



LESSONS LEARNED FROM AN EFFORT TO SUPPORT CHILDREN'S MENTAL HEALTH DURING THE COVID-19 PANDEMIC: THE COVID-19 FAMILY RELIEF FUND

In 2020, the COVID-19 pandemic created challenges for all aspects of our lives, as we individually and collectively faced health risks, stay-at-home orders, distance learning, and isolation. These challenges were expected to be even greater in families that had one or more children with a mental health diagnosis or conditions, due to reduced access to therapeutic services, academic programs, child care, recreational activities, and other supports.

To support families during these unprecedented times, the Hennepin County Children's Mental Health Collaborative created an emergency COVID-19 Relief Fund. In the summer of 2020, families caring for children/youth living with a mental health diagnosis or condition were invited to apply for one-time funding up to \$500 to offset the financial impact of COVID-19. A total of 629 Hennepin County families applied, with funding subsequently awarded to 398 families.

This document describes key lessons learned from this effort, and offers recommendations for future initiatives.

Through a contract with Community Research Solutions, LLC, the Collaborative evaluated this initiative through two strategies. First, we analyzed the information submitted in the family applications, exploring themes related to family needs and requested supports. Second, we interviewed 13 individuals who reviewed the applications, to collect their perspectives regarding their experiences and recommendations. Reviewers represented parents, mental health providers, Collaborative coordinators, and other system partners (including school and county corrections staff). Separate summaries of these two projects can be found on the Collaborative's website; <https://hccmhc.com/research-reports>.

HOW DO FAMILIES DESCRIBE THE IMPACT OF COVID-19 ON WELL-BEING?



Families described a variety of ways that their family had been impacted by the pandemic, including:

Economic hardships: Many families (62%) focused on general economic challenges in their applications. Parents described losing income, due to job losses or reduced hours. In some cases, these reductions were due to businesses closing down due to the pandemic. In other cases, parents needed to leave jobs or reduce hours due to parenting demands or health concerns.

Social isolation and lost recreational resources: Thirty-eight percent described challenges related to stay-at-home orders, such as increased social isolation, the cancellation of activities that provided recreational and social outlets for their children, and increased family stress and conflict resulting from stay-at-home orders.

Distance learning: Twenty-four percent of the families described challenges related to distance learning, including technological barriers, loss of academic supports, and difficulty engaging with online learning.

Reduced access to therapeutic services: Eighteen percent of the families reported reduced access to mental health supports, due to discontinuation of in-home supports and challenges transitioning to telehealth services.

Reduced access to parenting support: Ten percent of the parents said that they also had less support due to the pandemic, due to child care facility closures and reduced informal family support, often due to the need to isolate from other family members.





WHAT KINDS OF SUPPORTS DID PARENTS REQUEST TO OFFSET THE IMPACTS OF COVID-19?

Families requested a variety of resources to help address the needs that they identified.

Basic needs: Due to the high levels of economic hardships, families were most likely to request support for basic needs. Fifty-five percent of the applications (55%) requested financial assistance to help with utility bills, rent, clothing, or food.

Other recreational and therapeutic supports: Other families requested funding to provide materials or supplies for their children. Families were particularly likely to request recreational resources (such as program fees, exercise equipment, art supplies, or games) or technological resources (such as computers, tablets, or phones). Other families requested funding for child care or respite support, therapeutic supplies (such as weighted blankets or calming items), academic resources (such as tutoring, office furniture, or educational resources), or support for mental health services (such as co-pays, medical bills, or medications).

WHAT LESSONS WERE LEARNED DURING THE APPLICATION REVIEW PROCESS?

Several issues emerged during the application review process.

There was a lack of consensus regarding the Collaborative's role in meeting basic needs. The Collaborative did not anticipate how many applications would emphasize support for basic needs as a strategy to mitigate family concerns impacting children's mental health. Members of the review team generally agreed that basic needs (such as rent or food) impact children's mental health. However, there was disagreement and debate about the role of the Collaborative in meeting these needs. Several core concerns emerged. First, there was disagreement regarding the Collaborative's role in providing direct support to families, and whether or not it was an appropriate use of the Local Collaborative Time Study (LCTS) funding to support this initiative. The question of alignment also raised issues about the Collaborative's target focus, and whether their role should be broadly focused on child well-being (including access to basic needs) or more narrowly focused on children with identified mental health issues. Second, there was concern the COVID emergency funds could unintentionally duplicate other county services.



Based on the priorities established in the application review, families ultimately were more likely to receive funding for mental health supports rather than for basic needs. The instructions provided to the review committee specified that priority should be given to “child’s mental health needs (e.g., mental health provider session/therapy, medication, medical fee, technology item for child, respite activity or program, therapy tools for home, etc.)” over support for family household needs. As a result,

funded applications were somewhat less likely to include funding for basic needs (though 44% of all funded applications did include some financial support for basic needs).

It was important, but challenging, to align this effort with our values. In an effort to meet emergency needs during a pandemic, the Collaborative moved quickly to offer resources to families who were struggling with several unknowns, including how they would meet the mental health needs of their children while also facing unpredictable job security and access to education and/or mental health services. The goal was to be family-centered, by responding directly to the stated needs of



families. Application reviewers valued strategies used to promote this value, including having some parents serve as application reviewers. However, the team also described challenges in adopting a family-centered perspective, such as needing to delay the process and change requirements along the way and figuring out how to “weigh” family voice relative to the system and service representatives on the review team.

Another core value for the process was equity. The review team felt that significant efforts were made to ensure that applications were widely available and access across cultural communities (including translating the application into multiple languages). However, they also identified some concerns related to power dynamics and decision-making within the application process and the review team.

The review process was a significant amount of work but could be improved in the future. The process was a lot of work and the review team was grateful for the efforts of the coordinators. The review team was aware of the significant time that the coordinators put into organizing the process and preparing applications for review. While reviewers appreciated the work that went into organizing applications, they also recommended using different technology to organize the process and increasing the size of the review team.

It was important for the reviewers to work together as a team, and to take time to build consensus. The review team worked together to build a common framework for rating applications, though this slowed the review process down. To resolve these challenges, the team needed to pause and work together to clarify the rating process. While this was a necessary step, it also caused stress among the reviewers and delays in the review process. Ultimately, the delays and consensus-building process helped reviewers establish a shared rating process.

HOW DID THIS INITIATIVE BENEFIT FAMILIES?

Unfortunately, information is not available from funded families regarding the impact of the funding on their child or family. While this type of initiative is not typically undertaken by the Collaborative, review team members felt that it was important to provide financial support directly to families, to help offset the negative impacts of the pandemic and to support their children’s mental health. However, reviewers also acknowledged the limited amount of available funding reduced the number of families who could be funded and decreased the amount of funding given to some families, potentially limiting the benefits.

Critical Context

The COVID Family and Provider funding opportunity was created to support families in meeting the mental health needs of their children in the first few months of the COVID-19 pandemic. Applications ended up being due in the aftermath of the May 2020 murder of George Floyd, which took place in Hennepin County. While this summary focuses on the original intent of the funding, it was very clear that many families were deeply impacted by the murder, and the subsequent civil unrest that took place in Minneapolis and other locations around Hennepin County. Some families specifically referenced this context in their applications, highlighting new ways that their child’s mental health had been impacted by anxiety, fear, or trauma. Other families described ways that the civil unrest compounded their difficulty meeting basic needs, such as job losses (due to store closings or destruction) or reduced access to needed food or supplies (due to safety concerns or lost community resources).

WHAT RECOMMENDATIONS EMERGE FOR FUTURE COLLABORATIVE EFFORTS?

1. Consider strategies to help families meet basic needs. It was clear from this project that a significant number of families of children with mental health concerns are struggling to meet basic needs, such as housing. Additional learning about these confounding factors, and strategies to help families learn about and access available services to meet these needs may be helpful.

2. Promote efforts to support families experiencing isolation and reduced access to care. It is unclear how long families will face the consequences associated with the COVID-19 pandemic. However, the results of this analysis do highlight the challenges that families have faced in meeting the mental health, educational, and social needs of their children. In addition to technology-based supports, it may be helpful to explore other pandemic-appropriate strategies for engaging with children and families, reducing family stress, and increasing access to respite support.

3. Further clarify the Collaborative's role related to statute and appropriate use of LCTS funds in directly supporting families. While some clarity was obtained through this process, it will be important to ensure that all Collaborative stakeholders have a shared understanding of the context in which the Collaborative operates.

4. Determine how to best complement and enhance other programs and services, including Family Service Collaboratives. Discussion should be used to determine whether the Collaborative should provide direct support to families, or support other organizations serving families. Additionally, it will also be important to determine whether the Collaborative's role is to support a specific subset of County youth, such as those with the most complex or severe mental health issues or those already served by Collaborative agencies, or whether its role is to more generally support positive mental health for all youth.

5. Continue to assess what it means to align with system of care values, such as family-centered care and equity. This project highlighted the complexity of delivering services and supports in ways that are family-centered and equitable. It will be important to continue discussing these values and being intentional in applying them to Collaborative representation, decision-making, and delivery of services/supports

6. Balance flexibility with engagement in future initiatives. If the Collaborative opts to support families through a similar process in the future, it may be worth investing in different software to help organize the application and review process. Additional strategies may also be needed to ensure that the Collaborative balances the need to be nimble and responsive with the need to build clarity and consensus across stakeholders regarding the work to be undertaken.

For more information about the COVID Family and Provider Relief Funds, contact the Hennepin County Children's Mental Health Collaborative Coordinator, Laura LaCroix-Dalluhn