviewees expressed worry that the service changes that took place during the pandemic, made possible by emergency funding, would be unsustainable without continued support. One agency used pandemic-related emergency funding to bolster their homelessness prevention services that provide clients with financial support to remain housed. That additional funding is no longer available, and the agency is left to “figure out what our prevention is able to look like now.”

These challenges resulted in multiple **needs created by the pandemic**. Interviewees described working with clients in these circumstances as stressful and frustrating. Some interviewees spoke of how they struggled to manage this work in addition to living through the pandemic themselves. One interviewee, for example, described pandemic-related burnout:

I think COVID has taken a lot out of everybody, and it's created a lot of stress in people's lives, including us. Even being in the right state of mind to come to work is a little bit more difficult than I feel like it used to be. Burnout is a lot higher than it used to be. You know, I've been in a situation where I had to take a week off work, because I just was so burned out, but I couldn't do it [during the pandemic]. I feel like that's agency wide—what we're doing is hard work. And then on top of COVID, and on top of everything COVID has done is this spike in all kinds of different illnesses and mental health and things like that, it's just a lot more work than it used to be. You have to take care of yourself first, before you can take care of anybody else. And everything is different, everything is new.

This interviewee suggested more agency support to address stress and burnout among employees moving forward but added that this is difficult to provide during a health crisis.

Despite these notable challenges, several interviewees described program growth and increased staff morale during the pandemic. One interviewee explained how their small organization was able to respond to immediate needs and display their worth to the community in the crisis. This, in turn, improved employee morale:

Because we are a smaller organization, we were able to really show what we can do and the impact that we could have on the community. It was hard on staff—don't get me wrong—because you know, it was COVID. But I think for our organization, it really allowed us to stretch a little bit and try to figure out how we can help the community. So, I think it was good. I think it was good for us and for our morale. And I think it was good for our leadership. And I think it was really good for our staff to be a part of something so [significant].

Another interviewee from the same organization added that the pandemic was the impetus for better communication and collaboration with similar organizations to advance policy efforts to support their clients, which led to the introduction of at least 15 bills to support tenants' rights in the legislature, of which several passed. These successes underscore the ways in which the pandemic introduced both challenges and opportunities for agencies that address homelessness.

UNO/UNMC Specific. Interviewees described multiple existing and/or potential **partnerships** between their organizations and University of Nebraska Omaha (UNO) and the University of Nebraska Medical Center (UNMC). Several programs described existing interns from the UNMC Nursing and UNO Social Work programs that provide educational sessions, health services, and information on local health services. Nearly all the organizations, however, described these collaborations as intermittent and some were unsure of the specific nature of them. When asked about **future collaborations**, interviewees described the potential for a more organized and consistent system for placing interns/volunteers at their organizations, particularly to support program evaluation, trauma-informed care, transgender healthcare, and identifying and responding to the needs of clients who have experienced sex trafficking. Consistent educational sessions for program clients and staff on these topics was also identified as an unmet need that UNO/UNMC has potential to fulfil.

Victims of Human Trafficking

There were *two organizations* that explicitly worked with human trafficking victims in Omaha. A total of four interviews were conducted across these two organizations. One agency was dedicated to assisting adult survivors of sex trafficking victimization ($n = 1$ interview), whereas the other provider worked with trafficking victims as part of the broader populations that they

served ($n = 3$ interviews). The themes that emerged from interviews with these organizations are provided below and **bolded**.

Program and Participants. The agencies that work with victims of human trafficking reported various **job responsibilities**, including family consultations, follow-ups on daily tasks, supervising others, individual therapy, home visit plans, developing support systems for clientele, speaking events/educational trainings, and reaching out to donors. These disparate responsibilities illustrate how challenging it can be for providers to fulfill these roles, which is illustrated by one interviewer stating that “every day is different.”

The services and needs of victims were a core consideration for interviewees when working with victims of human trafficking. The interviewee in one organization **served** adult women who had experienced sex trafficking victimization exclusively. The interviewees among the other organization prioritized serving low-income families, but they also reported working with refugees, homeless individuals, and human trafficking victims—primarily sex trafficking victims. Given the diverse needs of clients, these organizations reported various **types of services** that included early Head Start programs, food pantries, mental health consultations, individual therapy (e.g., eye movement desensitization and reprocessing, trauma processing), support groups, programming classes (e.g., gaslighting, healthy relationships, addiction, human trafficking, job training), and facilitate connections to services (e.g., tattoo removal, attorney services, shelter, food, clothing, medications, doctor’s appointments). These services—and particularly focusing on healthy relationships and making connections to prosocial supports systems—were discussed as being integral for addressing vulnerabilities of victims. As noted by two separate interviewees:

So I think a lot of the classes, we focus on really hits on that. As far as boundaries and teaching them who safe people are, they also do the online course...And that whole course is on what's appropriate to share for your story, what's appropriate to keep to yourself personally and at what, where you need to be to be in a safe place to be able to share your story. So that's one thing that we have the women go through.

...so we try to connect them with as many kind of like community resources as we can, getting them involved in maybe some like support groups, getting them involved, maybe like in a church organization...at least prior to COVID, they did classes and stuff like that. So we would encourage them to kind of seek just community support so they have healthy people around them. Like I said, we do a lot of like interpersonal relationship work, you know, red flags talking about gaslighting that they've experienced in the past, what they like, what is a healthy relationship first, what's not a healthy relationship. Connecting them to like, employment opportunities, if possible, like I said, they, you know, try to connect them with like case management, we've referred people to various, like, there's like employment readiness programs, and stuff like that. So just trying to get them as connected as possible and meeting some of those basic needs and having healthy people in their life.

The **length of services** can be on an as needed basis, short-term (e.g., 90 days), or long-term (e.g., 2 years). Furthermore, the **size of services** can vary depending on the program—one organization has the capacity to serve between approximately 20 to 120 clients, whereas the other organization may have upwards of 200 women reaching out for help. Although the clients may require varying degrees of services, the residential facility has 10 beds in their shelter for victims of sex trafficking.

When considering the strengths and needs of their program and clientele, there was quite a bit of overlap. Specifically, the main **strengths of the programs** offered included trust building with clients to facilitate recovery. However, the **needs of the programs** can inhibit these connections when clients do not read/speak English and require interpretation/translation services, there are cultural differences that make building relationships difficult, and there is a lack of needed resources (e.g., housing, enrolling children in school, furniture, clothing). The interviewees noted that **clients' strengths**, which included patience, adaptability, ability to survive, resiliency, and resourcefulness, helped to facilitate ongoing recovery efforts. Still, **clients' needs** could create additional barriers. For example, clients may be unfamiliar with how to manage daily tasks (e.g., balancing a checkbook, laundry), be experiencing mental health issues (e.g., post-traumatic stress disorder), be malnourished, have substance use issues, have sleep issues, and/or require intensive medical care to address the harms caused during their exploitation. These needs obviously take priority, but may be part of larger considerations for clients to feel empowered and able to care for themselves as noted by one interviewee:

A lot of times they haven't been seen by a doctor for years, have untreated, you know, issues, whether it's broken bones, you know, anything. Sometimes they can go in and realize they need to see for a specialist because they didn't even know how bad the damage done to them was. So I'd say that is the first thing and then one of the things we've really worked on them in the program is a lot of life skills. So a lot of them if you know they've been trafficked from when they were young, they don't know how to cook. They don't know how to clean they don't know how to do laundry, they don't know how to time management.

When asked about broader **systemic needs** that are specific to victims of sex trafficking, the interviewees noted that they would like a program specific to trafficking victims that is not integrated with other programs (e.g., domestic violence). Transportation services and childcare were also noted as being vital for victims to receive the necessary services. The interviewees were unaware of many federal or state **policies** that affected their ability to provide services to victims—however, changes to state policies were noted as letting women qualify as being homeless even though they were living in a residential facility which allowed victims to receive services (e.g., state aid, food stamps) as they focused on their recovery.

Successes and Barriers of Program. The **program goals**—or what the interviewees viewed as a “success”—were similar. That is, one agency viewed program success as when clients make it two years through their program, which involves regular graduations (e.g., every six months) with milestones. However, helping women out of trafficking and rebuilding their lives was also considered a success by both organizations. One interviewee noted that helping clients get “appropriate things they need,” understanding what services were useful to families, helping clients get citizenship, empowering families to be self-sufficient, increasing clients’ abilities to function in daily life, reducing symptoms of mental health issues, and improving overall quality of life were central to agencies’ goals. Interviewees noted that there were also systemic **organizational barriers** that inhibited their ability to meet these goals, including staffing issues, assisting “all the families” (i.e., not turning people away for services), and insufficient money/funding to facilitate these services. However, the **organizational strengths** of good communication and staff that got along did help to keep services operational and successful. Both agencies also highlighted that their **collaborations** with other Omaha-area agencies helped to address the many needs of their clients.

COVID-19 Specific. Despite the notable goals and achievements of each organization, there were issues that inhibited meeting these goals. Specifically, the interviewees noted several **impacts to their agencies** since the COVID-19 pandemic, including working from home which made it difficult to engage with clients, mandates and restrictions that made some families uncomfortable when receiving services, increased waiting lists for services. As noted by one interviewee, the pandemic affected already strained systems and it was “...almost like everything was like turned up a notch” because everything was shut down. The pandemic had an **impact on clientele** as individuals dropped out of services, there was increased concerns around mental health (e.g., worry, anxiety, depression), concern that there may be an increase in violence that could go unreported during the lockdowns, maladaptive coping skills (e.g., substance use), and further isolation. The agencies responded to the pandemic by first addressing the **needs created by the pandemic**. These needs included tablets/computers for staff to work from home, funds for online trainings, and learning how to do telehealth sessions. Although responding to the pandemic in real-time was challenging, the interviewees noted that it is undeniable that the pandemic has impacted organizational responses to clients, with more sessions/meetings being done remotely, facilitating interpretation services to meet the needs of clients, being creative with how services are delivered, and supporting/requesting support from other organizations.

UNO/UNMC Specific. When asked what the University of Nebraska at Omaha (UNO) and/or the University of Nebraska Medical Center (UNMC) could do to help these organizations serve clients, the main **UNO/UNMC need** included making connections for volunteers/interns to

work with these agencies, which would provide assistance for the agencies and field experience for students. Additionally, the interviewees discussed the need for broader fundraising initiatives to support services and for resource guides specific to agencies' needs. **Partnerships** were also noted as a potential opportunity for agencies to become familiar with the campuses and to facilitate connections with university staff/faculty.

Refugees

There were *three organizations* that explicitly work with refugees in Omaha whose staff completed surveys. Of these three, staff from *one organization* sat for interviews. Furthermore, *one organization* whose staff were interviewed had refugees as a high proportion of clients served, although their services were available to a wider population. A total of four interviews were conducted across the two organizations whose staff agreed to be interviewed. One agency provided refugees with education and advocacy on clean and safe housing, as well as collecting and distributing donated household goods ($n = 2$ interviews). The other agency provided early childhood education for toddler and preschool-age children, and it assisted families with toddler and preschool-age children as well as pregnant mothers, helping these families look for jobs and resources ($n = 2$ interviews). The themes that emerged from interviews with these organizations are provided below and **bolded**.

Program and Participants. The agencies that work with refugees reported **job responsibilities** including visiting families and providing educational workshops and materials. One organization's staff primarily educated refugee families on how to maintain a clean and healthy environment in their housing. **Types of service** provided included home visits as well as providing cleaning materials and holding educational workshops. Since the beginning of the COVID-19 pandemic, these workshops have been held online, with a slow return to in-person classes. Some staff also mediated between tenants and landlords to ensure safe and legal housing situations, provided interpretation to overcome language barriers, and referred refugee families to needed resources. **Job responsibilities** at the second organization included home visits. The **services provided** were to assist families with education for young children and to connect parents of young children to food assistance, community resources, and knowledge and resources needed to seek stable employment.

Both agencies **served** refugee families, with one agency dedicated entirely to supporting refugees and the other working with many refugees due to great need for services within the community. Most of the people served were families with children. One agency's work was restricted to families with young children, while the other agency worked with individuals or

families who were refugees, with no restrictions. The **length of service** also depended on the specific programs. The agency serving families with young children provided services for the first three years of children's lives, with services continuing until children aged out. The agency that served all individuals and families with housing-related issues provided services on an as-needed basis (usually a one-time visit, class, or advocacy service that lasted less than a day), without restrictions on when or how many services would be provided.

Representatives of the agencies agreed that **refugee clients' strengths** included resilience and the courage to start a new life. Refugees arrive in a new country and cultural context, with many bureaucratic systems to navigate, limited assistance, and often with a new language to learn. Clients were strongly committed to their families' and communities' safety and health. Staff noted that most refugee clients would eagerly accept any training or learning they were offered and would be eager for their children to learn quickly, whether in school or through educational opportunities provided by service agencies. One interviewee stated:

I'll tell you if, if you train refugees, if you allow refugees to be of earning, adapt, apply well...you are benefiting the community and the society and the state and the country as a whole, because, when you are educating a refugee female, you are making a huge difference because that female, that woman is going to provide a good...parent.

Another stated:

Main strengths is that [refugee clients] are very, they're very patient. They...adapt quickly. I've seen...even with having the difficulty with the language barrier, they want, they want to learn, they want to learn, being part of the US culture is how I learned with them. So they want to adapt quickly.

Refugee clients' needs included almost every possible social service, since families are arriving in a new country with almost nothing. As one interviewee noted, *"If I have to name all the need in the refugee...I can go all day long."* Particular needs that were noted by interviewees included English language learning, transportation, a healthy living environment with basic needs met, knowledge of their rights and responsibilities in a U.S. context, and assistance with forming good relationships between parents and children in that new context. One particular problem for families is that parents often have to work such long hours simply to afford basic needs, that children are sometimes left at home without caregivers. These situations are unsafe and lead to problems in school and problems between parents and children.

Strengths of programs include the ability to work with refugees across language and cultural barriers. One agency, in particular, employs staff who come from the refugee communities they serve and who can understand refugees' backgrounds and serve as language interpreters. Both

agencies helped families access resources they were in need of and might not know were available otherwise. Agencies are able to provide direct services, quickly, to people who are in significant and immediate need. With educational programming, one agency was also able to pivot to online courses quickly and reached hundreds of people who might not otherwise have been able to attend a class. The **programs' needs** primarily revolved around lack of resources to assist all families who were eligible for their services. Interviewees perceived their programs as doing good work, but simply not having enough staff, money and resources, or volunteers to complete all the work that was needed at a given time. One agency also expressed a desire to have more standardized evaluation and improvement of their programs and services.

Broader **systemic needs** arose from the requirements and limitations of the federal refugee program. Refugees and refugee resettlement agencies are provided with some resources upon initial arrival, but in many cases, assistance lasts for only 90 days and is limited (for example, the housing budget resettlement organizations receive is woefully inadequate for current housing prices in U.S. cities). Adult refugees are required to begin looking for employment almost immediately and are usually not able to complete education or training in order to take jobs with higher pay or more regular hours. Many work long hours in factories and plants, such as meatpacking plants. In this context, service organizations can assist with transportation, some basic needs, and advocacy for safe housing, but they cannot fill all the gaps that refugee families face in simply providing for basic needs.

Successes and Barriers of Program. Programs' main **successes** came in their provision of direct services; education of refugee individuals and families; and assisting families to stay in their housing, find employment, access community resources, communicate effectively despite language and cultural barriers, and eventually gain residency and citizenship in the United States. **Barriers** included that families often needed to become comfortable with home visits or had an incomplete understanding of services; however, barriers primarily revolved around programs' lack of resources and staff. Again, staff in both agencies expressed that many of their programs worked well for families and the main problem was that they did not have enough staff and resources to help everyone who was in need of help.

COVID-19 Specific. During the pandemic, there were **impacts to services** since program staff were not able to meet with clients in person. Staff expressed that some services, like individual home counseling appointments or assistance with learning about home cleaning and sanitation, were put on hold. Staff also did not have sufficient personal protective equipment at the beginning of the pandemic to help make in-person meetings safer. That said, one agency was able to move its educational courses online and reached a wider audience that way.

The **impact on refugees** of the COVID-19 pandemic was significant and led to a greater need for services. Because many refugees work in meatpacking and other essential services, many clients were required by their employers to continue to go to work and were at higher risk of contracting the disease early in the pandemic. Family members of clients died of the disease, and interviewees expressed concern about the emotional toll that illness and death had on families. Refugee families, who were already on the edge of not being able to meet basic needs, were also impacted economically. Those who became sick often did not receive sick pay and missed out on paychecks because of the illness. One interviewee stated:

It got worse, you know, a lot of refugees got sick [with] COVID because of their, their working environment again. And there were categorized in I think, by the state or by the federal government, as essential workers and working in the meat packaging companies. So you have a lot of refugees sick, and even those who are sick...they weren't allowed to call in, well they were allowed to call in sick but they weren't getting paid at home.

The interviewee also expressed that many kids were having behavioral difficulties in school because their parents were working so much and were not around to care for them, or because of the emotional and financial toll of the pandemic.

UNO/UNMC Specific. When asked what the University of Nebraska at Omaha (UNO) and/or the University of Nebraska Medical Center (UNMC) could do to help these organizations serve clients, the main **UNO/UNMC need** was to have volunteers, interns, or even potential staff members from the student populations, and for physical donations and space. Staff at both agencies expressed an ongoing need for volunteers and the hope that students and others at UNO/UNMC would learn about their organizations and view them as a good place to volunteer. One agency's staff also mentioned that they would always welcome student interns. Other needs expressed were for space to hold appointments or classes; donations of furniture and similar items; and for clients to learn more about services provided at UNMC so they would have a better understanding of resources they could draw on for medical needs.

Immigrants and the Latino Community

Organizations that work with immigrants in general also tend to work with refugees and asylum seekers, as well as with Latinos, although, and as we described above, not all Latinos are immigrants and not all immigrants in Omaha are from Latin America.

Four organizations of those surveyed work with immigrants—regardless of their migration reasons and status—and with the Latino community. Three of those organizations agreed to be interviewed. In addition, we interviewed a fourth organization based on the relevance of their work

towards this population. A total of 6 people were interviewed, of which two worked in an agency that provides legal services to immigrants and asylum seekers, including representation in immigrant courts, the Board of Immigration Appeals, and the United States Citizenship and Immigration Services (USCIS). The remaining four interviewees work in agencies that provide social and educational services to immigrants, refugees, and lower income Latinos, including educational programming for children and adults, citizenship classes, afterschool programs, cultural leadership, and overall family and personal well-being. One of the organizations went through a significant change in leadership between the survey and the interview, but we have not seen a significant change in focus. The themes that emerged from interviews with these organizations are provided below and **bolded**.

Programs and Participants: The agencies that work with the Latino community have a long history and tradition in the Omaha area, particularly in South Omaha, which has historically been the place of residence for a significant number of eastern and southern European immigrants and for the Latino community for more than 100 years. Therefore, the organizations that work on providing social services to these communities are grounded in providing a “*safe house where they can express their cultures, their traditions, and then continue to speak their parent’s language or the... you know, their, their language that they were, that their parents spoke or that they themselves spoke,*” as one interviewee described it. The **types of services** these organizations provide include mentoring and education of school age children, family support via family strengthening coaches and facilitators trained to engage with binational families where many times the children are bilingual and/or non-immigrant and the parents do not speak English fluently and are not natives. They also have activities to provide adults with interaction opportunities with other adults that have shared cultural backgrounds. These organizations also provide civic—both citizenship and electoral information—and leadership educational programs, health and nutrition programs, GED, and ESL classes, as well as programs that inform about labor and worker’s rights.

Among the organizations interviewed, at least two have strong legal programs, one of which only focuses on legal services. This last organization is part of the National Immigration Legal Assistance Hotline (NILAH), which is used to collect and “triage” most cases. They also assist clients in renewing their current residency status, such as DACA and Green Card renewing, but also work in cases that result in applications to U visas for victims of certain qualifying crimes, T visas are for victims of trafficking, sex or labor trafficking, and visas that might fall within the Violence Against Women Act (VAWA).

These agencies **serve** mostly Latin American immigrants and US Latinos. Depending on the organization, they also serve smaller groups of African American, Native American, smaller

proportions of African and East Asian immigrants and refugees. One organization has begun also serving local patrons—“*English speakers*” as the interviewee described them—with no recent immigration history. The people that seek the services of these agencies are low income. One organization focus their work on older adults (60 years old and older) while the other organizations do not serve any specific group and their clients are “*usually a big mix*” as one in interviewee described them. With regards to the number of people served pre-COVID-19, there are significant differences in the perceptions of those interviewed. Agencies dealing with legal aspects of immigration tend to have more clients; between 3,000 open cases and less than 10,000 depending on the interviewee. Organizations working on community and social issues mentioned serving at least 500 families.

According to those interviewed, the immigrant clients’ strengths are perseverance and resilience. They are thankful of the help they receive, but “*they’re not here to basically live off the government, it’s more so they want to help our economy, they want to be here to help in whichever way they can, whether that’s even obtaining an education and then later on being able to help in a different way,*” as one interviewee described it. The clients’ strengths are described, as well, using some of the characteristics that are usually ascribed to immigrants: they are interested in the education of their children, they are hardworking, holding many times more than one job at the time, very resourceful, and community driven. As one Latina interviewee described it:

I feel like our community is always, always makes it happen, always gets through things always is, they’re, they’re ingenious. And they’ve gone through so much in their home countries when they first started here, that they’re just resilient.

As in this section we are focusing on agencies working with immigrants, an important topic of discussion was whether they served undocumented immigrants. Community agencies tend not to gather information on immigration status, but they argue that a significant number of their clients are undocumented: “*I don’t know the percentages, but I do know that it is high,*” we were told by an interviewee. They observe their clients’ immigration status via imperfect proxies, such as when they offer to register them to vote, information about their employment, or when they ask them whether they have health insurance. As it might be obvious, legal service agencies work with a significant number of undocumented immigrants trying to change their status, but also work with visa overstayers, and TPS and DACA recipients. These organizations work as well with homeless shelters—partnering with Omaha’s Siena Francis House, New Vision Homeless Services, Open Door Mission, and the Salvation Army that house immigrants who have lost their documentation, although in most cases there are immigrants who, as one interviewee explained, “*have some sort of status or did have a valid form of entry here to the US whether that was through refugee or*

diversity visa,” but cannot prove it. In these cases, the agencies need to file FOIA requests to the USCIS to request, a work permit as a starting point.

In general, these organizations have attempted to develop activities in response to the needs of their clients. In the case of the legal aid agencies, the **main needs of their clients** are fairly clear: legal counsel. But their needs go beyond that as in many cases the costs of visa application processes are prohibiting to immigrants, as an interview stated:

For low-income immigrants, a lot of them don't have the financial assistance that they need... immigration is expensive. Immigration attorneys do charge...But also, aside from their fees, there's a lot of fees that are attached to applications. A lot of them have really hefty prices, for example, an adjustment of status application. That one runs about \$1,225 alone...[and] on top of your attorney fees, you have all these other fees that you have to pay, a lot of times they can be all in one sum, or they can be divided. But usually, they would say that that is the biggest issue that they could face, not having or not being able to pay for an attorney. And then even if they can, then there's also these other fees that are attached to different applications.

The other agencies respond to several **needs of their clients**, which according to the interviewees can be grouped in two areas. The first is defined as “being active in society” which ranges from transferring their own knowledge to getting a paid job:

The main need that they have is in, they want to be active. They want to be productive in their society, because they come from a new country where they don't have the language. And then they can feel like a little lonely or maybe useless. But here in the center, that's why they want, they want to feel, appreciate the knowledge that they have whatever they know.

The second set of needs is much broadly defined but in general center around on “social insecurities.” The interviewees mention the need to develop reliable relationships that will provide youth with family stability and a safe space, financial needs due to economic insecurity, food insecurity, and even lack of transportation, which lead to job and education insecurities.

The agencies working with immigrants and Latinos have a long history in Omaha, particularly in South Omaha and they are well connected with the community. However, somewhat recently some of these organizations have begun to grow beyond South Omaha, and for those that have, that expansion is recognized as one of the **biggest strengths**. Another big strength mentioned is the significant number of informal partnerships with other relevant organizations in the area. These partnerships allow the organizations to engage in a network that allows them to help their clients better. As one of the interviewees mentioned referring to her work on Latino Youth:

Yeah. When it comes to organizations, we work with, for example here, and I'm just thinking in South Omaha, we work with Boys Town, we sometimes work with Boys and Girls Club, we work with Heartland Workforce Solutions, we work with a lot of the schools, we consider them partners since we are based at the schools. We work with the juvenile Assessment Center with probation. We work with Project harmony, ...we've done some work with them. We work with the learning and community center, you know, just all the organizations even within my program, I think those are just to name a few when it comes to around attendance that we collaborate, whether it is sending referrals, or we receive referrals from them...These are some, some of those organizations. And there's plenty more, but those are the ones that come to mind. [laughs]

While these agencies in general mention that their staff is very prepared, this is not enough to cover the growing needs of their clients. As non-profit organizations that rely in donations, they do not usually have the resources to solve some of their **bigger needs** that revolve around a lack of sufficient staff and the funding to provide these staff with adequate salaries, and technology.

The complexities of the work these organizations do is directly connected to dealing with immigrants who might or might not be eligible to participate in certain assistance programs or who are dependent on Federal policies and laws. While immigration law is designed at the Federal level, the State of Nebraska has passed some laws that facilitate access to certain benefits for immigrants. The first mentioned by those interviewed is the law that allows DACA recipients to get a professional license or even a driver's license. Another one is a law forcing the police department to explain to legal agencies representing people requesting U Visa Certification—demonstrating that the person requesting the visa has assisted law enforcement agencies in solving a serious crime—to explain their reasons not to sign such certificate. A similar law was passed requiring judges to sign the required documentation for immigrant children that were requesting provide Special Immigrant juveniles (SIJ) visas. Before these two laws, police department and judges could deny signing the required documentation without having to provide any reason behind their decisions. In all these three cases, the agencies interviewed played a significant role by being part of groups that lobbied for such laws and helped mobilize the Latino community in support of these laws.

Successes and Barriers of Program. Interviewees described the success of their organization from two very different perspectives, depending on the type of organization they work at. On the one hand, community focused organizations describe their success narrating the long history of the organization in South Omaha and the positive effects that daily visits to the organization have in the person's education and relationship with others. Legal aid related organizations describe their success in the number of cases approved and the number of people that obtained legal status (*"I couldn't tell you the exact number, but I know we have a 90 something*

percent of case success rate”) and the positive effects that has on the overall life of immigrants. On interviewee described it like this:

I think I would probably say that getting, getting cases approved, getting applications approved getting people status is probably the main goal. I know that like, like, our kind of, like, broader overarching goals are like to welcome immigrants into our communities, and to empower immigrants to live, you know, with integrity without fear. And I mean, I think I would probably still argue that like, getting status is like a good way to reach those goals.

COVID-19 Specific. As in the case of most community organizations working with immigrants and Latinos, the first COVID-19 **impact to services** relates to the restriction to meet with clients. In some cases, that limited the possibilities to establish the necessary rapport needed, especially in cases that dealt with U and T visas, as well as the impossibility of visiting homeless shelters. For the community-focus organizations, the impact was also the momentary end for all services, which included providing food to seniors, educational programs for both young people and adults. Both types of organizations, however, responded quickly by changing their services to online or even delivery, considering that the community needs had also increased. One interviewee described that moment in the following ways:

My team actually, yes, they were still continuing to connect with the families. But we then ended up providing more support. So it was, what does the community need? So then to fulfill the community, community needs, we started helping out the family community well, program, well-being program, excuse me, in the pantry delivery, we did drive throughs for pantry we did cleaning and disinfecting supplies, delivery to households. So around in, this was April, May, that we were delivering some of that pantry stuff to our families.

Another stated:

Whereas before the community support would be focused on immigration consultations, help me fill out this document for, for, for anything, anything application for my child to get free and reduced lunch, things like that. Then it changed to like pantries, where can I get pantries? Where can I apply for, for unemployment? Or where can I apply for, for jobs. And, and those were, were the biggest things, aside from actually wanting information on COVID, there was a lot of lack of information.

This meant increasing programming, having to train employees, and developing new partnerships to adapt to the impact that COVID-19 had on their clients.

The **impacts on their clients** were enlarged by a series of this group’s specific characteristics. In many cases the clients do not speak English, their own liminal immigration status puts them at a higher level of fear and lack of access to governmental aid, they might not

have yet a support networks, and as this has been a global pandemic, they are constantly concerned for their families abroad.

Some **short-term impacts** have to do with the “community creation” role that these organizations have. In fact, according to one interviewee, one of the effects of COVID-19 has been the impossibility to access and participate of community activities, which in turn has increased levels of isolation, anxiety, and other mental health issues among this group. Increased mental health issues was also related to lack of information on COVID-19 at the local level, while also receiving discouraging information from their homes overseas. This lack of information was compounded by language barriers as the information was not provided initially in languages other than English. Job losses and levels of contagion in workplaces also impacted the feelings of fear and anxiety among this population. A third problem was an increasing financial insecurity. While the federal government did provide monetary assistance for families through the CARES Act, for example, this did not reach all immigrants and Latinos. Immigration status of the householder defined who received assistance and who did not. Thus, many immigrant families did not received help, “*unless they are lucky enough to have a citizen, citizen child that has all the documentation requirements,*” as one interview commented. Some organizations were able to support this families using private donations.

Long term impacts on these populations also are related to the loss of jobs due to the closing of restaurants, for example, and in educational achievements of the younger population. A unique impact to this group is the increase in waiting times to get appointments in immigration courts, the closing of USCIS offices closing in a context where there is already a significant backlog for immigration cases. This has direct effects on every other area of the person’s life. This was how an interviewee described it:

I think it's that more so because they since they have to wait, they are not able to either work or do something else that could potentially help them and their living situation. So because they are not able to get their work authorization, they still have to find a way to pay their bills, find a way to find housing, or food. And so that's the bigger impact that it will have on their life is because they don't have the resources to be able to work is that they won't have the resources to be able to get daily supplies that they might need.

UNO/UNMC Specific. The community organizations interviewed described a **significant collaboration** with UNMC during COVID-19. At least one of the organizations partnered with UNMC’s Center for Reducing Health Disparities and with other UNMC Latino faculty to provide data that will help the organizations request funding from funders, as well as providing information to the community on the public health aspects of COVID-19. A direct effect of this campaign was that of all racial/ethnic groups, Latinos have the highest percentage of initial vaccinations (67%)

([Vaccinations | Douglas County NE COVID-19 Dashboard \[arcgis.com\]](#)). However, at least one interviewee mentioned that that help had decreased as COVID-19 is no longer seen as an issue. There are some **ongoing collaborations** in research and providing practicums or internships for UNO/UNMC students. However, while research is considered very important, there is criticism that there is no compensation to the organization or research participants for their time.

The organizations mention **several needs** that can come out of collaborations with UNO/UNMC. One is to help providing mental health care for the people that are served by these organizations. A second one is creating awareness of the organizations and the role they play in the community. On the other hand, they mention the need to show students served by these organizations of the opportunities UNMC/UNO have for them. They state that they take their students to visit UNO, but they have not been able to do the same with UNMC. Other needs are interpretation assistance for people going through the immigration legal system, students doing volunteer activities with participants, more service-learning projects, and internships. Some of these can arise from already available collaborations between these organizations and UNO/UNMC. However, these collaborations are not particularly institutionalized or are dependent on specific people at UNO. One organization, for example, mentions the continuous help of a faculty member who is no longer at UNO. They also mention connections with the UNO's Multicultural Greek Council, the Office of Latino/Latin American Studies, and UNMC's nursing students that visit some of the older people served by these organizations, among others. All these collaborations, however, are described with vagueness:

Yes, I believe so. I'm not 100% Sure. But I do know that there have been some service-learning opportunities. I know that practicum students have participated in like family community well-being. With my program, not so much. Usually, what we do in the collaboration that I see is, college visits are one of them. Aim for the Stars, which is the summer camp at UNO, we collaborate, and we take some of our youth, there's a business camp that is happening over the summer that we're going to take some of our students...they were going to take some of our students [to] UNMC, we would do some programming. [long pause] I'm going to, I don't, I'm not 100% sure.

Summary of Findings

Our findings highlight the many ways in which organizations that serve mobile vulnerable populations in the Omaha area serve these groups by leveraging their strengths despite significant challenges. The following section summarizes these findings.

Organizations were already under-resourced prior to the pandemic. Many organizations have long struggled to secure adequate funding to support their operating costs and

maintain staff. This has made meeting the complex needs of mobile vulnerable populations, already a challenge, even more difficult. Survey data indicate that clients of these organizations struggle with significant needs related to economic, housing, and health insecurity. Interviews highlight how these needs are connected to broader systemic issues, such as a lack of affordable housing and policies that limit access to services, that are beyond the control of these organizations. Yet interviewees described inspiring efforts to provide a diverse array of services to meet the multiplex needs of mobile vulnerable populations, including but not limited to food assistance, housing access, life skills education, legal advocacy, and physical and mental healthcare. As one interviewee stated and others echoed, “We’re just kind of meeting [clients] where they’re at with whatever that problem is.” While interviewees reported that they believe they are doing the important work of meeting clients’ immediate needs, they often added that they simply do not have the resources to fully respond to the longer-term needs of mobile vulnerable populations.

The impact of the COVID-19 pandemic on organizations was substantial. Organizations, already struggling to meet the needs of mobile vulnerable populations, were further strained by the pandemic in many ways. As one interviewee observed, “When COVID hit, the problems that we saw immediately exploded. They were already in the works—these things were not new issues.” Across organizations serving different mobile vulnerable populations, interviewees noted a substantial increase in client need for mental health, substance use disorder, and childcare services. Yet these services were especially difficult to access during the pandemic due to the need to limit in-person contact to stem the spread of COVID-19. Moreover, interviewees across organizations noted difficulty building trust and rapport with clients due to restricted in-person contact. Moreover, interviewees reported an increase in stress and burnout among staff, resulting in employee turnover. As a result, remaining staff carried larger caseloads and struggled with rapid organizational changes. Finally, survey data indicates that several organizations were led by relatively new leaders at the start of the pandemic, further challenging their ability to face the major disruptions of the crisis.

While organizations shared many challenges introduced by the pandemic, some struggled with particular difficulties. Organizations that serve people experiencing homelessness especially struggled to manage congregate housing to avoid the spread of COVID-19. Organizations that work with victims of human trafficking were particularly challenged by the need to shift to remote services as their client population tends to especially struggle with trust that is even more difficult to cultivate without in-person contact. Refugees and immigrants were especially affected by COVID-19 exposure in workplaces such as meatpacking plants, leading to heightened fear of disease exposure, higher rates of COVID-19 infection, and difficulties supporting children while working. Finally, immigrants were particularly affected by restrictions on their eligibility for

services based on immigration status and struggled to draw on community support, especially vital for this group, due to restrictions on in-person activities.

Organizations described similar strengths and innovative responses to the pandemic.

Interviewees across organizations described the strength, resilience, adaptability, and perseverance of their clients. Organizations similarly described their strengths in adopting a client-centered approach and flexibly responding to the challenges of the pandemic. They successfully shifted their services to meet the immediate needs of clients. Several even broadened their access to services by employing remote delivery and increasing language translation efforts. Several interviewees described how their organizations responded to the pandemic by building better systems for communication both internally and with other organizations. They also leveraged existing informal collaborations with other organizations to meet the needs of clients. Additionally, several organizations played a significant role in lobbying for policy changes essential to supporting various mobile vulnerable populations, using the pandemic as an impetus to become more involved in advocacy and policymaking. Despite successfully leveraging these strategies in response to the pandemic, interviewees expressed concern about their ability to respond to the long-term effects of the pandemic on their clients and organizations.

Finally, we found a **lack of institutionalized collaboration with UNO/UNMC** that may prevent continuity of collaborative activities and make organizations' work more difficult. Interviewees often described sporadic collaborations with UNO/UNMC that were informal and vaguely structured. These collaborations, while described as useful, were frequently built on a connection to a specific person at UNO/UNMC, making them less sustainable than if they were institutionalized. Organizations universally requested more consistent, structured collaboration with UNO/UNMC, particularly through student internships and volunteer programs, when asked about their desire for future collaborations, expressing optimism about future collaborative efforts.

RECOMMENDATIONS

In light of the current study's findings, we offer four recommendations that could facilitate connections between UNO/UNMC and Omaha service providers working with mobile vulnerable populations.

First, more connections are needed between UNO/UNMC and agencies in the Omaha area. Most of the agencies interviewed did not have existing collaborations or relationships with UNO/UNMC campuses. However, a pressing concern among agencies was being understaffed. Stronger collaborations would give agencies access to interns, volunteers, and student workers who could assist the agency with their day-to-day tasks. This relationship would also give students real-world experience and facilitate networking that could support future employment opportunities. Facilitating these connections would also align with the university's agenda to better prepare college students in ways that align with the needs of employers across Omaha agencies (Li, 2023).

Notably, UNO has several existing initiatives to facilitate connections between students and agencies. There is a centralized internship and employment platform—Handshake—where students can upload their resume and complete a profile for employers to view. Students can apply for posted internships and jobs through Handshake to connect them to agencies. The Student Service and Leadership Collaborative (2023) and Jess's Resource Center also help facilitate internship and volunteer opportunities for students. Students can also schedule to meet with a Career Coach through the College of Business Career Center to help them prepare for the job market. Likewise, the Office of Community Engagement at UNMC offers opportunities for students to volunteer, conduct research, and complete internships in collaboration with community partners. But based on our interviews, it is not evident that service providers who work with mobile vulnerable populations are aware of these efforts. Although there were some strong collaborations noted, others were uncertain or unaware of the current status of these relationships. In this way, UNO/UNMC may need to promote these initiatives more widely to reach agencies that are not already in the established network. Our interviews suggest this would be a fruitful endeavor.

Second and relatedly, it is likely that there are existing relationships between agency partners and UNO/UNMC faculty, staff and students that could be leveraged. That is, UNO/UNMC personnel may already have working relationships with agency partners that can be used to create stronger connections between the broader university system and our community so they can access university resources. UNO has encouraged these connections by developing the Barbara Weitz Community Engagement Center (CEC) where agency partners can meet with

university members and attend seminars. A dedicated parking lot also ensures that visitors have accessible and reserved parking—alleviating concerns about where to park when coming to campus. As the central community-focused center, the CEC may be able to coordinate between UNO stakeholders and Omaha agencies to strengthen existing relationships and build new collaborations. University employees and students could share contact information for established community relationships with the CEC to create a growing database listserv, which could expand the existing CEC “For Community Consideration” newsletter that already exists (individuals currently have to seek out and subscribe to this option). Community partners could subscribe to lists that interest them, increasing the likelihood that they receive relevant information for their work about UNO events. Regular surveys could be administered to the agency contacts to assess what they want from a relationship with UNO/UNMC so that events could be tailored to their needs. Specialized trainings or workshops by UNO/UNMC faculty/staff could then be developed that address the pressing needs of community agencies (e.g., connecting agencies to student workforce, responding to specialized populations, providing resources and contacts), reinforcing the university’s mission to serve the Omaha area. To account for diverse schedules and capabilities of agency employees, hybrid sessions could be offered so attendees can join remotely as needed.

Third, there is an opportunity to prepare students and emphasize workforce growth among providers. As previously noted, the university is dedicated to training students for the Omaha workforce (Li, 2023). Findings from the current study suggest that there is a great need to serve mobile vulnerable populations specifically, and UNO/UNMC graduates can often fill these roles. For example, there are few specialized staff in the state dedicated to assisting victims of human trafficking who may require unique services (e.g., long-term medical assistance, trauma counseling, housing, legal representation, ESL services). And even with the multiple Omaha organizations that assist people experiencing homelessness, there is still a personnel shortage to address the multi-faceted needs of their clients. Furthermore, providers who serve immigrants and refugees will have increased staffing needs as immigrant and refugee populations continue to grow in the region. UNO/UNMC thus have an opportunity to promote programs that can train students for these service professions while simultaneously drawing on relationships with Omaha stakeholders (e.g., politicians, business leaders) to provide meaningful assistance to mobile vulnerable populations. Degree programs that already exist to support this workforce development may require additional resources to connect students to the community partners in need (e.g., paid internships, summer funding for students).

Fourth, the important work of serving mobile vulnerable populations can be rewarding but also challenging for Omaha providers. Even though all interviewees highlighted strengths of their work, the clients, and their organizations, there were substantial challenges that

were oftentimes outside of their control (e.g., legislative policies, lack of access to resources, employment opportunities). Burnout and staff turnover were also significant concerns given the amount of time it takes to hire and train new staff. The COVID-19 pandemic exacerbated these issues and strained resource availability for these vulnerable populations, which resulted in additional burdens for agency providers to manage their responsibilities and tasks. Clients suffered these impacts as well by not receiving necessary services in a timely manner (or at all). Although UNO/UNMC cannot reasonably address all the challenges providers face, there is a need for sustainable programs to support staff wellbeing and to help them avoid burnout. Perhaps in collaboration with the CEC, UNO/UNMC could provide resources, trainings, or support for staff to help them do their jobs well. A provider appreciation event could highlight the critical work that Omaha agencies and their staff carry out in support of making a more resilient community.

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APPENDIX

Appendix A: Interview Guide

The following questions are really to gain a better understanding about you and your role within your organization.

[Program and Participants]

1. I would like to start by learning more about you.
 - *Prompts and follow-up questions:*
 - Can you tell me about your educational background?
 - What got you into your career?
 - Can you give us a general description of your job?
 - How long have you been in your current position here?
 - What is a typical day like in your position?
2. Can you describe your organization?
 - *Prompts and follow-up questions:*
 - What services do you provide? (probe for: physical health, mental health, ESL classes, legal aid, housing)
 - On average, how many people do you serve per year?
 - Compared to other organizations working with similar populations, how would you describe the size of your program?
3. Can you describe the clientele that you serve?
 - *Prompts and follow-up questions:*
 - What specific populations do you serve? (probe for: Refugees, migrants, victims of human trafficking, homeless individuals)
 - Can you describe the demographics of the people you serve? (probe for: gender, age range, race, ethnicity, region of origin)
 - Can you tell me about your clients' main **strengths** when seeking services?
 - Can you tell me about your clients' main **needs** when seeking services (e.g., economic insecurity, food insecurity, employment security)?
 - Are you aware of any federal or state policies that are pertinent to the clientele you serve in your organization?
 - How do those policies affect your clients? (probe for: positive and negative).
 - How do those policies affect your day-to-day work at the organization?

Questions for specific groups (only ask if org. works with groups):

Homeless:

- Before COVID, what were some of the main issues that the homeless people that you serve confronted?
- Can you tell me about the services that you offer to homeless people?
- How are the homeless people who you serve impacted by substance use?
 - What services related to substance use do you offer for homeless individuals?

- How are the homeless people who you serve impacted by mental illness?
 - What services related to mental health do you offer for homeless people?
- Can you tell me about issues related to food insecurity for homeless people that you serve?
 - What services related to food insecurity do you offer for homeless individuals?

Refugee:

- Before COVID, what were some of the main issues that the refugees that you serve confronted?
- Can you tell me about the services that you offer to refugees?
 - Do you provide any legal services to refugees or asylum seekers, or work with partners who provide such services?
 - Do you provide employment services to refugees or asylum seekers?
 - Do you assist refugees or asylum seekers with meeting their basic needs?
 - Do you assist refugees in connecting to community resources to help meet their basic needs?

Human Trafficking:

- Before COVID, what were some of the main issues that the victims of human trafficking that you serve confronted?
- Can you tell me about the services that you offer to victims of human trafficking?
 - Do you offer specialized services for trafficking victims? (probe for: mental health, housing, employment, and/or legal services)
 - Do you primarily work with sex or labor trafficking victims?
 - How do you address vulnerabilities with trafficking victims to reduce the likelihood of them being victimized again in the future (e.g., follow-up appointments, long-term support)?

Immigration:

- Where are most of the immigrants you work from? How long have been in the country?
- What is the immigration status of your clients? (a general description).
- Before COVID, what were some of the main issues immigrants confronted?
- What kind of services do you offer to documented (legal) and/or undocumented immigrants?

Latinos/as:

- What are some of the main needs of the Latino/a population (community?) in Omaha?
- How does your organization address these issues?

[*Successes/Barriers of Program*]

4. Can you tell us about the successes of your organization?
 - *Prompts and follow-up questions:*
 - What are the main **goals** of your program?
 - How successful would you say your program is at achieving its intended goals?
 - Can you tell me about a time when you think your program was particularly successful at achieving its intended goals?

- Can you tell me about a time when you think your program struggled to achieve its intended goals?
- What are your organizations biggest **needs**?
- What are your organizations biggest **strengths**?
- Do you conduct evaluations to assess your organization’s effectiveness?
- Is there any data you would be willing to share with us about the effectiveness of your program?
- Do you **coordinate** your work with any other agencies?
 - What other agencies do you collaborate with?
 - What do you think of your partnerships with these organizations?
 - Are there any organizations that you would like to partner with but have not yet?
 - How do you think other organizations similar to yours view your program?

[COVID-19 Specific]

5. Now, we are interested in learning more about how COVID-19 has impacted your organization—can you tell me a bit more about that?

- *Prompts and follow-up questions:*
 - How has your program changed in response to the COVID-19 pandemic? (probe for: changes in structure, program availability, service delivery, client populations, reach)
 - How has the current pandemic impacted your ability to provide services?
 - What needs has the pandemic created for your organization?
 - How has local government responded to your organization’s needs during the pandemic? (probe for whether they think the response has been sufficient)
 - What do you think is the long-term impact of the COVID-19 pandemic on your clientele?
 - What will you need when the pandemic is over to continue to serve clients?

Now I’m going to ask you some questions about specific groups of clients that you serve.

Questions for specific groups (only ask if org. works with groups):

Homeless:

- How has the pandemic impacted homeless people that you serve?
- Has there been a change in the number of homeless people in need of services?
- Have there been changes in the types of services that homeless people need?
- How have COVID-19 eviction moratoriums impacted the homeless people that you serve?

Refugee:

- How has the pandemic impacted the refugees that you serve?
- What has changed during the pandemic about your ability to assist refugees in finding employment?
- Has anything changed about refugees’ and asylum seekers’ legal needs during the pandemic?
- Has anything changed about your ability to provide legal services to refugees’ and asylum seekers? (probe for their partners’ ability to provide services)

- Has anything changed about refugees' and asylum seekers' ability to make community connections and have their basic needs met during the pandemic?

Human Trafficking:

- How has the pandemic impacted the victims of human trafficking that you serve?

Immigration:

- How has the pandemic impacted the immigrants that you serve?

Latinos/as:

- How has the pandemic impacted the Latinos/as that you serve?

[UNO/UNMC Specific]

6. How can UNO and UNMC help with your organization's post-COVID needs?

- *Prompts and follow-up questions:*

- Do you have any existing partnerships with programs, schools, or faculty at UNO and/or UNMC?
- How can UNO and UNMC assist in fulfilling these needs?

[Closing]

Is there anything else that I didn't ask about that you think is important for us to know?

Do you have any questions for me before we wrap-up the interview?

Thank you for taking the time to meet with me today. I appreciate your input as we get to know more about your organization.

PREVIOUS OLLAS REPORTS

A complete list of the OLLAS Reports and their pdf files are available at www.unomaha.edu/ollas

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