

# Hennepin County Children's Mental Health Collaborative (CMHC)

## COVID-19 Relief Fund Description

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### ***Mission Statement***

*The CMHC provides a forum for a diverse and representative group of system stakeholders to influence the development and ongoing operation of an accessible and effective children's mental health service system within Hennepin County. The CMHC promotes innovative service development and continuous quality improvement in the children's mental health system by embracing the system of care principles and available research on children's mental health services.*

### **OVERVIEW**

Over the past several months, the COVID-19 pandemic has had a profound impact on the daily life, health and social, emotional and economic well-being of children, youth, families and organizations in Hennepin County. In effort to support and be responsive to the needs of families and children's mental health providers during these unprecedented times, the Hennepin County Children's Mental Health Collaborative has created two COVID-19 Emergency Relief Funds for families and providers in Hennepin County.

The Hennepin County Children's Mental Health Collaborative (CMHC) invites applications for the following:

- **COVID-19 Children's Mental Health Provider Relief Fund:** A total of \$200,000 is available to support children mental health providers operating in Hennepin County. An organization can apply for up to \$5,000 in one-time relief funding.
- **COVID-19 Children's Mental Health Family Relief Fund:** A total of \$50,000 is available to support Hennepin County families caring for children/youth living with a mental health diagnosis or condition. A single family can apply for a maximum of \$500 in one-time relief funding.

Please see below for the eligibility guidelines & application process for each fund. If you have any questions or technical difficulties submitting your application, please contact [etonde@lacroixdalluhnconsulting.com](mailto:etonde@lacroixdalluhnconsulting.com).

### **COVID-19 Children's Mental Health Provider Relief Fund**

Eligibility:

- Nonprofit, public and private children's mental health provider organizations are eligible to apply. **One application is permitted per organization/entity.**
- Providers must be operating/working in Hennepin County and providing services to children/youth (up to age 20) living or going to school in Hennepin County

Application Requirements:

- Applicants are required to describe how funding would help address the unique short-term or long-term needs resulting from the COVID-19 pandemic. Examples of eligible use of funds may include:
  - Filling gaps from lost revenues
  - Paying for ancillary activities related to modifying service delivery models
  - Maintaining services/program continuity
  - Delivering new services to address the mental and emotional impact of COVID-19
- Applicants are required to list other COVID-19 relief funding support they have received (e.g. federal loans, state/county/city grants, foundation grants, etc.)
  - **Federal examples:**
    - <https://www.sba.gov/funding-programs/loans/coronavirus-relief-options>
    - <https://www.fcc.gov/covid-19-telehealth-program>

○ **MN examples:**

- [https://www.minnesotanonprofits.org/docs/default-source/coronavirus/2020-grants-directory-special-edition.pdf?sfvrsn=365cf365\\_14](https://www.minnesotanonprofits.org/docs/default-source/coronavirus/2020-grants-directory-special-edition.pdf?sfvrsn=365cf365_14)
- <https://constellationfund.org/relief/>
- <http://www.ci.minneapolis.mn.us/www/groups/public/@citycoordinator/documents/webcontent/wcmsp-223329.pdf>

### **COVID-19 Children's Mental Health Family Relief Fund**

*Families of color, Indigenous families, undocumented families, families of low-income, families experiencing homelessness and other vulnerable families are encouraged to apply.*

#### **Eligibility:**

- **One applicant is permitted per family.**

- Applicants must reside in Hennepin County and must include at least one child (age 0-20) with a mental health diagnosis or condition. Parents/caregivers with youth age 18-20 are only eligible if the youth continues to live with the same level of support (i.e. with parent/guardian and not transitioning to adult services).
- Youth age 16-20 may apply independently for relief.

#### **Application Requirements:**

- Applicants are required to describe how funding would help address the unique short-term or long-term needs resulting from the COVID-19 pandemic. Examples of eligible use of funds may include, but is not limited to:
  - Basic needs (groceries, rent/mortgage, utilities, transportation, etc.) as a result of unemployment or reduce hours due to COVID-19,
  - Respite activity or program (e.g. games, art/activity supplies, etc.)
  - Respite care
  - Cleaning supplies
  - Technology needs due to distance learning/telehealth services (e.g. headphones, educational games, etc.)
  - Therapy tools for home (e.g. sensory toys, sensory swing, weighted vest, etc.)
  - Therapy, medication or medical fees
- To ensure that relief funds are going to families care for children/youth with a mental health diagnoses/condition, applicants are required to do one of the following. Applications that do not meet this require will not be considered.
  - Have the eligible child(ren)'s mental health provider submit a letter confirming the provision of mental health services to applicant. The letter does not need to state the specifics services are being provided. A template is included in this application description.
  - Have the eligible child(ren)'s mental health provider submit an application on the family's behalf. Provider must get permission from family to apply.

Applicants that are not connected to a children's mental provider should contact the CMHC's Parent Catalyst Leadership Group (PCLG) at [hcplcg@yahoo.com](mailto:hcplcg@yahoo.com) to connect with peer parent supporters. Applicants will be asked to share their current situations with PCLG representatives.

#### **APPLICATION PROCESS:**

- The application period opens on **DATE**. Applications will be accepted and considered on a rolling basis until all funds have been allocated. Applications must be submitted in English.
- Applications should be submitted using the online form; please make sure you are submitting an application to the appropriate fund. If you need to submit a paper application, please contact [etonde@lacroixdalluhnconsulting.com](mailto:etonde@lacroixdalluhnconsulting.com).

- You will not be able to save your progress on the form, so you are highly encouraged to prepare all your responses in advance.
- Funding is limited, and the goal is to support as many families and organization as possible. Please request only for what you need.

If you have any questions or technical difficulties submitting your application, please contact [etonde@lacroixdalluhnconsulting.com](mailto:etonde@lacroixdalluhnconsulting.com).

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## APPLICATION QUESTIONS: COVID-19 Children’s Mental Health PROVIDER Relief Fund

- **Organization Name**
- **Organization Mailing Address**
- **Organization EIN** (Employer Identification Number)
- **Point of Contact for Application**
  - Name, Title
  - Email
  - Phone Number
- **COVID-19 Impact** [1-3 paragraphs]
  - Provide a brief description of the organization’s mission and the children’s mental health services the organization provides.
  - Describe the short-term (**March 2020 to present**) implications of COVID-19 and the anticipated longer-term (**August 2020 to December 2020**) effects of COVID-19 on your organization
- **Grant Request Amount**
  - Enter the dollar amount requested (up to \$5,000) in relief funding.
- **Grant Request Purpose** [1-3 paragraphs]
  - Describe your planned use for funds requested, including how funding would help your organization address its unique short-term or long-term needs resulting from the COVID-19 pandemic. [See application requirements for examples of eligible use of funds.]
- Attachments: **Grant Request Budget** [combine multiple documents into a single PDF to upload]
  - Simple budget that highlights the need for funding and intended use [**include sample**]
  - List other COVID-19 relief funding support your organization has received (e.g. federal loans, state/county/city grants, foundation grants, etc.) – including funding organization & dollar amount
- [**Do we need this?**] Attachments: **Annual Budget with Year to Date Actuals** [combine multiple documents into a single PDF to upload]
  - Please provide your organization’s current balance sheet and an annual budget with year to date actuals.
- Submission Page: “I certify that I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in being determined ineligible to receive funding.”

**APPLICATION QUESTIONS: COVID-19 Children’s Mental Health FAMILY Relief Fund**

- **Are you a provider submitting on behalf of a client/applicant?**
  - If yes:
    - Provider Name, Organization, Email, Phone Number
    - “I certify that I have received either verbal or written permission to apply on behalf of the applicant.”
    - “I confirm that applicant is either a youth (age 16-20) or a primary caregiver of a child or youth (age 0-20) with a mental health diagnosis or condition.”
  - If no: Continue to rest of application.
- **Applicant Name**
- **Applicant Mailing Address**
- **Applicant Email**
- **Applicant Phone Number**
- **COVID-19 Impact** [1-2 paragraphs]
  - Please tell us a little about your family. Please be sure to state the age of the child/youth that makes your family eligible for this funding.
  - Describe how COVID-19 has affected your family such that you are in need of relief support.
- **Grant Request Amount**
  - Enter the dollar amount requested (up to \$500) in relief funding.
- **Grant Request Purpose** [1-2 paragraphs]
  - Describe how you plan to use this grant, if received.
  - Please share how this grant would help you address specific challenges you are experiencing due to COVID-19.

[See application requirements for examples of eligible use of funds.]
- Attachments: **Grant Request Budget**
  - Simple budget that outlines how you will use your request funding and the cost of each item/good/service you plan to use it on. Include links (that show cost) to item/good/service whenever possible. [include sample]
- Attachments: **Letter of Confirmation of Services** [If applicant is applying on their own]
  - Please attach a letter from the eligible child(ren)’s mental health provider submit a letter confirming the provision of mental health services to applicant. If you cannot provide this, please skip this section and contact [hcpclg@yahoo.com](mailto:hcpclg@yahoo.com) for further support.

Sample Language:

“[DATE]

To the Hennepin County Children’s Mental Health Collaborative:

This letter confirms that [APPLICANT NAME] is either a youth (age 16-20) or the primary caregiver to a child or youth with a mental health diagnosis or condition. I am qualified to confirm this due to child/youth’s previous or present work with [PROVIDER ORGANIZATION].

Signed,

[PROVIDER NAME]

[PROVIDER TITLE]

[PROVIDER ORGANIZATION]

[PROVIDER CONTACT INFO]”

- Submission Page: “I certify that I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements may result in being determined ineligible to receive funding.”