

Ensuring Vulnerable Children and Families Have Access to Needed Health Services and Supports During the COVID-19 Pandemic

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This policy brief focuses on how necessary responses to the COVID-19 pandemic alter the health and social service landscape for children and families, particularly those that were already vulnerable, and offers policy guidance.

Introduction

The end of most face-to-face services and supports across the United States has disrupted the lives of all Americans, leaving families with children struggling to figure out how to meet their children's health, well-being, and educational needs. Children and families across the country are having to cope with the loss of many of the services and supports that allow them to function. The loss of the supports provided by schools—a regular schedule, education, nutrition, a safe place for children to be while their parents work or recharge, social and physical activities—is particularly challenging for families. On top of this loss, many parents have lost jobs and, with them, health insurance, removing the families' ability to pay for the services that keep their children healthy. At a time when parents may need more support, their usual care networks (e.g., family, neighbors, agency staff) have shrunk due to social distancing and/or viral illness. These changes place enormous stresses on all children and families and place many families and children at risk for poor outcomes if policies are not put in place to provide much-needed support.

In particular, the new landscape may be especially challenging for families with children who have behavioral and mental health needs or complex medical needs and those in foster care and/or at-risk for maltreatment. For many of these families, school and in-person mental health, medical, and social service visits are critical to their well-being. Many families that have children with behavioral, mental, and complex physical health needs rely on a web of in-person services (e.g. school, counseling, doctor's appointments, social worker visits) to help meet their children's needs. The abrupt removal of these services places many vulnerable children and families at risk for poor outcomes.



Children with Behavioral Health Needs

Approximately 1 in 6 children have behavioral health conditions.¹ These children are at especially high risk for have conditions worsen in the face of disasters.² These children often require frequent regular services, such as community treatment, family education, and social skills training. Schools typically provide mental health services to approximately one-third of children who receive such services.³ The abrupt loss of school-based mental health services leaves many vulnerable children without needed supports. Parents whose children receive services through their school may not have access to or know how to access affordable telehealth options. Additionally, the cost of care for children with behavioral health conditions are significantly higher, which may place treatment out of reach for families struggling financially or who have lost health insurance due to the COVID-19 pandemic.

Children with Complex Medical Care Needs

Children with complex medical care needs are those who have multiple chronic conditions, functional limitations, dependence on medical technology, and a complex network of service providers and caregivers critical to maintaining day-to-day health.^{4,5} Disruptions to care networks and the reduction of in-person care place these children at risk. Reimbursable telehealth options are essential to preserve access to the range of specialty medical care on which these children rely. Additionally, parents and other caregivers may need guidance and support for how to care for their children and their medical equipment in the absence of in-person visits. These children's caregivers may also need additional supports to cope with the increased stress of caring for their children without their usual care providers.

Children Who Are Currently or Formerly in Foster Care and/or Who Are At Risk for Maltreatment

More than 1 in 3 children in the United States experience a maltreatment (i.e., abuse and/or neglect) investigation⁶ and 1 in 8 experience confirmed maltreatment by their 18th birthday.⁷ On a given day, there are over 400,000 children in the foster care system; approximately 20,000 age out each year.⁸ Children with a history of abuse or neglect are at risk for being re-exposed to maltreatment during stressful times.^{9,10} Most evidence suggests that maltreatment rates increase following natural disasters.¹¹ Reasons include stresses associated with losses of material resources (food, housing, income, employment and health insurance) and parents' difficulty coping with additional stresses (substance use and mental health problems such as depression).^{12,13} The COVID-19 pandemic is expected to have an impact on the overwhelmed foster care system, including a shortage of foster homes and the shutdown of family courts. The pandemic may also cause the suspension of visits between foster children and their biological parents and caseworker welfare visits, leaving children more vulnerable and traumatized in a time of great uncertainty.

Policies and Strategies to Meet the Health Needs of Vulnerable Children and Families

Children and families are facing tremendous challenges to their well-being due to the COVID-19 crisis and the implementation of needed social distancing strategies such as closing schools and curtailing in-person social service and medical visits. While strategies cannot immediately be put in place to meet all needs, there are policies and infrastructure already in place that can be used to ensure the health needs of children and families are met. Policies that ensure children have access to needed high-quality health care and supports can alleviate some of the immediate challenges facing vulnerable children and families.

Eradicate the digital divide. Children and families who disproportionately need increased access to health and social services are also the least likely to have access to the Internet (especially at high speeds). This includes individuals in rural areas and those living in low-income households. In response to this, the Federal Communications Commission announced the Keep Americans Connected Initiative, which asks broadband and telephone service providers, as well as trade associations, to (1) not terminate services, (2) waive any late fees and (3) open Wi-Fi hotspots. Additionally, companies, such as [Charter](#) and [Comcast](#), have announced policies to offer low-income families access to the Internet.^{14,15} Outreach will be needed to ensure that eligible families are aware of and have the computing devices and information to take advantage of these opportunities.

Through the [CARES Act](#), Congress appropriated \$200 million to support health care providers' use of telehealth services during the COVID-19 pandemic.¹⁶ Beyond health care provision, this type of support could benefit social service agencies that are seeking to conduct welfare visits, especially as [federal policy](#) for social service agencies is being amended to waive in-person requirements for foster care visits.¹⁷ Agencies will need support in conducting, evaluating, and refining this approach to ensure child safety.

Significance: Increased access to the Internet and online resources (e.g., educational resources, medical care, and support services) for the most vulnerable households will allow social service agencies new and necessary strategies to work with families.

Ensure health insurance coverage for children on private plans as well as Medicaid and CHIP.

The Centers for Medicare & Medicaid Services is providing [guidance](#) to states on the options they have, within existing federal regulations, to use state Medicaid and Children's Health Insurance Programs (CHIP) to respond to the COVID-19 crisis.¹⁸ Options include flexibilities in current statute, Medicaid and CHIP state plan amendments, section 1915(c) waiver Appendix K, and section 1115 demonstrations.

Among the options for states to consider are:

- Expediting Medicaid enrollment using strategies such as expanding [presumptive eligibility](#) to cover all children applying for Medicaid or CHIP for the duration of the crisis.¹⁹
- Increasing the number of children enrolled in Medicaid through [1915\(c\) waivers](#).

- [Extending timeframes for renewal/eligibility for current beneficiaries using a CHIP Disaster Relief State Plan Amendment.](#)²⁰
- Using some CHIP funding, under the [CHIP Health Services Initiative](#), to implement initiatives focused on a variety of topics, including violence prevention and treatment, nutrition services, and mental health services for low-income children.²¹
- Mirroring the recent [expansion of telehealth services under Medicare](#)²² as [encouraged by the Centers for Medicare & Medicaid Services](#).²³
- Reopening health insurance exchanges to provide options for families who have lost coverage (they may also qualify for special enrollment periods).
- Promoting [Consolidated Omnibus Budget Reconciliation Act](#) (COBRA) health insurance for children and caregivers who previously had employer-sponsored insurance, although such coverage can be prohibitively expensive for those who have lost their source of income.
- Utilize [1135 waivers](#) to allow for more streamlined provider enrollment to increase access to care.

Significance: Maintaining children's access to health care during changes or gaps in families' employment and health insurance coverage is important.

Ensure caregivers' health insurance coverage and access to care by establishing processes for quickly enrolling newly-eligible adults and expanding Medicaid eligibility. The unprecedented job loss the U.S. is facing will leave millions of caregivers and their families without health insurance coverage. The crisis and the stresses it has brought will likely also lead to an increased need for mental health treatment. Federal and state governments can ensure policies are in place to support families in this time of crisis, such as:

- Expediting Medicaid enrollment using strategies such as expanding [presumptive eligibility](#) to cover all adult and child applicants for the duration of the crisis.¹⁹
- Expanding Medicaid under the Affordable Care Act, if states have not already done so, to help meet the unprecedented need.
- Allowing for some flexibility with state-level Medicaid work requirements in the face of the current crisis.
- Applying to use Title IV-E Family First Prevention Service Act funds to address the needs of caregivers whose children are at risk for foster care placement.^{24,25} For children who are “candidates for foster care,” [services](#) can include mental health and substance abuse prevention and treatment services and in-home parent skill-based programs that meet criteria as well-supported, supported, or promising.²⁶
- Assessing and ensuring capacity of [hotlines](#) where families seek help for issues such as [suicide prevention](#), [child abuse prevention](#), [parenting](#), [domestic violence](#), and [mental and/or substance use disorders](#).²⁷⁻³²

- Expanding benefits to caregivers of children with complex medical care needs. The [Veteran Affairs Program of Comprehensive Assistance for Family Caregivers](#), which offers benefits to individuals caring for veterans who have a serious injury (including mental health disorders) or need personal care and/or supervision services could be a model for doing this.³³

Significance: Caregivers are addressing major changes in the workplace, confronting joblessness, and assuming child care and educational responsibilities. Their access to physical and mental/behavioral health care is important for allowing them to continue their caregiving roles.

While these strategies will not meet all the needs of children and families, they can help meet the health needs of the most vulnerable children and families using already-available policy levers. More work is needed to develop solutions for the loss of social services, in-school, and other supports that many children and families rely on for their well-being.

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