Chapter

3

Children, Families, and Social Supports

April 2021

Children, Families, and Social Supports

Overview

Amid the COVID-19 pandemic, states have faced monumental challenges and seismic shifts in advancing a commitment to continue to support families and improve health outcomes. The COVID-19 pandemic illuminates, in real time, the need to ensure preventative family-driven and psycho-social support systems move upstream toward a goal of primary resource investment.

Support for families has existed from as early as the 1909 White House Conference on Children, a foundational step to the formation of the Federal Children's Bureau. Federal, state, and community resources have funded the well-being and care of under-resourced communities with a focus on families and children. In addition, Title V of HRSA's Maternal and Child Health Grant—a federal-state partnership—is the longest standing public health legislation in American history and was created to ensure support for families. However, the COVID-19 pandemic highlighted how families continue to face challenges accessing services to support health and well-being. Family and child serving systems fall short of our collective aim to achieve optimal health for all and to eradicate structural inequities resulting in disparities among communities of color and low-income families. Our historical commitment to families must lead to a new legacy of child well-being, including:

- Family, child, and community prioritization.
- Transforming current secondary prevention models to prevention first models that link universal population-health models in public health and social services with effective family-led models (e.g., models that recognize family voice, experience, and decision-making to advance care).
- Measuring and improving quality across the social determinants of health and throughout the life-course that affect the well-being of families.
- Maximizing multi-collaborative strategies and systems that use funding to invest in upstream opportunities resulting in stronger protective family support.

Recommendations to Bounce Forward Toward Well-Being

The reactive model embedded in our day-to-day systems was designed based on how we address familial challenges and adversity, rather than built around investments to ensure families thrive. There exist some systems of preventative and psycho-social support for families. However, as unemployment among women increases and families fall financially further behind, leveraging existing programs and structures will not be enough. A paradigm shift is needed and should be aligned with the following:

- Current best practices and evidence on home visitation, child development (e.g., partnering with early childhood education and family service programs), preventing adverse childhood experiences (ACEs), neuroscience, family to family engagement, maternal and paternal health, and population health approaches.
- Access to paid family leave in work policies and affordable and flexible childcare options, as well as partnering with state and local employment and labor departments to ensure adequate payments, co-payments, and quality of childcare.

- Supporting existing flexibilities, technology, and innovation for programs to support families and youth during and post-COVID-19. Examples may include providing evidence-based telehealth services for pregnant and post-partum women by an obstetrical team that includes providers, midwifery, and doula care. Including payer flexibility, alignment, and reimbursement in telehealth, as well as home monitoring and online communication in Medicaid programs that care for the most under-resourced families.
- Use of programmatic and policy mechanisms to both prevent and mitigate the lifelong effects of trauma, including COVID-19. Examples may include focusing on primary, secondary, and tertiary prevention of ACEs to create safe, stable, nurturing relationships and environments where children thrive.

Funding Opportunities to Bounce Forward Toward Investment of Children, Families, and Support Systems

States and localities are making real time, front-line decisions regarding where to direct resources. Simultaneously, state and local budget cuts are looming due to the counter-cyclical problem of an increase in demand for services and a significant decrease in state and local revenue caused by the immediate unprecedented reduction in sales tax revenue and the anticipated reduction in property valuation. Existing resources have been directed to the pandemic and all person-centered care serving systems are and will continue to be strained with increased demand over the unknown course of the pandemic and the ongoing economic disruption underway. These financial and budgetary decisions are being made while states continue to adhere to the recommended COVID-19 safety protocols and administer vaccine programs.

Layering and braiding of financial resources is essential to gaining a collective impact toward sustaining and improving family and child health. Health conditions and health risk affect families across departments, agencies, and programs. Public health, Medicaid, human service, and child and family well-being systems gained an infusion of federally directed funds and are working to maximize return on investment. Layering and braiding financial resources across systems can ensure that funding is invested in a manner that will strategically and sustainably enhance the well-being of families and communities, as well as ultimately improve community health.

Funding of federal, state, and local programs is a complex and intricate stream that affects families in all aspects of health, workforce, housing, child-care, and educational settings. For example, the Child Care and Development Block Grant provides assistance to lower-resourced families to access child-care in order to work or attend a job training or educational program. Families may also be concurrently accessing other sources of support such as Head Start, the Child Nutrition/National School Lunch Program, Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Programs, and housing benefits.

Similarly, the funding infrastructure and capacity to address the prevention and mitigation of ACEs is disbursed through an array of programs. There is little to no dedicated or centralized ACEs funding. Thus, states use funding from CMS (Medicaid), CDC, HRSA, HHS (Substance Abuse and Mental Health Services Administration and Administration for Children and Families), Department of Justice, and Department of Education to administer programs aimed to address childhood trauma, maltreatment, abuse, injury, neglect, and childhood development. For example: Medicaid-managed care plans provide pregnant women with supportive counseling services to address specialized needs such as breastfeeding

care, pediatric development, trauma-informed care, safe sleep, and connections to other social supportive programs. Funding streams may be layered and braided to build synergy and increase impact on the population.

An Appendix at the end of the chapter provides a comprehensive list of funding programs that reach families and children.

Conclusion

Federal, state, and community efforts should align and prioritize children and families as we continue to serve communities affected by and post-COVID-19. A monumental opportunity to navigate the pandemic post-crisis rests on initiating major paradigm shifts through preventative upstream approaches. COVID-19 has presented an opportunity to shift public discourse and understanding toward family and child investment, addressing disparities, and improving health outcomes. Collaborative and thoughtful transformative efforts can lead to a legacy of family and child well-being.

Resources

- ASTHO Policy Statement: Access to Health Services
- ASTHO Policy Statement: Optimal Health for All by Eliminating Structural Racism
- ASTHO Policy Statement: ACES
- ASTHO Policy Statement: Health in All Policies
- ASTHO Policy Statement: Improving Birth Outcomes
- ASTHO Policy Statement: State Home Visitation Programs
- ASTHO Issue Brief: Preventing Adverse Childhood Experiences During COVID-19

Appendix

Below is a list of some federal and COVID-19 relief resources that support families and children and are allocated to states, territories, and localities as of March 16, 2021.

Program	(in thousands)
K-12 Fund Elementary and Secondary School Emergency Relief Fund (ESSERF CARES Act)	**$13,352,265**
(Fund Elementary and Secondary School Emergency Relief Fund) ESEERF II (P.L. 116-260)	**$54,884,164**
Rethink K-12 Education Models (REM)	**$180,662**
Reimagine Workforce Preparation (RWP)	**$126,666**
Child Care and Development Block Grant	**$3,500,000**
Child Care and Development Block Grant (P.L. 116-260)	**$10,000,000**
Community Services Block Grant	**$984,970**
Low Income Home Energy Assistance Program	**$900,000**
Family Violence Prevention	**$45,000**
Child Welfare Services	**$45,000**
Runaway and Homeless Youth (RHY): Basic Centers	**$9,639**
RHY: Transitional Living for Homeless Youth	**$12,501**
RHY: Education and Prevention Grants	**$1,570**
Head Start	**$750,000**
Medicaid (6.2 pp FMAP increase, through June 30, 2020)	**$16,383,997**
Community Health Centers (Div. A Title III)	**$100,000**
Community Health Centers (Div. B Title VIII)	**$1,315,638**
Telehealth Resource Centers	**$11,600**
Emergency Grants to Address Mental and Substance Use Disorder	**$109,792**
Emergency Grants to Address Mental and Substance Use Disorder - P.L. 116-260 (awards to date)	**$196,976**
Emergency Response for Suicide Prevention*	**$39,795**
Certified Community Behavioral Health Clinics	**$249,658**

Certified Community Behavioral Health Clinics - P.L. 116-260 (awards to date)	**$488,779**
Substance Abuse Block Grant	**$1,650,000**
Mental Health Block Grant (awards to date)	**$825,000**
Emergency Food Assistance Program (TEFAP) 1	**$400,000**
Emergency Food Assistance Program (TEFAP) 2	**$450,000**
Supplemental Nutrition Program for Women, Infants, and Children (WIC)	**$500,000**
Child Nutrition/National School Lunch Program (awards to date)	**$8,800,000**
Supplemental Nutrition Assistance Program (SNAP) State Administration	**$100,000**
Emergency Food and Shelter Program (EFSP)	**$200,000**
Lost Wages Assistance (LWA) Grants	**$42,899,250**
Community Development Block Grant (CDBG) - Local	**$2,872,587**
CDBG - State	**$2,117,413**
CDBG - Indian	**$100,000**
Emergency Solutions Grants (ESG) - Local	**$2,307,742**
ESG - State	**$1,652,258**
Public Housing Operating Fund	**$685,000**
Tenant-Based Rental Assistance - Administrative Fees	**$850,000**
Housing Opportunities for Persons with AIDS	**$53,700**
Fair Housing Assistance Program	**$1,449**
Economic Impact Payments (CARES Act)	**$271,421,557**
Coronavirus Food Assistance Program 1 (awards to date)	**$10,554,752**
Coronavirus Food Assistance Program 2 (awards to date)	**$13,271,955**
Supplemental Nutrition Assistance Program (SNAP) Contingency Reserve	**$15,810,000**
Pandemic Unemployment Assistance (PUA)	**$95,865,561**
Pandemic Emergency Unemployment Compensation (PEUC)	**$44,357,228**