

ACF

Administration
for Children
and Families

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

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TO: State and Territory Human Service Commissioners; State, Tribal, and Territorial Agencies Administering or Supervising the Administration of Title IV-E and IV-B of the Social Security Act, Child Care and Development Fund (CCDF); Indian Tribes and Indian Tribal Organizations, State Courts, and State and Tribal human services programs; Head Start and Early Head Start Grantees; State, Tribal, Territorial, and other public or private agencies administering or supervising the administration of other ACF programs including child support, Temporary Assistance for Needy Families (TANF), Child Care, Preschool Development Grant Birth through Five, Runaway and Homeless Youth programs, Family Violence Prevention Services Act (FVPSA) State Administrators, FVPSA State Domestic Violence Coalitions, refugee resettlement programs, unaccompanied alien children's services, community and economic development, emergency response and recovery programs, healthy marriage and fatherhood, human trafficking, early childhood programs, home visiting, and other child, family, and youth services.

SUBJECT: Emerging Transformed: Taking lessons from the COVID-19 pandemic to create more just, equitable, proactive, and integrated approaches to supporting families and ensuring child and family health and well-being.

PURPOSE: The purpose of this information memorandum (IM) is to share lessons learned from the pandemic and highlight strategies and opportunities for child and family serving agencies, organizations, and entities to create equitable, proactive, and integrated approaches to support the health and well-being of children and families. ACF strongly encourages its grantees and public, private, faith-based, and philanthropic agencies and entities to utilize the lessons of the pandemic as an opportunity to make positive systems change. The IM calls for transformational leadership across all sectors to promote equity, wellness, family integrity, and healing.

INFORMATION

This IM highlights the need and opportunity to emerge from the pandemic with dramatically improved human services delivery systems at the federal, state, tribal, territorial, and local levels. This IM will discuss the gravity of that need, barriers to making necessary changes, and opportunities to initiate transformation.

ACF strongly encourages all agencies, organizations, and entities to work across disciplines to ensure that equity, access, inclusion, participation, and support are central aspects of the work done across family-serving state, county, and tribal agencies and that all such efforts are designed and implemented in a manner that does not disadvantage people and communities of color,¹ or cause or add to racial disparity.

I. Background

ACF seeks to help create the conditions for strong and thriving families and communities where children are free from harm and all children and families can reach their full potential. To accomplish this, ACF is committed to two overarching strategies: (1) strengthening families and communities through primary prevention; and (2) promoting economic mobility. Primary prevention includes a constellation of supports and services that function to help families build and maintain well-being and reduce the likelihood of negative life events or circumstances from destabilizing families or placing children in harm's way. These are supports that any family, caregiver, or individual may need to build or maintain resilience and manage life adversities. ACF believes that asking for help is a sign of strength and that all children and families can benefit from robust networks of community-based supports that are easily accessible, culturally appropriate, and stigma free. Primary prevention seeks to address proactively the root causes of family vulnerability and enhance individual and family resiliency.

ACF believes that its work should be rooted in the social determinants of health² and protective factors, in order to promote positive outcomes for children and families across all of its offices and programs. Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Protective factors and capacities³ refer to the presence of supports in a community or characteristics of a parent that allow or help them to maintain social connections, develop resiliency, gain parenting skills and knowledge, seek or receive concrete supports in time of need, and support the healthy development of their children. Developing and supporting human services that promote the social determinants of health, protective factors, and protective capacities, will require integrated, whole-family approaches across federal funding streams.

¹ <https://www.dictionary.com/browse/person--of--color>; https://www.lexico.com/en/definition/person_of_color;

² See <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health> ; Office of Disease Prevention and Health Promotion, US Department of Health and Human Services. (2020) <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>; National Research Council and the Institute of Medicine. (2009). *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*. Washington, DC: National Research Council and the Institute of Medicine of the National Academies. http://www.nap.edu/catalog.php?record_id=12480

³ [https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/107035.pdf?r=1&rpp=10&upp=0&w=+NATIVE\(%27recno=107035%27\)&m=1](https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/107035.pdf?r=1&rpp=10&upp=0&w=+NATIVE(%27recno=107035%27)&m=1); see also <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>. Merrick MT, Ford DC, Ports KA, et al. (2019). *Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017*. MMWR Morb Mortal Wkly Rep 2019; 68:999-1005. 15Center for the Study of Social Policy, Strengthening Families, A Protective Factors Framework, <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

The ability of ACF-administered programs to reach and effectively serve families in need, even prior to the pandemic, is contingent upon a variety of factors that impact access, such as where physical offices are located, the availability of public transportation, hours of operation, the availability of language translators, eligibility requirements and whether virtual access is possible. Any of these issues alone can create a sizeable barrier to a family receiving the services they need and may require the assistance of a navigator.

Public health mandates have heightened, and will continue to heighten, challenges to access in unprecedented ways. With physical buildings often closed, public transportation curtailed, and in-person education and childcare less available, families have been experiencing greater levels of social isolation and higher levels of stress and vulnerability with less support. For families whose members are also limited English proficient at a time when meaningful access to information about services or relief is crucial, the isolation is exacerbated.

Limitations on caretakers' abilities to work, economic fragility, food insecurity, and housing instability are all on the rise, increasing the need for many of the very services that are now more difficult to access or are in short supply. While many of these challenges are longstanding, they are now more visible and severe. Consequently, as a nation, we are facing heightened risk of deeper disparity, inequity, and poor outcomes, including a widening school readiness gap, delays in parent-child reunification for families separated by foster care and other forms of permanency, lack of access to health care, and high rates of unemployment and joblessness.

The pandemic has exposed gaps and shortcomings in our human services delivery systems beyond access, including a lack of flexibility that often stems from the manner in which federal funding streams are constructed and that restricts the type of services and supports ACF program offices may provide. ACF has seen these same challenges occur repeatedly in communities across the United States during environmental disasters and economic recessionary periods. As a result, we know that some of the flexibilities outlined throughout this document are relevant on a more permanent basis to meet the needs in communities across the nation.

ACF is aware of how certain rigidities and requirements have delayed or impaired the abilities of agencies to respond to immediate familial needs. The most common requests of ACF from all stakeholders have been for the flexible use of federal funding and temporary waivers, or loosening of certain requirements that are impairing expedited responses or are simply not feasible to meet public health mandates. These requests highlight the need to align regulations, eligibility standards, and outcome measures across federal programs and funding streams and increase flexibilities to allow for comprehensive, whole family approaches.

ACF has worked diligently to grant all flexibilities within its authority. While some of these new flexibilities are temporary, others are already permanent, or may become so. Additional temporary and permanent flexibilities will be necessary. The pandemic has served as a jolt to human service delivery systems at local, state, tribal, territorial, and national levels. It has reinforced the need for highly proactive and integrated human services delivery systems and approaches to help bolster family resiliency and ensure continued child and family well-being.

As a field, it is important to recognize, acknowledge, and act on the fact that the pandemic is impacting families and communities of color severely and disproportionately. People of color

have been inordinately impacted by the pandemic and grossly overrepresented in fatalities, illness, and increased economic hardship. This disproportionality directly reflects pre-existing systemic disparities.⁴ The pandemic should serve as a call to action for a new path forward. As ACF works at the federal level to promote alignment, it strongly encourages states, tribes, and localities to take all steps within their ability and in accordance with their federal civil rights obligations⁵ to integrate and merge business functions including finance, eligibility, and data analytics to streamline processes and improve access.

II. The Need for Flexible, Proactive, and Integrated Human Services Delivery Systems

ACF is composed of a wide variety of child and family serving offices. While there are separate statutory requirements and funding streams for ACF-funded programs, many of the programs serve overlapping populations that face common challenges, often deeply associated with conditions of poverty that can greatly limit a family's ability to access human services supports. Many of ACF's offices, and the programs they administer, face common challenges that affect their abilities to reach families and can stand in the way of meeting child and family needs in the manner that will be most helpful, such as:

- Rigid statutes or guidance;
- Categorical funding and the rigidity and limitations of eligibility/rules prevent offices from allowing the use of funds to meet basic needs, e.g., transportation, food assistance,

⁴ Centers for Disease Control and Prevention. (2020). *COVID-19 in racial and ethnic minority groups*. U.S. Department of Health and Human Services. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>. This webpage highlights the increased hospitalization and death rates from COVID-19 for racial and ethnic minority groups and how inequities in living, work, and health circumstances can place these populations at higher risk for adverse outcomes.; Artiga, S., Garfield, R., & Orgera, K. (2020). *Communities of color at higher risk for health and economic challenges due to COVID-19*. Kaiser Family Foundation. <https://www.kff.org/disparities-policy/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>. This brief analyzes data on underlying health conditions, health coverage, health-care access, and social and economic factors to determine the health and financial impacts of COVID-19 across racial and ethnic groups; Lopez, M. H., Rainie, L., & Budiman, A. (2020, May 5). *Financial and health impacts of COVID-19 vary widely by race and ethnicity*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2020/05/05/financial-and-health-impacts-of-covid-19-vary-widely-by-race-and-ethnicity/>. This factsheet addresses the disproportionate financial and health effects of the COVID-19 pandemic on Black and Latino populations; Ford, T., Reber, S., & Reeves, R. V. (2020, June 16). *Race gaps in COVID-19 deaths are even bigger than they appear*. Brookings Institution. <https://www.brookings.edu/blog/up-front/2020/06/16/race-gaps-in-covid-19-deaths-are-even-bigger-than-they-appear/>. This article presents data showing the higher death rates among Black and Latino populations due to COVID-19; Brown, S. (2020, May 6). *How COVID-19 is affecting Black and Latino families' employment and financial well-being*. Urban Institute. <https://www.urban.org/urban-wire/how-covid-19-affecting-black-and-latino-families-employment-and-financial-well-being>. This article describes the disproportionate adverse employment and financial effects on Black and Latino families during the COVID-19 pandemic.

⁵ Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d – 2000d-7 and HHS Title VI implementing regulation may be found at 45 C.F.R. pt. 80; Title IV-B of the Social Security Act, 42 U.S.C. §§ 621 – 629m (Child and Family Services); Title IV-E of the Social Security Act, 42 U.S.C. §§ 670 – 679c (Federal Payments for Foster Care and Adoption Assistance); the Americans with Disabilities Act; Section 504 of the Rehabilitation Act.

rental or utility assistance, child care, technology supports to promote social connection, etc.;

- Human service agencies lack technology infrastructure to support telework for their workforces;
- Online application systems are often not user friendly and can be ineffective;
- Court systems often do not have remote technology capabilities to continue their work with children and families as needed;
- Parents and caregivers struggle to obtain cell phones or lack access to devices with internet service that would allow for virtual participation in resources that promote social connectedness, reliable contact with caseworkers, participation in needed activities such as court hearings, child visits, educational opportunities for their children, or telemedicine;
- Social service workers cannot always safely reach families experiencing child maltreatment, domestic violence, trafficking, homelessness, or otherwise in need of supports and interventions; and
- Agencies do not always provide appropriate and needed services to diverse communities, including communities with limited English proficient families.

To address or minimize these challenges, it is important to understand where decision-making authority lies on these issues for each program. The discretion to change these rules or barriers may be up to Congress, ACF, or grantees, states, counties, or tribes.

No matter where the authority lies, ongoing conversation and communication between ACF leadership and state, territorial, tribal, and county leaders have emphasized a clear need for more flexibility in how federal funding can be used to better support families, meet immediate concrete needs, and adjust how we provide services and supports. Input received from human services leaders across all levels of government and nongovernment entities, advocates, parents, young people, and families with lived experience, and front line workers in the field, continues to demonstrate the need for such flexibilities in order to anticipate and respond to family needs. Such feedback has also highlighted the need and opportunities to maximize existing flexibilities across programs in more coordinated ways. The services, supports, and infrastructure most commonly identified and needed include:

- Providing support for food and essential supplies (e.g., diapers, formula, and medicine), and stable housing;
- Delivering food to the homes of program participants and ensuring essential housing needs are met;
- Ensuring children, parents, caregivers, and human services program staff have access to technology, especially computers or devices with internet, and cell phones with data;
- Language assistance services;

- Providing remote supports to both children and families to build protective factors;
- Modernizing court systems to be able to continue their work remotely;
- Mental and behavioral health services for both staff and families;
- Availability of high-quality child care for essential workers;
- Employment and education resources for families to support economic mobility; and
- Families to feel comfortable and empowered to access and utilize services and supports.

III. Addressing Racial Inequity within ACF Funded Programs

Because studies and experience show that disparities that were present before COVID-19 are intensified now, part of transforming our work includes a clarion call for highly coordinated, systematic efforts to identify and address laws, policies, and practices that contribute to, or sustain, inequities and disparate outcomes for people of color in human services delivery systems. We know that families of color are overrepresented within many ACF programs and we must examine thoughtfully why overrepresentation exists and what it means. This will require honest discussions about structures that disadvantage racial minorities and, in particular, Black, Brown, and American Indian/Alaska Native individuals and communities in human service delivery systems. As a field, we are missing opportunities to address equity, disparity, and overrepresentation if we wait until families and individuals become system involved before making help available. It is critical to examine objectively how human services systems are funded and operate, and how both reflect societal and governmental views of families, especially families experiencing poverty and families of color, what services and supports are provided, and why. Many ACF programs are reactive in nature with funding for support available, or eligibility triggered, only after a family is experiencing severe difficulty, or trauma to children and families has occurred. This disadvantages families that already confront economic fragility and a host of societal conditions that make life harder and present proven challenges to health and well-being, including the trauma and the impact of racism.⁶ The absence of more proactive

⁶ Greene, S., Austin Turner, M., & Gourevitch, R. (2017). *Racial residential segregation and neighborhood disparities*. U.S. Partnership on Mobility From Poverty. <https://www.mobilitypartnership.org/publications/racial-residential-segregation-and-neighborhood-disparities>. This brief analyzes racial housing segregation in metropolitan areas.; Hamilton, D., & Darity, W. A. (2017). The political economy of education, financial literacy, and the racial wealth gap. *Federal Reserve Bank of St. Louis Review*, 99, 59–76. <http://dx.doi.org/10.20955/r.2017.59-76>. This article examines the racial wealth gap in the United States and concludes that its roots lie in socioeconomic and political structure barriers rather than Black Americans' disdain for or underachievement in education or financial literacy; Annie E. Casey Foundation. (2014). *Race for results: Building a path to opportunity for all children*. <https://www.aecf.org/resources/race-for-results/>. This report describes and presents data on the barriers inequitably faced by children from minority racial and ethnic groups; Staats, C., Capatosto, K., Tenney, L., & Mamo, S. (2017). *Implicit bias review: Race and ethnicity: Views from the unconscious mind*. <http://kirwaninstitute.osu.edu/wp-content/uploads/2017/11/2017-SOTS-final-draft-02.pdf>. This report examines implicit bias regarding race and ethnicity in multiple fields, including its impacts on outcomes; Yearby, R. (2018). The impact of structural racism in employment and wages on minority women's health. *Human Rights Magazine*, 43(3). https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/minority-womens-health/. This article describes how structural racism in employment and wages affects the health of women from minority groups; Child Welfare Information Gateway. (2016). *Racial disproportionality and disparity in child welfare*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality/>. This issue brief explores the prevalence of racial

approaches comes with great cost to children, families, and society as a whole. It is imperative that human services leaders take all steps possible to become proactive sources of support and promote primary prevention and universal approaches that enhance resiliency and actively seek to eliminate racial inequity and disparity and meet their federal civil rights obligations.⁷

IV. Leadership for Transformation

The pandemic will continue to have a significant impact on what the work of human services agencies looks like and how they administer resources. Given challenges to the economy, difficult budget decisions have and will continue to occur at the federal, state, tribal, county, and municipal levels, leaving child- and family-serving agencies, service providers, and community-based organizations with substantially fewer resources. Budget restraints may result in furloughs of government and layoffs in the private sector. It is an unfortunate reality that certain organizations or providers may not be able to continue operating and may close permanently. It is also reasonable to expect significant challenges with workforce morale, and physical and emotional well-being, given the demands of performing their duties during the public health crisis.

Set ways of systems operation and practice that were routine prior to the pandemic may no longer be possible or necessary, such as requiring in-person application or access. This is a prompt for systems to let go of ways of doing things that have been ineffective and perhaps not serving families and children well. It is a moment ripe for change. It is also probable that there may be a tendency by some to return to as close an approximation to business as usual as possible, albeit with fewer resources. ACF urges leaders of state, tribal, and local agencies and organizations to push against such tendencies and pursue meaningful change where it could improve program effectiveness, create efficiencies, and better meet families' needs.

Strong, visionary leadership is required at all levels of government to navigate the difficulties and capitalize on the opportunities that lie ahead. There is a tremendous opportunity to reshape how we as a field conceive of and deliver human services nationally, provide those supports in innovative and more effective ways, and obtain positive outcomes. There is also an opportunity and need to look at all work moving forward through an explicit lens of equity and an openness to addressing racial and cultural biases that inhibit families from receiving important, appropriate, and necessary services.⁸ In so doing, ACF urges all human services leaders to

disproportionality and disparity in the child welfare system; U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (n.d.). *Discrimination*. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/discrimination>. This webpage explores discrimination as a social determinant of health and its effects on health outcomes.

⁷ <https://protect2.fireeye.com/url?k=22e82da3-7ebd2473-22e81c9c-0cc47a6a52de-5c02ffb1c3bd1bd&u=https://www.pewtrusts.org/research-and-analysis/blogs/stateline/2020/06/15/racism-is-a-public-health-crisis-say-cities-and-counties>

⁸ McDaniel, M., Woods, T., Pratt, E., & Simms, M. C. (2017). *Identifying racial and ethnic disparities in human services: A conceptual framework and literature review*. U.S. Department of Health and Human Services, Administration for Children and Families; Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/sites/default/files/opre/identifying_racial_and_ethnic_disparities_b508.pdf. This report reviews racial and ethnic disparities in service programs administered by the Administration for Children and Families; Alang, S. M. (2019). Mental health care among blacks in America: Confronting racism and constructing solutions. *Health Services Research*, 54, 346–355. <https://doi.org/10.1111/1475-6773.13115>. This article describes reasons why Black individuals in need of mental health care do not receive treatment, including racial discrimination; Allard, S. W., & Rathgeb Smith, S. (2014). Unforeseen consequences: Medicaid and the

engage deeply with parents, caregivers, families, and young people with lived experience who have participated in, or received services or supports through, their delivery systems. Such engagement must be more than symbolic and translate into action that reflects knowledge gained from individuals with lived experience. ACF is committed to listening, hearing, and acting on the expertise of individuals with lived experience and urges all human services leaders at all levels to do the same in the weeks, months, and years to come, and to use that expertise to reshape their vision for human services. All leaders should remain mindful and vigilant of tendencies that may exist to return to the familiar, regardless of whether it was effective.

V. Strategies and Actions for Moving Forward

ACF strongly encourages all leaders and stakeholders to organize around strategies to promote the following in order to forge a path forward together as a field:

- Access;
- Equity;
- Inclusion;
- Participation; and
- Support.

ACF calls on all child and family serving entities to be mindful of how racial bias is present in existing policy, practice, and service delivery system structures.⁹ In doing so with intention, human services delivery systems can make great strides in reaching more families and children in more meaningful and effective ways and help all families reach their best potential. As a field, we have an opportunity and an obligation to improve each dramatically.

funding of nonprofit service organizations. *Journal of Health Politics, Policy and Law*, 39, 1135–1172. <https://doi.org/10.1215/03616878-2822610>. This article examines Medicaid funding that supports nonprofit social services agencies and finds that these services are less accessible to residents of high-poverty neighborhoods and areas with higher concentrations of Black or Hispanic residents; Walter, A. W., Ruiz, Y., Tourse, R. W. C., Kress, H., Morningstar, B., MacArthur, B., & Daniels, A. (2017). Leadership matters: How hidden biases perpetuate institutional racism in organizations. *Human Service Organizations: Management, Leadership & Governance*, 41, 213–221. <https://doi.org/10.1080/23303131.2016.1249584>. This article describes institutional racism within the social work profession, including barriers to and recommendations for change; Wile, M., & Goodwin, K. (2018). *The costs and consequences of disparities in behavioral health care*. National Conference of State Legislatures. <https://www.ncsl.org/research/health/the-costs-and-consequences-of-disparities-in-behavioral-health-care.aspx>. This brief summarizes the issues and challenges for racial and ethnic minority groups to receiving behavioral health services, including substance use treatment.

⁹ A recent study conducted by the Center for Law and Policy (CLASP) provides one an example of how policy, practice and service delivery can disadvantage children and families of color in its report on child care. <https://www.clasp.org/publications/report/brief/anti-racist-approach-supporting-child-care-through-covid-19-and-beyond>

A. Access, Equity, and Inclusion

One can understand access broadly as a parent/caregiver/family's ability to avail himself, herself, or their self to a service, program, or support. Access includes, but is not limited to, the physical access, the ability to travel to a location, and the transportation necessary to do so. As the pandemic has made clear, access can also be virtual and require technology resources. Access also includes language and requires accommodations for individuals with limited English proficiency and those with disabilities. Access is influenced deeply by the culture of an agency and organization and the steps it takes to encourage or discourage the sense of welcome and respect of the people who seek assistance or choose to participate in the programs and services offered. Each of these components of access were endemic challenges across child and family serving agencies prior to the pandemic, and will require purposeful attention and planning moving forward. Agencies and organizations must commit or recommit to creating cultures that encourage and support access, and that are user friendly, intuitive, and create as positive a user experience as possible. Recommendations/ideas for changing culture include:

- Develop routine processes for collecting feedback from those served;
- Make issues of access part of evaluation efforts in quality assurance; and
- Be mindful of “branding” – have diverse members of the community provide input on messaging, etc.

Increasing ease of access to services for families will also require programs to initiate efforts toward strategic integration to the maximum extent practicable. We must be mindful of the fact that many families may be involved with multiple government and nongovernmental programs, services, and supports, and take steps to integrate application and screening processes so that families do not need to repeatedly tell stories and describe life circumstances that can be difficult and traumatizing. Integrated front-end processes, such as coordinated intake or “no wrong door” approaches have the potential to benefit families by allowing for streamlined application processes, timely follow-up, increased accuracy of information collected, and reduced numbers of interviews or intake questions. Recommendations/ideas for coordinated intake include:

- Developing universal intake forms or processes that are used across agencies, or a single universal application with a process to determine individual program eligibility;
- Engaging participants in the development of forms or processes; and
- Where possible, considering automating the intake process (similar to how some medical offices have portals to log in for appointments) and generate client IDs that can be used across systems.

While access is critical, it is not enough to provide families with access alone. In order for families to benefit from programs and services, they must be meaningfully included in all aspects of service planning and provision. Inclusion in the family services and support domain specifically refers to those efforts that an agency or organization makes to encourage use and make use easier. This involves outreach, messaging, and the manner in which families and

caregivers are treated. Inclusion can be thought of as the user experience and, as such, to be effective should actively seek and utilize the voices and experiences of users to design and improve what is offered and how. The concept of universal design can promote meaningful inclusion. Universal design in human services recognizes that any family may need or benefit from a program, support, or service at any time and that limiting opportunity may stand in the way of promoting wider community health and well-being. Universal design promotes interaction across socioeconomic strata and creates opportunities for families of different backgrounds, cultures, and experiences to interact, meaningfully participate, and share experiences, which can be helpful in addressing disparity.

To make families and caregivers feel welcome and supported in what are likely to be increasingly virtual environments will require agencies and programs to develop and implement creative and flexible engagement strategies, and to enhance their capacity to meaningfully partner with families in both the planning and delivery of services. Anecdotal evidence is pointing to some benefits of incorporating virtual approaches into a wider array of human services programs than used prior to the pandemic. For example, virtual caseworker visits and family time sessions in child welfare and virtual court hearings are allowing for participation that may not otherwise be possible, while virtual participation has helped partially fill certain service, access, and participation gaps, such as for those for whom transportation or child care may be a barrier to accessing in-person services. There is also more rigorous evidence from home visiting and telehealth efforts that indicate that some participants prefer virtual services, particularly when it is a choice to access those services virtually as opposed to a requirement¹⁰.

All levels of the workforce must be committed to the importance of all forms of access and inclusion and be active in promoting a culture that values both. This will require proactive strategies to engage purposefully with families in the planning and delivery of services and supports, and an openness to exploring new and innovative methods to work in partnership with families in a remote environment. Agencies and organizations must recognize the importance of investing time, effort, and resources into supporting members of the frontline workforce as they adjust and increase their capacity to provide services effectively and supports to families remotely. As mentioned above, the role of organizational leadership is key in creating sustainable change, and so must also actively message and demonstrate a commitment to increased access and inclusion.

B. Participation and Support

Participation refers to an individual's active engagement in a program or service. Support may include any actions or set of services that may incentivize, enable, empower, or encourage someone to initiate and sustain engagement and achieve maximum benefit from his, her, or their participation. A number of factors may influence whether participation is attractive and deemed valuable to families. Similarly, the support that is available to families that participate in programs, services, or supports can affect continued engagement, depth of participation, and success.

¹⁰ See <https://institutefsp.org/covid-19-rapid-response>; see also <https://www.acf.hhs.gov/cb/resource/cfsr-aggregate-report-round3>

It is also critical to ensure that efforts to promote and support participation of families, caregivers, and individuals in human services programs and opportunities are inclusive of fathers and paternal family members. Father engagement is an historic and ongoing challenge across all ACF programs and requires careful attention. In some program offices such as child support and child welfare, there are powerful disincentives and risks associated with involvement. There is reason to question how welcoming many programs are to fathers and the messages fathers receive.¹¹

There is growing recognition within human services systems that families and individuals that participate in programs or receive services or supports have considerable expertise. It is contingent upon human services systems to actively seek and utilize the expertise of individuals with lived experience in identifying needs and designing, evaluating, and improving programs, services, and supports. Expert voice is an important way to understand the need for culturally appropriate services and supports and other unique community characteristics and needs.

Recommendations/ideas for engaging families and individuals with lived expertise in service planning and implementation include:

- Hiring individuals with lived experience and expertise as staff for programs;
- Hiring peer navigators; and
- Ensuring that staffing reflects diversity of culture and gender (to better engage fathers).

Parents and caregivers have also expressed the value of whole family approaches, some of which provide child care/promote early learning while parents participate in classes or receive services or supports.¹² Individuals who interact with human service delivery systems also commonly point to the value of navigation programs, peer advocates, and peer supports in helping understand and navigate agencies and systems that are often complex. ACF leadership has heard directly from families and caregivers that more frequent, but less intensive, or light-touch contact between providers and families or individuals participating in programs, services, or supports has been beneficial during the pandemic and helps people feel less isolated, more connected, and supported.

Human service leaders across all sectors have an opportunity to work together to integrate the expertise of individuals and communities into all of their work and to redesign accordingly, as opposed to attempting to retrofit new ideas into existing structures and approaches that may be inheritably stigmatic and culturally non-responsive.

VI. Examples of and Opportunities Made Possible through Increased Flexibility

ACF has vigorously sought flexibilities across programs and responded to widespread requests for flexibilities from states, tribes, counties, and municipalities to the maximum extent possible to allow local innovation to meet the unique needs of families in diverse settings. Those

¹¹ See ACF Information Memorandum on engaging fathers, <https://www.acf.hhs.gov/ofa/resource/acf-acf-im-18-01-integrating-approaches-that-prioritize-and-enhance-father-engagement>

¹² See <https://www.gao.gov/products/GAO-20-382>; Ascend-The Aspen Institute. <https://ascend.aspeninstitute.org/two-generation/what-is-2gen/>

flexibilities have made a number of supports and approaches possible by loosening, allowing alternatives, or suspending program requirements for application, intake, recertification, licensure, or other appointments that may be particularly burdensome or difficult for participants (or potential participants). Some recently eased requirements include:

- Face-to-face participation;
- Certain durations of service, sessions attended, or community engagement minimums; and
- Work or educational enrollment requirements.

ACF has also provided flexibility to program administrators to help streamline operations and loosen or provide alternatives to requirements for grantees and sub grantees on reporting and administrative reviews. Specific examples of implemented flexibilities include:

- Integrated/streamlined online application processes;
- Virtual home visiting;
- Provisional licensing standards;
- Temporary changes or allowance of alternatives for background check rules;
- Waiver of work and education requirements for youth in extended foster care;
- Virtual court hearings and reviews;
- Use of federal funds to help meet concrete needs (food, housing, etc.);
- Use of federal funds for food delivery and delivery of essential supplies (i.e., diapers, formula, and prescription medicine);
- Use of Title IV-B funds to allow child welfare agencies to purchase technology with internet/data to allow for parental and youth access and participation; and
- Virtual caseworker visits.

Responding to the pandemic has required innovation and the identification of new flexibilities in how human services entities can and should better support families. For example, CB granted the flexibility in response to difficulties economically fragile parents were experiencing staying in touch with their children, caseworkers, and other critical supports due to loss of income and the inability to maintain cell phone plans or internet connection. While this problem existed before the pandemic, it became worse during the health emergency and had cascading negative effects. Recognizing that connection is important at all times and that it is to the benefit of parents to stay connected to their children and supports, this change is now permanent. Appendix A provides a complete list of flexibilities issued by CB. Appendix B includes examples of innovations and flexibilities across ACF programs.

VII. Building Evidence on the Path Forward

As we adapt as a field to meet the challenges of the pandemic and work to reshape how human service systems conceive of and deliver services, it is critical to learn as much as we can about how that work is being done and its effectiveness. There is a tremendous opportunity to understand if and how new flexibilities and innovations may be contributing to improved processes and near term outcomes. It is also possible to position ourselves as a field for deeper learning about distal outcomes that may result from current efforts. It is critical not to lose this vital learning opportunity. Natural research questions are forming with increased flexibilities and as systems or providers innovate and new practices begin. While it may seem daunting to think of research and evaluation in the midst of crisis, efforts need not be complex or costly. There are also important opportunities to build on existing anti-poverty, early childhood, and family support research, and to study the impacts of systems integration on access, equity, inclusion, and participation.

We can create a national learning and improvement environment by paying close attention to:

- The needs that have been identified;
- How those needs were identified or came to be known;
- What has been proposed to address them;
- How and if they are being addressed;
- If the approach, adaptation, or innovation had the intended effect;
- How we utilize knowledge gained to make necessary adjustments; and
- The need and opportunity to identify/promote efficiencies when services are being coordinated/integrated.

As a field, we have an opportunity to learn how to supplement or modify our programs and approaches with virtual support and other innovations made during the public health crisis. The same holds true for home visiting programs that rely on in-person sessions, virtual caseworker visits in child welfare, or virtual court appearances. The use of different approaches for substance use disorder and mental health treatment is also fertile ground for learning that may yield long-term benefits and help the field deal with endemic challenges, such as limited access to resources in rural communities, lack of transportation, or work schedules that make in-person attendance costly or difficult.

In demonstration of ACF's commitment to support more integrated and innovative work, CB recently announced an unprecedented partnership with the private and philanthropic sectors that will include numerous ACF and HHS offices, known as *Thriving Families, Safer Children: A National Commitment to Well-Being*.¹³ This multi-year effort will work with jurisdictions to

¹³ <https://www.acf.hhs.gov/media/press/2020/first-of-its-kind-national-partnership-aims-to-redesign-child-welfare-into-child-and-family-well-being-systems>

create child and family well-being systems. The effort seeks to create partnerships among states, tribes, and communities to help create the conditions for strong and thriving families, and communities where children are free from harm. There will be three levels of involvement. The first level began in September 2020, is intensive, and will operate at the community level. Communities from Nebraska, Colorado, South Carolina, and Los Angeles County are participating in level one. Level two will focus on systems level changes. Up to 12 states and tribes will participate in round two. Round two will focus on systems level change and infrastructure building to support well-being systems and begin in early 2021. Round three will be open to all states and tribes that wish to participate and operate as a national learning community and begin in 2021.

Thriving Families, Safer Children seeks to break down silos at the federal, state, and local government levels, co-create systems of support with families and communities, and work to establish shared well-being measures that reflect community values, protective capacities and protective factors that will and help inform government efforts across agencies. The effort is rooted in the social and structural determinants of health and explicitly focused on promoting access, equity, participation, and support across human services delivery systems to improve the health and well-being of children and families.

VIII. Recommendations

Human services entities can take a number of steps immediately to become more integrated and proactive in promoting well-being. ACF encourages all jurisdictions to commit to learning from the challenges and innovations that have emerged during the pandemic to examine current operation and levels of coordination across systems. Such efforts may include:

- Designing regular opportunities for families and individuals receiving services or supports to provide input and feedback on how such opportunities are experienced and how to improve access, inclusion, participation, and support;
- Creating opportunities for community stakeholders to identify service and support needs and participate in their design and implementation so that they will best meet the needs of their families and communities in culturally appropriate ways;
- Convening human services entities within jurisdictions to compare service populations, service areas, missions, and service arrays;
- Conducting assessments of accessibility that include but are not limited to location, availability of public transportation, hours of operation, language assistance services, and opportunities for online/virtual access;
- Completing comprehensive inventories and mapping across entities and systems of eligibility and application processes and requirements;
- Completing comprehensive inventories of child and family data elements collected across systems and entities and the purpose of those data;

- Designing and implementing data sharing protocols and procedures across systems and entities;
- Streamlining application processes or creating universal applications that require families to enter pertinent information once in order to determine eligibility across a range of services and programs;
- Building and enhancing partnerships between public human service agencies and community organizations that work directly with families and communities; and
- Collocating services and encouraging whole family approaches.

IX. Conclusion

Strengthening families and promoting child and family well-being is a fundamental charge and key goal across all ACF programs at all times. We must learn from our challenges, failures, and successes during the pandemic and make necessary improvements. Despite common charges and often overlapping service populations, human services in the United States remains largely compartmentalized, operating in ways that no longer make sense given advances in research about child development, brain science, healthy bonding, the impact of parent child separation, intergenerational poverty, and adverse childhood experiences. The pandemic has laid bare the challenges human services delivery systems face in proactively meeting familial need at all levels of government and across all sectors. As a nation and a human services field, we now have a heightened awareness of the racial inequity present in many of our systems and institutions, and its impacts. Taken together, it is clear that the time for real and lasting systems change is now, and that all involved with human services in United States must work together to create a more just, humane, and equitable experience for any child, family, caregiver, or individual we are responsible for serving. Our collective goal should be to take this important opportunity to promote lasting, positive, systems change, eliminate racial inequity and disparity in human services, and mobilize around health and healing so that all families and children can reach their maximum potential.

Inquiries: [CB Regional Offices](#)

/s/

Lynn A. Johnson
Assistant Secretary
for Children and Families

Attachments:

Appendix A: Flexibilities Provided by the Children's Bureau

Appendix B: Flexibility Examples - Strategies and Actions for Moving Forward

RESOURCES

COVID-19 Related Federal Guidance and Resources

Children's Bureau COVID-19 Resource page. The site contains all guidance offered to the child welfare community during the pandemic. <https://www.acf.hhs.gov/cb/resource/covid-19-resources>

Joint Letter to encourage family support, maternal and child health and early childhood programs to promote family strengthening and prevention strategies
https://www.acf.hhs.gov/sites/default/files/eecd/dear_colleague_letter_acf_mchb_covid_19_ada.pdf

Improving broadband access: <https://youth.gov/covid-coronavirus-resources/broadband-access>. This is a guide to federal funding sources available to fund internet access and devices. It is targeted at human service providers, k-12 schools, and individuals/families.

Lifeline - Lifeline is the Federal Communication Commission's program to help make communications services more affordable for low-income consumers. Lifeline provides subscribers a discount on monthly telephone service, broadband Internet access service, or voice-broadband bundled service purchased from participating providers.
<https://www.fcc.gov/consumers/guides/lifeline-support-affordable-communications>

Information Memoranda

[Strengthening families through primary prevention of child maltreatment and unnecessary parent-child separation \(ACYF-CB-IM-18-05\)](#)

[Engaging, empowering, and utilizing family and youth voice in all aspects of child welfare to drive case planning and system improvement \(ACYF-CB-IM-19-03\)](#)

Joint DOJ HHS Guidance

Joint Letter on meeting concerning Title VI of the Civil Rights Act of 1964 (Title VI) and its implementing regulations, which prohibit discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance.
<https://www.hhs.gov/sites/default/files/title-vi-child-welfare-guidance-10-19-16.pdf>

Joint technical assistance to assist state and local child welfare agencies and courts to ensure that the welfare of children and families is protected in a manner that also protects the civil rights of parents and prospective parents¹ with disabilities. This guidance provides an overview of the issues and application of civil rights laws, answers to specific questions and implementation examples for child welfare agencies and courts, and resources to consult for additional information. Section 504 of the Rehabilitation Act of 1973
<https://www.hhs.gov/sites/default/files/disability.pdf>

Equity Research, Resources and Tools

inSIGHT: A Workshop on Implicit Racial Bias for Child Protection Workers," Center for the Study of Social Policy & The Ohio State University, Kirwan Institute for the Study of Race and Ethnicity: This workshop provides child welfare professionals with information and skills to address implicit racial bias in investigation and decision-making processes.

<http://kirwaninstitute.osu.edu/implicit-bias-training/>

National Child Welfare Workforce Institute: This webpage lists resources, including organizational assessments and analyses, for agencies in child welfare and related fields about confronting implicit bias, implementing system changes, and achieving racial equity in their organizations and across systems. <https://ncwwi.org/index.php/resourcemenu/racial-equity>

Big & Small Things you can do to move yourself, your agency and your community toward anti-racism. Family Focused Treatment Association.

https://cdn.ymaws.com/www.fftta.org/resource/resmgr/files/10_big_and_small_things.pdf

Urban Institute: This webpage presents resources about the prevalence of structural racism and strategies to address it. <https://www.urban.org/features/structural-racism-america>

Flexibilities Provided by the Children's Bureau (CB)

CB COVID-19 Resource page: <https://www.acf.hhs.gov/cb/resource/covid-19-resources>

CB Administrative Flexibilities

On [March 18, 2020](#), CB issued a letter to the field on:

- Announcing a modification to the monthly caseworker visit policy, allowing for videoconferencing in certain circumstances (see amended Child Welfare Policy Manual [§7.3 #8](#)). Separately on [April 6, 2020](#), CB issued resources for virtual visits.
- Reminding states of existing potential flexibilities available to adjust Child and Family Services Review Program Improvement Plans (PIPs), such as renegotiating the terms and conditions of PIPs and extensions of PIP deadlines.
- Postponing title IV-E reviews.
- Reminding agencies to follow the guidance of state and local public health officials with respect to conducting investigations at this time, including whether caseworkers should initiate in-person contact.
- Reminding agencies that delays in conducting periodic reviews and permanency hearings will not affect the child's eligibility for title IV-E foster care.

On [April 1, 2020](#), CB issued a letter to the field on updates to two formula grant opportunities:

- Extending the deadline for submission of Kinship Navigator Funding applications by 4 weeks until May 1, 2020.
- Not requiring a separate application for Family First Prevention Services Act Transition Grants funding.

[ACYF-CB-IM-20-05](#), issued on April 6, 2020, announced to the field that Pub. L. 116-127 provides a temporary increase in the Federal Medical Assistance Percentage rate that is used in determining the federal share of expenditures for assistance payments under title IV-E.

On [April 10, 2020](#), CB issued a letter to the field postponing Title IV-E Foster Care Eligibility Reviews (IV-E Reviews) and National Youth in Transition Database Reviews.

On [April 17, 2020](#), CB issued a letter to the field on:

- The availability of federal funding and other resources to assist with the purchase of cell phones and plans to facilitate and maintain contact, and
- The purchase of personal protective equipment (PPE) as an allowable cost.

Letters to [child welfare leaders](#) and [governors](#) were also sent on this date, encouraging them to work with public health officials to obtain PPE for child welfare workers.

[ACYF-CB-PI-20-11](#), issued June 8, 2020, provides guidance to agencies administering title IV-B, subpart 1 of the Act (the Stephanie Tubbs Jones Child Welfare Services Program) on the supplemental fiscal year 2020 funding provided under Pub. L. 116-136 the CARES Act. The

Program Instruction provides information on the allowable use of the funding and actions states, territories and tribes must take to report on planned and actual use of the funds.

Stafford Act Flexibilities

On [April 15, 2020](#), CB issued a letter to the field allowing agencies flexibility in meeting:

- Fingerprint-based criminal records checks of national crime information databases (NCID) (§471(a)(20)(A), (C), and (D) of the Social Security Act (the Act))
 - Flexibility: Conduct all available name-based criminal background checks for prospective foster parents, adoptive parents, legal guardians, and adults working in child care institutions, and complete the fingerprint-based checks of NCID as soon as it can safely do so, in situations where only name-based checks were completed.
- Caseworker visit in the child’s residence (50 percent of visits, applies to states only) (§424(f)(2)(A) of the Act)
 - Flexibility: Count caseworker visits conducted by video conferencing as “in the child’s residence” for meeting the requirement.

On May 11, 2020, CB issued [ACYF-CB-PI-20-10](#) allowing agencies flexibilities in the following:

- Title IV-E Eligibility for Youth Age 18 and Older: Simplified Process
 - Flexibility: A simplified process for opting to provide title IV-E assistance to youth age 18 and older, by submitting Attachments A and B to the PI, instead of submitting a title IV-E plan amendment (§475(8)(B) of the Act). If the agency will continue to provide extended title IV-E assistance after the end of the major disaster, it must submit a title IV-E plan amendment.
- Title IV-E Assistance for Youth Age 18 and Older: Education and Employment Conditions
 - Flexibility: Title IV-E agencies may modify the requirement for older youth to meet education or employment conditions for youth who are unable to fulfill this requirement as a direct result of the pandemic (§475(8)(B)(iv) of the Act).
- Accreditation and Reaccreditation of Qualified Residential Treatment Programs (QRTPs)
 - Flexibility: If conditions related to the COVID-19 pandemic prevent a facility from completing its accreditation or reaccreditation as a QRTP, allow title IV-E agency claiming for title IV-E expenses on behalf of an otherwise eligible child who is placed in the QRTP only during the time the requirement is unable to be met as a result of the major disaster (§472(k)(4)(G) of the Act).
 - Accreditation or reaccreditation must resume once the major disaster is over, and it is practicable to do so.
 - The facility must meet all other statutory requirements, including that the QRTP is licensed or approved and title IV-E agencies must meet additional case planning and court approval requirements for a child to be eligible for title IV-E foster care maintenance payments while placed in a QRTP (§§472(k)(3)-(4) and 475A(c) of the Act).

- Provisional Licensure for Foster Family Homes
 - Flexibility: Allow claiming of title IV-E reimbursement on behalf of an otherwise eligible child who is placed in a foster family home that is provisionally or conditionally approved or licensed, if the declared major disaster precludes full completion of the licensing process (§472(c)(1)(A)(i) of the Act).
 - Agency must complete any remaining licensing requirements as soon as it is safe to do so, in accordance with state and local health authorities, and must ensure that the foster family home is safe for children.

The title IV-E agency must complete as many of the requirements for licensure as practicable, taking into account local requirements related to physical/social distancing guidelines and shelter-in-place orders.

On [November 20, 2020](#), CB issued a letter to the field for flexibility related to the title IV-E prevention program, allowing programs and services to be adapted to a virtual environment to provide needed support during this crisis. Thus, during the major disaster period, CB will allow title IV-E agencies to adapt programs and services that have been approved as part of the title IV-E agency's Title IV-E Prevention Services Program Plan to a virtual environment (if, absent the modification, such programs and services would not be available to families) to allow for children and families to receive necessary services without interruption and within public health guidelines.

Best Practice Guidance

On [March 12, 2020](#), CB issued a letter to the field urging all child welfare agencies to immediately contact all youth and young adults in colleges or in other settings who may need assistance finding and securing housing while their college or university is closed and reminding them up to 30 percent of a state's or tribe's annual allotment under the Chafee Foster Care Program for Successful Transition to Adulthood may be used to provide room and board assistance to eligible youth.

On [March 27, 2020](#), CB issued a letter to child welfare legal and judicial leaders on how best to balance child-safety related statutory requirements against public-health mandates, such as being flexible in conducting court hearings, to avoid prolonged or indefinite delays in delivering services and postponements of judicial oversight.

On [April 14, 2020](#), CB issued a letter to Chief Justices and State Court Administrators encouraging court leaders to engage Court Improvement Programs in assisting dependency courts to respond to Coronavirus Disease 2019 (COVID-19).

On [April 16, 2020](#), the Capacity Building Center for Courts issued best practices and other recommendations for remote or virtual court hearings in child welfare cases for dependency courts.

On [April 27, 2020](#), CB issued a letter to the field on areas of existing flexibility under title IV-E:

- Authority to establish a rate structure to provide an enhanced title IV-E foster care maintenance payment rate for children who have tested positive for COVID-19.
- Modify foster home licensing standards.
- Temporary absences from foster care may not impact a child's title IV-E eligibility if certain conditions are met.
- Re-entry into foster care after age 18.
- Agencies may claim for any allowable title IV-E administrative costs associated with hazard pay for child welfare caseworkers.
- Option to provide Chafee Foster Care Program for Successful Transition to Adulthood Program (Chafee Program) services until age 23.

On [May 15, 2020](#), CB issued suggestions related to Child and Family Service Reviews state-conducted case reviews that will help agencies maintain their oversight capacity and stay connected in a remote-work environment.

On [May 26, 2020](#), CB issued a letter to the field:

- Encouraging states and tribes to review and revise policies and procedures to allow youth to re-enter the extended foster care program if they exited, to extend foster care to youth from other states/service areas, and reach out to every youth who the agency believes may be eligible for extended foster care, whether or not they are currently residing in your state or service area.
- Making use of all placement types, such as supervised independent living.
- Urging agencies to reach out to those youth who are pregnant or parenting, ensuring these young families have resources.

On [May 28, 2020](#), CB issued a joint letter with Health Resources and Services Administration encouraging family support, maternal and child health, and early childhood programs to promote family strengthening and prevention strategies via virtual, electronic, telephonic, or other safe means during the COVID-19 pandemic.

On [June 23, 2020](#), CB issued a letter to the field:

- On concerns related to filing petitions to terminate a parent's rights when services have not been available.
- Highlighting service delivery strategies.
- Highlighting challenges that adoptive families may face during the pandemic.

On [July 28, 2020](#), CB partnered with the Centers for Disease Control and Prevention (CDC) to conduct a webinar on Child Welfare Worker Safety in the time of COVID: CDC Recommendations for In-Person Interactions with Families.

On [November 18, 2020](#), CB issued a letter to the field highlighting themes from 12 roundtable discussions with youth who are, or were, in foster care from across the country. The [Child Welfare Information Gateway](#) also has information for youth, child welfare professionals, and other adults on engaging youth authentically, continuously, and effectively (generally and in relation to the COVID-19 pandemic and public health emergency).

Flexibility Examples - Strategies and Actions for Moving Forward

During the COVID-19 pandemic, agencies and organizations have invested time, effort, and resources into building the capacity of members of the frontline workforce to provide services effectively, and increase individuals' and families' ability to access those services. ACF encourages leaders and stakeholders to organize around four interrelated areas of strategy and action to promote child and family well-being: access, inclusion, engagement, and support. Corresponding examples of related strategies and actions are included below.

Access and inclusion refers to physical access, transportation access, and technological access; creative and flexible strategies that promote responsive outreach and communicate welcome and respect; welcoming environments that are culturally and linguistically responsive and accommodating for individuals with disabilities or low levels of literacy; strategies that are inclusive of fathers and father figures; and, services that have been designed with user input ensuring a reduced burden and improved user experience.

Examples of Strategies Related to Access and Inclusion

Domestic Violence Prevention and Support

- The Domestic Violence Action Center (DVAC) established a new number to respond to text messages from survivors of domestic violence, a service they had not previously provided. DVAC's text helpline provides support, risk assessment, safety planning, resources, and referrals to their advocacy and legal services to survivors who may be unable to talk on the phone while in quarantine.
- Through Project Catalyst, the Ohio Domestic Violence Network developed guidance on universal education about domestic violence for the Ohio Pharmacy Association to engage pharmacists and pharmacy technicians, who often have direct contact with patients during a disaster or emergency, in identifying families in need of domestic violence referrals and brief counseling. Through Project Catalyst, Georgia's Primary Care Association community health centers have been passing out domestic violence awareness and referral information in personal PPE bags.
- All of Idaho's domestic and sexual violence programs are using telehealth models for counseling. Programs have shared that not only is it much more accessible, but survivors participate with greater consistency. Most programs plan to continue using the model after COVID-19. (Idaho Coalition Against Sexual & Domestic Violence)
- A tribal program created an app that allows contact to emergency services without making the call. If an individual is in an uncomfortable situation, they press and hold the app shield. Then upon arriving home, they can disable the button and enter a four-digit pin that will contact the local police. (Osage Nation in Oklahoma)
- A local program near Pine Ridge Indian Reservation is beginning discussions on renting local apartments for emergency shelter in order to address social distancing concerns given that there are no hotels nearby. (South Dakota)

Homeless Youth

Many Runaway and Homeless Youth Programs have been:

- Supplementing staff compensation with “hazard”/ “appreciation” pay for staff keeping critical in-person services functioning (i.e., shelter services); without their presence, program operations would not be possible;
- Implementing policies and procedures and updating agency manuals to ensure all staff are able to continue the majority of operations in a 100 percent telework status (as is feasible);
- Providing access to technology hardware and/or software (e.g., laptops, wifi hot spots, cell phones, data package for cell phones) to youth and families to ensure their connectedness to schooling, employment, social services, social support systems, emergency help, and access to remote interventions;
- Providing smart phones and phone minutes to youth residents so they can communicate with their case manager, and to support the youth in being able to continue mental health and other services virtually from their TLP apartments while sheltering-in-place;
- Providing case management and mental health counseling via telecommunications/telehealth services; and
- Using Google Duo to do virtual visits with Transitional Living residents so that staff can see how the resident is doing and get a tour of their apartment to assure that all health and safety requirements are being met.

Early Care and Education

- *The Office of Head Start* sent a communication to all programs to promote the [Lifeline Program](#) with families. This federal benefit program lowers the monthly cost of phone or internet service for eligible low-income consumers. Increased family technological access to enable service delivery.
- Many Head Start and Early Head Start programs re-opened as hybrid programs with a mixture of in-person and virtual service delivery.
- Supply and Demand Solutions for Rapid *Child Care* Referrals and Needs
Assessments services will lay the foundation for data sharing also called “interoperability” through “data trusts” to capture real time supply and demand information needed to reopen the economy, and retain and recruit child care providers where and when they are needed. State Child Care Administrators and their early childhood education (ECE) service delivery partners are able to share data and get real time vacancy information from open child care providers. With these new “data trusts” in place, parents and other child care consumer education professionals who support parents are able to access real time child care vacancy information from providers so essential workers and other parents have immediate access to open child care slots when and where they need it. This information is made available to parents through state or local Child Care Consumer Education Websites or child care referral call centers. The systems also provide the real time child care supply and demand reports needed for needs assessments to help guide state and local partner’s decisions about how to best invest in child care and other early childhood services.
- *Tribal Maternal Infant and Early Childhood Home Visiting (MIECHV)* grantees have been engaging in creative strategies to ensure families’ access to home visiting services. They have worked to ensure that families can access internet, phone, and technology to allow them to participate in virtual home visits and connect to additional resources in the community.

Programs assessed family needs and provided things like phones, phone cards, laptops and tablets, and hot spots to allow for active program participation. There has also been a huge effort by grantees to continue enrollment of new families and connect with referral sources to find more families who could benefit from home visiting services during the pandemic and beyond.

- Tribal leaders emphasized the importance of including cultural supplies with the early childhood packets to replicate some of the traditional knowledge and seasonal traditions that might normally take place during that time. Others mentioned the importance of calling parents to offer support, especially for parents who do not have broadband and less access to online support or virtual learning.

Adolescent Pregnancy Prevention

- Through the *We Think Twice* campaign, a series of social media posts are planned to help teens cope with the changes they are experiencing during COVID-19. Topics include: 1) How to maintain connections with family, friends, and mentors during social distancing; 2) How to cope with changes caused by the transition from in-person learning to virtual learning; and 3) How to manage stress and maintain a healthy home routine while social distancing. *We Think Twice* campaign messages can be found on [Instagram](#) or [Facebook](#) and the new [We Think Twice](#) website.

Access to Benefits

- A tribal community distributed orange paper to households for use by residents to alert the Tribal Incident Command about any urgent needs that the local families might be having, including domestic, child, or elder abuse. They had PSA's on the radio and trained all first responders that if they see the orange paper on the window, it was an indication that the family had a need and should be checked on. These types of low-tech solutions can be critical if a family lacks reliable or continuous phone service and when "normal" office lines for social service providers are not reaching a live person or staff is furloughed. This is a creative version of the "no wrong door" approach.
- Louisiana's human services agency used texting to alert families on the timing of stimulus payments and other benefits, intended to decrease potential in-person office traffic. They also created drive-through paperwork drop-off sites to minimize person-to-person interactions.
- Maine's Mid-Coast Public Transportation adapted quickly, retaining much of their workforce and continuing to meet the needs of families across the state as a provider for Waldo Community Action Partners. They modified services and established partnerships to deliver meals to seniors and families, bring essential workers and their children to child care and jobs, and help schools get homework and learning materials to children to support remote learning.
- *Community Action Agencies* Wayne Metro Community Action in Detroit, Michigan, developed an online universal application addressing six service areas. Within 3 weeks, WMCAA received 8,000 applications, or 21,000 total service requests. The primary focus for the online application included ease of access for the customers, and the application takes 4-5 minutes, on average, to complete. Management regularly analyzed the data, saw the need for

more capacity, quickly added more teams, and later hired temporary staff to help respond to the applicants.

- Ogden-Weber Community Action Partnership in Ogden, Utah, moved one of its most crucial programs, a chapter of Circles USA, completely online. Circles USA is a free resource for families who would like to improve their lives by increasing their social capital, improving job skills, and connecting to members of the community. Participants create connections with mentors in the community through weekly meetings where dinner and childcare are provided. During the pandemic, the Circles weekly meetings have become completely virtual.

Child Support

- California has implemented e-signature using docu-sign.
- Arizona has drop boxes set up for providing documents back to the program.
- Guam converted their conference room with video conferencing equipment for virtual appointments.
- Texas implemented an e-notary process for notarizing documents via video.

Office on Trafficking in Persons (OTIP)

During COVID-19, OTIP's direct service grants have continued to cover client costs for housing assistance and emergency housing needs, transportation assistance, food assistance, medical and behavioral health services, gift cards, technology, and cell phones to support access to remote case management services, and child care.

Engagement and support refers to: an individual's active engagement in a program or service; any actions or set of services that may incentivize, enable, empower, or encourage someone to initiate and sustain involvement and achieve maximum benefit from his, her, or their participation; and expertise of individuals with lived experience in identifying needs and designing, evaluating, and improving programs, services, and supports.

Examples of Strategies Related to Engagement and Support

Domestic Violence Prevention and Support

- Maine Behavioral Health, a Specialized Services to Abused Parents and their Children Demonstration site is exploring alternative safety options when serving survivors who are deaf and/or unable to wear masks due to PTSD or other triggers related to trauma.
- The Domestic Violence Housing Technical Assistance Consortium, funded in part through FVPSA's National Resource Center on Domestic Violence Safe Housing Capacity Building Center, has published suggestions for best practices when domestic violence programs use hotels to temporarily house survivors and their children, including considerations for COVID-19 and other situations in which hotels are a helpful, flexible option, ensuring access to food and services, and designing a hoteling program that incorporates trauma-informed principles. <https://safehousingpartnerships.org/sites/default/files/2020-05/Hotel-Guidance.pdf>

Homeless Youth

- Programs have prepared self-guided learning sessions in digital or hard copy for participants to access. They have also implemented innovations, such as checking in with youth to offer mental/emotional health support, sharing information, and access to basic services such as housing and food for families, supporting teachers and others working with youth virtually to deliver programming, and inviting youth to develop and lead virtually delivered sessions.
- The City of El Paso, Texas' Parks and Recreation Department created a Welcome Center which is a gateway to services for homeless people. They triage the needs of the homeless, and then send them to get services at age-appropriate shelters or organizations. Thus, our RHY grantee, El Paso's Center for Children, Inc. (EPCC), is involved and in direct contact daily with the Parks and Recreation division. Additionally, EPCC is working on a web-based app that will be used to directly assist homeless youth while maintaining social distancing. This application will include things such as resource guides, video chat, messaging, etc.
- A grantee located in Austin, Texas, Youth and Family Alliance (dba Lifeworks) set up a check-in walk-up area outside of their drop-in center for Street Outreach clients. The area has a portable sink for clients to wash hands, additional PPE (hand sanitizer and masks) for clients, and two computers (under umbrellas) for clients to use. In addition to the regular PPE (gloves, masks) for Lifeworks' Street Outreach workers, they also wear goggles to protect their eyes.
- Street Outreach Teams are delivering food and toiletries, as well as providing crisis support through texting and phone calls with youth.

Early Care and Education

- Many Head Start programs are:
 - Establishing hotlines and drop off locations for families to access emergency resources such as food, formula, diapers, wipes, etc;
 - Distributing emergency meals to families along with educational packets and learning supplies;
 - Using home visiting and other early education curriculum virtually to support parents and their children's learning;
 - Assisting families with applying for unemployment insurance; and
 - Offering virtual parent meetings and parenting support groups.
- Tribal MIECHV grantees have been providing home visiting services virtually throughout the pandemic. At the start of the crisis, most grantees were responding to immediate family needs and providing case management support. As time has gone on, grantees have returned to providing parenting and child development education and other supports to families. Grantees have taken a particularly intentional approach to working on goal-setting with families to help them adjust to ongoing challenges and take a longer-term view of their families' health and well-being during the pandemic.
- During the pandemic, many tribal communities and families have not been able to access traditional ceremony and cultural and community activities that normally would be available to them during challenging times. This has led to many families feeling isolated and disconnected. Grantees responded by providing virtual group activities, including cultural activities such as traditional storytelling, song, and Native cooking lessons; providing

traditional medicine (e.g., dropping off sage, cedar, and plants for traditional teas); and sharing meals together virtually.

Parenting supports

- New Hampshire human services provides telephonic case management and parent coaching and established a peer-to-peer network to connect parents in need of support.
- Utah’s Department of Human Services, with SAMHSA funding, offered 40 crisis counselors and access to free services for COVID related stress through a hotline. The intent is for these services to reach parents in need and keep families together.

Child Welfare

- The Missouri Department of Social Services child abuse hotline has changed their screening protocol so that they are now more proactively providing preventive supports for families during this time. Their screening protocol now more proactively identifies those families that, while not meeting the threshold to be screened in, have fallen on hard times and are in need of prevention services and supports. This may include concrete services to meet food or housing insecurity, parenting supports, or other prevention-related services. Missouri has also begun a new awareness campaign that engages “non-traditional” reporters such as grocery store employees, delivery service employees, pharmacy employees, etc., about identifying and reporting child abuse and neglect.

Office of Refugee Resettlement

- The Preferred Communities grantee U.S. Committee for Refugees and Immigrants developed a domestic violence safety planning guide for refugee service providers. The guide includes recommendations for talking with refugee domestic violence survivors and their families about making plans to maintain their safety, particularly in light of the COVID-19 pandemic.