

Issue Brief

# Preventing Adverse Childhood Experiences During COVID-19

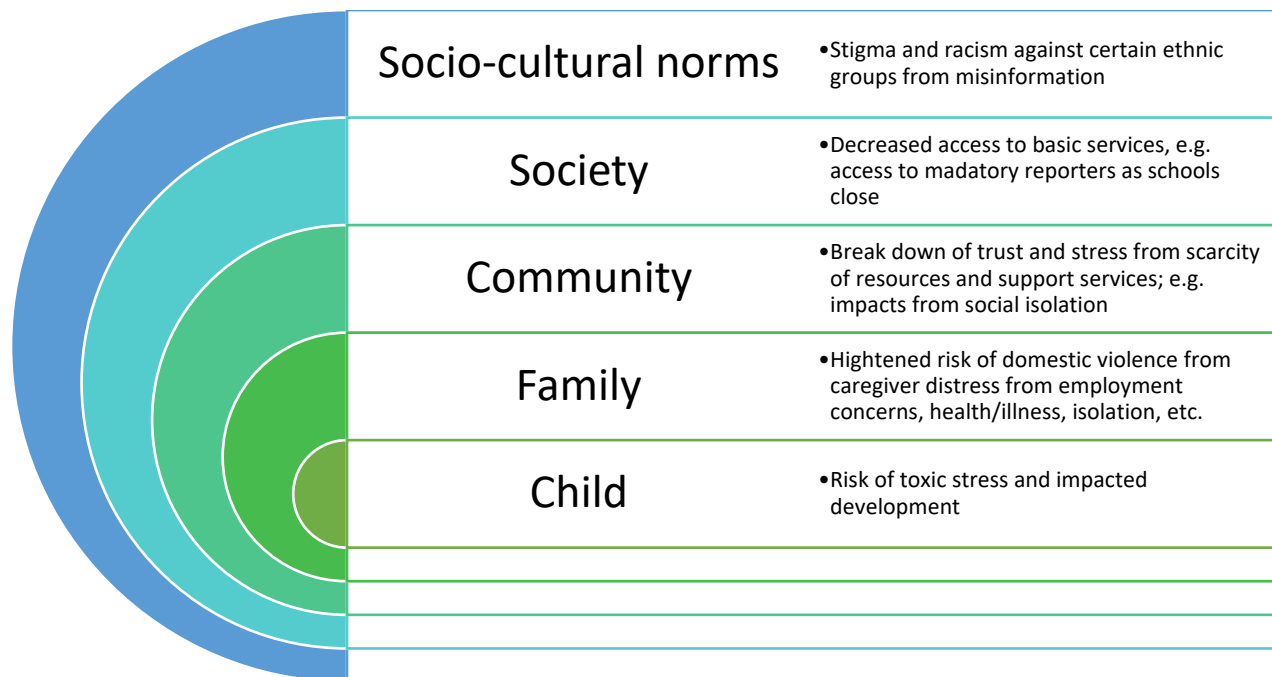
April 8, 2020

**OVERVIEW**

State and territorial health officials (S/THOs) can continue providing leadership to prevent adverse childhood experiences (ACEs) by leveraging policies around state public health infrastructure, family services, and financial supports. Because of the significant social impacts of the COVID-19 response, children and their families are experiencing disruptions at multiple levels, (see Figure 1), S/THOs have opportunities to promote well-being, even during the crisis.

This brief highlights policy considerations to strengthen jurisdictions’ ability to continue to create and maintain safe, stable, nurturing environments for children and families during the COVID-19 response and in preparation for pandemic recovery.

**Figure 1:** The socio-ecological impact of COVID-19 on families and children below is [adopted](#) from the Alliance for Child Protection in Humanitarian Action. The five stages of this model consider the potential negative impacts on the child, their family, their community and larger society, and the socio-cultural norms during and after an emergency.



## STATE AND FEDERAL POLICY ACTIONS

- **Indiana** is allowing applicants of the Special Supplemental Nutrition Program for Women, Infants, and Children the [flexibility](#) to complete appointments via phone.
- **New Jersey** is reducing administrative barriers to accessing Supplemental Nutrition Assistance Program (SNAP) [benefits](#).
- States such as **Connecticut**, **Illinois**, and **Iowa** have issued telehealth home visiting guidance to provide vital supports to families facing economic hardship and behavioral health issues.
- **North Carolina** temporarily [modified](#) its Telemedicine and Telepsychiatry Clinical Coverage policy to aid the delivery of care within Medicaid.
- **Missouri** [worked](#) with partners across state government to make it possible for community mental health providers to do much of their work by telephone.
- **Oregon** issued [guidance](#) to support foster children and families along with other child safety and wellbeing resources.
- **USDA** has outlined [food and nutrition service actions](#) for its funded programs to respond to COVID-19 and use all available program flexibilities and contingencies to serve program participants.

## CONSIDERATIONS FOR STATES

- Identify [new funding or flexibilities](#) in existing funding to prevent and address ACEs during and after the pandemic.
- Promote [flexible workplace policies](#) for parents and caregivers who may have lost access to childcare to enable them to continue care and education of their children.
- Ensure [continuity of childcare services to essential personnel](#) for the duration of the outbreak.
- Continue and sustain [home visiting programs through telehealth](#) to provide vital supports for families facing economic hardship and behavioral health issues.
- Ensure access to mental health services and [substance use treatment](#) by disseminating information about guidance around telehealth options and privacy regulations.
- Support a “no wrong door” approach for mental health services by establishing streamlined access to emotional support [helplines](#), suicide prevention hotlines, domestic violence hotlines, child maltreatment reporting mechanisms, COVID-19 helplines, and other resources available to the public.
- Ensure economic stability through family and financial supports including increasing access to childcare assistance, stable housing, and [food and nutrition programs](#).

## RESOURCES

- [ASTHO’s Policy Statement on ACEs Prevention](#)
- [CDC’s Preventing ACEs, Leveraging the Best Available Evidence](#)
- [States Modify Home Visiting Services in Response to COVID-19](#), Zero to Three

For questions, feedback, or follow-up questions, please email [preparedness@astho.org](mailto:preparedness@astho.org)