

COVID-19 the Family, State and Federal Policy

Lessons Learned in New England



Office of Regional Operations - Region 1

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Acknowledgements

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We have lost so much this year. We have lost what school used to be. The big lesson is that I need to always expect the unexpected. I am usually an optimistic person. I am always clinging on to positivity.

There must be a lesson to be learned, but I am too close to the pain right now to see it. Maybe it's to appreciate each other more and take better care of each other and appreciate the little things. Like I am healthy, I didn't die from COVID-19. We're here and we are here for a reason.

***-Francis
(Parent)***



OVERVIEW

COVID-19 Impacts the Family

COVID-19 has impacted the way families and communities live, learn, work, and connect. It has upended systems delivery and program operations for family-serving agencies and programs across the country. Simultaneously, the pandemic put families in the center of service delivery, in a way not previously imagined, as the family became the unit of agency.

This economic and health disaster revealed existing gaps and flaws in systems, such as outdated technology and lack of information sharing across-agency. The immediacy of family need under COVID-19 drove opportunities to address these systems challenges. The federal government granted flexibilities and waivers across numerous programs, which cascaded into and complemented state policy and operational changes to support families. The crisis revealed

to New England states a new way of working that is often more efficient and family-centered.

What many state administrators said was unimaginable just ten months ago, is now widely viewed as a promising way forward. Some policy, operations and technological shifts support families more holistically and offer states opportunity to work with families on economic prospects, rather than singularly meeting basic needs. The social determinants of health capture the deep connection between good health, economic stability and family well-being.

METHOD AND FOCUS

Learning from States

As the virus moved across New England, states:



1 Rapidly shifted operations and culture;



2 Changed ways of doing business in communications, structure, and cross-agency connection;



3 Learned to move fast to ensure family stability;



4 Worked across silos and funding streams; and



5 Recognized the critical importance of equity.

The Governor has been challenging us to figure out the broader societal outcomes. There's a trauma recovery response that people are not talking enough about. Isolation and its effects on people is worrying us along with economic despair.

**-Director Courtney Hawkins
(Rhode Island)**



This report captures insights and lessons as well as suggestions for policy and practice from the state frontline experience. It highlights some of the New England innovations that are likely to endure.

The New England Whole Family Approach to Jobs initiative (WFAJ), became a learning hub for state leaders with weekly six-state calls and frequent communication. States had worked together for three years on best practices and policies in economic stability and family well-being, across generation. They chose to gather weekly as the pandemic surged, to learn of common challenges and solutions.

The Administration for Children and Families (ACF) Region 1, conducted 14 interviews with leaders in the New England states to document flexibilities, waivers, operations change, cultural shifts, and innovations under COVID-19 that would support families through and beyond the crisis. Parent interviews and summaries of weekly New England WFAJ calls also contributed to this brief, (see [Appendix A](#)).

Recommendations are drawn from participants' input across states and offer some federal and state direction on how to support families in this new context.

FLEXIBILITIES AND WAIVERS ENACTED

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The Department of Children and Families had over 300 untimely service plans. During the pandemic we completed all but about 20 by leveraging technology. Families gave input as real partners. It is their plan. Technology allows us to engage families more quickly and still meet their needs.

*-Secretary Womazetta Jones
(Rhode Island)*

When the federal government moved fast on state flexibilities and waivers across numerous health and human services programs, all New England states swiftly took the options while also utilizing some existing flexibilities in federal programs.

SNAP and TANF Increases. States maximized their SNAP benefits, while Rhode Island and Massachusetts offered one-time TANF supplements to support the increased cost of having children at home all the time. The Pandemic Electronic Benefit Transfer (P-EBT) temporarily replaced school lunch and breakfast programs to ensure families could feed their children.

Virtual service delivery was implemented for TANF and SNAP with virtual case management and eligibility interviews, eliminating some child care and transportation barriers. Virtual practices expanded and improved. States reported greater compliance and reduced case backlogs.

Streamlined application and eligibility processes evolved for TANF, SNAP, and Medicaid, including use of on-line applications, telephonic signatures, and self-attestation in some cases.

Reasonable exceptions for work participation in TANF and SNAP helped families maintain their benefits, given few job opportunities and the need for families to remain home with their children.



Child Care flexibilities enabled states to pay providers by enrollment, rather than attendance, offering some critical stability to child care providers. Flexible use of Quality and Pre-k development Grant dollars helped provide quality child care for emergency workers, technical assistance on safely re-opening to providers, and broadened communication with families.

Child Support waivers allowing telephonic hearings enabled a swifter process for parents, improving child support performance. Increased participation in hearings helped parents eliminate challenges of transportation and time-out from jobs.

Medicaid waivers for telehealth services were helpful, particularly for implementing telehealth services, creating new Medicaid billing codes and Certified Medication Technician funding for nursing homes to purchase equipment. Grandparents were able to Skype and Zoom with their families.

Child Welfare shifted to telephonic and virtual visits between children and parents, supporting family safety, well-being and relieving family stress. This supported improved compliance and efficiency for families and courts. [\(A complete list of flexibilities and waivers is in Appendix B\).](#)

Where there were no flexibilities, problems emerged. For example, low income families receiving SNAP did not receive benefits for college students now studying at home, due to the program's work requirements. These college students were home and unable to work.

Providing housing case management services to families has been an opportunity to streamline these needed supports, so families can work on multiple things with one case manager, including housing, employment and other obstacles to employment. It is truly a comprehensive case management model which we have learned over the years, in part from the work with the Whole Families Initiative that this is what families want and need.

***-Director Erin Oalican
(Vermont)***



INNOVATIONS

States and communities adapted to changing family need at an astonishing pace, bringing rapid fire change with new ideas emerging. As the pandemic moved in, sectors were pushed out. In the early months, income stability became paramount, food was needed and the standard mechanisms for delivering family services were often shut down.

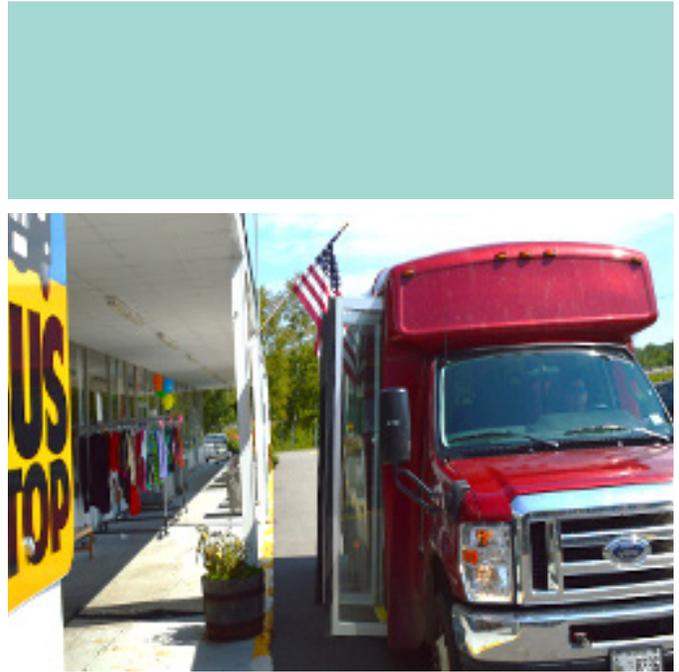
Early innovations included building a housing response for the homeless, re-tooling public transportation, working across agencies to prevent abuse and bolster emotional support for families, and using technology to maintain contact with families. Later innovations included linking job training and child care supports and embedding equity in the rebuilding strategy. More innovations will spring forward as the recovery continues.

Vermont finds permanent housing for homeless families

Vermont helped homeless families find permanent housing. It leveraged the state's CARES Act funds and connected the Reach Up/TANF program with housing for the first time. TANF case managers receive training to help families look for housing, fill out applications for furniture and security deposit funds, and follow up with support to help them remain stably housed.

Maine builds transportation for families, across generation

Maine helps families and seniors with transportation to food, jobs, educational materials and childcare. Ridership was down and Mid-Coast Public Transportation had to retool and find new ways to serve the community. They adapted quickly and modified services, braiding programs and funding to deliver meals to seniors and families, bring essential workers to jobs and children to care, and help schools get homework and learning materials to children at home.



Massachusetts addresses new ways of doing business

Massachusetts is planning forward with multiple strategic areas to bolster economic mobility and family success. They connect employment training to jobs emerging in the new environment, improve technology and information systems, work to help parents who sign up for services in one department be connected to eligible services in other departments, align family and workforce policies and staffing to promote economic resilience.

New Hampshire uses cross-sector data to prevent and block COVID-19 impacts

New Hampshire brought together a cross-sector group of stakeholders to monitor child abuse and neglect reporting and to support families and communities. In collaboration with families, they created the "Supporting Child and Family Well-being during the COVID-19 Emergency Guide," which was shared widely through foodbanks, child care centers and grocery stores. The guide offers ways to check-in respectfully with families and children in the community to ensure safety. It includes resources on financial assistance, food, child care,

housing, substance use and crisis support. They established a Family Support Warm Line, a no-cost, confidential phone-support line focused on family resiliency. Parents, teens and individuals can speak with family support professionals and parent partners for help with managing family challenges, coping strategies, and/or emotional support.

Connecticut retrains workers, provides child care

The Governor's Workforce Council and the Office of Early Childhood (OEC) connected parents with job training and child care in the fall of 2020 by investing CARES funding in several areas: 1) certificate programs to retrain workers who have lost their jobs, as well as long-term unemployed workers, 2) free child care for parents in training, 3) support for other emergency needs, 4) focused efforts and investments to license additional family child care. The program enabled the state to stabilize struggling child care businesses with a guaranteed income

stream, open more family child care spaces, and OEC simultaneously provided business skills and extra safety training for providers.

Rhode Island rises to assure equity

Rhode Island is reducing bias in their family services systems. Through Governor Raimondo's Rise Together initiative, all state agencies are instituting mandatory implicit bias and comprehensive equity training for state employees. The State Police have formed a Community Outreach Team to expand diversity in their ranks and better engage community leaders. Rhode Island is also reviewing contract practices to ensure minority-owned businesses have an equal chance of doing business with the state.



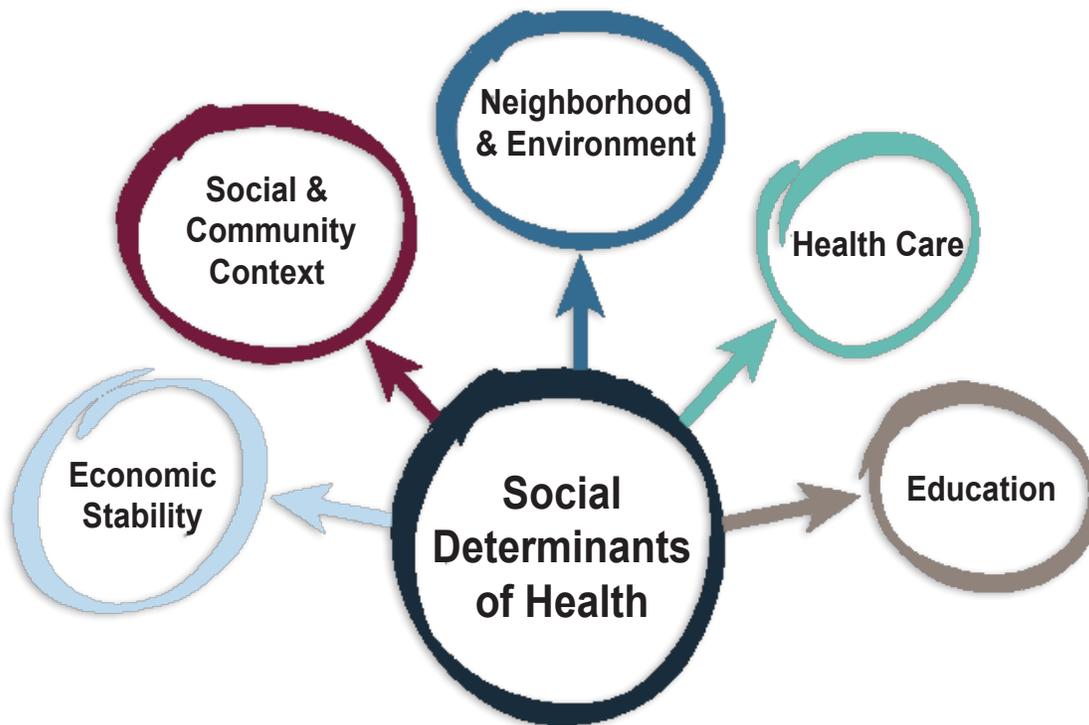
We have aging systems across programs and replacing data and virtual systems is difficult. Anything the federal government can do to support updating and/or replacing those systems would be so important.

*-Commissioner Sean Brown
(Vermont)*



SOCIAL DETERMINANTS OF HEALTH

The pandemic accentuates the connection between a strong economy and all that contributes to our being healthy. COVID-19 upended daily life for families, necessitating a holistic response. Jobs, health, education and neighborhood were pieced in the same puzzle. These intersecting pieces now point the way to move forward. Policies that draw a clear line between and among these social determinants of health may offer a quicker path towards and through recovery.



University of Pittsburgh Medical Center (UPMC) Enterprises 2018-21



New Hampshire

New Hampshire used a social determinants of health frame to look across agencies and track key health and social service factors. They leveraged Cliff Effect Economic Analysis in partnership with New Hampshire in Employment Security to examine data across all towns and cities to see the proportion of population accessing family supports. It got them to hot spots and they built prevention strategies fast.

Rhode Island

Rhode Island is using a social determinants of health framework to decrease family poverty. They are working within health equity zones, naturally

linking health, social services, the family, education and neighborhood.

Maine

In Maine, Wabanaki Public Health designed a unique system of colored paper in windows, signaling if food, mental health, health, or other supports are needed. Tribal public health workers drive through the community and quickly identify who needs support, without in-person contact.

KEY LEARNINGS

New England leaders shared views on operational and state changes they sought to keep, federal changes needed and collaboration insights. COVID-19 revealed existing cracks and flaws in systems and offered opportunity to address them. Leaders already knew some of these system flaws and were able to shift policy and practice.

Put flexibilities in place for enduring emergencies. Help states know what is possible in an emergency, before the emergency occurs, so they can pivot rapidly and successfully to meet family need.

Approach families across generation. Parents are often tending children and/or elders while simultaneously working. Look at the whole family for better outcomes.

Incentivize and train agencies and staff to work across-sector and program on shared goals for families. Workforce, health and social services are strongly linked in response and recovery. The pandemic shows the vital intersection of programs and sectors.

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It would be great if there were some sort of standing provision that allowed states to make exceptions to certain rules and reporting requirements during a state of emergency, instead of having to ask for forgiveness on the back end.

*-Director Erin Oalican
(Vermont)*



The prevention mindset is the best path to cross-agency work, and family voice can drive cross-agency collaboration.

*-Commissioner Beth Bye
(Connecticut)*

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Promote efficacy across programs. Align application, eligibility, and recertification, where possible. This allows families and staff to focus on priorities and outcomes, rather than compliance.

Strengthen lines of communications between community, state and federal levels to enable states and communities to move fast. COVID-19 highlights the critical voice of communities to offer real-time information and states to innovate and operationalize policy with important insights for the nation.

Protect and build up the child care industry. Child care undergirds the economy as a critical work support for all workers and business. The industry is vulnerable and needs additional mechanisms for financing.

Support entrepreneurial thinking for family well-being and economic resilience. States and communities adapted to changing family needs at an astonishing pace, bringing rapid fire change across agencies with new ideas.

Build mechanisms for data sharing to buffer damage and support recovery. Data sharing bolstered trend analysis and responses in mental health, child welfare, child care, housing, race equity, employment, and food.

Integrate technology and business services, to enable states to pivot and serve more efficiently. Some states seek more streamlined contracting processes and shared data systems. Others seek regional support in emergency fund distribution.

How do we alter the system to encourage the kind of collaboration we need to come out stronger at the end? The benefit to our system is in helping us learn more and make the whole greater than the sum of its parts.

-Commissioner
Samantha Aigner-Treworgy
(Massachusetts)

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CULTURE AND OPERATIONS

States swiftly implemented federal flexibilities and waivers in their operations that streamlined application processes, changed documentation requirements, and the workflow for many staff. Within three weeks of the shuttering of state offices, human services staff transitioned to remote work. Many leaders praised their staff, citing teamwork, willingness to work long hours, anticipating needs of front-line staff, communities (non-profits, business) and families. As a result, approval times shortened significantly, and families were able to get the resources they needed sooner.

For example, prior to the pandemic in Maine, it took an average of 29 days for households to access benefits. During the pandemic, they reduced the processing time by 72% and access to benefits were 50% quicker than before COVID-19.

“A big upgrade was the ability to have people apply for our economic assistance programs online and by phone. We talked about it for 3 years and did nothing because we thought we had to “look into the whites of their eyes.” But the whites of their eyes had nothing to do with whether applicants were meeting eligibility criteria or not. So that was a huge family and staff-centered change that we are absolutely going to keep in place.”

*-Commissioner Amy Kershaw
(Massachusetts)*

Because of these changes and increased participation by parents, agencies moved through new applications and case backlogs at a rate that surprised most agency leaders. Leaders recognized that these virtual shifts represent a new and better way of delivering services that could be woven into a hybrid service delivery format.

Agency culture began to shift from a focus on strict compliance towards family support. Virtual services allowed families more options, increasing their agency in managing applications and attending required meetings. Case managers had more time to focus on families and as a result, job satisfaction for many increased. Fast approval for new ideas became the norm, and changes that previously would have taken months to implement, became operational in weeks. Rhode Island created food hubs for pick-up of school meals. New Hampshire stood up emergency decompression, isolation, and quarantine shelters for individuals experiencing homelessness and worked with local community providers to address the impact of COVID-19 within a shelter.



“Before COVID-19 we had backlogs and struggles to keep up with initial eligibility applications and recertifications. Now, we are handling more people in the system with fewer delays and more timely service. I never anticipated this when we shifted to a work at home model.”

*-Commissioner Jeanne Lambrew
(Maine)*

PARENTS STORIES AND GUIDANCE

“Some people are really struggling. The stimulus helped a lot of people, but it was a one time thing. People are struggling to find affordable housing. There is a lot of food insecurity - they are getting their food from the schools. Not all school districts are offering food for those who are distance learning.”

-Parent

Parents know what works and does not in this pandemic for themselves and their children. Interviews with parents offered insights on parent concerns, including:

Stress is ceiling high. The level of stressors on parents grew as they strove to address the changing expectations to work and family. Many are alarmed at being expected to teach their children, for fear of lack of time, missing content or proper steps. Many have lost their jobs and worry about income. Concurrently, many worry about loss of housing.

Health Risks. Mental health supports and medical appointments are being missed due to over-load. Some parents have lost family and are themselves ill from COVID-19. They miss connection, as do their children, and are requesting it.

Family supports. Some parents wish for a place to ask questions and seek guidance, particularly around behavioral and educational questions. Some seek home visiting.

Children’s learning. Parents want safe return to school and/or more support via tutors, mentors, etc. Some parents of children with learning disabilities seek more focus for their children’s learning. Some

have lost schooling due to the special needs of their child and school closings.

Racial Issues. Parents want discussions and peer learning on how best to talk and educate children about racial issues. Some parents have experienced profound race bias as the pandemic has unfolded.

Hope. Parents are accessing their hopefulness to cope with massive anxiety, illness, and relentless juggling. Their strength and fierce commitment to their children’s safety and health and learning are evident.



“With families as the organizing principle for program and policy, states are learning from COVID how to move forward in a less fragmented way.”

*-Commissioner Amy Kershaw
(Massachusetts)*

CROSS-SECTOR COLLABORATION



The six New England Human Service agencies actively practiced cross-sector collaboration in the private and public sectors. Families relied on multiple agencies -- education, early childhood, health, housing, agriculture, workforce, and TANF-- to mitigate against loss and undue hardship -- and states found ways to respond more seamlessly.

New Hampshire analyzed community and family need using cross-sector and program data. They held weekly cross-department meetings attended by 25-30 to review data and trends. Across child care, family support and poverty reduction, they analyzed needs in real time and mobilized resources in child maltreatment, health, housing and food instability. They also partnered with mental health providers to provide housing with wraparound support services for families experiencing homelessness/housing instability.

Maine launched the Frontline WarmLine, to help health care workers and first responders manage the stress of serving on the pandemic front lines. Volunteers include licensed psychiatrists, psychologists, therapists, social workers, and

nurse practitioners, who help callers deal with their anxiety, stress, poor sleep and other concerns and connect them to additional supports, if desired.

Rhode Island connects job seekers with employers and provides wraparound services. The Back to Work Initiative brings job opportunities to families displaced by COVID-19. The RI Navigator connects job seekers with employers. The Department of Human Services provides wraparound services for families, like child care.

Massachusetts linked social services with employment mobility supports. They align the re-opening of TANF workforce programming with career centers, to ensure connectivity. TANF employment programs focus on remote social emotional skills development, preparing parents for emerging jobs.

Vermont set-up Remote Learning Child Care Hubs to serve K-6 students on remote learning days. CARES Act funds are supporting startup costs and rent. Parents pay tuition, based on a sliding scale according to need, for daily costs. Hub

“Where relationships and collaboration existed pre-COVID, integration, cross-systems and sectors work, solutions and innovations happened quickly. Where collaboration or partnerships were weak, it was extremely difficult to put viable solutions in place.”

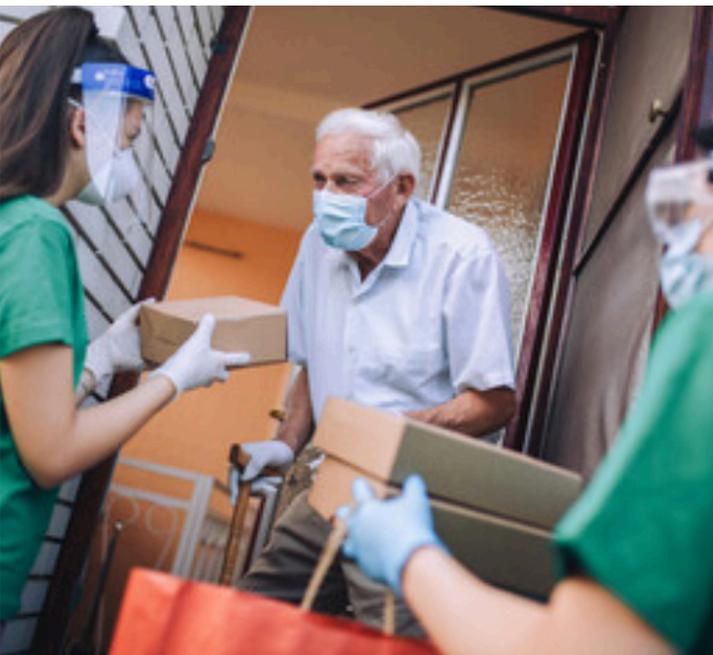
*-(former) Associate Commissioner
Chris Tappan
(New Hampshire)*

sites are being established at schools, recreational sites, churches, community organizations and other areas able to meet child care requirements. Parents find information on organizations and their services through an interactive state hub map.

Connecticut worked across agency to reduce hunger. They utilized the emergency management structure to develop a food insecurity group that works across community to reduce food insecurity through food banks, meal delivery, and to ensure PEBT is operational.

Food Needs for Young Children

Connecticut performed a survey of home visiting programs, Head Start and Early Head Start on food security. Out of 2,500 families 36% with young children ran out of food, 51% relied on food aid to meet nutritional needs. Survey findings are informing mapping of hot spots for food need.



COVID-19 Disparities in New England

In New England, the health pandemic hit unevenly, with Massachusetts spiking early and others following later with varying levels of incidence and death. In four New England states – Massachusetts, Connecticut, Rhode Island and Maine – COVID-19 shone a harsh light on the health inequities experienced by Black/African American and Hispanic families.

- In Rhode Island, Hispanic residents comprise over a third of total cases (35%), despite making up only 16% of the state's population.
- In Maine, Black/African American residents have gotten COVID-19 at over 8 times the rate of white residents. They make up 12% of total cases while only comprising 1.4% of the state's population.
- Black/African Americans in Connecticut, who make up only 12% of the state's population, suffered 15% of total deaths in the state.
- Of COVID-19 cases in Massachusetts, 31% were white, a group that makes up over 70% of the state's population.

States observed that racial disparities could have been mitigated had community leaders addressed the link between race and health, and the upstream conditions that cause poor health outcomes.

Massachusetts

Massachusetts Department of Transitional Assistance is looking at existing data with an equity lens. Who is on benefits for how long, are they coming back to benefits, are they cycling off? Are they getting jobs? What kinds of jobs? They are looking at these questions and the data responses with a new level of racial understanding, including the way they collect data to ensure that people of color are getting the same level of opportunity as other families and clients.

New Hampshire

New Hampshire Department of Health and Human Services leveraged their experience identifying racial disparities in housing data to better understand health inequities during COVID-19, using a social determinants of health framework. State agencies were collecting data that contained key demographic information, but had not engaged an equity lens until COVID-19, enabling them to think outside their area of expertise and to identify how to contribute to health equity for families.

Connecticut

Connecticut is creating a State Data Plan to facilitate responsible sharing and use of data among executive branch agencies to enhance efficiency and effectiveness in state policies and programs. Within this plan, they seek to ensure the data lifecycle promotes equity, particularly racial equity. They will track progress on this goal through metrics such as a) agency participation in training and capacity building, b) increased consistency in the collection and reporting of demographic data across agencies, and, c) percentage of datasets that are disaggregated by factors such as race, ethnicity and gender.

"I know we are processing and getting services out the door more timely, but I'm unsure who is being left behind. The majority of people coming into the office were people of color and New Mainers. How are they navigating online processes without the translation and interpretation they were getting in-person at the office? Virtual processes have benefitted many in Maine, but I wonder where people are being lost in changes to our delivery system?"

*-Deputy Commissioner Beth Hamm
(Maine)*

COVID-19 Disparities and the Economy

Marybeth J. Mattingly, Federal Reserve Bank of Boston

The views expressed are those of the author and do not necessarily represent those of the Federal Reserve Bank of Boston, the Federal Reserve System, or its Board of Governors.

COVID-19 is widening existing disparities with a bifurcated economic impact. Prior to the pandemic, the aggregate strength of the economy masked dramatic disparities in wages, job characteristics, and overall economic wellbeing. When the pandemic hit, those who could perform their jobs remotely largely retained them,ⁱ though many now faced challenges balancing work and family life.ⁱⁱ Disproportionately, these were higher-income families. They tended to be non-Hispanic white workers, with college degrees--many of whom had investments that often continued to grow, or reduced expenses that allowed for increased savings.ⁱⁱⁱ

Other workers held jobs that could not be done remotely. Those in essential industries maintained employment but were at heightened risk of virus exposure. While some, such as health care and emergency workers were sometimes relatively higher-paid, others like grocery clerks and delivery personnel often faced such low wages^{iv} – that some would have taken home more money on unemployed because of the \$600 weekly Unemployment insurance supplement. Across the region, an unprecedented number (2.4 million, 1/3 of the insured workforce) filed initial unemployment claims during the first 15 weeks of the pandemic, primarily in public-facing service occupations like retail, accommodation, and entertainment^v - industries disproportionately comprised of women and people of color.^{vi}

With the CARES Act supplement, job loss in the early pandemic-induced recession had different economic implications than in prior crises. Economic impact payments, expanded funding for SNAP, dramatically expanded paid sick leave and family leave, and eviction moratoria, kept many families afloat, and sometimes better off. Relatively little is known about the impact on families with undocumented immigrants, or with immigrants legally eligible for benefits but fearing identification as a public charge, disconnected families, and those facing homelessness.

We now see signs of increasing economic distress, as enhanced unemployment benefits expire, federal aid to businesses is used up, loan forbearance and eviction moratoriums expire, cold weather begins to curb outdoor dining, and personal savings dry up amidst long-term job loss.^{vii} We can narrow disparities by race-ethnicity, gender, age, and family structure if we build an equitable recovery. The path to rebuilding our economy depends on several factors, including the course the virus, itself, takes.

The longer it takes to reopen, the more severe the damage and more dramatic the implications for economic resurgence. Our region and nation are at a point of racial reckoning. To build a vibrant post-pandemic economy, we must be deliberate in policy choices.

LEADERSHIP

Human service leaders had to rapidly respond to new service gaps, unrelenting waves of need, and policy challenges. They built responses to buffer against illness, social crisis and an economic crash. State leaders noted changes in their style and reach.

New partners emerged. Hospitals, business, and philanthropy were called to lend their leadership, resources, and perspective. Some states brought in parents to share two generational perspectives.

Innovations rose. Leaders encouraged staff towards innovation, in implementing waivers and in creating new ways of working that were both supportive and outcomes-driven.

Cross sector teams. Governors created a sense of urgency by folding human services into leadership teams that met daily, through pandemic response teams or utilizing emergency management structures.

Flexibility was critical. Executive Orders from Governors provided broad flexibility on state regulations that supported innovation, built system agility and responsiveness to family need.

Nimble adaptation of policies and practices built a resilience that many state leaders look forward to using as their states rebuild.

Adroit communications with constituencies was constant. Repurposing became a critical function. Leaders created hub sites for communications in well-used settings such as foodbanks, grocery stores, and child care centers.

New questions and methods. Some states looked at new ways to approach problems. Massachusetts is seeing the need for an inquiry-based approach to leadership, focused on new thinking and adaptability.

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Everything I know, I have to question. What struggles are we having implementing good practices in this new environment? How are we talking to parents about this?

-Commissioner Samantha Aigner-Treworgy (Massachusetts)

At DHHS and disbursing the CARES funding, I am really encouraged at how quickly things got done. People pulled together to make sure businesses, housing, families, and nonprofits were supported. Some businesses will close for sure, but I was amazed at how fast things got up and running. Unusual for government to respond so rapidly.

-Representative Mary Jane Wallner (New Hampshire)

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SPOTLIGHT

The Child Care Engine

Child care emerged as an engine for the economy, in both response and recovery. Yet, the fragility and under-resourced state of the child care industry became evident as centers closed and then re-opened at lower capacity, with less revenue. Cost pressures affecting child care programs included:

- consumer shifts in child care choices,
- closing and opening of programs,
- altered class size,
- daily rigorous cleaning requirements,
- child care provisions for emergency workers, and
- K-12 school hours and access.

States responded by braiding private and public dollars and providing safety guidance. The infusion of CARES Act dollars helped child care maintain staffing during closure and re-opening. ACF Region 1 worked closely with the Federal Emergency Management Agency and the Office of the Assistant Secretary for Preparedness and Response to look at partners such as, the Small Business Administration and Opportunity Zones to support small business loans and renovation resources, respectively. States innovated; two examples are:

Connecticut

The Office of Early Childhood pivoted as families sought more family child care due to small size, proximity to home, flexible hours and cultural variations. Launched in May, the CTCARES for Family Child Care supports licensed family child care providers by connecting them in a Family Child Care Network with resources and support to keep business operational. Family child care may access: a) coaching; b) professional and business development and administrative support; c) consultations with behavioral health, health and safety experts; a warm line to help with stress during COVID-19; and d) grants to support expenses related to smaller group sizes and expenses. The initiative uses CARES Act funds and funds from the Connecticut Early Childhood Funder Collaborative, 4-CT, and other philanthropic groups.



New Hampshire

The Department of Health and Human Services coordinated a public-private partnership with the New Hampshire Charitable Foundation to establish an Emergency Child Care Collaborative which rapidly assessed and responded to the needs of parents, children, employers and child care providers. The Foundation provided staffing and made grants to centers caring for children of essential workers, identified through a partnership with Child Care Aware of New Hampshire. In addition, the state held convenings of business and child care leaders, resulting in some businesses taking on cost-sharing, establishing pop-up child care centers or building out new site-based centers. The state established the Child Care Recovery and Stabilization Program and through all efforts so far during the pandemic has provided over \$35 million to support child care.

“Now the question is going to be is there anywhere my child can go that is safe without public schools so I can return to work? The public schools are part of the equation for working families and without that option, we are in trouble.”

*-Representative Trey Stewart
(Maine)*

THE WAY FORWARD

Recommendations

The states are preserving and building on collaboration and innovation that show promise.

The pandemic has illuminated the interconnection of services across the family and economy. The New England states continue to scaffold ways of operating with improved efficacy and responsiveness.

The social determinants of health offer a framework for action.

Health, jobs, education and neighborhood are inextricably connected to well-being and COVID-19 showcased this. Policies that draw a clear line between and among these determinants offer a path towards and through recovery.

Families belong at the center of programs and the policies governing them.

The pandemic response recognizes parents as leaders and managers of their households, from the very young to the elderly. Their input on what is and is not working facilitates prevention practice and strengthens policy.

Flexibility is critical to service delivery to adapt to changing economic and health conditions.

States moved contact with families on-line, found ways to deliver essential goods through repurposing transportation networks, and adapted processes, such as telephonic signatures, that offer efficiency.

Cross-system and partnerships lay groundwork for quality service delivery.

Across sectors, both public and private, partnerships leverage dollars, streamline service delivery, and filled gaps in services that otherwise go unnoticed. Without coordination, there will likely be new fiscal cliffs with high stakes.

Economic equity will improve the economy.

Assuring fairness in incentives for families will increase employment and sustainable wages. Economic equity builds economic resilience.

Data systems undergird analysis of need and agile response.

One glaring spotlight from COVID-19 is states' outdated health and human

services information systems. States need an automated, near real-time means to collect upstream indicators of social health and economic mobility of families so that it can be shared between and among multiple stakeholders, including federal, state, local, and tribal health and human service leaders.

Emotional impacts of the pandemic will pulse forward.

Mental health challenges, substance use and suicide have increased in New England. What are long-term impacts of social distancing, isolation, school closings, economic upheaval, and unemployment? How can we begin to address the long-term trauma impact on families and communities?

Build now for a changed work and economy.

The pandemic is changing the structure of work, kinds of new jobs and availability of work as industries move forward, change design and others close shop. What training can we put in place while people are home, to meet new and changing jobs? How can we use data to see jobs emerging and create employment paths? How do we prepare youth and adults now for greater virtual work opportunities?

What we are uncovering in how people and agencies can work better together, will not go away with a vaccine.

-Associate Commissioner

Ann Landry

(New Hampshire)



“

We are not going back, but planning forward. The path is about how we are maintaining responsiveness and productivity currently and into the future. How do we envision a future that leverages innovations that we have built now into the system?

***-Commissioner Amy Kershaw
(Massachusetts)***

Appendix

Appendix A

Interview Participants

Connecticut

Beth Bye, Commissioner, Office of Early Childhood
Deidre Gifford, Commissioner, Department of Social Services
Francis Morgan, Parent Consultant

Maine

Jeanne Lambrew, Commissioner, Department of Health and Human Services
Beth Hamm, Deputy Commissioner, Department of Health and Human Services
Representative Trey Stewart, Maine House of Representatives

Massachusetts

Amy Kershaw, Commissioner, Department of Transitional Assistance
Samantha Aigner-Treworgy, Commissioner, Early Education and Care
Yukiyo Iida, Parent Consultant

New Hampshire

Christine Tappan, former Associate Commissioner, Human Services and Behavioral Health
Representative Mary Jane, New Hampshire House of Representatives
Ann Landry, Associate Commissioner, Population Health
Alicia Webber, Parent Consultant
Janetia Gern, Parent Consultant
Melissa Silvestri, Parent Consultant

Rhode Island

Womazetta Jones, Secretary, Executive Office of Health and Human Services
Courtney Hawkins, Director, Department of Human Services

Vermont

Sean Brown, Commissioner,
Erin Oalican, Director, Reach Up (TANF)

Appendix B

Weekly Whole Family Approach to Jobs Calls

From March through November 2020, approximately 65 people from across sectors came together weekly and then bi-weekly to discuss their response to COVID-19, with urgent topics ranging from how to manage food assistance for homebound children to emerging workforce development plans for unemployed parents.

Sample topics – all selected by state human service leaders to address immediate concerns and provide regional peer to peer support include:

- Child care for emergency preparedness, the economy and working families
- Parent engagement and partnerships
- Housing stability for families
- Transportation access and innovations
- Food and nutrition during COVID-19
- Equity and access
- Unemployment assistance
- Reopening of schools
- State lessons learned and program/policy innovations
- Vaccine distribution in New England
- Economic impact on women
- Second surge and states' response and mitigation efforts

Notes

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