

**IMPACT OF COVID-19 & CASE FOR GIVING
MAY 2020**

The Network of Jewish Human Service Agencies (NJHSA) is an international membership association representing community based Jewish human service providers located throughout the United States and in Canada and in Israel. The member agencies of NJHSA provide an extensive continuum of social services including outpatient mental health counseling, workforce development and vocational support services, homecare for vulnerable older adults and Holocaust Survivors, case management, advocacy, emergency financial and supplemental food assistance and specialized services for victims of domestic violence, caregivers and persons with disabilities.

These agencies include Jewish Family Service and Jewish Vocational Service agencies, agencies providing residential and community-based services for persons with disabilities and independent agencies supporting targeted community needs (kosher food pantries, addictions and domestic violence agencies and those supporting eldercare needs including Holocaust Survivors).

The NJHSA network is currently comprised of **134 active member agencies**, representing an aggregated **\$1.17B operating system**, serving an estimated **980,000 unduplicated clients per year**, with a **workforce estimated at 32,000**. A listing of the locations of these agencies is included as an attachment to this document. These agencies work with the most vulnerable among us: the unemployed, older adults, persons with disabilities, refugees and immigrants, and victims of abuse.

These front-line crisis response service agencies have been highly disrupted by COVID-19 and have needed to close their facilities and dramatically alter the manner in which they operate, resulting in the loss of ability to meet clients in person or to deliver home-based services in traditional manners. In almost every case, the agencies are experiencing a decrease in revenue and increased costs associated with providing service. **A recent survey of member agencies estimated a total budget shortfall attributable to COVID-19 at \$50M through June 30, 2020.** This is due both to an increase in service required and a decrease in revenue, as the following summaries detail.

The Unemployed/ Financially-at-Risk

- The recently unemployed are particularly struggling with increased anxieties and serious financial limitations to afford basic living expenses, such as food and housing costs. While always a population of focus, this population has grown exponentially. In the first two weeks of the crisis, agencies experienced a marked increase in requests for services. **Requests for food assistance quadrupled in just a matter of days.** Agencies have also reported that **over 75% of requests for emergency financial assistance came from Jewish community members who had never before sought services from the Jewish community.** The needs of this population are expected to continue to grow as the economy continues to be impacted.

Michael, a 45-year-old public relations professional, and his wife Sarah, a 43-year-old graphic designer, were both recently laid off from their positions in the private sector. With a combined household income of close to \$180,000, this couple does not qualify for the Federal stimulus checks and is now expecting their savings to support them for up to a max of possibly 3 months. With their two children doing online school, and the expectation that summer camp will not take place as planned, the stress is already starting to mount. The couple has asked their local JFS for help in navigating the bureaucratic unemployment application process and is anticipating the need for food and utility assistance in the coming weeks.

Older Adults

- In today's crisis, older adults have increased needs for homecare, home-delivered meals and telehealth supports to lessen demands on family and other caregivers.
- While mental health support for older adults has increased through telehealth, these appointments are often not reimbursable. Medicare and Medicaid reimbursement, and contracts with third private insurance carriers are tied to delivery of service units and face to face contact. Few government departments have been able to reorient their service contracts to enable the agencies to know they have reimbursement for services they are delivering differently. As an example, counseling services provided via landline telephones, which is the method most clients are requiring today (versus HIPAA compliant technology platforms) is generally not reimbursable.
- Homecare programs are seeing an increase in their caseloads as adult day programs and nursing homes, which often provide short term rehabilitation services, are mostly closed to new intakes, requiring vulnerable older adults to remain at home.
- The need for personal protective equipment in homes and in residential programs is critical. Priority for PPE is given to hospitals leaving community-based agencies to struggle to source these scarce resources to ensure safety of caregiving staff and at-risk and homebound clients.

Mildred, an 86-year-old widow, has not left her apartment in over six weeks. She appreciates the daily check in calls from JFS volunteers and the weekly grocery shopping where volunteers deliver groceries and leave them for her in the apartment building lobby. By far, Mildred is most grateful for the limited hours of personal care she receives from her home health aide. She understands the risks involved in having the aide in her home and knows the risk of infection is great as the aide only has two masks and is reusing gloves, but she needs this assistance to maintain her independence. She hasn't been to her doctor in weeks for routine cortisone injections and is now struggling with the impact of debilitating joint and muscle pain which is greatly limiting her mobility. With no computer, her only source of connection to family is her landline telephone.

Persons with Disabilities

- Persons with disabilities, who generally benefit from day programs or supported employment, but are now left without the needed stimulation and self-sufficiency of these programs may now struggle with, or be confused by, the need to maintain physical distancing in residential programs.

Michael, a 37-year-old adult with Asperger's syndrome, is missing his day program which provides him with needed routine and structure. He is also greatly missing his job; prior to COVID-19, Michael was working 25 hours per week at a local restaurant. Between the job and the day program, both arranged with support from an NJHSA member agency, Michael feels as if his life has now been completely upended. While still able to live in the agency's supervised apartment program, his days are now spent at home, with too much television and increasing episodes of panic and anxiety.

Refugees and Asylum Seekers

- Refugees and asylum seekers, who now need to navigate community resources through virtual platforms, without in-person guidance and advocacy from agencies providing resettlement and employment support services.

On March 10, two related Afghani refugee families arrived in Pittsburgh from Turkey: an older widowed mother and her two adult sons, one with special needs. A married adult son, his wife and their child also traveled with them. As required, JFCS Pittsburgh placed the two households in furnished apartments at a reasonable rent that they would be able to afford in a few months after the agency assisted them with finding work. The special needs son would qualify for Social Security Income Disability which would bring in another source of income.

Pre-pandemic, the family was greeted at the apartment and welcomed to their new home. As usual, they were connected to public benefits and medical assistance. Some of the family applied for social security cards, but two could not because of a paperwork delay.

As a result of the pandemic, the following services to support this family were impacted:

- *Two members of the household do not have social security cards, particularly one head of household. He will not be able to work until social security reopens for new enrollments.*
- *Special needs adult also did not obtain his social security card, as office of disability assistance is not accepting new cases. This delays income source.*
- *Families have not had their initial refugee medical screening. They have received urgent care as needed. Prescriptions have been filled and tele-health appointments have been available as needed.*
- *As the families did not have opportunity to participate in hands-on bus training, they do not know how to use public transportation to get to the supermarket, among other places. JFCS Case worker has been dropping off food. Family was connected to food pantry in walking distance and provided with carts to carry food.*
- *The adults are not enrolled in English class because school is not open for enrollments and the child is not enrolled in public school.*
- *Of the six, there are three able-bodied working adults, all enrolled in JFCS sponsored employment services (as mentioned above, one is not able to get his social security card until office re-opens). They are receiving remote job readiness training.*

Families Living with High Conflict/Domestic Violence

- Families living with high conflict or domestic violence, who are now immersed in dangerous situations with few options to reduce escalating episodes of household violence.

Melissa is a 31-year-old married mother of 2. She and her husband have been living under shelter at home orders for over 5 weeks. Prior to this, Melissa had been participating in weekly individual and group counseling sessions to process the controlling aspects of her marriage. Since the shelter at home orders began and the children's pre-school closed, Melissa and her husband have stopped speaking to each other. The tension is stifling. Their 3-bedroom home is not large enough to provide for private space. Melissa's husband does not allow her to leave the home for shopping or other errands and instead has been rationing household supplies. While there has not been any physical violence, the emotional violence has been draining. Melissa is desperate for a break and concerned about the safety of herself and her children.

The budget shortfall will grow as the crisis continues to unfold.

- Less than one-third of NJHSA member agencies have some operating reserves on which to draw, and many of these reserves will cover only a small part of this shortfall.

- As unemployment grows and as individuals' unemployment extends into months, agencies are starting to see the beginnings of the tidal wave of resulting need.
- Agencies will lose most fundraising revenue from Q2 (and most likely Q3 and Q4) of the fiscal year due to cancelled events. Many are also incurring related cancellation fees.
- NJHSA joined in a Jewish communal effort to bulk purchase Personal Protective Equipment (PPE), assisting over 100 Jewish nursing homes, senior living and special needs residential communities and Jewish human service agencies to support homecare services. PPE is currently sold at a significant markup adding to the financial impact incurred by the agencies (the markup associated with this purchase was estimated in the aggregate at \$2.18M).

CRITICAL NEED FOR PERSONAL PROTECTIVE EQUIPMENT (PPE)

Elsa is 85 and lives in an assisted living facility in Montgomery County, Maryland. JSSA of Greater DC has been providing hospice care to Elsa for the last three months. Since the pandemic began, Elsa has not been able to see her children and grandchildren, which has left her feeling isolated and lonely like so many other seniors. However, JSSA's team of doctors, nurses, social workers and chaplains continue to visit Elsa in-person to provide essential care and even a little bit of love during this difficult time. It has been essential for our frontline staff to continue making in-person visits to patients wherever they call home, but we can only do that if they have adequate PPE. The biggest challenge of this pandemic has been finding reliable sources of PPE to meet our ongoing needs to protect staff and patients, our number one priority.

JSSA of Greater DC is now caring for more COVID positive patients in facilities and for those being released from hospitals to their homes. Without ongoing access to masks, face shields, gowns and gloves our staff will not be able to continue the high touch level of care required to effectively care for these individuals and ensure the safety of our staff.

More than a quarter (29%) of member agencies expect to lay off staff, and more than one third (35%) expect to furlough staff, while some expect to do both.

Moreover, two-thirds of agencies report an expected inability to maintain current service levels beyond the next 3-5 months for core populations (older adults, financial at-risk adults, children, teens and college students).

The lasting impact and resulting trauma of this crisis will undoubtedly try the infrastructure and staffing needs of NJHSA members and of the broader Jewish communal landscape. As the mental health, vocational and financial needs of the Jewish community continue to grow while at the same time agency reserves are spent down, and staffing shortages related to lay-offs and cash flow pressures continue to increase, NJHSA member agencies will need sustainable sources of support to strengthen their capacities for the long term.

This network of agencies must turn to Jewish Federations, foundations or other philanthropic support to deliver emergency services and sustain core services to ongoing clients, while also beginning to plan for what is expected to be a forever changed Jewish community desperately in need of mental health, vocational and concrete assistance. Without the capacity to address these core and primary needs, efforts to support Jewish engagement, outreach and education will be challenged to achieve their full potential.

NETWORK OF JEWISH HUMAN SERVICE AGENCIES

The member agencies of NJHSA are located in the following communities:

UNITED STATES:

Alabama:	Birmingham
Arizona:	Phoenix
California:	Berkeley, Long Beach, Los Angeles, Los Gatos, Mission Viejo, Palm Springs, Sacramento, San Diego, San Francisco
Colorado:	Denver
Connecticut:	Greenwich, New Haven, Stamford, West Hartford
Delaware:	Wilmington
Florida:	Boca Raton, Boynton Beach, Clearwater, Davie, Jacksonville, Miami, Naples, Sarasota, Tampa, West Palm Beach
Georgia:	Atlanta
Hawaii:	Honolulu
Illinois:	Chicago, Northbrook
Indiana:	Indianapolis, South Bend
Iowa:	Waukee
Kansas:	Overland Park
Kentucky:	Lexington, Louisville
Louisiana:	Metairie
Maryland:	Baltimore, Rockville, Silver Spring
Massachusetts:	Boston, Waltham
Michigan:	Ann Arbor, Berkley, Flint, Southfield, West Bloomfield
Minnesota:	Golden Valley, St. Paul
Missouri:	St. Louis
Nebraska:	Omaha
Nevada:	Las Vegas
New Jersey:	Cherry Hill, Florham Park, Margate, Milltown, Passaic, Princeton, Somerville, Teaneck
New Mexico:	Albuquerque
New York:	Albany, Binghamton, Buffalo, Brooklyn, Lawrence, Middletown, New York, Rochester, Syracuse
North Carolina:	Asheville, Charlotte, Durham, Greensboro, Raleigh
Ohio:	Centerville, Cincinnati, Columbus, Pepper Pike, Sylvania, Youngstown
Oregon:	Portland
Pennsylvania:	Allentown, Harrisburg, Philadelphia, Pittsburgh, Scranton, York
Rhode Island:	Providence
South Carolina:	Charleston, Columbia
Tennessee:	Knoxville, Memphis, Nashville
Texas:	Austin, Dallas, Fort Worth, Houston, San Antonio
Utah:	Salt Lake City
Virginia:	Richmond
Washington:	Seattle, Spokane
Wisconsin:	Madison, Milwaukee

CANADA:

Alberta:	Calgary, Edmonton
British Columbia:	Vancouver
Manitoba:	Winnipeg
Ontario:	Dundas, Ottawa, Toronto
Quebec:	Montreal

ISRAEL:	Jerusalem
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