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BEST STARTS FOR KIDS COVID-19 IMPACTS REPORT

How the BSK community changed and adapted from March through August 2020

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Authors and Acknowledgements

King County engaged Alessandra Pollock, Principal of Pollock + Partners, and Jescelle Major and Vivien Savath from BERK Consulting to document the Best Starts for Kids (BSK) response to the COVID-19 pandemic.

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I.   EXECUTIVE SUMMARY

Introduction

King County's Best Starts for Kids (BSK) initiative is a six-year property tax levy (expiring December 2021) that provides resources and opportunities for all kids to grow up happy, healthy, safe, and thriving, regardless of race and place of residence. Through partnerships with nearly 400 community-based organizations, BSK has served over 425,000 children, youth, and parent/caregivers in King County and supports additional community and organizational activities. The BSK community includes program staff, who manage and support BSK investments and infrastructure; BSK partners, who are contracted to implement BSK-funded programming through their organizations; and BSK program participants, the children, youth, and parents/caregivers who receive services and supports.[1]

In January 2020, the first COVID-19 case was recorded in Washington State. The ensuing COVID-19 pandemic greatly impacted the health of King County residents, including children, families, and members of the BSK community. To slow the spread of COVID-19, the government implemented measures including school closures, limitations on in-person gatherings and business operations, and closed community spaces. These measures limited BSK service provision and impacted community needs, and they also led to innovative solutions and responsive adaptations to support children, youth, and families.

The Best Starts for Kids COVID-19 Impacts Report documents the BSK response to the pandemic from March through August 2020 using data from BSK partner narrative reports, BSK contracts and guidance, and BSK program staff surveys. The approach relied mainly on existing documentation to avoid burdening partners as the pandemic continues, though a small number of interviews with BSK program staff and contractors provided additional detail and context.

> *"We have shifted our work to 100% virtual services due to the public health crisis. While this presents a variety of challenges, it has provided opportunities to be involved with our clients...For example, we may on occasion see a client for an impromptu therapy session due to greater flexibility that exists with no travel to/from a client's home. We often work with children who experience frequent moves between foster homes; teleintervention has allowed us to follow the child to their new home and continue offering services when doing so in person would have been much more challenging."*
> *-Home Based Services partner*

King County staff identified three evaluation questions for the report:

1. In what ways did COVID-19 and the measures to slow the spread of COVID-19 impact the planned implementation of BSK activities?
2. In what ways did the BSK program need to change processes to respond to these impacts on BSK implementation?
3. To what extent were novel service delivery and system changes implemented? What are challenges and successes related to those changes?

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[1] BSK program staff are employees of King County or a contracted intermediary.

Findings

Question 1: Impacts on planned implementation of BSK activities.

BSK implementation continued during the pandemic, but often in different ways. Implementation changes commonly expanded partners' scopes of work and necessitated a period of adaptation to new ways of working. The most common changes included:

- Shifting from in-person to remote or virtual services.[2] This was the most common change and was most often described as temporary until restrictions on gatherings and spaces lifted. A few partners plan to continue virtual services even after restrictions are lifted to offer more flexibility and reduce barriers, such as transportation or timing, to programming.
- Addressing basic needs such as food; technology equipment, software, and internet access; rent and other economic assistance; and health and safety supplies such as sanitizer, wipes, masks, and gloves. The overwhelming increase in basic support offered by BSK partners underscored how program outcomes depended on first meeting basic needs.
- Attending to emotional well-being with consideration for how at-home orders, social isolation, school closures, and trauma from health issues and racial oppression impacted staff and participants.
- Providing pandemic health information.
- Addressing racial equity by responding to the needs of BSK participants for equitable access to services and supplies and providing training and support for BSK partner staff.

While service continuity, pivots, and innovation capture the experience of most BSK partners in this time, many BSK partners also reported shifting, canceling, or postponing the timing or quantity of their programming. These shifts were either pauses to re-assess and respond to community's needs or because core program objectives were simply not achievable in a pandemic context.

These implementation changes demonstrate how partners went above and beyond traditional program delivery for their participants. The experience enabled more holistic engagement with participants spanning basic needs, emotional health, home living arrangements, and racial identity and action.

> *"…we were able to continue to work with families to learn about their needs and support them in whatever (way) we could. We were able to deliver academic support materials and stay in touch with students and parents despite COVID-19…(We) Provided resources for COVID-19; Sharing…COVID-19 information; Rental assistance because we received funds from 12 public and private organizations; Emergency food assistance…(We) collaborated with more than 9 different organizations to distribute food."*
> *-Youth Development partner*

Question 2: BSK changes in response to impacts.

Data from BSK partners and staff highlighted ways BSK program managers were flexible and attentive to partner burden. BSK program staff requested flexibility in contract requirements, identified BSK partner needs for technology support, and secured funding for BSK partners to meet their participants' basic needs.

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[2] The terms virtual and remote operations were used interchangeably by BSK partners and refer to any service provided without in-person engagement.

BSK program staff also facilitated support and exchange among BSK partners, who leveraged their strengths and experiences to serve as resources for each other. Most feedback about the BSK system was positive, with a small number of negative comments about increased administrative burden in reporting due to funding shifts and lack of access to data or infrastructure re-assigned from existing public health support to pandemic response.

> *"It's been helpful to have (BSK program staff) as liaison…to leverage community concerns; use connections to get in the door; sharing feedback to the County."*
> *-Child Care Health Consultation partner*

Question 3: Novel service delivery and system changes.

Success, as defined by BSK partners, ranged from continuity of services, to responsiveness and quick adaptability to changing community needs, to organizational survival and internal resilience during the emergency.

Some partners reported innovations to continue to develop with intention. For example:

- Some successful transitions to virtual programming increased program participation and left participants with new skills in using virtual tools. Partners hope to continue virtual or hybrid modes to capitalize on this success.
- Partners also reported deeper engagement with participants since the pandemic. Many hope to continue more individual and whole-family engagement, addressing needs in addition to core programming.
- New, external partnerships enabled BSK partners to meet broader participant needs. Community resources such as food banks, churches, and diaper distribution programs were common new partners. Some mentioned deepened partnerships with school staff, including working alongside teachers to support student success.

Challenges

While BSK partners were successful in many ways, challenges were significant and are likely to continue. Challenges included:

- Learning new technology to provide remote or virtual services and learning about community resources to meet basic needs.
- Expanded volumes and scope of work, while experiencing funding challenges and the possibility of layoffs and furloughs.
- Burnout, stress, trauma, and low morale because of continued operations beyond a sustainable level, ongoing COVID-19 cases, financial uncertainty, social isolation, news of layoffs or furlough among partners, and heightened and ongoing racial inequities.
- Understanding changing health guidance and timelines for potential return to in-person services, making it challenging to plan future work.
- Lack of important information in non-English and culturally relevant modes of communication.

> *"…so many challenges for community in general, for our participants and for (our) program. Understanding appropriate safety measures in response to Covid-19 has been the top challenge…our biggest hurdle has been shifting our service delivery model while maintaining community connections with participants…we need to make sure participants are maintaining strong mental health during times of isolation and community unrest. (Our program) has gained increased attention from community, while still attempting to provide continued*

service to our participants. As such, personal and programmatic capacity is always stretched thin.”
-Stopping the School to Prison Pipeline partner

Conclusion and Opportunities

The COVID-19 pandemic significantly impacted the health and wellbeing of King County residents, exacerbating inequities in health, housing, and economic stability, and straining members of the BSK community. At the same time, the BSK system has shown significant capacity to be flexible and to support BSK partners to meet community needs.

King County government could consider the following actions to support the BSK community:

- Adjust upcoming grant cycles.
  - o Provide flexibility for BSK partners in contract terms, with terms reflecting the “what” of the work and leaving the “how” for partners to determine.
  - o Update guidance, standards, and expectations to recognize shifts in service delivery approaches, including virtual and hybrid modes.
  - o Include resources commensurate with the need for partners to play a role in meeting participant basic needs, providing more one-on-one service delivery, and offering greater depth family engagement.
  - o Continue to fund partner-directed items like technology equipment and training critical for virtual operations, as well as staffing costs for BSK partners to relieve financial worries and enable staffing increases to meet demand.
- Develop shared resources for King County staff and partners.
  - o Continue support for capacity building, including strategic and financial planning services.
  - o Provide resources for processing trauma and impacts of 2020 and for identifying and navigating a path to rebuilding. The data indicate a need for community reflection and celebration and resources to address youth and adult mental health across the entire BSK community.
- Build on capacity and connections developed during the pandemic.
  - o Facilitate and formalize system-wide access to basic needs supports.
  - o Explore more formal connections with other King County government programs and initiatives beyond BSK to meet basic needs and share resources.
  - o Formalize and expand venues for BSK staff peer support and coordination and explore consistent access to platforms for digital resource sharing across BSK strategies.
  - o Continue emphasis on communication and information sharing throughout the BSK system.
  - o Continue reflection and evaluation activities to learn from later stages of the pandemic response. Continue to seek and act on BSK partner feedback to continually improve King County supports and address power dynamics between community and King County government.

“We are ready and prepared to continue adapting and enhancing our services to effectively serve youth and young adults (YYA), support our staff, and contribute to the health and well-being of our wider community.”
-Youth Development partner

II. INTRODUCTION

A. STUDY BACKGROUND

King County's Best Starts for Kids (BSK) is an initiative that provides resources and opportunities for kids to grow up happy, healthy, safe, and thriving. The initiative is funded through a voter-approved levy (Ordinance 18088), which passed in November 2015 and extends through December 2021. Community engagement shaped BSK's guiding values, focus, and approach to change. Through community-led programs, BSK provides direct services to children, youth, and parents/caregivers as well as community and organizational activities. The programs are organized into five investment areas.

- **Investing early** supports programs to reach children and families where they are in their prenatal to age five years in homes, child care settings, and communities.
- **Sustaining the gain** supports programs that serve children and youth from age 5 to 24 years to continue the progress made in early childhood with school and community-based opportunities to learn, grow and develop through childhood, adolescence and into adulthood.
- **Preventing youth and family homelessness** builds on a highly successful pilot project to invest in case management and flexible funds to support families that are on the verge of homelessness.
- **Strengthening communities** occurs through Communities of Opportunity, a network of residents, communities, decision-makers, and funders who believe every community can be a healthy, thriving community-and that equity and racial justice are both necessary and achievable.
- **Results focused and data driven** investments use data and evaluation to understand what strategies benefit children and communities.

Each of these five areas includes multiple strategies. Within each strategy, investments are made to individual programs and organizations. The BSK community includes BSK program staff, who manage and support investments; BSK partners, who implement BSK-funded programming through their organizations; and BSK program participants, the children, youth, and parents/caregivers who receive services and supports.

Table 1: Terms Describing the BSK Community

Group	Definition
BSK program participants	Individuals served by BSK programs; As of October 2020, approximately 52 percent of children, youth, and families reside in South King County, and 64 percent of participants were people of color.[3] BSK also supports additional community and organizational activities.
BSK partners	Community-led organizations funded to implement BSK programming for participants.
BSK program staff	Employees in King County's Department of Community and Human Services and Public Health-Seattle and King County who manage and support BSK investments. King County staff serve as program managers for BSK strategies and lead BSK administration. The Out of School Time (OST) strategy, in the Sustaining

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[3] Best Starts for Kids Assessment Report, October 2020

	the Gain area, is implemented by a contracted program manager, School's Out Washington (SOWA), a statewide intermediary organization.
King County staff and contractors	King County staff includes BSK program staff (above) as well as BSK administrators, and King County and externally contracted staff who support evaluation, performance measurement, and reporting. BSK capacity builders are contracted to support applicants preparing BSK grant proposals, assist BSK partners with infrastructure needs, and support learning communities.

The COVID-19 pandemic greatly impacted the health of King County residents, including children and families. To slow the spread of COVID-19, the government implemented measures including school closures, limitations on in-person gatherings and business operations and closing community spaces. These measures affected the BSK community by limiting and changing how services could be provided and by changing and increasing community-identified priority needs. These changes also led to innovative, community-driven solutions and responsive adaptations to BSK program requirements and supports.

> *"Folks are being really wonderfully creative to still work to meet the needs of their families and youth. It is inspiring."*
> *-BSK program staff*

> *"Well, we all were taken by surprise by the pandemic and had not one system in place for this pandemic."*
> *-Youth Development partner*

Evaluation Questions

King County commissioned this report to understand the ways in which the COVID-19 pandemic and measures to slow its spread influenced BSK programming from March through August 2020. King County staff identified three evaluation questions for the effort, which provide the report framework.

1. In what ways did COVID-19 and the measures to slow the spread of COVID-19 impact the planned implementation of BSK activities?
2. In what ways did (the) BSK program need to change processes to respond to these impacts on BSK implementation?
3. To what extent were novel service delivery and system changes implemented? What are challenges and successes related to those changes?

Data Sources

King County staff collected and shared over 500 documents and survey responses to support analysis of COVID-19 impacts on BSK implementation. The documents include the voices of BSK program staff through surveys, official changes to contracts, and reflections from BSK partners in official grant reports.

Specifically, King County staff shared the following investment-related documents:

1. **BSK program staff surveys:** 173 responses from BSK program staff across 19 BSK strategy areas, submitted from March through August 2020. Data from these surveys covers challenges faced by BSK partners and some information about the extent of program modifications.
2. **BSK contract activity documents and legal requirements, called Emergency Scopes of Work (SOWs), and related guidance:** Beginning in March 2020, BSK leadership guided BSK program staff to work

directly with leaders of partner organizations to determine either new deliverables or to document modifications to original deliverables using a template. This report includes analysis of 155 SOWs plus two strategy-level documents and one overall BSK guidance document. While not all SOW documents were dated, those that were dated were submitted from March through July.

3. **BSK partner narrative reports**: BSK partners submit narrative reports on a regular basis, depending on their contract timeline. King County provided 228 narrative reports submitted across 17 strategy or program areas covering January through June 2020. These reports were submitted through September 2020, with the majority in July. For the School-Based Screening, Brief Intervention, and Referral to (treatment/services) (SBIRT) strategy, the team reviewed a summary of narrative reports and a working document of adaptations provided by the strategy external evaluation team.

These documents represent over 20 BSK strategies and in some cases sub-strategies across the Invest Early (Prenatal-5 Years), Sustain the Gain (5-24 Years), Youth and Family Homelessness Prevention, and Strengthening Communities (Communities of Opportunity) Investment Areas. Please see Appendix A for a detailed table showing data availability across investment and program areas.

To provide context and a draft framework for understanding impacts across the BSK community, the team conducted a brief literature review (see References) and incorporated findings from SOWA's COVID-19 impact survey of school-age childcare and youth development programs across Washington State.

In addition, the research team conducted a small number of interviews. Staff serving the Out of School Time strategy and the Child Care Health Consultation strategy were interviewed to enhance a comparison of the experiences of BSK program staff and partners across two investment areas (Prenatal-5 Years Invest Early and 5-24 Years Sustain the Gain). These two strategies were chosen because of complete data across staff surveys, emergency SOWs, and narrative reports (see Section VII). The team also interviewed two BSK capacity builders from The Capacity Collective, who work with multiple strategies to understand the perspective of those who provide support for BSK partners. Finally, the team contacted the external evaluation team for the SBIRT strategy, as mentioned above, and participated in one BSK Capacity Builders consultants meeting.

Methods

Our team uploaded files to the Dedoose software application for qualitative coding. We developed and used a codebook incorporating feedback from King County staff and based on a literature review of local and national COVID-19 impact reports. In addition to information about strategy, date, and other data within each file source, the team connected emergency SOWs and narrative reports to the BSK awardee database to document key data on strategy and geographic area served, as possible.

We added new codes after a short initial coding process, allowing for inductive review of the data in addition to the primarily deductive approach based on the original codebook. For example, we were able to identify useful codes relating to specific challenges for families and youth, BSK partner organizations and staff, and King County staff after an initial read-through of the data. Each team member coded a section of files, which was then reviewed by a different team member to increase reliability.

The team identified findings through a review of code counts and associated document excerpts. Work sessions were held to review results and discuss and further develop draft findings. Please see Appendix C for a list of codes and counts of mentions in the document dataset.

Report Limitations

The wide range of strategies represented in our data mitigates the limitations of uneven document availability across strategies and within strategy areas. Other limitations of this analysis include a reliance on secondary data and materials submitted to BSK in written format. Partner reports to a funder may under-emphasize challenges or service disruptions to present the best picture of programming possible as well as to avoid criticizing an important funder. Power dynamics can influence what partners may choose to submit in writing.

Using data that had already been collected without additional BSK partner interviews constrained our ability to fully address nuances related to equity, power, and decision-making between BSK and funded partners. To compensate for this limitation, the report conclusion includes a recommendation for King County staff to continue to seek and act on BSK partner feedback, which can mitigate unequal power dynamics in the funder-grantee relationship.

The qualitative coding process reflects biases from how the documents were structured. For example, the emergency SOWs were organized by a template of specific fields and prompts, and the staff survey and narrative reports asked specific questions about challenges, successes, and implementation changes. These structures in turn influence code counts. For this reason, our analysis uses the counts only as an initial proxy for relative importance and emphasis. Interviews and conversations with staff helped validate this importance. We also weighed narrative tone and detail to further interpret themes important to staff and partners.

Finally, our data did not include information about how King County government finance and contracting operations responded to changes in emergency SOWs and other partner needs. As a result, this topic was not included in the analysis and the report lacks a complete picture of the internal response to the pandemic by all BSK King County functions and the subsequent impact on BSK partners.

B. COVID-19 CONTEXT AND SUMMARY

The COVID-19 pandemic forced BSK partners to reshape programs under a significant amount of uncertainty and change, particularly as local schools closed and restrictions on gatherings were first announced and then changed during the study period.

The timeline of key COVID-19-related milestones in this section shows the complexity of multiple, changing guidelines, BSK activities, and the timing of data sources for this report. Figure 1, on page 13, focuses on the safety measures implemented to slow the spread of COVID-19 and issuance of key guidelines, elements that most directly impacted BSK partners.

- The dark green circles indicate the number of excerpts coded with COVID-19 response measures, generally, and by specific measure.
- While not all report sources were dated, we have included dates, with quotes and analysis where possible, to link to this context.

The period from the February 29 state of emergency to the May 4 safe start guidance saw rapid developments with direct impacts on BSK program implementation. Emergency Scopes of Work (SOWs) and BSK program staff surveys from this period show organizations in "crisis mode" - scrambling to pivot, find, and deliver new resources, and for some, a temporary full stop in operations.

The period from May 4 through July 14 was characterized by uncertainty with the stop-and-start of re-opening, overlay of increased awareness and community response to racial injustice, continued learning and evolution

from initial pivots, and the onset of fatigue and low morale as the adrenaline of the first months wore off and organizations realized that the end of the pandemic was unlikely by fall. Each of the challenges led to a suite of strains in operations, navigating personal and professional affairs or traumas. Partners also experienced tensions between services offered as compared to services and support needed.

The scope of data reviewed for this study extends until August 2020. As the pace of new developments slowed, so did the pace of response actions and the system settled into its "new normal." By the time of writing this document, February 2021, there have been further major developments in the progress of the pandemic, including the FDA approval and initial rollout of COVID-19 vaccines with associated equity challenges, a presidential election and transition of presidential power, and the arrival of new strains of the coronavirus in King County. BSK partners have been operating under COVID-19 and its associated measures for nearly a year and are having to grapple with new difficult decisions about providing services and addressing community needs in light of new potential opportunities for re-opening and entering yet another "new normal."

> *"All kinds of questions are popping up, like, "How do we keep them connected? How do we reformat, rethink things, or reassure folks in a way that can make things workable and okay?" So, it's sort of the same challenge as always but in a different flavor this time, or with maybe even just a delay on it."*
> *-Innovation Fund partner*

> *"The [name] organization was in motion to be available to assist where needed while at the same time adjusting strategies to continue our work."*
> *-Trauma Informed and Restorative Practices (TIRP) partner*

> *"So much is undecided, so it makes it incredibly difficult to plan out these programs for the fall. We are trying to keep our heads up and stay creative."*
> *-Youth Development partner*

King County Best Starts for Kids COVID-19 Impacts Report Timeline
January through August 2020
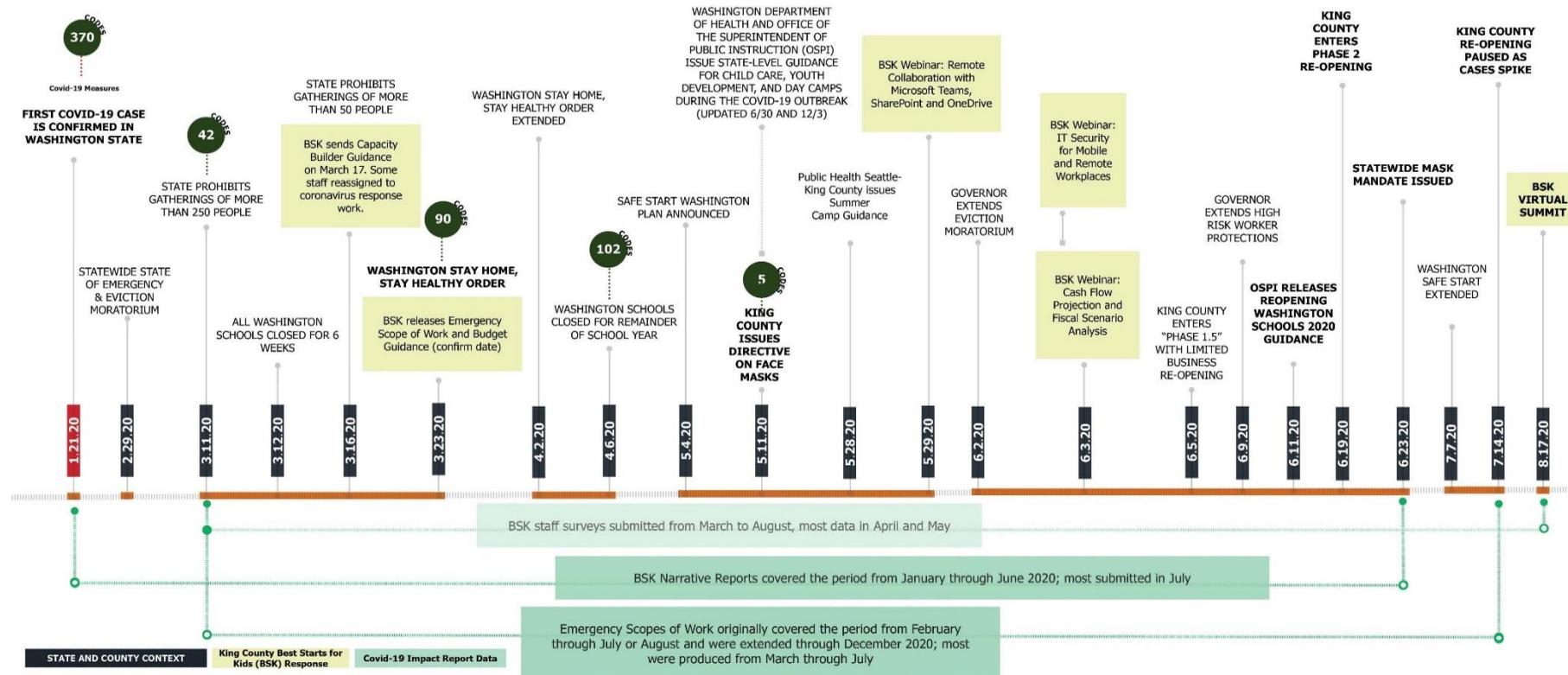
The COVID-19 pandemic started abruptly in January, 2020 with the first case detected in Washington State (first case denoted in red). The clustering and density of the dates for state, county and city level guidance or mandates reflects the pace and intensity of policy changes and scientific/medical updates. Major shifts are bolded.

King County BSK specific responses and changes unfold in response to or in tandem with state and local mandates and guidance.

Green annotations under the dates show the span of data collected.

This analysis included counting mentions of specific measures to slow the spread of COVID-19. In total, there were over 370 mentions of measures to slow the spread of COVID-19 related to impacts on BSK programming. Many mentions covered multiple measures or guidelines. The deep green circles indicate the number of times an individual specific measure or guideline was mentioned in the dataset.

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III. COVID-19 IMPACT ON BSK IMPLEMENTATION

The first evaluation question for this project centers on how programming changed because of the pandemic: "In what ways did COVID-19 and the measures to slow the spread of COVID-19 impact the planned implementation of BSK activities?" Our analysis indicates that while BSK partners operate in many different locations and types of facilities, from schools to community buildings to homes and child care centers, there were several common impacts to BSK programming. These included assessing community need during an unprecedented emergency, responding to the need, shifting from in-person to remote or virtual services, and attending to social and emotional well-being. BSK partners also cancelled or postponed some programming, although the data analyzed for this report emphasized shifts and changes over service reductions.

A. CONTINUED BSK IMPLEMENTATION AND INCREASED NEED

As a result of the COVID-19 pandemic, King County BSK leadership provided guidance to program managers on how to collaboratively adjust scopes of work to support the health and well-being of communities and the BSK workforce. As the guidance was developed and shared, BSK program staff surveys, submitted primarily in April and May, indicated that most BSK partners were still operating at some capacity, focused on providing basic needs supports. Most either planned or had started switching to virtual modes of programming.

> *"The 4/6/20 consult group was by far one of the most thoughtful consult groups we have had this year. There were 8 providers across agencies and their insights, supports and validation was an honor to observe and facilitate. They are being so thoughtful about their practices and really are putting in their all in being flexible and finding ways to support their students."*
> *-BSK program staff*

BSK program staff relayed concerns for families and youth raised by partners, including ensuring adequate food and health and safety supplies, covering rent and utility costs, and getting families internet access and devices. Additional concerns for families centered on referrals, engagement, and outreach, as well as emerging concerns around mental health and emotional well-being.

BSK program staff reported concerns from partners around understanding current public health guidance, particularly as reopening looked more possible in May, June, and July. BSK partners also reported staff fatigue to their program managers. BSK staff looked to their leadership for flexibility on reporting deadlines and confirmation of approval to change programming and shift budgets. BSK staff mentioned the need for translation and interpretation as well as support for families with undocumented status.

B. PROGRAM IMPLEMENTATION CHANGES

As partners drafted their emergency SOWs, school closures and limits on gatherings were the most common pandemic restrictions that impacted BSK implementation. Narrative reports, which documented more detail about changed implementation and were generally completed later than the emergency SOWs, were more likely to mention school closures than any other pandemic response measure.

> *"By far the most significant challenge has been trying to find a way to deliver services to students when school is not in session."*
> *-School Based Health Center partner*

Family, youth, and community needs changed and remained a significant concern, with most organizations adding basic needs support (see table for description) or resource referral. These additional needs had to be addressed in new ways, as in-person services were no longer possible. The table below summarizes the most common types of changes identified in this study with more detail the in the following sections.

Table 2: Most Common Changes to BSK Programming

Change	Detail
Change from in-person to remote or virtual services	This change was, by far, the most reported shift in BSK implementation, with nearly 700 mentions in the document dataset. BSK partners offered "live" or synchronous webinars or other video engagement, phone calls or texting with program participants, and static or asynchronous video content available on-demand for participants. Live services were mentioned more than twice as often as on-demand options, although some partners mentioned producing on-demand options to increase flexibility and address online or video fatigue as the pandemic wore on.
Address basic needs	Due to loss of income, new health guidelines, and the need to access services and school remotely, many BSK participants experienced immediate increase in need for basic items. These items included food; technology equipment, software, and internet access; rent and other economic assistance; and health and safety supplies such as sanitizer, wipes, masks, and gloves. There were nearly 300 mentions of BSK partners addressing basic needs of participants, with food and technology items reported most.
Support social emotional well-being	BSK participants experienced trauma due to the pandemic, including economic uncertainty and health issues, with disproportionate impacts on families of color. In addition, youth and families experienced increased trauma and needs because of increased attention to police and racial violence during this time. Youth experienced social isolation as a result of school closures and limits on gathering. The document dataset included 99 mentions of BSK partners providing emotional support or other mental health support for participants through a variety of means ranging from one-on-one check ins to support groups to information and tool sharing to writing and other creative projects.
Provide pandemic, health, or safety information	The document dataset included nearly 100 mentions of BSK partners providing pandemic-related information for participants. This included resources for basic needs, as well as information about safety measures related to slowing the spread of COVID-19, guidelines for illness response or concern, and information about how to access testing and healthcare. There were several mentions of translation of materials from English to participant languages as well as cultural navigation and relevant messaging for groups including Latinx and East African participants.

Changed timing or quantity of services	Shutdown measures were implemented quickly and required significant shifts in service approach. The document datasets included 49 mentions of cancelled events or program components and 62 mentions of programs on hold. The dataset also included 88 mentions of reduced services, and 71 mentions of increased services. Looking across these excerpts, BSK partner narrative reports and emergency SOWs primarily emphasized shifts in services. This is likely due to the increased need for support from BSK participants and King County's flexibility in allowing partners to use program supply funds to support basic needs and to shift deliverables.
Assess community need	Measures to slow the spread of COVID-19, including business closures and social distancing, changed and in many cases dramatically increased needs among BSK participants. BSK partners conducted informal and formal needs assessments to understand how to best support their program participants and the wider community. The document dataset included 55 mentions of community need assessment.

Change from In-Person to Remote or Virtual Services

The most common change reported in BSK programming because of the COVID-19 pandemic was a change from in-person to remote or virtual services. The terms virtual and remote operations were used interchangeably by BSK partners and referred to any service provided without in-person engagement. Virtual or remote operations included offering "live" or synchronous webinars or other video engagement, phone calls or texting with program participants, and/or producing static or asynchronous video content available on-demand for participants. As BSK partners moved to implement BSK-funded services virtually, most programming was offered in "real time." As the pandemic continued, asynchronous options or a hybrid of the two became a more effective way to provide flexible programming given other demands on families' time.

For BSK programs in schools or in partnership with school sites, school closures required an abrupt and complete shift to virtual modes of service. Both in school and out of school time programming had to stop immediately. For example, School-Based Health Centers (SBHC) were forced to close immediately when schools were closed. Many staff from partner organizations were redeployed to frontline or other COVID-19 related medical tasks. Some staff were furloughed. Individual providers retooled policies, practices, and procedures to provide telehealth services where possible and provide referrals for other services that required a clinic setting.

Programs that provided home visiting or served children and families in community settings were able to continue some in-person services with social distancing, wearing masks, and other safety measures.

BSK partners used many technology tools to offer remote services. The most mentioned tool for remote programming was Zoom. Tools such as WhatsApp, WeChat, and other direct messaging applications were mentioned as useful for more frequent communication with families and a good way for families to connect and share resources with each other. Several organizations working with immigrant and refugee communities noted that WhatsApp was most familiar to their families, who used the application to communicate with overseas family members. Partners leveraged this initial familiarity into trainings on other platforms. BSK partners reported that phone contact was the lowest barrier approach to programming. BSK capacity builders reported that online forms were most useful when they could be sent via text and filled out using a phone.

Many partners described a technological transition as they learned a new platform and well as a transition in approach as they learned how to engage in a virtual environment, adapt to participant contexts (including

HIPAA/confidentiality concerns, bandwidth, and competing demands on time and attention), and mitigate screen fatigue. Challenges with this new type of service provision included this learning curve for both BSK partners and participants in using new technology as well as increased workload and increased organizational expenses. These changes are further described as either pivots or innovations in Section V.

> *"We adapted to the COVID situation by moving our form of communication using online platforms, like Zoom to outreach to Latino parents. Our weekly food bank event has been our greatest form of communication."*
> *-Vroom partner*

Delivery or Pick up Based Remote Services

Some BSK partners reported moving to delivery-based service provision as part of a switch from their regular programming. This included delivering food, health supplies and other basic needs, as well as physical activity kits to support children with learning and to provide relief for parents. In some cases, the delivery process allowed for continued relationship building and needs assessment; in other cases, it was a way to provide materials to support or augment programming that was delivered online.

Address Basic Needs

Community assessments indicated that many BSK participants and the wider community experienced immediate increases in basic needs due to loss of income, new health guidelines, and the need to access services and school remotely. These needs included food; technology equipment, software, and internet access; rent and other economic assistance; and health and safety supplies such as sanitizer, wipes, masks, and gloves. BSK partners addressed these basic needs most commonly by providing food and technology support. Several partners reported using their BSK funds to provide basic needs support. Partners directly distributed basic need items, shared resource referrals, and leveraged partnerships to reach participants.

> *"Our program has made significant changes over the last six months in response to COVID-19. We saw our families struggling with food insecurity, unemployment, homelessness, and housing insecurity. In response, we drastically shifted our energy and focus, to support the immediate and urgent needs of the families we serve. We launched a drive-through food pantry in March that ran through the end of June and served over 2,000 families with our biweekly distributions in South Seattle and Kent. To put on this food distribution, we partnered with seven organizations to provide families with reusable masks, fresh produce, shelf-stable foods, and ready-to-eat foods. For families that were at-risk or without transportation, we also conducted no-contact deliveries of groceries, diapers, and other necessities."*
> *-Home Based Services partner*

Support Social Emotional Well-Being

BSK programs shifted to provide social and/or emotional support for children and families. BSK partners mentioned these types of supports in narrative reports and emergency scopes of work at similar levels. Some BSK partners may have already focused on social emotional learning or provided mental health services; others may have learned about new participant needs from providing emergency case management that included

assessment of basic needs as well as emotional support for participants and families struggling with significant health and economic issues. This emotional support, like basic needs assistance, was sometimes related to the needs of siblings, parents, or other family or community members, regardless of initial program focus. Several BSK partners reported providing information and direct support for caregivers to support the emotional needs of children in their care, particularly while dealing with confinement during quarantine. Similarly, BSK partners reported increased social emotional or well-being needs of youth experiencing social isolation. Direct support was provided through a range of different approaches, from one-on-one meetings to support groups to workshops. Workshops, online resources, and meetings were also used to share information about self-care and demonstrate tools such as meditation and mindfulness practices. BSK partners also mentioned employing writing and other generative activities with youth to support processing feelings.

> *"...many grantees have shared that the youth they work with are struggling with mental health challenges during the COVID-19 pandemic and Black Lives Matter protests, though also many point to strong relationships between staff and youth being a source of support and connection."*
> *-Out of School Time partner*

> *"Families have had support in a variety of ways including information about self-care in quarantine, such as taking a break for yourself, staying connected to your community, getting outside, if possible and practicing self-compassion."*
> *-Early Support for Infants and Toddlers partner*

Provide Pandemic-Related Information

BSK partners were sources of pandemic, health, and safety information for their participants. This type of support was mentioned less in the emergency SOWs than in narrative reports. BSK partners reporting providing information about resource referrals and information about COVID-19 most often. Resource information included things like where and how to access food, housing assistance, or technology support. COVID-19-related information included how to slow the spread of COVID-19, how to respond to illness or exposure concerns, and information about current public health guidelines and requirements. BSK partners also mentioned providing parenting tips and activities for children, as well as tips for homeschooling or online learning. BSK partners mentioned taking steps to keep the information up to date as well as to provide resource lists in multiple languages. In a few cases, BSK partners mentioned using trusted messengers to provide culturally relevant and targeted information for their participants. The most common method of information sharing mentioned was through phone calls, followed by video meetings and online websites. BSK partners also used pre-recorded videos, email, and paper flyers and newsletters. Some partners reported using social media, including Facebook Groups to share information and a few mentioned offering information when conducting deliveries or having participants pick up supplies.

Change Timing or Quantity of Programming

Reductions in BSK program services were most often found in emergency SOWs. In these documents, BSK partners commonly reduced the expected number of hours per day/days per week/ and/or weeks total of services. These reductions were most common for after school and summer youth programming. BSK partners also proposed to reduce the number participants for their programs in emergency SOWs; proposed reductions in participants were present across a wider range of strategies. Some partners planned to reduce programming

and shift to one-on-one check ins with families. Reductions in service also included reduced office hours or services or fewer visits. Narrative reports often included descriptions of reduced enrollment and challenges with recruitment efforts.

> *"Our remote work and with everything that is going one our client participation has decreased. Our recruitment process has been slow since we rely on word of mouth and no walk-ins or large recruitment events."*
> *-Stopping the School to Prison Pipeline partner*

King County guidance to BSK partners included suggestions to work with contract partners to shift deliverables to later in the contract period. Several programs requested no-cost contract extensions through December 2020, hoping that school-based in person programming could resume in September or family supports when limits on in-person gatherings were lifted. BSK partners also reported some closures or postponing programs while internal processes to conduct remote or virtual services were developed. This included set up to work from home, creating videos to use in virtual group meetings, and creating process flows for phone check-ins and accompanying documentation.

BSK partners reported that some events had to be cancelled completely. Large, in-person events scheduled for March and April were either postponed or cancelled, as there was not time to pivot to a virtual event. Other types of BSK programs that needed to be cancelled immediately after schools and community gathering spaces closed and limits on the size of gathering were imposed included: parenting classes and groups; school activities like field trips, presentations, sports, and other afterschool programming; staff development and organizational fundraisers; screenings for child development, hearing, or vision; in-home trainings for child care providers.

At the same time, there were many mentions of BSK partners increasing services. Most BSK programs added basic need support, information, and social-emotional supports because those were immediate needs and other programming was not possible as measures to slow the spread of COVID-19 were imposed. The data also showed that several partners were able to extend their geographic reach, increase service hours, and increase the number of participants served using virtual technologies. Some of these changes are innovations that partners intend to continue in some form after pandemic restrictions ease. BSK partners added parenting supports and information, assistance with online schooling, and some reported moving from after school programming to all-day. The cost of these increases, in terms of resources and BSK partner staff morale, are discussed in the challenges section below.

> *"We have shifted our work to 100% virtual services due to the public health crisis. While this presents a variety of challenges, it has provided opportunities to be involved with our clients in ways that would not have otherwise presented themselves. For example, we may on occasion see a client for an impromptu therapy session due to greater flexibility that exists with no travel to/from a client's home. We often work with children who experience frequent moves between foster homes; teleintervention has allowed us to follow the child to their new home and continue offering services when doing so in person would have been much more challenging."*
> *-Home Based Services partner*

Assess Community Need

Many BSK partners conducted informal or formal needs assessment processes to understand how to best serve families and youth. In many cases, families reached out to trusted staff at BSK partner organizations to share needs. BSK program staff reported hearing about new needs from BSK partners and some reported coordinating within King County government or their strategy to respond. BSK partners collected information on needs over the phone, through their websites, and in some cases, through socially-distant contact. Partners assessed need not only for their direct participants, but also for the families of participants and in some cases the wider community in the geography they served. BSK capacity builders helped make this shift efficient for some BSK partners; one partner reported that having a template to collect information would have been helpful.

C. ATTENDING TO RACIAL EQUITY

In designing and executing program changes, many BSK partners reported multiple ways they persisted to advance racial equity in a context in which "COVID-19 is a new crisis on top of the existing crisis of racism, and how racism, despite amazing community resiliency, is an underlying root cause of the disproportionate impacts on communities of color."[4]

> *"Many young people in our programs have limited access to stable Wi-Fi and computers which makes it difficult to stay connected with the community as well as complete school requirements during quarantine. The structural disparities that existed in our communities before the pandemic and uprising have become exacerbated under these increasingly heightening conditions. In general, these technological resources have not been widely available for our program participants and this disparity became a lot more clear once quarantine took effect. In 2020, technological resources like these are a lifeline. Lack of access to these particular technological resources exacerbated the variety of other challenges impacting young people in our programs + communities, including but not limited to: challenges with maintaining physical and mental health, difficulties with personal and inter-personal well-being, limited access to resources due to job loss, structural loss of support (including food) with school closures, little to no access to childcare and overall isolation."*
> *-Youth Development partner*

BSK partners reported a range of activities and supports for participants as well as for their own staff and within their organizations.

Supports for BSK participants included:

- Request and in some cases conduct translation of COVID-19 materials into multiple languages and distribute through credible messengers and culturally relevant media.
- Address technology and basic need gaps that exist because of structural marginalization of BIPOC communities.
- Support youth-led projects to address racism towards Asian-Americans because of the pandemic as well as protesting police violence.

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[4] BSK Blog, 6/11/2020, Racism is a Public Health Crisis.

- Support youth and family trauma related to racism and COVID-19, including listening circles and parent education for talking to children about race.

"Following the murder of George Floyd, our webinars addressed the heightened fears and experiences of BIPOC families of racist backlash to the protests. Our staff facilitated difficult and necessary conversations on staying safe, supporting families, and talking with children about racism and antiracism."
-Community-based Peer and Parenting Supports partner

Supports for BSK partner staff and organizational structures included:

- Adequate resources for BIPOC staff, particularly as awareness of racial inequities increased in May 2020.
- Anti-racism training and education for BSK partner staff, including space for processing and affinity groups.
- Racial equity reviews of BSK partner organization policies and practices.

IV. BSK PROGRAM RESPONSES TO COVID-19

The second evaluation question for this report focused on King County government actions and asks, "In what ways did (the) BSK program need to change processes to respond to these impacts on BSK implementation?" Overall, and with limited data available for this study, BSK partners were positive in the ways they described King County support during the early months of the pandemic. Partner voice for this project comes exclusively from written reports submitted to King County, and due to concerns about disclosure, nuances about challenges, equity, and power dynamics are not likely to emerge in our analysis. Still, we heard positive regard for King County support to BSK partners through a small number of mentions in both emergency SOWs and narrative reports. Contract and budget guidance shifted relatively quickly and were informed by the stated needs of BSK partners. Types of supports mentioned as helpful for BSK partners ranged from training to information to funds for tangible needs as well as collaboration and communication. Other supports around capacity building and information sharing were also responsive to BSK partner needs. Appreciation for continued and flexible funding was mentioned by BSK partners as well as BSK capacity builders and BSK program staff. In contrast, one BSK partner noted that reporting requirements during the pandemic time were burdensome and another noted that public health data that they needed to design ongoing child vaccine outreach programming (not related to COVID-19) was not available because staff had shifted to pandemic support.

In considering the BSK program response to COVID-19, it is important to note that many King County BSK staff were reassigned to support COVID-19 health responses. This, in turn, caused changes and reductions in resources for both BSK activities as well as the King County infrastructure that manages BSK investments.

A. FLEXIBLE DELIVERABLES AND REPORTING

King County BSK leadership shared emergency SOW and budget guidelines in recognition of the need to adjust contracts to support the health and wellbeing of King County communities and the BSK workforce. King County BSK staff recognized that it was unrealistic for organizations to fulfill all contract obligations considering pandemic restrictions and that some organizations would find new ways to do their work and meet community needs during the emergency.

BSK partners were guided to:

- Identify new ways to do their BSK work consistent with pandemic restrictions.
- Shift deliverables to later in the contract period.
- Create deliverables related to COVID-19 needs.
- Update budgets related to expected costs, including shifting funds to cover basic needs for participants related to pandemic impacts.

The guidelines and suggested approaches were intended to be adaptive and, at the same time, support ramp up for post-COVID-19 services. The guidance directed BSK program managers to work with BSK partners to determine changes to deliverables (or new deliverables) and to discuss and document how program activity and outcome measures would change. The guidance included suggesting capacity building support for either new performance measures or IT/data collection, as needed. At the time the guidance document was created, the emergency SOWs were expected to encompass work from February 2020 through August 2020; the contracts were extended through December 2020.

B. RESPONSIVENESS TO PARTNER NEEDS

BSK program staff identified additional types of support that they thought would be helpful for BSK partners during this challenging time through a weekly staff survey. Narrative reports included instances where BSK program staff listened to partners, supported health and safety information needs, and provided emotional well-being support for partners. In addition to openness and care, BSK partners appreciated that BSK staff responded to the challenges they reported with flexibility regarding performance measures, deliverables, and changed reporting deadlines.

> *"Grantees expressed that this kind of multi-faceted approach to supporting families would not have been possible without flexible funding and the ability to revise their emergency scopes of work to incorporate emerging needs: "(Your) and BSK's most impactful support has been the incredible public communication and nonprofit support offered during the pandemic. We are especially proud of the COVID19 emergency scopes of work. This allowed (the) nonprofit sector to modify our contracts in such a way that we were able to address the emergent community needs that COVID19 created while simultaneously re-imagining our youth development work in virtualized contexts. We cannot stress the significance of this level of support. We wouldn't have survived as organization without this level of proactive strategy."*
> *-BSK program staff*

> *"…As flexible as we were with them (community partners), you were flexible with us … a lot of you (BSK staff) are really good at like, "Oh, what about this little thing?" or "What about this?" or like, "How do you do"--you know, I think one time you said that know how do you think of attendance and maybe you do this and I think those little things help so much, you know, the grace, I think that little work-throughs that may seem little when you suggest them, but like, "Oh yeah!", you know. It really helps... I think this funding opportunity has become more of like a collaboration partnership thing and I really appreciate that because it doesn't feel as pressure from like top down to get things done…"*
> *-Innovation Fund partner*

This study included some additional perspective from contracted capacity builders who work directly with BSK partners on a range of topics from data to fundraising to organizational development. Their feedback included positive regard for King County's engagement processes. In interviews, two staff from The Capacity Collective, a BSK contractor supporting the data needs of multiple partners across several strategy areas, reported being included in regular BSK strategy calls and being engaged by BSK staff when partners requested information or shared data needs. Other BSK capacity builders were invited to attend strategy meetings to listen to needs and offer assistance. Based on feedback from and in partnership with capacity builders, King County government published a BSK blog post in May with a compilation of asynchronous webinars for BSK partners addressing new challenges in remote work.

Specific examples of King County responsiveness to partner needs for support are detailed in the following sections.

Continued Communication and Information Resources

As measures to slow the spread of COVID-19 were imposed, BSK program staff posed questions about ongoing changes to contracts based on pandemic developments. Staff attended to partner needs for clarity as the environment continually changed. Staff reported ongoing requests for information from BSK partners about use and timing of funds, translation services, and opening and reopening guidance.

> *"What are the expectations of our awardees during summertime? Are we as BSK going to provide some guidelines?"*
> *-BSK program staff*

As BSK partners moved to remote operations and provided basic needs support, BSK program staff identified the need to provide a range of information resources for BSK partners and for internal use. This type of resource commons could include technology guides, best contacts for services or programs, as well as best practices in meeting health and safety guidelines or offering remote services. Resources around mental health supports and general support for low-income, diverse communities, youth, and those not familiar with county or civic infrastructure were mentioned.

> *"I think as our partner orgs are deciding their organizations' policies around telecommuting and meetings, they are looking to King County for guidance. If BSK leadership has any insights or info on this, it would be helpful to know!"*
> *-BSK program staff*

Flexible Funding

Structural shifts in how King County government implemented the BSK program, particularly changes to funding uses that allowed partners to provide for participants' basic needs, were appreciated by partners. Flexibility with existing funding to provide shifts in services was also mentioned as critical for organizational survival and to meet BSK participant needs. Some organizations needed to hire leadership and/or support positions; resources made these new hires possible. Some organizations reported being able to pay volunteers and partners or retain staff.

> *"Thanks to the flexibility of the BSK funds, we were able to meet the urgent emergent needs of families."*
> *-Community-Based Parenting and Peer Supports partner*

Training and Capacity Building

BSK partners mentioned appreciation for support and training regarding equity and racial justice, Zoom and web conferencing training, as well as digital curriculums.

BSK program staff supported communication to ensure that capacity building support was available for BSK partners. This support was important for the key programming changes described in the section above, particularly the switch to remote services.

> *"Our team has attended multiple trainings over the past six months, more than we ever would*

have had the time to participate in if we were not working from home. We are so appreciative of all of the professional development opportunities that BSK and other organizations have offered during this difficult time. We have taken advantage of as many trainings and workshops as we can and have gained valuable knowledge and tools in a variety of topics."
-Community-Based Peer and Parenting Supports partner

C. ATTENDING TO RACIAL EQUITY

BSK staff survey responses frequently channeled partners' needs for translated materials and culturally relevant information for BIPOC and immigrant communities as the pandemic unfolded, noting gaps in language availability and content areas. Descriptions from the narrative reports made clear that BSK partners took on much of this work within their organizations.

In addition, BSK program staff supported racial equity by engaging cultural navigators to gain feedback on community needs and concerns. In addition, BSK program staff reported collaboration with BSK partners to conduct inclusive workforce development efforts, engaging in diversity and equity learning cohorts, and efforts to increase racial equity in programming. BSK program staff from at least two strategies reported conducting racial equity-focused work across the strategy and with partners.

V.   NOVEL SERVICE DELIVERY: SUCCESS AND INNOVATION IN A PANDEMIC

The third evaluation question for this report asks, "To what extent were novel service delivery and system changes implemented? What are challenges and successes related to those changes?" In this section, we consider definitions of success during the study period, categorize novel service delivery as either short-term pivots or innovations to continue, and identify facilitating factors for BSK partners. In the following section, we address challenges and system change.

A. DEFINITIONS OF SUCCESS

Analysis of the data, particularly the narrative reports, revealed the many ways that BSK partners defined success during this time.

Responsiveness and Adaptivity to Changing Needs

Partners described their success in terms of responsiveness and adaptivity to their communities changing needs. These partners would reference their work to identify community needs, their effectiveness in responding to these needs (even if it was a departure from their regular programming), and the speed with which they were able to make these changes as successes. Leaning into new, needed roles such as delivery of public health information and meeting basic needs were characterized as success.

> *"(We) were able to interact with students and families, and successfully reduced the feelings of isolation by offering a community resource page. Via input from a variety of sources, it was assessed that families wanted information on implementing self-care techniques, creating daily schedules for learning, and understanding the State's learning standards. Guardians expressed a strong desire for obtaining resources so they could customize learning programs for their children. The creation of these Google Classrooms filled the 2-week gap that existed for many students. Many families showed gratitude, and these sites were shared throughout the community."*
> *- Trauma Informed and Restorative Practices partner*

Continuity of Services

Another frequent definition was meeting the terms of contracts and scopes of work with King County. Partners referenced elements of these agreements such as meeting enrollment targets, the proportions of participants and participants engaged, and continuity of services during this time as a success.

> *"We didn't allow for Covid19 to interfere with our youth program. We came up with a structure that would allow us to continue our work…[and] were successful in retaining the majority of the youth through this new way of conducting groups."*
>
> *-Youth Development partner*

Organizational Survival

Finally, partners felt that organizational survival and internal resilience during the emergency were evidence of their success. Being able to retain staff and continue operations despite the enormous setbacks and challenges presented by COVID-19 and associated safety measures required significant effort and some organizations were more successful than others in this regard.

> *"Sometimes success can be measured by how we persisted, despite significant odds. That is definitely true for this program during the past 6 months. The COVID-19 crisis has had a deep impact on (us). Our clients and staff are mostly high risk. The work of doulas is by nature higher-risk for COVID-19 transmission. Doulas are also essential workers. Despite all of these challenges, our doulas and staff truly rose to the occasion. After a sharp drop in referrals and clients served in April and May due to COVID-19, we continue to serve more clients in June. If this trend holds, (we) will serve as many clients as expected this year and will have to hire more doulas to meet the demand. That is something we are very proud of."*
> *-Home Based Services partner*

B. NOVEL SERVICE DELIVERY: PIVOTS AND INNOVATIONS TO CONTINUE

As described above, BSK partners defined success in multiple and sometimes overlapping ways. To distinguish between successes that can be built upon at a systems level and changes made in response to challenging circumstances that could be suboptimal when in-person operations can resume, we draw a fine line between pivots and innovations. Pivots are changes that are not likely to have value or to be sustainable once challenging COVID-19 circumstances are resolved, while innovations refer to changes potentially worth continuing in non-pandemic times. Some innovations were fully born from the crisis, while others were described as ideas that had been in circulation but were not implemented until the pandemic made it necessary. Sometimes similar changes were described as both pivots and innovations, depending on the organization, strategy, or community characteristics.

Changes to Virtual Service

Changes to virtual service were the most frequently cited change taken on by awardees. These changes encompassed:

- the transition for staff to a work-from-home situation.
- adaptation of programming to use virtual communication platforms (synchronous or asynchronous).
- home delivery of physical materials.

These changes were most often described as pivots—changes made out of necessity while programs continued to plan for a non-virtual future. However, several partners and BSK capacity builders also described the change to virtual services as an innovation. These BSK partners plan to develop hybrid modes of service that would blend virtual and in-person opportunities. They cited the ability to use technology to overcome transportation barriers and the potential for expanded capacity and reach as attractive reasons to continue to develop virtual services. The pandemic experience has also reduced some of the previous barriers such as technology device access at home and staff and participant familiarity with various software platforms, paving the way for virtual services to continue. BSK capacity builders reported that partners have increased buy-in for data systems based

on the value the systems provided in supporting shifts from in person to remote activities and understanding and responding to basic needs. Partners reported improvements in service and reporting efficiency, based on these data system improvements.

> *"Our team was able to change our paper documents that fathers would sign as intake forms upon entry to our two offices into a digital format with an ease of use for everyone. We were also able to create a signature document in which we utilized to access the child support system so that we could keep up to date information for our father's needs. This type of system has proved to be efficient to carry on the mission of (program) and to continue to promote healthy relationships between father and child. Evolving times have brought forth new technology for us as well to be able to have face to face interactions with the fathers when it comes to our men's groups and filling out court documents."*
> *-Community-Based Peer and Parenting Supports partner*

> *"(We) continued to be creative in coping with emerging challenges that our communities face such as the digital literacy. We launched a virtual training center on WhatsApp group to assist our participants with the digital skills needed to comfortably use Zoom for meetings, download Apps and book Lyft/Uber rides and apply for unemployment benefits as well as accessing other resources online."*
> *-Child Care Health Consultation partner*

One partner noted that they had developed an explicitly virtual model pre-pandemic and found it very easy to adapt/continue in this time. Their experience highlights how changes made and skills developed during this time can be an asset for future resilience.

> *"Moving to a virtual platform helped us to return to our source documentation for screenings and assessments, curriculum, and home visiting practice with a keener lens for flexibility. Our model focuses on holding parents as the first and most important teachers of their children. Our program values supporting home language and heritage, families in identifying their goals and the steps to move forward, as well as supporting the increase of attachment between parents and children. We hope to support the empowerment of the parents as we work to build child developmental skills and a healthy environment so that children can be ready for school. While it has been challenging to lack the face to face interaction, the virtual wall has reinforced the importance of putting the parent in the leadership role. This reinforces the parent's role in modeling skills for a child, as well as reinforces the importance of the parent's role in observing and describing their child's development. We adapted our…developmental assessment tool to be more parent friendly, as well as tools such as our child goal sheet. We added reflective choices and incorporated more flexibility into our screenings to ensure the parent is taking the lead, both for safety reasons and to support their empowerment. It has always been our intention to do in partnership with, rather than do for, but the situation has required we strengthen the structures that support that locus of control, rather depend solely on training and outlined steps of process."*
> *-Home Based Services partner*

> *"With the shift to virtual parent groups, we are actually seeing a dramatic increase in parent caregiver participation. We received 60 registrations for our summer 2020 BSK Black Moms Parent Support Group, with 33 new program participants in June. The virtual parent group is more accessible to parents in several ways: 1) parent caregivers can participate in group from the comfort of their home, which is especially important for parents of children ages Birth to 5; 2) the barrier of transportation no longer impacts access; 3) the flexibility and versatility of the virtual meeting (ie option to mute, camera off, chat box, etc. as needed) allow parents to participate according to their comfort level, without competing with emerging needs of children in their care. Based on the increased participation we are witnessing, we intend to continue offering parent support groups virtually, even after we (eventually) return in-person programming."*
> *-Community-Based Peer and Parenting Supports partner*

New and Deeper Partnerships

New partnerships were another frequently named partner change. Again, these changes were most frequently characterized as a necessary pivot, with a few instances of innovations partners hoped to carry forward intentionally. The greatest source of new partnerships came from meeting basic needs. Community resources such as food banks, churches, and diaper service providers were new connections for partners to enable "last mile" delivery of these goods to their families. New partners also came in the form of funders dedicated to COVID-19 relief.

> *"One of our greatest successes is our partnership with other community organizations. With the pandemic happening we saw a shift in needs for the families we work with. We were able to partner with a local church and two other TIRP organizations to provide families with food and gas gift cards as well as bill assistance, fresh produce, and face mask! We were able to do this because of the flexibility of the grant as well as school staff working alongside us to get information out to families!"*
> *- Trauma Informed and Restorative Practices partner*

While partnership efforts to address basic needs represent a massive positive effort and important connections that might be useful as future needs arise, we did not find consensus around continuing to partner at this scale to meet participants' basic needs.

> *"I think COVID, it just sort of highlighted needs that were already there. It just got amplified…it was families that already are living paycheck to paycheck. So, maybe just on the brink of needing food support. I think we've really been able to think about, with all the funding sources that we have now, really that should be a part of our programs since we have the ability to support families with maybe even minimal emergency assistance. That would facilitate or help us keep families and work with families on the goals that we have programmatically. So, I think that's been as a result of COVID, as well, but also kind of shining a light on inequities that exist, generally."*
> *-Innovation Fund partner*

> *"…one of the challenges is how to expand our services and adjust to changing times and pivot, but also maintaining our focus on the mission of the organization and the specific*

*projects we have, and not falling into mission creep or doing things that are beyond the
scope of our organization. And so many times we want to do that. But one, we either
don't have the funding or sometimes we get funding to do it and then we have to really
sit back and say, is this in line with everything we're meant to be doing?"*
-Innovation Fund partner

Two types of partnership developments during this time were described as innovations to continue to develop
with intention. First, partnerships with schools and teachers deepened for some partners who described
successfully working alongside teachers to support student success as a team. However, it is worth noting that
this experience was uneven, with other BSK partners reporting reduced ability to get the school's attention and
partnership during this time.

*With the support of every member of our Student Success Team (SST) we were able
to...work closely with our teachers to provide ease of access to virtual learning platforms
that allowed our students to have some academic structure at home. (Our) staff
supported our (school) teachers by making phone calls around the clock to our (school)
scholars and parents to help them get connected technologically, emotionally and
mentally.*
- Trauma Informed and Restorative Practices partner

Second, partnerships that affect core service delivery were established during the pandemic. One example is the
connection of Child Care Health Consultation partners with a statewide organization for referrals. Another
comes from the Innovation Fund where the pandemic has elevated the need for cross-sector connections to
deliver more holistic services.

In terms of operations, at least one organization described new templates to streamline the process of
establishing partnerships, indicating an interest to continue working with partners.

*"We've been doing a lot of partnerships, and we've had a lot more partnerships coming
in in the past six months. And it seems like we have a lot more that will come in in the
next couple of months as well. And part of that was having a formalized partner letter
that is easy to share, easy to sign and easy to get done...I think in a lot of ways things
have been different, but it has increased our communications and our efficiency."*
-Innovation Fund partner

More Holistic Engagement with Participants

During the pandemic, BSK partners developed new, and in some cases deeper, relationships with participants.
BSK partners became conduits to critical information and basic needs. At the same time, virtual and remote
engagement created new levels of intimacy with more visibility into the homes and living circumstances of both
participants and partners. Many partners reported shifting to more one-on-one connections/services and
offering more holistic family engagement because of this heightened intimacy. While this approach is more
resource intensive, partners described this depth of engagement as something that had been their "ideal" pre-
COVID-19, became necessary during the pandemic, and something they hope to keep even as they return
to their core programming. Those who were able to respond to their participants' holistic needs during this time
anticipate having built greater foundations of trust that will make future work more effective.

"To respond to the COVID-19 pandemic we have pivoted our family engagement work from in-person training to offering individual support to parents and caregivers both in navigating the educational system and basic needs during this challenging time. We …provided one on one consultation and support, opportunities to engage directly with school district decision makers and survival supports including packaged food and basic necessities for struggling families because of the pandemic."
- Trauma Informed and Restorative Practices partner

"Communication between families and CLs [community leaders] has broadened to include basic needs support and system navigation, in addition to conversations about child development and school readiness topics. Naturally following this, [program] staff time has been re-distributed to support the emerging needs of families. In April, we began recording how frequently CLs were connecting with their clients to support them with basic needs, and since April 1, our 6 CLs have made over 750 of these types of contacts."
-Home-Based Services Partner

C. FACILITATING FACTORS

To understand how BSK partners were able to quickly pivot from in-person to remote services and to expand operations to meet basic needs, the research team explored the most mentioned factors that BSK partners identified as supporting their success (however they defined it). We learned that BSK partners identified common facilitating factors and further, partners reported that their capacity in these areas was also increased by their successful response to pandemic challenges. In this section, we focus on organizational capacity and partnerships, two of the most common facilitating factors named by BSK partners when talking about their success. We briefly discuss how the BSK system itself served as a facilitating factor for meeting some of King County's community needs.

BSK partners reflected on their organizational capacity in the following ways, identifying changes to organizational capacity that have both short-term and longer-term positive impacts.

Leadership, Internal Communication, and Capacity Building

BSK partners reported that internal organizational strength in leadership and internal communication facilitated their ability to offer needed training on technology in the short term. BSK partners worked to develop online programs, explore and/or create platforms for online learning and communication, and obtain hardware and software support for their staff and participants. By meeting the short term need for a wide range of technology supports, BSK partners and their participants developed organizational capacity and technology knowledge that may prove a future asset.

"Our families had difficulties with technology prior to Covid-19 but now they had no choice but to learn something they never did before. We provided our students and families with training and workshops to break that barrier."
-Stopping the School to Prison Pipeline partner

BSK capacity building support also facilitated partner ability to respond to community need. When home visiting and other programs shifted to deliver food and emergency aid, funded by BSK as well as new partnerships, they needed to track these new services, including understanding who needed services, who was eligible, and who received varying types of assistance. BSK capacity builders worked with organizations to develop electronic systems to support the processes. Using electronic systems, particularly the Apricot database, allowed BSK partners to effectively track the entire process, from identifying needs to reporting outcomes.

BSK Individual Staff Autonomy and Innovation

Freedom to pivot and innovate and use "creative thinking" to solve problems was mentioned as a component of organizational capacity that allowed for successful BSK partner response to the pandemic.

> *"Going online has eliminated some transportation and location barriers but has raised new ones re: technology. Our program director and resident teaching artist mentors have been participating in professional development workshops to help better serve diverse youth through the arts and to expand the breadth of our programming."*
> *-Youth Development partner*

Relationships and Trust with BSK Participants

BSK partners reported that existing trust between their organization and participants and community facilitated their ability to meet needs. In addition, responding to the pandemic by tackling complicated and uncomfortable conversations allowed families to build communication skills and confidence need for future conversations on their own. The increased trust and dialog provided opportunities to develop new referral systems. Trust built during the pandemic response was something partners looked forward to leveraging in a return to traditional programming.

> *"Providing crisis services has helped us gain more trust in the community…Starting to see parents assist each other, starting to identify parent leaders in the group…Sharing format of on-line parent support with other organizations…Parents becoming more confident with the virtual meetings, started with only a few families, growing slowly."*
> *-Community-Based Peer and Parenting Supports partner*

Partnership Orientation

As mentioned in the previous section, partnerships and new collaborations were common among changes to BSK implementation. Some partners had more experience working via partnerships than others and this became a facilitating factor during the pandemic response in providing both basic needs and mission-critical programming. They had advantages in existing relationships, a staff culture of partnership, and systems or templates for developing shared understanding of roles. Others quickly developed these relationships and systems during the pandemic, and like many of the organizational capacity factors, this increased collaborative capacity may serve BSK partners in the future.

> *"By far the biggest challenge for our program was supporting youth's social and emotional needs throughout the pandemic and lock down due to the limited capacity in*

which we are having to operated. We navigated this challenge through partnering with a local mental health agency to offer virtual wellness sessions as well as through weekly online youth groups. Additionally, new tutoring partnerships were formed to support children throughout the summer and will continue throughout the school year."
-Stopping the School to Prison Pipeline partner

BSK System Facilitated Pandemic Response

Being a part of the BSK community facilitated BSK partner changes and adaptations to respond to the pandemic in several ways. BSK program staff listened to understand the needs of BSK partners, responded with information and multifaceted support within their scope of authority, and communicated higher level needs to BSK leadership. BSK leadership offered clear guidance and flexibility to fundamentally adjust operations and authorized individual support in planning for adjustments through emergency SOWs. King County BSK leaders also authorized the existing capacity building consultant infrastructure to assist partners in responding to the pandemic through additional webinars, individual support with performance measurement adjustment, and assistance in staying up to date on financial opportunities. Organizations funded by BSK received critical supports and flexibility that supported functional and effective responses to community need and as the pandemic unfolded.

D. CHALLENGES TO NOVEL SERVICE DELIVERY

Changes to virtual service, new and deeper partnerships, and more holistic engagement with participants were the three categories of innovation emerging from these data. However, it was clear that these innovations were not without their own challenges, some of which continue today.

Learning Curve

Almost all organizations described changes to their core work. With this came a learning curve for staff implementing the work. Most referenced the shift to virtual service provision, including the basic technology know-how, and beyond that skills related to effective remote facilitation and creative ways to engage. Many also cited a learning curve in terms of how to address participants' basic needs for more holistic engagement and learning the landscape of community resources. BSK staff efforts to remedy these issues were also evident in the narrative reports.

> *"How do you log in? How do you share information? Where is the information sitting? What does sharing your screen mean? And then your families are calling you on phone. When they are talking to you on the phone, how do you take notes? And how do you put it back in a platform so that others can support you? It was this huge, steep learning curve. We spent all of April and May really doing just that. Nobody could meet. Everything was in a pause. We said, OK, we have to start because the community is aching. They are hurting. But how do we start? Due to the steep learning curve (that the facilitators are still experiencing), they all have an iPad now, but still they're experiencing those hiccups."*
> *-Innovation Fund partner*
>
> *"It was a major challenge for us to really shift gears and figure out the best way to*

support our youth and families at a time like this... in fact, we only had one student show up to our first zoom session. This is when we realized, we don't know much about hosting online programming and needed to take a few steps back and get some help! So, we took advantage of an awesome resource shared by the BSK contract managers; an online training on how to host virtual youth programs! We incorporated what we learned in the training and had almost all of our registered students show up for the next few zoom sessions. Ultimately, we are learning that the key is vulnerability and presence…We don't know what comes next, but we will be present with our youth and families through it all."
-Youth Development partner

Expanded Volume and Scope of Work

Some BSK partner organizations reported doubling and sometimes even tripling of requests for services. While this was the catalyst for more holistic engagement and partnerships, it also required resources that may have been beyond what they were originally contracted for. Staff worked extra hours to be available to participants. However, not only did the volume increase, but so did the scope of the work. Staff members often had to step outside the boundaries of their job descriptions to become ad-hoc resource navigators and case managers for community members, often without the experience, knowledge, and tools to do so. This was not only cognitively exhausting due to the steep learning curve, but also emotionally exhausting as they were assisting families and individuals experiencing extreme hardship and uncertainty.

"During the confusing, and in some cases difficult, transition to distance learning at home, Education Specialists became essential facilitators between schools, caregivers and students. They…assisted with overall resource navigation for youth and their families… The flexibility of our program allowed Education Specialists to fill gaps in resources and support. This included delivering items that social workers or teachers could not, such as school-work packets, technology devices and even graduation celebration baskets."
-Youth Development partner

Innovation Comes with Continued Change

While excited about the innovative outcomes of the pandemic response, partners are also grappling with emerging operational challenges associated with new ways of working and continued uncertainty. For example:

- BSK partners continue to refine methods for reaching participants -- for example, finding that fillable PDF forms are less useful than online forms that can be texted and completed on a phone. According to one BSK capacity builder, "we are still creating solutions to continuing barriers."
- New needs are also emerging -- for example, help with preschool or assistance with special education for school age children. While BSK partners have leveraged data systems in creative ways, like using a QR code survey to record staff temperature checks as hybrid operations have become possible, these new circumstances and needs require shifts to data systems.
- There continue to be new funding partners for basic needs assistance, requiring continuing adaptations to internal processes and data systems.
- BSK partners have shifted from conversations with families about their child's developmental milestones, for example, to how to get basic needs met. This shift continues as measures to slow the

spread of COVID-19 continue to impact income and the pandemic continues to impact individual health. BSK partners face continued challenges in focusing on mission-critical programming beyond meeting basic needs.

- As data systems evolve to respond to requirements for virtual services, time for training and implementation support has been limited. Sustainable data systems will require organizational investments of staff and time that may be a challenge giving the continuing need to readjust services as the pandemic continues.

VI.   ADDITIONAL PANDEMIC CHALLENGES

This section outlines challenges for families, children, and youth participating in BSK programs and for BSK partner organizations and their staff, beyond those directly related to novel service delivery described above.

A. BSK PARTICIPANT CHALLENGES

BSK partners reported challenges for families and youth that surfaced through BSK program staff surveys as well as directly from BSK partners in emergency SOWs and in narrative reports. The most common challenges for families and youth were increased basic needs, technology issues including equitable access to internet, software, and equipment, and confidentiality (particularly for LGBTQ+ youth living in homes without support for or knowledge of their sexual identity). In addition, BSK partners mentioned their participants facing challenges with health and racial trauma and general increased need for emotional well-being support.

B. BSK PARTNER STAFF CHALLENGES

The pandemic and associated measures concurrently increased the need for community services and the difficulty of delivering them, while also reducing the resources available to do it. This resulted in staff being squeezed from many sides over the course of the pandemic. Narrative reports documented instances of "Zoom fatigue" and other forms of technology overload for participants and general BSK partner staff fatigue. Flexibility from King County on shifting funding for basic needs and new funding sources from the federal CARES Act and the Payroll Protection Program may have eased financial burdens for some organizations and made continued operation possible. Yet, many reported challenges with funding losses or uncertainty about whether and how to use these relief funds. Compounding the challenges with direct service provision, most organizations also needed to redesign their fundraising and volunteer programs to comply with pandemic response measures.

Financial Challenges and Job Insecurity

Staff and labor are typically the largest operating expense for a non-profit organization. Several organizations related funding challenges and the possibility of possible layoffs and furloughs during this time. Many spring fundraisers were cancelled. Organizations who do not explicitly address basic needs saw some funders diverting resources to COVID-19 relief.

> *"Maintaining staff - it's hard to find qualified individuals with a passion and personality that "works" for adolescents, keeping these teams intact while struggling with the financial impacts of this pandemic is a major concern."*
> *-School-Based Health Center partner*

Burnout, Stress, Trauma, and Low Morale

Partners described how continued operations beyond a sustainable level, ongoing COVID-19 cases, financial uncertainty, social isolation, news of layoffs and furloughs in the provider community (including at their partners), and the heightened and ongoing racial inequities created burnout, stress, trauma, and low morale among their staff. Some cited how staff were originally hired for their social skills, public service-orientation, and ability to connect with community members. The transition to solely remote work, extended screen time, and social isolation seemed to especially negatively impact the staff drawn to this line of work.

> *"We continue to struggle with the limitations created by COVID 19 and the pandemic. We have had to discontinue all forms of in person outreach. In addition, both staff and clients have been affected by the Black Lives Matter movement, protests and the incidents of violence that have led up to the protests."*
> *-Home-based Service partner*

> *"Our staff was extremely stressed and emotional during this time. They were overwhelmed by constant phone calls from people in need sharing heartbreaking stories of illness, unemployment, disability, and death."*
> *-Trauma Informed and Restorative Practices partner*

> *"Burn out. Everyone is facing ridiculous amounts of stress and anxiety together. Not only are we in the midst of a pandemic, but large numbers of people are acting as though their civil rights are being infringed upon and refusing to help slow the spread. On top of that, we're seeing the start of an actual civil rights movement bigger than anything we've seen since Rodney King and, with most of our staff being people color, it's a direct impact on their daily and long-term lives. To top all of that off, our professional mentors are being asked to radically change the way they work and are missing out on the face-to-face, direct time with youth that's the most rewarding part of the job. We are trying to provide support through gift cards, Wellness emails, donation matching, and volunteering at local events as an organization, but stress, isolation, racism, illness (or the possibility thereof), and difficult remaining engaged virtually are wearing us all down."*
> *-Youth Development partner*

Access to Reliable Information

The trusting relationships that BSK partners built with their communities meant that community members turned to them for reliable information. However, this also meant that partners themselves needed access to reliable information and some reported "not being able to answer questions their families ask" as another stressor for their organization early on.

> *"Families are now experiencing job loss and our program, [enrolling families] couldn't be the focus anymore - enrolling families…What are families experiencing now - they're scared they're looking for information, people are hoarding toilet paper. It just was a weird time and I think we just had to shift really quickly…"*
> *-Innovation Fund partner*

> *"For refugee and immigrant families, COVID-19 business closures meant loss of income*

> *and jobs combined with growing expenses for food and rent. The Program and Center*
> *have been a hub of correct information for families to reduce their concerns."*
> *-Home Based Services partner*

The types of information needed ranged from tenant rights and understanding of the eviction moratorium; health and safety information about effective ways to stop the spread of COVID-19; whether schools would continue and in what form; and where to find food, utility, and rent assistance.

The challenges to making all these types of information equitably accessible were also manifold:

- The "right" information was rapidly evolving, sometimes daily.
- The "right" information was not equitably and consistently translated beyond English and/or communicated through culturally relevant modes.
- The needed information might not yet be available from the appropriate agency. For example, state-level guidelines for school re-opening were awaited by many local school districts, and in turn, many BSK partners and families.
- Community members access and are exposed to many different and sometimes conflicting sources of "authoritative" information leading to confusion and overwhelm.

BSK partners and capacity builders also experienced data-related challenges with reliable information.

- Reliable information for organizations about how to collect data in compliance with federal privacy regulations was challenging and is still unavailable, in some cases. This lack of reliable information resulted in the need to delete data and data systems that were developed for BSK partners when new information about data security requirements became available.
- During the early part of the pandemic, it was unclear if BSK partners needed to create temporary workarounds to in-person programming or if they needed new systems that would last beyond the next month. BSK capacity builders addressed immediate needs in a "fire-fighting" approach that they report continues into early 2021.
- BSK partners were acutely concerned about whether BSK funding would continue with shifts in programming due to the pandemic. They looked to capacity builders for reassurance about funding as well as support for tracking new activities for performance reporting. This challenge abated as King County provided emergency SOW guidance and other guidance specific for BSK capacity builders.

Inability to Provide In-Person Services and Losing Touch

Several BSK partners mentioned concerns with losing touch with participants, both existing participants and new. For many, this resulted from disruption to the process or partnerships by which they typically received referrals. Others reported that losses of connection stemmed from challenges accessing technology, screen fatigue, competing demands for time and attention, stress, privacy challenges, and lack of engaging content and formats. However, having lost touch with these participants, partners were unable to confirm these hypotheses and feared "losing people through the cracks."

In addition, many programs were designed to be provided in-person. Based on data from this early period of the pandemic, BSK partners and BSK program staff were focused on planning for hybrid in-person and remote operations or even a return to fully in-person programming. However, concerns about impact on mission-critical outcomes may increase as the pandemic continues to require most work to be done remotely.

In person contact is important not just for programs like home visiting, but also to ascertain and be responsive to complex data and evaluation challenges. One capacity builder said, "being in their space and seeing the set up allowed complexity to come up and to build more responsive solutions." Data and capacity building support may not be considered essential services for some time to come, constraining the impact of capacity builders to build relationships and trust and to respond to complex needs.

C. LIMITED SYSTEM CHANGES

For BSK partners, systems changes were reported in the form of narrative report responses (to the question about changes to policies, systems, and environments) related to internal organization function.[5] Direct efforts to change other systems were not a primary focus for most BSK partners given the increased immediate needs of their participants.

However, in attending to racial equity, both BSK partners and BSK program staff have worked to reduce systemic problems. Detail on those changes is provided in the sections above. In some cases, communication improvements were identified as potential system changes that could continue beyond the pandemic.

> *"More broadly, we have been connecting with colleagues and leadership to work on changes in communication method and timing so that all families receive critical information about agency closures and policies. We have had positive feedback from colleagues and see changes already happening, although this will be an ongoing process of small and large systems changes."*
> *-Home Based Services partner*

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[5] The narrative report item reads: "Over the past six months, did you/your organization make progress towards changing a policy, system, or environment as a result of your BSK program? If so, please describe. If not, you may write "not applicable.""

VII. BSK STRATEGY COMPARISON

We selected one strategy each from the Invest Early (Prenatal-5 Years) and the Sustain the Gain (5-24 Years) investment areas, with complete data across staff surveys, Emergency Scopes of Work, and narrative reports to explore in more detail the partner experience during COVID-19 and support from BSK program managers. Interviews with program managers for these strategies provided additional detail.

A. ORIGINAL PROGRAMMING AND SCOPES OF WORK

Child Care Health Consultation. The Child Care Health Consultation (CCHC) strategy assembles multidisciplinary teams of health care providers, mental health professionals, nutritionists, and other providers to support the health, safety, and development of children in child care settings. The program is built upon child care health consultation work that PHSKC has provided for 35 years. The BSK investment brought seven community-based partners in to strengthen the cultural responsiveness of consultation and intentional engagement with family, friends, and neighbor and non-licensed child care providers. One community partner led the system building work by holding convenings and summits to develop recommendations to strengthen workforce supports, data systems, connections, and referrals among providers. The seven community-based CCHC partners began work in late 2018.

Out of School Time. The Out of School Time (OST) strategy focuses on out-of-school learning and enrichment opportunities for children between ages 5 and 13 with a focus on underserved geographies. Implementation of this strategy, including provision of technical support, is conducted intermediary organization, School's Out Washington (SOWA). Grants were awarded in mid-2018 to 32 organizations. The funding was distributed either to place-based collaboratives of two to six organizations or individual organizations led by people of color.

B. COVID-19 AND ASSOCIATED MEASURES IMPACTED STRATEGIES

Both strategies had between one and two years of implementation (from mid to late-2018 to early 2020) experience before COVID-19 hit. They had completed initial assessment and evaluation activities and were looking forward to making program improvements in the coming year. As measures to slow the spread of COVID-19 started rolling out in March 2020, the strategies were impacted differently. Both types of programs cited the Stay at Home order as having direct impact on their programs. In response to this order, CCHC work moved from on-site to virtual and some of their clientele (child care providers) were fully closed for a period of highly uncertain time. OST programs were more likely to cite the school closures, community space closures, and social distancing measures as challenges due to the direct impact on how they accessed students and where they delivered programming. However, child care providers were also impacted by school closures as they reopened, first to essential workers and later more broadly. Many found themselves caring for school age children with different developmental needs than children in their existing classrooms and needed to juggle virtual learning plans from the schools.

Assessing Participant Need

Partners in both strategies described how their participants' needs and priorities shifted toward basic needs and how these needs were a pre-requisite for their traditional programming. As traditional programming was not an

option, the programs made requests of King County and BSK, and sought partnerships and new relief resources to address these new priorities.

For CCHC, their participants were primarily concerned with correctly implementing COVID-19 health and safety guidance in their places of business. This was both a matter of having reliable information (see below) and procuring adequate personal protective equipment and sanitizing supplies. CCHC partners were also responding to requests for diapers and other infant and toddler supplies, either for child care providers or the families they served. OST programs were more likely to cite addressing technology needs such as laptops and tablets for distance learning as shifted priorities.

Partners in both strategies also moved on their own to address families' basic needs, including food, rental assistance, and personal protective equipment.

> *"Through quick mobilizing with our community partners and funding from the Seattle Foundation and other foundations, we were able to raise enough funds to provide $72,000 in financial assistance and over 300 weekly food and basic needs bags delivered directly to families. This emergency response allowed for us to meet our families' basic needs so that we can re-engage them to our traditional programming."*
> *-Out of School Time partner*

Shift to Virtual and Other Programming Changes

Partners in both strategies made a shift to virtual and remote work, as on-site and in-person meetings were prohibited by measures to slow the spread of COVID-19. However, these shifts came with their own challenges, which often necessitated a change in approach as well. Both strategies reported challenges associated with technology access, connectivity, and basic skills for their participants and staff. Their challenges also differed in several ways.

CCHC providers found the following challenges associated with the shift to virtual:

- Limited ability to use non-verbal cues and communication, like body language, in building relationships, especially if there are language differences between the consultant and participant.
- Sensitive topics such as mental health are difficult to discuss online and may be especially challenging if the participant's home physical and social environment does not allow privacy.

> *"A continued challenge is the quarantine. We are missing the ability to be able to connect in person. This is especially challenging with our upcoming training where we will be focusing on mental health and discussing sensitive topics."*
> *- Child Care Health Consultation partner*

OST providers found the following challenges:

- Online programming takes more planning and preparation and time to digitize activities.
- Online programming is a new skill for most staff facilitators.
- Youth are prone to technological burnout given the virtual demands from school on top of OST.

As challenges and the pandemic context also continued to change, partners' shifts to virtual programming also continued to evolve. CCHC partners reported adjusting to communication technologies that their communities

were already comfortable using, such as WeChat and WhatsApp. OST programs adapted to lessen their direct synchronous engagement hours (typically to 30 minutes at a time), create physical activity kits and workbooks to deliver to homes, create videos and other asynchronous digital content for youth to work independently, and shift to more one-on-one engagements.

> *"Additionally, some programs are having challenges getting buy in from youth for virtual programming and are working on creating a more balanced approach (offering physical packets) so that everything is not done over computer."*
> *-BSK program staff*

Narrative reports and BSK program staff survey data describe continued planning and re-planning over this period. For the OST programs in particular, traditional models usually shift dramatically when transitioning from school year programming to summer programming. It was evident from emergency SOWs submitted late into the spring and summer that programs were not yet clear if they would be able to provide summer programming as usual.

> *"For summer, [d]evelop and provide project-based learning arts classes for youth and their families to access over the summer these plans will be made to be flexible for online learning and/or in person learning depending on shifts in pandemic protocols."*
> *- Out of School Time partner*

> *"The summer programming will happen accordingly but less hours due to other needs, Currently, planning for both summer and virtual options. If center is open, we will encourage youth to come in-person (serving a smaller number to accommodate social distance). If center is closed, then programming will be virtual, continuing check-ins and supports. "*
> *- Out of School Time partner*

C. KING COUNTY SUPPORT AND RESPONSE

The strategy-level review highlighted the primary ways that the King County BSK program supported the COVID-19 response during this period.

Flexible Funding

The most cited support was flexibility in contract requirements and the ability to shift funds to meet new demands of the pandemic environment. Several partners in the CCHC and OST programs in the March and April timeframe were anticipating fewer engagements (consultations and youth engaged) than were stated in their original scopes of work. As basic needs far outstripped the original budgets for "participant costs" and as their traditional programming was made infeasible by unmet basic needs, partner organizations were eager to re-allocate funds with BSK's support as quickly as possible. Just over a week after the March 23 Stay at Home order, King County guidance for shifting BSK funding and emergency scopes of work was available.

> *"Orgs have expressed extreme gratitude for the ability to shift funding. OST sent out the*

guidelines and documentation yesterday with a due date of April 17th."
-BSK program staff

Learning Communities and Connections

In the rapidly changing environment, efforts to learn from peers increased in frequency, both within and among BSK partners.

> *"Weekly staff check-ins, during this time we meet with partner orgs as well. Sharing of best practices between each other and drawing resources from organizations that may have already made meaningful and effective adjustments because of our new virtual environment."*
> *- Out of School Time partner*

For learning among partners, King County's BSK program emerged as a natural facilitator and venue. The existing King County BSK infrastructure and goals of community capacity were adapted for COVID-19 skill, community connection, and information needs.

> *"In May we decided that partners needed a regular touch point to connect with us and each other and so we decided to start hosting virtual Learning Community Meetings (LCMs). The objectives of these LCMS are to foster connections between providers in order to support each other through the unique, fast-changing challenges of the coronavirus, the sharing and brainstorming of strategies and solutions, and opportunities to stay engaged in continuous quality improvement work despite the halting of a more standard Quality Initiative cycle. It's at once professional development, group problem-solving, and peer support that honors how hard things are right now—as youth workers, and human beings."*
> *-BSK program staff*

BSK program staff also facilitated the exchange of resources between a different set of peers: CCHC partners and the Public Health Seattle - King County Child Care Health Team. This connection brought BSK partners in to support the county's health response for child care centers, greatly expanding their reach[6]. The partners had unique skill sets and areas of expertise to share as guest speakers in weekly live consultation calls, such as social emotional development of infants and toddlers during COVID-19.

> *"I'm working with [staff person] to bring our BSK CCHC partners into the work that the Public Health Child Care Health team is doing in terms of COVID-19 response. I believe between the partners there are 2-3 nurses who can contribute to the effort (e.g., help prep for the weekly webinars, field questions, develop short trainings)."*
> *-BSK program staff*

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[6] The PHSKC team's reach was also expanded during this time through receiving permission from their funder, the City of Seattle, to expand services beyond the City.

Training and Capacity Building

BSK program staff also sourced needs for technical assistance and training via the staff survey. Requests from these data can be traced to specific actions and outcomes. For example, in CCHC:

> *"Particular concerns were raised around supporting Friends and Family Neighbors (FFN), who are caring for more children now that many child cares have closed."*
> *-BSK program staff*

This concern resulted in topical discussions on Basecamp and was raised to the Families and Children Work Group that was formed as part of COVID-19 response. The Work Group then responded with a series of blog posts directed to families. As one partner mentioned, the staff liaison role was appreciated for getting partners and their community the supports they needed to navigate internal King County systems.

> *"It's been helpful to have (a) liaison with County to leverage community concerns; use connections to get in the door; sharing feedback to the County."*
> *- Child Care Health Consultation partner*

Direct Relief

Direct relief is another area where BSK program staff responded to community needs. CCHC partners reported via the BSK program staff survey on April 6 that child care providers were struggling to access the necessary supplies to open safely. King County responded directly by leveraging federal funding for a new $526,000 grant for a partner to deliver supplies to child care providers by June 22.

> *"We're finally getting the concern of sanitizing/PPE supplies for child cares addressed through our partnership with Child Care Resources. The contract was executed June 22nd, and CCR has begun supply distribution. We have eight CBOs so far that are partnering with us and CCR to help get supplies out to Family Friend and Neighbor caregivers."*
> *-BSK program staff*

D. FACILITATING FACTORS AND CHALLENGES

Attending to Equity

Partners in both strategies were expressly selected for their connections to underserved communities and representation from persons of color. While these decisions were made in a pre-pandemic context, these choices shone through to help mitigate the inequitable impacts of COVID-19 in 2020. For example, CCHC continued to prioritize the unique needs and concerns of Family, Friend, and Neighbor (FFN) care givers. Community partners made themselves available to translate and interpret ever evolving health information. Partners also made requests for Race and Social Justice (RSJ) training and resources to address the trauma of the pandemic and concurrent police violence and associated protests through a racial justice lens.

> *"We are providing virtual consultations to the FFN caregivers. We did one visit per week*

with most of the families at the beginning of the "stay at home" guidelines in March. We did it this frequently because at the beginning of the stay at home guidelines they were a bit scared Due to the state "Stay at Home" orders, we adapted our services in order to continue serving families remotely."
- Child Care Health Consultation partner

"Information… there is so much information that it's overwhelming; a challenge to go through that and see what is appropriate for the communities we serve...Limited culturally appropriate resources. Appreciated recent article on intergenerational living, which is more appropriate for FFN providers' homes. [I] worry – BSK was designed to be equitable. Are people really getting the information they need? How are we ensuring equitable access?"
- Child Care Health Consultation partner

Need for Reliable Information

The early pandemic period was a time of massive uncertainty. The Stay at Home order was issued on March 23 and extended through May 4. Most schools in King County were closed, initially for 6 weeks on March 12, and then for the remainder of the year on April 6. The flood of ever-evolving information made it difficult to parse what was reliable and what was most relevant. Relevant information was not always translated for speakers of non-English languages or delivered in culturally responsive ways. As mentioned above, child care providers were most concerned with information about health and safety.

"With the face mask directive [issued 5/11], child care providers are concerned that wearing face masks will increase face touching in young children. Child care providers are also concerned about potential social and developmental impacts of wearing face masks when it comes to communication, but were reassured after a guest presentation in the PHSKC Child Care Health Program's weekly live consultation call this week."
-BSK program staff

Adding to the complication was many systems were providing relevant guidance and directives that may intersect that the partner level. For example, many child care organizations were also navigating their licensing requirements and providers operating in two counties would receive materials from both departments of public health with county-specific information. OST providers were also keeping a close eye out for Washington State Office of the Superintendent of Public Instruction (OSPI) and Washington Department of Health (DOH) guidance around the re-opening of schools and summer camps. Finally, reliable information regarding finances was another need as the various elements of the CARES Act were deployed at the end of March, including whether and how to access Payroll Protection Program (PPP) loans.

Operating Challenges

Organizations in both strategies reported operating challenges associated with the pace of change and increased participant needs during the pandemic compounded with financial impacts. Reports of staff being "stretched thin" concurrent with the shadow of possible layoffs and furloughs were common. Stretching occurred in at least two ways. First, the overall demand for services increased, requiring expanded hours. Second, staff were experiencing a learning curve in adapting to new needs sometimes outside of their existing skill sets and comfort

zones (for example, virtual learning for OST, and new relationships as CCHC partners pivoted to serve more child care centers in partnership with Public Health Seattle-King County, PHSKC). If staff reductions did happen, remaining staff were likely stretched even further.

> *"For (partner) which is running ABOVE its usual full capacity (they did twice their usual number of home visits in March), the major concern is taking care of staff and preventing staff burnout. They shared in their quarterly call that both they and their staff are working extremely long hours, replying to clients' questions at all times of the day and night."*
> *-BSK program staff*

> *"3 orgs report increasing hours, 3 orgs report needing to lay off staff."*
> *-BSK program staff*

Both CCHC and OST partners raised concerns related to maintaining connections and momentum with their core clientele. CCHC partners noticed a drop-off in referrals and requests for services as the pandemic hit, sites closed, and those open were occupied with other concerns. Similarly, as schools were closed and many families faced technology and connectivity barriers from their homes, OST programs lost "consistent and reliable access to students outside of schools."

> *"As a result of the COVID-19 outbreak, a large majority of the programs supported by the CCHC closed down for much of the spring, so consultation was limited."*
> *– Child Care Health Consultation partner*

CCHC partners pivoted to offer their services more broadly through partnership, taking referrals outside their normal BSK scope. They also attended to the basic re-opening and closing needs of their core participants. OST programs also pivoted to focus on basic needs that were barriers to their core service of academic enrichment, including food and technology. To the partners, these pivots were also an important way of maintaining connections through the emergency period and look ahead to re-starting momentum.

VIII. CONCLUSION

This report details how BSK partners changed their activities to meet emerging needs and to switch operations from in-person to virtual, whether originally planned for school or in community settings, because of public health measures to slow the spread of COVID-19. BSK partners quickly pivoted to addressing basic needs through both direct service provision and referrals. They provided emergency case management and conducted needs assessment activities to direct their work. BSK program staff provided flexibility and additional resources to support continued BSK program implementation. Both BSK partners and BSK program staff listened to the needs of their constituents when considering changes. After making significant and ongoing changes in response to the pandemic, BSK capacity builders reported that partners were more nimble and will have greater capacity to scale up moving forward.

Challenges for families and youth and partner organizations included losing touch with vulnerable participants, maintaining confidentiality for participants with challenging home situations, and continued concerns for financial stability and access to basic needs. Yet, narrative reports provide many examples of successes and the pride that BSK partners expressed as they pivoted to meet those community needs.

Figure 2 on page 48 provides a high-level conceptual model of how the COVID-19 pandemic impacted the BSK community. It illustrates how BSK program staff and BSK partners both were affected by the pandemic as members of the community themselves, and how they responded as professionals to the greater community's new needs and priorities.

- The pandemic's impacts are shown in blue, with the "EQ" highlighting impacts that were inequitably distributed.
- Green text identifies, from the study data, the primary ways that BSK partners responded directly to these impacts.
- These arrows (▶◀) signify where impacts and direct responses meet.
- Areas where King County BSK staff played a key role in enabling and facilitating this response are highlighted with the "BSK" notation.

Figure 2: BSK COVID-19 Impact Summary
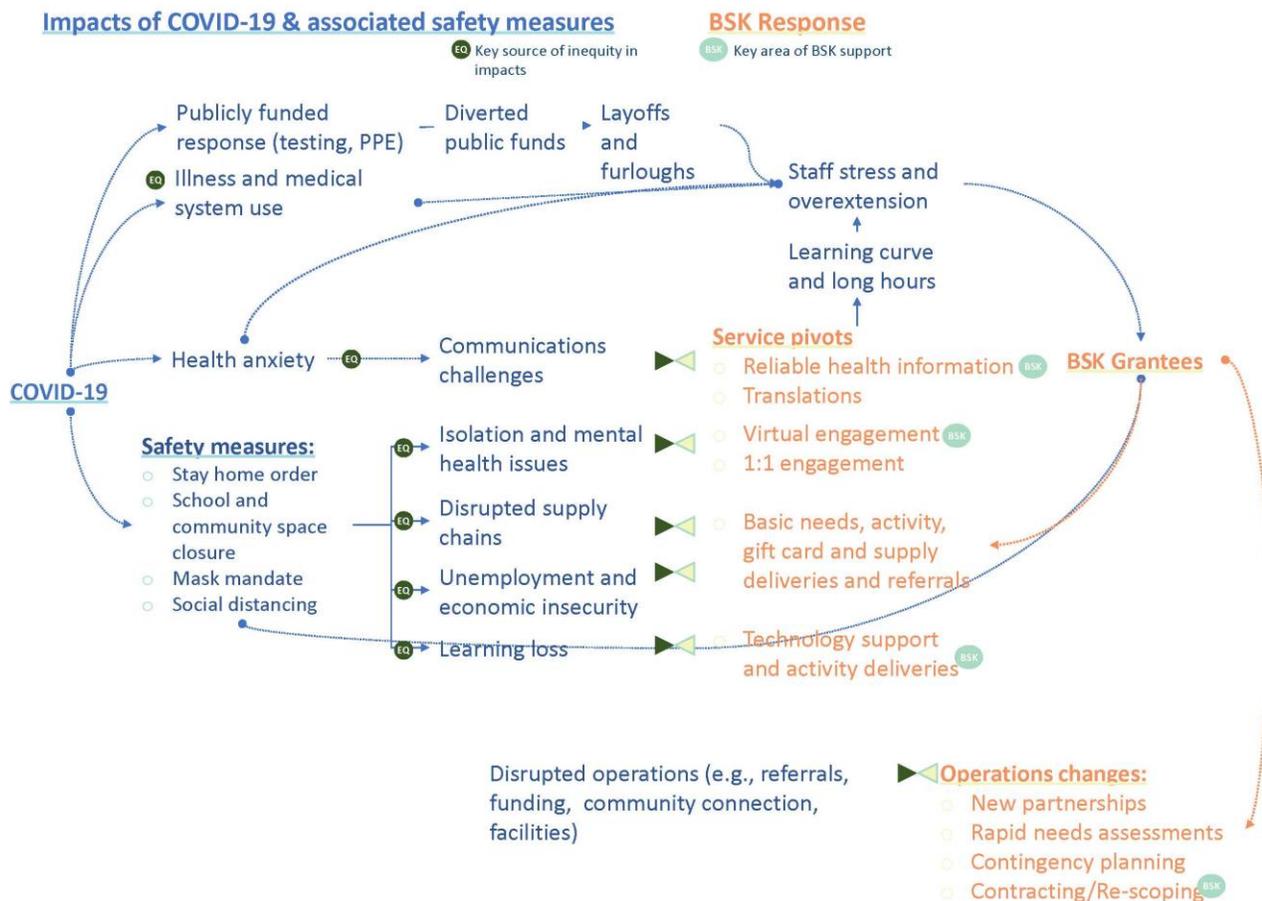
A. OPPORTUNITIES FOR KING COUNTY GOVERNMENT

The COVID-19 pandemic has significantly impacted the health and wellbeing of King County residents, including BSK participants, BSK partners, and BSK program staff. The pandemic exacerbated inequities in health, housing, and economic, stability and has strained BSK partners. At the same time, the BSK system has flexed to enable BSK partners to meet participant needs and adapt programming. BSK partners found that the pandemic helped identify opportunities to expand and modify programs and created the urgency necessary to speed improvements that were not getting enough attention before the crisis.

Consider the following adjustments during upcoming grant renewals:

- Continue to offer and codify flexibility for BSK partners in setting contract terms that are responsive to both the community and the BSK funding objectives. Terms could reflect the "what" and give partners the flexibility to determine the "how." For example, "provide culturally-responsive after school support for 10 families" rather than "deliver X curriculum to 10 families." Flexibility on the "how" may reduce administrative burden as the pandemic continues and public health guidelines and mandates affect

programming.

- Update BSK guidance, standards, and expectations (such as program dosage) that recognize the shift in service delivery approaches, including virtual and hybrid modes.[7]

- Include resources commensurate with the new need for partners to play a role in meeting participant basic needs, offer more one on one service delivery, and provide greater depth family engagement. One of the key innovations of the pandemic experience was partners' more holistic engagement with participants. Though positive, this holistic engagement stretched organizational capacity and required more time and resources for collaboration with new partners and to identify and meet participants' whole-family needs. This need continues as the community rebuilds and recovers. Two possible ways to recognize these new needs through BSK contracting include providing funds for enhanced program supply and participant basic needs items and compensation for collaboration and partnership time.

- Continue to fund (and potentially increase general operating dollars for) partner-directed items. For example, technology equipment and training may be critical to support continued virtual and remote operations. In addition, staffing costs for BSK partners to relieve financial worries and enable staffing increases to meet demand could lessen the burnout, stress, and low morale reported in narrative reports.

Consider developing shared resources for BSK staff and partners:

- Continue King County BSK support for capacity building, particularly for strategic planning and financial supports, as well as technology assistance. Help capacity builders connect with each other to serve BSK partners across multiple disciplines. Collaboration among capacity builders with strategic planning and fiscal policy expertise, for example, may provide holistic support for partners considering scaling and other organizational development opportunities. BKS program staff and external evaluators can also provide ongoing capacity building by supporting learning communities and other ways of ensuring shared learning within and across strategies.

- Though the most urgent needs of the pandemic have subsided, partners and staff need resources for processing the trauma and medium-to-long term impacts of 2020, and for identifying and navigating a path to rebuilding. These could include:

  - Opportunities for community reflection, recognition, and celebration.
  - Resources for addressing youth mental health.
  - Resources and opportunities for addressing (BSK and partner) staff mental health.

The County has an opportunity to build on capacity and connections developed during the pandemic:

- Facilitate and formalize system-wide access to basic needs supports. The pandemic highlighted that BSK

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[7] King County BSK guidance refers to direction on documents including requests for proposals, performance measurement and evaluation plans, and contracts (including templates, standard language across strategies and investment areas, and instructions). Guidance can also refer to more informal requirement clarifications and communications from BSK program managers or BSK leadership about program delivery, standards, or requirements.

objectives are vulnerable when participants do not have their basic needs met. King County government could coordinate these resources to ensure the community of partners can connect their participants to basic needs without taking resources away from their core mission.

- Explore formal connections with other King County government programs and initiatives beyond BSK, including King County Metro and broader DCHS and Public Health departments to meet basic needs and share resources. Internal alignment could extend to internal teams focused on the Veterans and Human Services Levy and Puget Sound Taxpayer Accountability Account as well.

- Formalize and expand King County government venues for peer support and coordination. The BSK program staff survey and various cross-strategy small team calls were two important mechanisms for BSK to respond to partner needs during the pandemic. However, not every program manager has a natural peer group within the BSK organization, and the survey is no longer active since the most intense period of the pandemic. Expanding and formalizing these types of mechanisms for interconnections both supports staff well-being and improves responsiveness in changing times.

- Explore consistent internal platforms for digital resource sharing. During the pandemic, at least one strategy moved to adopt Basecamp (using the subscription already used by TIRP) to organize information and resources and connect BSK partners to each other. Their success suggests that other strategies may want to adopt a similar approach not only for staying current with grantees, but potentially internally within BSK to promote consistency in communications.

- Continue emphasis on communication and information sharing throughout the BSK system. For example, support for BSK capacity builders in their role as an information resource for BSK partners can help streamline the flow of information in all directions and build trust between these stakeholders. External evaluation partners also provide valuable relationships and can serve as a conduit for critical information.

- Continue reflection and evaluation activities to learn from later stages of the pandemic response in the BSK community. This could include evaluating the process and outcomes of summer grants offered to support BSK partner capacity. Continuing to seek and act on BSK partner feedback ensures responsive King County supports and helps address power dynamics between community and government funders.

> *"Navigating through the COVID-19 response, constantly changing timelines and guidelines will continue to make their (BSK partner) work difficult; people are in survival mode, it's hard press to believe that they feel an urgency to respond to the "traditional" contract expectations like before. They want more flexibility in the programs and services that they provide to community and would like grace with decisions that are made; it is uncharted territory for many and difficult to resolve without bold swift action."*
> *-BSK program staff*

APPENDIX A: DATA AVAILABILITY

The table below provides detail about the data used to inform this report. The documents listed below were those available for review at the time of the study and may not represent every narrative report, Scope of Work, or staff survey collected by King County.

BSK COVID-19 Impacts Report Strategy and Data Availability Crosswalk

Strategy Area	Strategy and/or Sub-strategy	Staff Surveys (Mostly April and May 2020)	Emergency Scopes of Work (Range from March through July 2020)	Narrative Reports (submitted mostly in July to cover January through June 2020 activities)
Prenatal to 5 years	Child Care Health Consultation (CCHC)			
	Community-Based Peer and Parenting Supports (Kaleidoscope Play and Learn & Parent/Caregiver Information and Supports sub-strategies)			
	Developmental Promotion			
	Early Support for Infants and Toddlers			
	Help Me Grow			
	Home Based Services			
	Infant and Early Childhood Mental Health			
	Innovation Fund			
	Vroom			
	Workforce Development			
Ages 5 to 24 years	Child Health Improvement Partnership			
	Healthy, Safe Environments			
	Out of School Time (OST)			
	Positive Family Connections			
	School-Based Health Centers (SBHC)			
	School-Based Screening, Brief Intervention and Referral to (treatment/services) (SBIRT)			*Summary provided by external evaluator*
	Stopping the School to Prison Pipeline			

Trauma Informed and Restorative Practices (TIRP)	*County guidance only[8]*	
Transitions to Adulthood		
Youth Development		

Other	Communities of Opportunity	
	Youth and Family Homelessness Prevention	

[8] This guidance included information about the vision, theory of change for the strategy, COVID-19 response mission and collective performance measures.

APPENDIX B: QUOTE LIBRARY

A detailed quote library (quote bank) is attached to this report.

APPENDIX C: CODE COUNTS

The table below shows the qualitative codes used in this project and the counts of excerpts from the document dataset for each. Codes were developed based on a brief literature review, reviewed, and added to by King County staff, and expanded on during the analytic process to reflect emerging nuances and themes. Summary codes are bolded; in many cases these are duplicate counts from the codes below them. Boxes are used to group subcodes visually.

Code	Code Count
BSK Partner Changes	
COVID-19 Measures	**358**
School closure	102
Stay home order	88
Limit on gatherings	41
Closing community spaces	39
Maintaining 6 foot distance	35
Childcare Closure	1
Face mask	1
Limitations of supplies (sanitizer, cleaning) or PPE	1
Eviction moratorium	0
Closure of colleges and universities	0
Technology Tools Used	**151**
Zoom	57
Video	19
WhatsApp	17
teletherapy/health	12
Social Media	11
Screenshot/Documentation	10
Google Classroom	8
Google or Other Web Conferencing	6
Apricot	4
YouTube	3
Docusign	3
WeChat/ Direct Messages	2
language support- translation	2
Google Forms	1
Google Sheets	1
Switch to virtual mode of service	**675**
Synchronous	182
Asynchronous	71
Delivery based/other mobile service provision	71
Remote personal services	10
Changed services	**656**
Reduced services	88

Code	Code Count
Cancelled event or program component	49
Emergency case management	15
Providing support for school age children or parents	23
Closed site	0
Increased services	71
Added site(s)	3
Address basic needs	**296**
Food	75
Technology Items	67
Economic opportunity	36
Community connection/cohesion	20
Housing	13
Health and Safety supplies (pandemic related)	12
Health from COO categories	1
Provide pandemic, health, and safety information	98
Provide social support/mental health support for participants	99
Add health and safety screenings (screen for COVID-19)	29
Changed population served	**58**
Focus on most vulnerable participants	27
Serving multi-generational households	12
Focus on new participants	11
Focus on existing participants	7
Serving households with "essential" workers	6
Changed service approach (besides virtual)	**319**
Partnerships and new collaborations	100
Project, program on hold	62
Moving to mobile services or doing delivery	32
Reduced staff	7
Geographic boundaries blurred	6
Changes with volunteers	4
Internal boundaries blurred	4
Facilities changes	3
Delay or postpone hiring	2
More harm reduction focus	0
Direct community-informed change	**36**
Conducted needs assessment or survey of community needs	**55**
No Change	**32**
Racial Uprisings/BLM Movement	**45**
Changed performance measures	**26**
Speed of change	**20**
Tone: Positive	54
Tone: Optimistic	7

Code	Code Count
Tone: Empowered	12
Tone: Negative	21
Tone: Helpless/Uncertain	23
Tone: Frustrated	6

BSK Program Changes

Support from BSK to Grantees	**49**
Listen to awardees	**15**
Survey	3
Individual calls or Zoom with programs	5
Webinar	0
Group meetings (phone or virtual)	5
Structural shifts	**29**
New scope of work, shifts in work	10
Flexibility on performance measure	6
Changed reporting deadlines	4
Changed disbursement processes	4
Capacity building work expanded or changed	5
Logistics support	2
Internal changes in decision-making	0
Health and safety response	**17**
Information	9
Supplies to Programs	5
Social support/mental health response	**16**
Information and resources	7
Coaching and informal support	4
Impacts to BSK staff	**7**
Positive	1
Negative	1

Innovations and Success

Other innovation	44
Quick/nimble change	43
Process improvements to continue post pandemic	40
Addressing structural inequities	38
Community voice elevation	20
New Commons	18
New voices at decision-making table or other power sharing success	6
Structural shift in terms of how services were offered	4
Facilitating Factors/Successes	**157**
Awardee/Partner Staff capacity	64

Code	Code Count
New partnerships or collaboration/new connections	48
Flexible funding	17
Relationship between BSK Program team and awardees	15
Organizational technology capacity	14
Leveraged BSK system in place	13
New funding	11
Technology equipment	8
Membership in a system separate from BSK	4

Challenges	**432**
Devices and internet access	61
Family and youth challenges	**198**
Basic need increased demand	93
Social emotional wellbeing increased demand	33
Confidentiality	18
Undocumented	7
Immigrant	6
BIPOC/Black and Brown	5
Transportation	4
Special needs	2
Socio-economic status	2
LGBTQ	1
Single parents	1
Grantee challenge	**324**
Losing touch with clients	125
Staff challenges	62
Stress and Trauma	36
Funding losses	28
Communication among partners	23
Translation interpretation and cultural relevance	19
Reliable information	18
Screen fatigue	13
Staff general social emotional health or well-being issues	8
New clients need services	6
Funding to pay	4
Specific new gaps	**84**
Operational challenges	**118**
Limited technology know-how	56
Extra technology expenses	14
Operational process challenges	14
Challenges with re-opening	12
Extra operational expenses with pandemic	4

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