



Statement of Strategic Direction

MARCH 2021

Towards Equity-Driven Whole Child Health and Wellness

Developed by the **Whole Child Health and Wellness Collaborative**

The Whole Child Health and Wellness Collaborative was convened by the California AfterSchool Network with the generous support of Youth Opioid Response California.





Photo Credit: Allison Shelly for American Education:
Images of Teachers and Students in Action

Table of Contents

3	Foreword: Our Journey Towards Equity-Driven Whole Child Health and Wellness
5	Whole Child Health and Wellness - Now is the Time!
6	California's Expanded Learning Programs Provide a Golden Opportunity
11	Shared Equity Strategies to Advance Whole Child Health and Wellness
20	A Call to Action for Equity Driven Whole Child Health and Wellness
23	Appendices

Our Journey Towards Equity-Driven Whole Child Health and Wellness

We believe California must immediately seize this unique moment for our children. We must come together to change policies and systems so that the environmental conditions they create are fair and just to all children, to families, and to entire communities, most urgently for people living at the margins of California's bounty.

We call this a whole child equity pause.

The seeds of this belief were planted in December 2019 when the California AfterSchool Network (CAN) intentionally brought together youth allies from multiple sectors and communities. **The intent:** advance Expanded Learning programs¹ as partners in creating hubs at schools and other community sites to promote whole child, whole family, and whole community health and wellbeing. We became the **Whole Child Health and Wellness Collaborative.**²

The stakes are high in California. The state is home to over 6 million students, just over 10% of the nation's student population, served by 1,037 school districts in over 10,000 schools.³ About 59% of California's student population are eligible for Free or Reduced Priced Meals (FRPM)⁴ and schools with Expanded Learning programs have over 75% of their students FRPM eligible.⁵ Approximately 50% of schools provide publicly-funded Expanded Learning programs, prioritizing the state's most vulnerable students, with Expanded Learning programs operating at over 80% of California's low-income elementary and middle schools.⁶

As our work progressed, hundreds of youth allies have participated in this effort. The simultaneous emergence of COVID-19 and the heightened awareness of racial inequity and injustice have further spotlighted the critical role that Expanded Learning programs must play in both school reopening and in creating just communities.

We have learned a great deal about **why** equity-driven whole child health and wellness is the most important issue facing California; and **how** Californians can create a new future free of the deeply entrenched inequities that remain embedded in our educational and health systems. Since its inception in 2006, CAN has actively worked and advocated for the close integration of Expanded Learning and health and wellness issues.

Today, to ensure California advances whole child health and wellness, we believe that those children who have been continually forced to the margins year after year must be considered first. This moment requires taking an equity pause to examine our biases, assess how current systems perpetuate inequity, and begin to co-create new ways of working that address the systemic barriers we face in creating just communities. The “equity pause” is not a time-out, but rather a shift in our thinking. It requires us to create the safe and supportive conditions for us (as adults and professionals) to reflect on our own biases, explore the systemic barriers we face in creating equitable and just communities, and challenge the status quo. To help support this work over time, this collaborative is committed to staying in relationship and being a community of practice that continues to re-imagine a new stronger narrative about California’s healthy future. We know and feel the urgency -- the COVID-19 pandemic exposes dramatic inequities and necessitates rapid, dramatic action.

Our work to date has involved increasingly deeper dives into the equity and racial justice issues that reside at the core of California’s educational and health disparities. We recognized early on that the shifts we envision will require not only changes in policy but also in how we work together. As we ventured into new territory, we sought to evolve from individuals or institutions seeking to be heroes in this effort to become hosts of the movements and communities that will create the positive changes needed.⁷

This is not the first time that Californians have come together to create whole child strategies and plans, and it likely will not be the last. Today, there is a growing statewide and national consensus around a whole child vision and we are building on the foundation of those who have gone before us. We are learning together about the meaning of equity as a verb, we are learning how to equity.

With humility, we chose to call this document a “Statement of Strategic Direction,” to connote an agile manifesto for the new California state of whole child equity that many have envisioned but which remains a distant star. At the core of this document resides a set of “shared equity strategies.” We hope these can be used to inspire the efforts of state, regional, and local collaboratives to create the kinds of systems and environments our families and children deserve, the whole child equity future we have all long envisioned! We invite your feedback, engagement, and partnership on the journey ahead.

The Whole Child Health and Wellness Collaborative

Now is the Time!

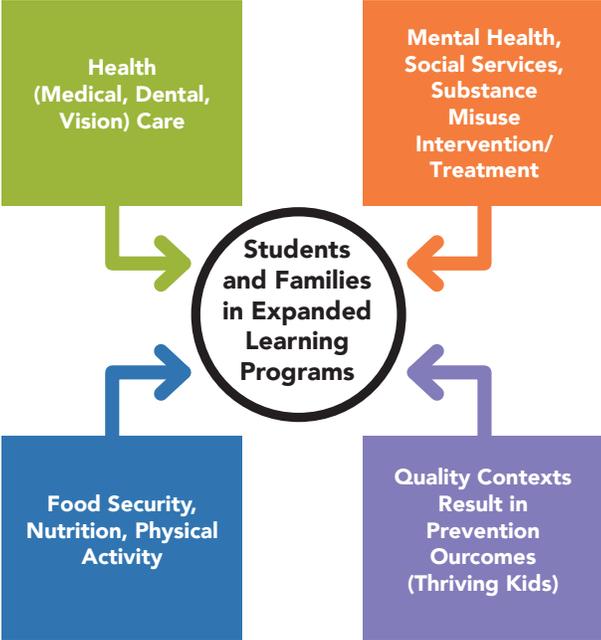


Table 1: A Growing Research and Literature Base Supports the Whole Child Health and Wellness Vision

<p>The National Aspen Commission on Social, Emotional, and Academic Development (SEAD commission) recommends stress positive youth development and the value of community-based youth development partnerships with schools, during and out-of-school time.⁸</p>	<p>The National Academies of Sciences, Engineering and Medicine research details how, “supportive familial, caregiver(s), and adult relationships play a significant role in fostering positive outcomes for adolescents. Such investments need to be multilevel and multisectoral.”⁹</p>	<p>The National League of Cities are promoting schools and Expanded Learning opportunities as important learning hubs to “address the holistic needs of children, youth, and families from food and housing insecurity to social-emotional development opportunities.”¹⁰</p>	<p>The Science of Learning and Development (SoLD) Alliance recently released six priority actions¹¹ for education leaders in the time of COVID-19 including, “Design integrated systems of supports with the whole child at the center to meet student needs and expand learning opportunities.”</p>
<p>Reunite, Renew, and Thrive: SEL Roadmap for Reopening School¹² informed by national experts, highlights the importance of partnerships between students, families, communities, and schools supporting social and emotional development and creating access to mental health and trauma supports.</p>	<p>California’s leaders have expressed strong support for the Partnership for the Future of Learning Pillars of a Community School, which include expanded and enriched learning opportunities.¹³</p>	<p>The Practical Guide for Financing Social, Emotional, and Mental Health in Schools highlights California’s Expanded Learning investment as a potential match to leverage Medi-Cal funding to resource Whole Child Health and Wellness efforts.¹⁴</p>	<p>California’s Social and Emotional Learning Guiding Principles describe Whole Child Development as the goal of education, committing to equity, building capacity (of both students and adults), and creating a partnership with families and communities.¹⁵</p>

California's Expanded Learning Programs Provide a Golden Opportunity

In California, we have the golden opportunity to rapidly accelerate and maximize this work by building upon our network of 4,500 Expanded Learning programs supported by \$800 million in public investment. While it has yet to be substantially achieved, aligning community resources to support whole children, families, and communities is not a new idea. But we can make rapid progress towards this vision **right now**, building on our own experience and a growing research base.



Expanded Learning Programs are Well Positioned Partners

For over two decades, California has been successfully developing the nation's largest network of Expanded Learning programs. Today, these programs are well-positioned to meet the moment with an infrastructure of 4,500 sites serving students in high-need communities and children of critical infrastructure workers. California's vision of Expanded Learning program quality (the Quality Standards for Expanded Learning in California) describe learning and enrichment settings proven to promote positive developmental outcomes in school and in life.¹⁶ A growing research base continues to document the positive impact these programs can have on students and their families.¹⁷ Because the physical and emotional safety and wellbeing of children and youth reside at the core of this work, Expanded Learning programs represent excellent partners for local and regional whole child health and wellness organizing efforts. While their finances have been increasingly stressed in recent years due to rising costs and other factors, Expanded Learning programs are funded and found in the communities that could most benefit from whole child health and wellness partnerships.

This is the Moment to Dream, Design, and Deliver Something Very New...

In spite of the growing recognition of the need for new ways to deliver whole child health and wellness, we recognized at the outset of our work that our society has long been plagued by policies rooted in white supremacy as well as environmental, economic, and racial injustice, and systemic oppression. As a result, too many children and families face inequitable access to opportunities, health care, mental health services, social services, healthy food, and safe, equitable places to learn and play.

The COVID-19 pandemic has not only created enormous strains for all of our public and private systems of support but provides daily reminders around their structural silos and the inequities they perpetuate. While everyone has been impacted, communities of color, the communities we should serve best, have been most devastated.¹⁸ Substance and opioid use, already an epidemic in California prior to COVID-19, has been growing in recent months, with opioid overdoses spiking dramatically. We face multiple interrelated public health crises: racism, COVID-19, lack of access to health care and mental health services, and substance use.

In this context, the murder of George Floyd energized racial and social justice movements throughout California and the nation, building on the foundations laid by decades of difficult and sometimes heroic, organizing work. We are now experiencing a generational moment, a time when positive systemic change in favor of whole child health and wellness could very well be possible if we make it so.

But California lacks a coherent and overarching statewide equity and racial justice strategy. So, we presented ourselves with this **challenge: Address the systemic conditions that create significant health and wellness disparities and prevent California's families and their children from reaching their full potential.**

A Vision of Equity and Justice A Mission Seeking Equitable Health and Wellness Outcomes

Responding to the challenge, we began thinking about a new vision for whole child health and wellness, building on the work of over 120 stakeholders gathered in person in December 2019:

VISION *We see equitable, just, and compassionate California communities and networks where each and every child is well known, well cared for, and well prepared to thrive.*

Reflecting on what it would take to make this vision a reality, we framed this whole child health and wellness mission:

MISSION *Build the foundation for, catalyze, and support multi-sector coalitions, including California's Expanded Learning programs, to realize positive and equitable health and wellness outcomes for whole children, whole families, and whole communities.*

Framing a Whole Child Health and Wellness Strategic Direction

We then set about the hard work of developing the strategies that would be necessary to realize this mission. We created a planning structure that placed youth and families at the center, acknowledged the fundamental role of adult educators and workers as allies in supporting children and families, analyzed our current and potential resource base for this work, and looked at the fundamental changes needed to create true multi-sector collaboration and systems of support. Work groups were established for each of these areas with additional teams providing support for the integration of advancing equity and creating a strong narrative to tell this story.

It Needed to Be Better

This classic planning approach was participatory and data-driven, time-tested and often challenging, but proven to yield results. With over 90 people deployed into work groups, we were ready to create the plan. However, something felt missing as we forged ahead, and it wasn't just that we were grappling with new ways of thinking about how to support children and families in our communities. There was a nagging feeling that we were destined to go where most whole child planning efforts had gone in the past. Despite heroic efforts by many, and in full recognition of significant progress that has been made, current systems have not only failed to deliver whole child health and wellness, they continue to incentivize inequity.

So, we took an equity pause.

Fortunately, our colleagues from Equity Meets Design were available to support us with their equityXdesign workshop, which over 50 of us engaged in over two days. We remain grateful to the team at Equity Meets Design for their generosity with their time, and equally so with regards to

our Whole Child Health and Wellness Collaborative colleagues. The timing of this workshop was impeccable as it launched a shift in our thinking from equity and justice as static ‘nice to have’ concepts, to the dynamic central ethos of our work.

We are learning that advancing equity and racial justice are not something for us to do as part of our work, or as an enhancement to it, or as a cross-cutting theme, or as something for us to think about when the rest of our work is done, but must be something much more fundamental. **Equity is the work.** To create equity and justice, we need to be equity and justice. **We need to see equity and justice as verbs.** In addition to having a profound influence on our “products,” our new compass settings continue to have major implications for how we work together.¹⁹

Towards Shared Equity Strategies

As one reflection of this shift, the four work groups developed “shared equity strategies,” around the evolving equity and justice core. These are “shared” in that we own them together, especially across sectors that do not typically work with each other successfully. They produce “equity” results in ways that are tangible and also lend themselves to continuous improvement. They form a strategy path, a concrete way we can bring them to fruition. Table 2 below highlights several of these shared equity strategies, Section C of this document describes this work in more detail.²⁰ The intent here is not to provide a recipe for the future, but rather a map that will continue to be detailed as we learn about the terrain together.

Table 2: Sample Shared Equity Strategies from Each Work Group²¹

What is the Strategy? (What will happen?)	Sectors (How is it shared?)	How might we know that the strategy creates whole child equity?
Focus on Youth and Family		
Provide critical services and supports for youth and families identified by them in the communities where they live during hours when they can access them.	CBOs* (education, health, etc.) Public Sector (Education, Health, Social Services), and Youth and Families.	Increased trust between youth, families and agencies; increased access of services. Reduction of health and education disparities in communities.
Support and Nurture the Adult Workforce		
Invest in building allied youth worker workforce career pathways, education, and skills training, to strengthen the adults who provide services to promote whole child health and wellness, thereby bringing dignity to allied youth workers.	CDE, HHS, labor unions, EDD, CA Workforce Investment Boards, UC, CSU, CA Community Colleges, youth development programs/ employers, Californians for Justice, CHHSA, non-profit and business sectors.	Allied youth workers receive higher wages, following a clear wage progression that is aligned with formal and informal education, skill development, and experience. Youth outcomes include healthier mind, body and spirit that can be measured as a result of higher paid, higher skilled, higher job satisfaction of allied youth workers.

* Access a glossary of terms and acronyms in Appendix C on page 29 and Appendix D on page 30

Table 2: Summary of Shared Equity Strategies

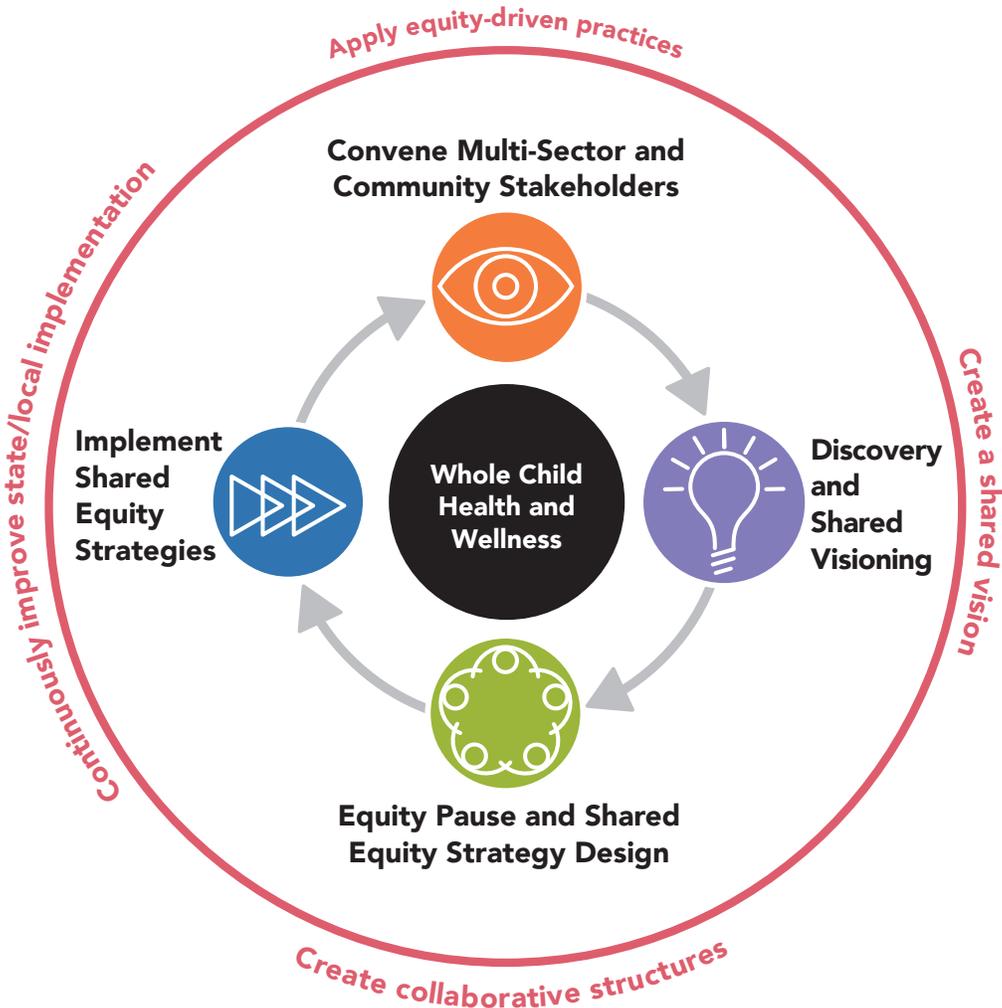
What is the Strategy? (What will happen?)	Sectors (How is it shared?)	How might we know that the strategy creates whole child equity?
Leverage New and Existing Resources²²		
<p>Secure new funding to support a focus on whole child health and wellness by:</p> <ul style="list-style-type: none"> • Braiding resources. • Tapping into new(er) Funding Sources (i.e. Cannabis Revenue - deemed essential, growing fund) and non-traditional funding sources, including prevention and intervention programs. • Exploring Medi-Cal (Medicaid) options. 	<p>Examples but not a complete list of sectors: Education, Health, and Social Services</p>	<p>More funding and braiding of current funding provides flexibility for Expanded Learning programs and other sectors.</p> <p>Alternate and new funding streams provide the basis for sustainable development and implementation of Whole Child Health and Wellness systems statewide.</p>
Collaborate Across Systems		
<p>Establish a state-level Whole Child Health and Wellness Collaborative including the Governor, the Legislature, and California’s human service sectors with a mandate to facilitate a statewide equity pause designed to start from the margins and provide seamless access to state programs serving children, families, and communities.</p>	<p>Governor, SSPI, COS, Department of Health Care Services, California Department of Public Health, CA Department of Social Services, etc.</p>	<p>California provides the statewide tools and resources necessary for an equity pause.</p> <p>Equity pause results in liberated design thinking for approaching assets/needs of those at the margin, with a preferential focus on meeting every child’s basic human needs.</p>

We conclude this document with a “A Call to Action: Equity-Driven Whole Child Health and Wellness.” We know that the changes called for here will not be easy. We also know that with these changes we have the opportunity to accelerate our journey together towards better futures for our children and communities -- a future of ever-increasing whole child health and wellness.

Advancing Whole Child Health and Wellness

We charged the Collaborative’s work groups with analyzing the current context in their area, identifying opportunities to build equity, and developing shared equity strategies to guide statewide whole child health and wellness planning and action. The resultant rich body of work is summarized here, but the reader is encouraged to access the full work group products, which provide much greater detail.²³

One exciting result of this process has been the emergence of an overarching cycle of inquiry to center California’s efforts to realize its Whole Child Health and Wellness vision at all levels (state, regional, local):



As work progresses over the years ahead, the cycle provides the basis for continuous improvement of equity-driven actions resulting in equitable outcomes by returning to refine the vision, engaging in equity pauses and discovery processes, further modifying or developing new shared equity strategies (design), implementing them (delivery), and at regular intervals, returning once again to the beginning of the cycle to make further improvements.

Several important key themes and strategies also emerged from the work as a whole:

- ▷ California has a golden opportunity to leverage the financial and programmatic investment it has made in Expanded Learning programs. These programs can help establish local Whole Child Health and Wellness Collaborative Sites or integrate this work as a key component of community school efforts.
- ▷ Given the current fiscal emergency facing California, strategic efforts at the state and local levels should be made to braid and leverage resources from multiple sectors and, critically, to invest **new financial resources** in this work.
- ▷ California should incorporate systems of navigation and other innovative methods of ensuring true multidisciplinary work in all Whole Child Health and Wellness design and implementation.
- ▷ This work will not realize its vision without a significant investment in, and full collaboration with, the allied youth workforce.²⁴

The Whole Child Health and Wellness Collaborative stands ready to further the development of the shared equity strategies summarized in the following pages and to take action to deliver on their promise. The following sections provide summaries of the work foreseen in each of our main focus areas.

Focus on Youth and Family

Now more than ever, youth and families must be at the center of all efforts to build equity. Recently, the Science of Learning and Development noted, “During the COVID pandemic and beyond, schools and other youth-serving systems and organizations need to integrate and innovate to ensure every individual young person — the whole child — gets the support and Expanded Learning opportunities they need.”²⁵

Unfortunately, children and families in California still confront challenging conditions that threaten the ability of children, families, and communities to thrive. Examples include:

- ▷ **Growing food insecurity:** In 2018, 1.7 million children in California lived in food insecure households,²⁶ growing to 2.2 million children in 2020;²⁷
- ▷ **High asthma rates:** 9.4% of children (850,000) suffer from asthma, with rates higher in children than adults, highest in Blacks, American Indians, Central Valley;²⁸
- ▷ **Alarming levels of physical inactivity among children and youth:** 69% of children, 5-11 years old, and 82% of teens **did not** meet recommendations (2018). Rates of physical inactivity were associated with park access and neighborhood characteristics, such as safety, racial composition, and neighborhood income.²⁹

The shared equity strategies outlined below offer a path forward where youth and family centered program design and delivery ensures that the youth and families served are full partners in all aspects of service design, development, and delivery. This should begin in the planning phase when policies and procedures are developed in their communities. Youth and families should also be involved in implementation activities, such as choosing culturally and linguistically competent supports, services,

and providers; setting goals; designing, implementing, and evaluating programs; monitoring outcomes; and partnering in funding decisions. Youth-centered programs strive to empower youth, so they are engaged; know that change is possible; and feel safe, cared for, and valued.

Table 3: Shared Equity Strategies — Focus on Youth and Family

What is the Strategy? (What will happen?)	Sectors (How is it shared?)	How might we know that the strategy has created whole child equity?
Provide critical services and supports for youth and families in the communities where they live during hours when they can access them, including non-traditional hours.	<p>For all strategies: Education, Expanded Learning, Community-based youth development organizations, Public Health, Mental Health, Social Services, Substance Use Intervention and Treatment, Nutrition Services, and their associated labor unions.</p>	<p>Increased trust between youth, families and agencies.</p> <p>Increased access to services.</p>
Support the development and implementation of a MTSS (multi-tiered system of support) that provides personalized services and supports for youth and families and includes a data-driven continuous improvement component (e.g., cycles of support that allow staff to review what is working/not working, and move students up/down support tiers as needed).		<p>Youth and families engage in their care and receive supports focused on promoting their health; all staff are trained in trauma informed practices; health navigators/ case managers are trained and available to support youth and families as needed.</p> <p>More intensive supports are destigmatized, and trauma-informed practices are fully embedded in the support system.</p>
Expanded Learning programs work actively to reduce stigma associated with Substance Use Disorders (SUD) and Mental Health Issues. They provide information to children and families about access to available mental health and SUD prevention and treatment and they train their staff on the use of Narcan in the case of Opioid Overdose.		<p>Increased knowledge about available community SUD prevention and treatment services.</p> <p>Increased knowledge about OD prevention and increased access to OD prevention kits (i.e. Narcan).</p> <p>Overall reduction in stigma and greater access to services for those that need it.</p>
Building on their assets, develop the capacity of youth and families to advocate for a healthier community.		<p>Provision of key supports (stipends, child care, etc.) are provided as an integral part of capacity building efforts.</p> <p>Youth and family-serving organizations provide meaningful leadership roles for youth and families.</p>
Youth and family-serving organizations value authentic partnerships and hold regular structured meetings with agencies in other sectors (businesses, libraries, faith-based groups, etc.) who support youth and families at Whole Child Health and Wellness Collaborative Sites.		<p>Deepening of relationships and leveraging of resources across sectors.</p> <p>Increased opportunities to identify opportunities to align work and resources.</p>

Support and Nurture Adult Workforce

We know that learning happens in the context of relationships and that adults require the same types of supports as youth to learn and develop. We also know that staff quality is the foundation for all effective programming. During the COVID-19 pandemic, allied youth workers have been called to serve on the frontline and now staff must be equipped to re-engage youth and also address their own grief and trauma. Currently, however, Expanded Learning and other social service sector workforces don't have collective power and have historically not been valued in society through comprehensive public policy and economic investment. Building whole child equity requires a significant focus on adults through:

- ▷ **Nurturance:** the whole human health and wellness elements that adults need as much as youth, from supportive relationships to career pathways, livable wages, employee benefits, and overall sense of value.
- ▷ **Skill building:** the competencies, supportive environments, training, and professional development required to create, sustain, and continuously improve organizational culture and practices that contribute to adult and child nurturance.
- ▷ **Leadership:** the blend of fluid yet stable structures that create space for self-empowerment, advancement, strengths or asset-based approaches, and shared decision-making across all levels of hierarchy.

Table 4: Shared Equity Strategies — Support and Nurture Adult Workforce

What is the Strategy? (What will happen?)	Sectors (How is it shared?)	How might we know that the strategy creates whole child equity?
Invest in building allied youth worker workforce career pathways, education, and skills training, to strengthen the adults who provide services to promote whole child health and wellness, thereby bringing dignity to allied youth workers.	California Department of Education (CDE), California Health and Human Services Agency (CHHS), Employment Development Department (EDD), California Labor and Workforce Development Agency (LWDA), California Workforce Investment Boards (WIBs), University of California (UC), California State University (CSU), California Community Colleges (CCC), youth development programs/ employers, Californians for Justice and other youth organizing groups.	Allied youth workers receive higher wages, following a clear wage progression that is aligned with formal and informal education, skill development, and experience. Youth outcomes include healthier in mind, body and spirit that result from higher paid, higher skilled, higher job satisfaction of allied youth workers.

Table 4: Shared Equity Strategies — Support and Nurture Adult Workforce

What is the Strategy? (What will happen?)	Sectors (How is it shared?)	How might we know that the strategy creates whole child equity?
<p>Mobilize and enact collective power across youth development sectors to co-create state and local policies, systemic restructuring, and new funding that facilitates innovative, strength-based approaches which have had demonstrated success.</p>	<p>CDE, DHHS, LWDA, California Division of Juvenile Justice (DJJ).</p> <p>Local sites, communities, employees across sectors, labor unions, Californians for Justice and other youth organizing groups.</p>	<p>Increase in funding or policies that incent and support multiple sectors working together to strengthen all of the adults in a child’s ecosystem and the allied youth worker sector in particular.</p> <p>Widespread adoption of innovative models that increase and improve training, curriculum development, and professional advancement pathways, thereby leveraging transferable skills across-sectors.</p>
<p>Prioritize programmatic and service-oriented culture and practices that empower staff including space and time for relationship building among adults across sectors and titles/ job descriptions with an emphasis on building compassion, inclusion, belonging, anti-racism, and shared action. Uplift social-emotional competencies and continuous learning processes that are understood and practiced across sectors and titles/job descriptions.</p>	<p>Direct service providers in health, education, youth development, juvenile justice, social services, substance use prevention, substance misuse intervention, and substance use disorder treatment, Californians for Justice, and other youth organizing groups.</p>	<p>People who share lived experiences of allied youth workers co-create and/or lead learning and professional development.</p> <p>The allied youth work sector is attributed with leading the country’s pandemic recovery</p> <p>The allied youth sector is recognized for facilitating local, state, and national healing to realize racial justice (by enacting systemic and cultural shifts in organizations and cross-sector partnerships).</p>

Leverage New and Existing Resources

The Whole Child Health and Wellness effort builds on a fifteen-year tradition of Expanded Learning programs promoting physical, social, and emotional wellness. A substantial resource base has been developed in areas including: food, nutrition, and physical fitness (Federal Snack & Meal Programs, Nutrition Education, Physical Activity and Fitness, DASH - Distinguished After School Health Legislation, Healthy Behaviors Initiative, and others); existing models that can be further leveraged (Promise Zones, Community Schools, and others); and a positive youth development foundation and context (Expanded Learning Quality Standards focus on safety, healthy behaviors, and caring adult relationships).

Given that Expanded Learning programs already prioritize high-poverty neighborhoods, youth experiencing homelessness, etc., the existing resource base provides an excellent foundation upon which to build and expand equity. Particular attention will need to be paid to evaluating resources based on the needs and assets of particular populations particularly “those at the margins.” These may include, but are not limited to, racial subgroups, immigrant populations, Section 8/public housing, students experiencing homelessness, foster youth, those from American territories, LGBTQ populations, adolescents (also by racial and gender subgroups), indigenous populations, students with disabilities and special needs, rural and frontier communities, and students with substance use challenges.

Table 5: Shared Equity Strategies — Leverage New and Existing Resources

What is the Strategy? (What will happen?)	Sectors (How is it shared?)	How might we know that the strategy creates whole child equity?
<p>It Takes A Village Support proven Community Schools models, including the identification and training of local coordinators, building their capacity to develop a “village” response, tapping into local resources and experts.</p>	<p>Schools, Local Education Agencies (LEAs), County Offices of Education (COEs), and other County Offices in the human services sectors, UC Cooperative Extension, Department of Health and Human Services, First 5, labor unions.</p>	<p>Mobilization of local resources in support of accessible and integrated service delivery, especially for those at the margins.</p>
<p>Community Resources Ensure sites tap into their community as experts and leverage the deep understanding of community members of community assets and needs.</p>	<p>Parents, grandparents, caregivers, community organizations.</p>	<p>Parents/caregivers are valued and recognized for their ability to make an impact in their community. Parents are empowered to build their neighborhoods and find additional resources.</p>
<p>Funding Secure new funding for California’s Expanded Learning programs and their partners in order to focus on whole child health and wellness by:</p> <ul style="list-style-type: none"> • Braiding resources • Tapping into new(er) funding sources (i.e. Cannabis Revenue - deemed essential, growing fund) and non-traditional funding sources, including prevention and intervention programs. • Exploring Medi-Cal (Medicaid) options.³⁰ 	<p>Examples but not a complete list of sectors: Education, Health, and Social Services</p>	<p>More funding and braiding of current funding provides flexibility for Expanded Learning programs and other sectors.</p> <p>Alternate and new funding streams provide the basis for sustainable development and implementation of Whole Child Health and Wellness systems statewide.</p>

Collaborate Across Systems

The roots of equitable and just whole child health and wellness are the healthy relationships between people, communities, organizations, and systems. Maximizing the work of multiple sectors and building robust systems of support for whole child health and wellness will require:

- ▷ A shared vision, shared leadership, shared agenda, shared resources, and shared measurement.
- ▷ Clear, shared, mutually beneficial, and mutually reinforcing structures that include space for teaming and networking multiple local movements/initiatives. This includes co-location of services, partnership with schools, and Expanded Learning programs.
- ▷ Multi-sector partnership supported by effective policies that support goal/value-based funding, policies/conditions/agreements that support multi-sector collaboration and planning, and a “no wrong door” approach.

Table 6: Shared Equity Strategies — Collaborate Across Systems

What is the Strategy? (What will happen?)	Sectors (How is it shared?)	How might we know that the strategy creates whole child equity?
<p>Establish a state-level Whole Child Health and Wellness Collaborative including the Governor, the Legislature, and California’s human service sectors with a mandate to facilitate a statewide equity pause designed to start from the margins and provide seamless access to state programs serving children, families, and communities.</p>	<p>Governor, State Superintendent of Public Instruction, Department of Health Care Services, California Health and Human Services Agency, California Department of Public Health, California Department of Social Services, and other human serving agencies.</p>	<p>California provides the statewide tools and resources necessary for an equity pause.</p> <p>Equity pause results in liberated design thinking for approaching assets/needs of those at the margin, with a preferential focus on meeting every child’s basic human needs.</p>
<p>Multi-sector collaboratives or multi-disciplinary teams actively collaborate to achieve a shared agenda and shared vision for change by creating common goals, common understanding of the problem, operating under shared values, braiding resources to accomplish agreed upon actions through shared implementation, and collective measurement driving continuous improvement.</p>	<p>Government entities, community based organizations, K-12 education agencies and stakeholders, and their associated divisions and departments, including staff at multiple levels of the organization.</p>	<p>A teaming structure is established in order to provide the authority and problem solving needed to overcome organizational barriers and implement the efficiencies needed to functionally interconnect services and supports at all levels of implementation.</p>

Table 6: Shared Equity Strategies — Collaborate Across Systems

What is the Strategy? (What will happen?)	Sectors (How is it shared?)	How might we know that the strategy creates whole child equity?
<p>Leverage community agencies such as Expanded Learning programs to engage youth and families in processes to assess the assets, challenges, and needs of their communities' and engage in the decision-making process on how such needs are addressed, including decisions related to their own case management.</p>	<p>Direct service agencies of multiple government and community based organizations, community schools.</p>	<p>Youth and families at the margins are engaged in collaborative efforts with host organizations.</p> <p>Community Engagement processes and practices align to equity.</p> <p>Processes, practices and procedures intentionally collect meaningful information from youth.</p>
<p>Network the System of Support for Expanded Learning, and the California System of Support with other County agencies as a nexus of collaboration because, "they (Counties) are well-positioned to form cross-sector partnerships that efficiently integrate a comprehensive suite of services in local schools... through Multi-Tiered System of Support (MTSS) and a Coordination of Services Team (COST)."³¹</p>	<p>System of Support for Expanded Learning, California System of Support, MTSS partners, Local Education Agencies and their Community Based Expanded Learning Partners, County Human Services Agencies</p>	<p>Partnering County Collaboratives with Expanded Learning programs creates governmental and community-based partnerships to leverage the assets and address the needs of communities.</p> <p>It leverages multiple systems and networks them with a variety of other human service agencies with aligned goals.</p>
<p>Identify existing multi-sector opportunities as an opportunity to participate (e.g., AB 2083 Trauma Informed Systems of Care). This involves development of interagency collaboratives and agreements detailing components such as: operational and leadership structure; commitment to common values; process for screening, assessment, and entry to care; process for family engagement in their own service planning; information/data sharing agreements; cost sharing, etc.</p>	<p>AB2083 requires the following partnership: Probation, Behavioral Health, County office of Education, Regional Centers that support youth development, child welfare and child advocacy groups.</p>	<p>Families are engaged in planning of their own services.</p> <p>Cross sector collaboration improves broader services offered to a family at ONE point of entry.</p>

Table 6: Shared Equity Strategies — Collaborate Across Systems

What is the Strategy? (What will happen?)	Sectors (How is it shared?)	How might we know that the strategy creates whole child equity?
<p>Expanded Learning programs partner with local mental health and substance use disorder providers to increase access to alcohol/drug screening, brief interventions, as well as treatment and other interventions, including Medications for Addiction Treatment (MAT) for Opioid/Alcohol addiction.</p>	<p>Education, Expanded Learning, Community-based youth development, Public Health, Mental Health, Social Services, Substance Use Intervention and Treatment, Nutrition Services, and their associated labor unions.</p>	<p>Collaborative partnerships established</p> <p>Screening/brief interventions increase for populations that may not be receiving screening/brief interventions currently.</p> <p>Access to SUD treatment services for those who are in need, including MAT.</p>
<p>Multi-sector collaborations partner with Expanded Learning programs and schools to co-locate services and/or create access³² to health, mental health, social services, family engagement and support, nutrition services, and substance use prevention, intervention, and treatment services for the children, youth, families, and communities with the greatest need, based on their needs.</p>	<p>Education, Expanded Learning, Community-based youth development, Public health, Mental health, Social services, Substance use Intervention and treatment, Nutrition services, public housing, Community Schools, city and county entities (e.g., parks and recreation), and unions.</p>	<p>Focus on meeting the needs of those with the greatest need.</p> <p>Focus of the partnership is the health, safety, support, healing trauma, and access to services for children, youth, and families with the greatest need, based on their expressed need and their involvement in their service provision and case management.</p>

Equity-Driven Whole Child Health and Wellness

We live in a historical moment, with a once-in-a-generation opportunity to make real change in favor of whole child health and wellness. **We urgently call for California to seize this opportunity and realize the vision of a state where “every child is well known, well cared for, and well prepared to thrive.”³³**

We began this document with **a call for a statewide equity pause**. What does that mean? It involves a stop and pause of business as usual, the California-wide mapping by Californians, focusing on and with those at the margins on the conditions driving racism and inequity and the opportunity to organize for whole child health and wellness.

In California, communities continue being pushed into the margins because these deep-rooted systemic conditions drive well-documented disparities in health outcomes, addiction epidemics, and lower levels of educational attainment.

We know an equity pause will not be easy, especially as families, schools, and our core community institutions struggle to provide even basic, previously routine, services. But our work demonstrates that an equity pause would not involve the need for significant financial capital. It would require the will to come together and create new ways to apply California’s abundant political, social, and human capital to support equitable health and wellness outcomes for California’s children, families, and communities. There has never been a better time – we must seize this moment and begin to make real, equitable change for all California youth and families.

We call for the California Whole Child Health and Wellness Equity Pause!

Our Whole Child Health and Wellness Collaborative stands ready to support this work. Formed with a modest planning grant, we have leveraged skills and resources from multiple sectors - education, health, behavioral health, social services, with the California AfterSchool Network representing California’s Expanded Learning programs and serving as the convener of the effort. The Collaborative organized into several work groups, and the key shared equity strategies developed by these teams provide a framework for a statewide equity pause and resulting mapping and action. Building on the frame provided by our work groups, the Whole Child Health and Wellness equity pause:

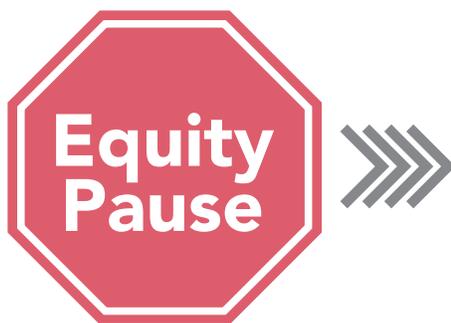
- ▷ Centers equity for youth and families;
- ▷ Highlights the pivotal role of educators/allied youth workers;
- ▷ Maps the necessary alignment of existing and required new resources; and
- ▷ Lays the foundation for new relationships between education, health, and social services organizations to develop the collaborative systems necessary to achieve equitable, anti-racist outcomes.

Action should be taken immediately by all public and private sector organizations to advance the whole child health and wellness agenda outlined by this Statement of Strategic Direction. Given the unprecedented levels of deep collaboration required to advance this work, we see a particular opportunity for Conveners, entities willing to play a leadership facilitation role in this work, to step forward now. In addition to the foundational equity pause, we call upon our partners in key sectors to take the actions highlighted by Table 7.

Table 7: Recommended Actions for Key Sectors

Actor/Sector	Recommended Action
Convenor	Using foundational equity practices (Liberatory Design ³⁴ , Equity Design Principles ³⁵) convene and facilitate design cycles that build capacity and community. Use data-driven practices as part of continuous improvement cycles to move, reflect upon, and advance the work.
Community	Activate, engage, inform, co-create and co-design strategies for change.
Intermediaries and Community Based Organizations	Lead equity processes and map systems, both internally within their organizations, and across multi-sector initiatives.
Local Government and Local Educational Agencies	Reorient local priorities to support effective supports for populations at the margins, as defined by those margins.
Philanthropy	Provide catalytic investments and other resources in support of statewide equity pausing, mapping, and further development of support systems for this work.
State Government	Incent equity pauses, collaboration, and the de-siloing of state investments and supports for California’s children, families and communities.

CONDITIONS FOR THRIVING



Recommended Shared Equity Strategies

-  **Focus on Youth and Family**
-  **Support and Nurture Adult Workforce**
-  **Leverage New and Existing Resources**
-  **Collaborate Across Systems**

This Call to Action is For You!

We need our leaders to lead now more than ever. But parents, families, communities, and all educators, including allied youth workers, can get started now! The experience of the Whole Child Health and Wellness Collaborative demonstrates that we advance towards our vision when we ALL take responsibility for it. Now is the time for all of us to take responsibility for equity in our daily activities confronting our own assumptions, those of our institutions, and the systemic barriers we confront daily.

We can do this California!

Together, we will shift California to a state where “every child is well known, well cared for, and well prepared to thrive.” We have the responsibility to seize this historical moment. We all have a role in achieving this greatness. We resonate with the words of Dr. Martin Luther King Jr., “Everyone can be great because everyone can serve.” And we recognize the profound wisdom of Audre Lorde, “the master’s tools will never dismantle the master’s house.”

We stand ready to do our part.

The Whole Child Health and Wellness Collaborative

APPENDICES

Appendix A: Links to Full List of the Work Groups' Shared Equity Strategies

Appendix B: Whole Child Health and Wellness Team by Work Group

Appendix C: Glossary

Appendix D: Acronyms

Appendix A: Links to Full List of the Work Groups' Shared Equity Strategies

- ▷ [Youth and Family Centered Program Design and Delivery](#)
- ▷ [Adult Nurturance, Skill-Building, and Leadership](#)
- ▷ [Resources](#)
- ▷ [Multi-sector / Level Collaboration and Support Systems](#)

Appendix B: Whole Child Health and Wellness Team Members by Work Group

The California Afterschool Network (CAN) would like to thank all of the work group members who came together to provide data for the planning process; linked the planning process to other sources of data and resources; critically reviewed and provided feedback to key planning process documents; and collaborated to define the key elements of this Statement of Strategic Direction. CAN is especially appreciative for those who served as Co-Leads of their Work Groups. Co-leads were ably assisted by support members who provided critical organizing and logistical help. Thank you to the Glen Price Group, whose coordination and neutral facilitation kept the work moving in a positive direction while ensuring that all voices were authentically engaged. CAN also extends gratitude to Equity Meets Design who provided Technical Assistance to apply equity design principles at a critical moment in the process. This document and all of the work behind it would not have been possible without all of you.

Youth and Family Centered Program Design and Delivery Work Group Members		
Name	Last Name	Affiliation
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Christina*	Sepulveda	Boys & Girls Clubs of Garden Grove
Troy ^o	Selvey	California AfterSchool Network
Mariana	Lopez Quintanilla	Bay Area Community Resources (BACR)
Jason	Wara	Fresno County Superintendent of Schools
Adrian	Williams	Sacramento City Unified School District
Andi	Fletcher	Center for Collaborative Solutions
Andrea	Nava	SCUSD - Youth Development Support Services
Caroline	Courter	Think Together
Celina	Chun	Alum Rock Counseling Center
Dave	Neilsen	California Mental Health Advocates for Children and Youth
Dev	Cuny	Content Manager, Social Emotional Health, HG
Diana	Dominguez	Child Care Resource Center
Gloria	Halley	Butte County Office of Education
Holly	Siino	Foundation for California Community Colleges
Jeannie	Myung	PACE
Karen	Cantrell	Consultant
Libertad	Carlos	Alum Rock Counseling Center
Lili	Barajas	Center for Fathers and Families
Mike	Freeman	Shasta County Office of Education
Mike	Lombardo	Placer County Office of Education
Sophia	Clifford	Center Point DAAC
Lidia	Estrada	Gasol Foundation
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* Indicates Work Group Co-Lead ^o Indicates support members

Adult Nurturance, Skill-Building, and Leadership Work Group Members

Name	Last Name	Affiliation
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Aleah*	Rosario	Foundation for California Community Colleges
Rosa ^o	Guzman	Glen Price Group
Amber	Blackwell	Higher Ground Neighborhood
Andres	De La Peza	Woodcraft Rangers
Ani	Tarpinian	RISE Program Manager, HG
Carly	Smith	Foundation for California Community Colleges
Larry	Pasti	Big Picture Approach to Training & Consulting, Forum for Youth Investment
Lori	Ottolini Geno	Footsteps Child Care, Inc.
Marcus	Strother	Sacramento City Unified School District
Marjeanne	Stone	Empire Recovery Center
Meg	Pitman	Boys & Girls Club of America
Melea	Meyer	Mendocino County Office of Education
Normandie	Nigh	World Fit for Kids
Shannon	Roth	Sacramento Chinese Community Service Center
Sheari	Taylor	Los Angeles County Office of Education
Stacey	Daraio	How Kids Learn Foundation
Staci	Boretzky	Kaiser Permanente
Teng	Xiong	California Department of Education, Expanded Learning Division
Cara	Elio	SEE-LA
Yasemin	Corzo	Alliance for a Healthier Generation

* Indicates Work Group Co-Lead ^o Indicates support members

Resources Work Group Members

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Heather ^o	Williams	California AfterSchool Network
Alex	Briscoe	California Children's Trust
Alexis	Llamas	SD Bechtel Jr Foundation
Daniel	Hatcher	Alliance for a Healthier Generation
Darlene	Mosher	Pomona Unified School Districts
Desteni	Battle	Foundation for California Community Colleges
Erin	Sipes	Elk Grove Unified School District
Fred	Buggs	California Department of Education, Expanded Learning Division
Jim	Keddy	Youth Forward
Jonathan	Brack	Foundation for California Community Colleges
Juan	Vila	The Food Trust
Robby	Franceschini	Blue Path Health
Deanna	Niebuhr	The Opportunity Institute

* Indicates Work Group Co-Lead ^o Indicates support members

Multi-sector / Level Collaboration and Support Systems Work Group Members

Name	Last Name	Affiliation
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Vanessa*	Hernandez	JVH Empower Consulting Firm
Rocio*	Abundis	Santa Clara County Department of Family and Children Services, Social Services Agency
Jeff °	Davis	California AfterSchool Network
Megan °	Noble	Glen Price Group
Alisha	Schoen	Santa Clara County District Attorney's Office, Community Unit
Amy	Cranston	SEL4CA
Anna	Maier	Learning Policy Institute
Clayton	Chau	Orange County Health Care Agency
Deborah	Son	California Alliance of Child and Family Services
Eleanor	Castillo Sumi	Uplift Family Services
Haden	Springer	Foundation for California Community Colleges
Janet	Walden	Center for Collaborative Solutions
Jessica	Smith	Foundation for California Community Colleges
JJ	Lynch	San Rafael City Schools
Joan	Bissell	Education Consultant
Jose	Salazar	Tarzana Treatment Centers, Inc.
Joseph	Bishop	UCLA, Center for the Transformation of Schools
Kelsey	Neff	Sacramento Chinese Community Service Center (The Center)
Lety	Gomez Gong	Expanded Learning- Monterey County Office of Education
Linda	Lu	Partnership for Children and Youth
Mike	Witte	California Primary Care Association
Nancy	Tillie	Santa Barbara Neighborhood Clinics
Robert	Sindelar	Playworks
Rocky	Herron	Drug Enforcement Agency, San Diego
Stephanie	Thornton	The Children's Partnership
Sue	Nelson	Santa Clara Behavioral Health Services (retired)
Sue	Gevedon	Los Angeles County Office of Education
Susan	Barrett	Center on PBIS at ODU
Angela	Vazquez	The Children's Partnership

* Indicates Work Group Co-Lead ° Indicates support members

Advancing Equity, Healing, and Mindset Shift Work Group Members

Name	Last Name	Affiliation
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Daren	Howard	After-School All-Stars Bay Area
Daryton	Ramsey	Ventura County Office of Education
Dotti	Ysais	Los Angeles County Office of Education
Erin	Harrison	San Joaquin County Office of Education
Iris	Aguilar	Foundation for California Community Colleges
Isabelle	Mussard	CalSAC
Jason	Wara	Fresno County Superintendent of Schools
Julia	Gabor	Kid-Grit
Liza	Flowers	San Diego County Office of Education
Onda	Johnson	California Department of Education
Mariana	Lopez Quintanilla	Bay Area Community Resources (BACR)

Strong Narrative Work Group Members

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Bruno*	Marchesi	U.S. Soccer Foundation
Paige ^o	Bellanca	California AfterSchool Network
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Leslie	Beltran	Department of Social Services
Kamal	Khaira	CalFresh Healthy Living
Maddie	Orenstein	Colibri Collaborative
Jason	Riggs	Extended Child Care Coalition of Sonoma County

* Indicates Work Group Co-Lead ^o Indicates support members

Appendix C: Glossary

Allied youth worker - Adults who comprise the paid workforce and are employed to labor in contribution to whole child health and wellness across sectors, such as Expanded Learning program staff, case managers, social workers, probation officers, school nurses, librarians, etc.

Communities/youth and families at the margins - refers to those who have been historically disenfranchised, particularly Black, Brown and Indigenous communities.

Equity pause - To intentionally stop and reflect on language, ideas, assumptions, status quo, and/or systemic barriers in the context of a discourse of transformation.

Expanded Learning - California Department of Education (CDE) defines Expanded Learning as: Expanded Learning programs are an integral part of young people's education, engaging them in year-round learning opportunities that prepare them for college, career, and life. Expanded Learning refers to before and after school, summer, and intersession learning experiences that develop the academic, social, emotional, and physical needs and interests of students. Expanded Learning opportunities should be hands-on, engaging, student-centered, results-driven, involve community partners, and complement learning activities in the regular school day/year.

Health and Wellness - Health and wellness are the conditions necessary for all children and families to thrive socially, emotionally, academically, physically, and mentally.

Shared equity strategy - Actions or policies that acknowledge the multi-sector collaboration to ensure that every child, and particularly those from vulnerable student groups, is guaranteed the culturally appropriate and linguistically accessible supports and resources needed to succeed in school and thrive.

- ▷ **Shared**-Multi-sector; building on the awareness that realizing the vision will take much more than any one agency or sector acting on its own.
- ▷ **Equity**-Whole Child equity exists when every child, and particularly those from vulnerable student groups, is guaranteed the culturally appropriate and linguistically accessible supports and resources needed to succeed in school and thrive.
- ▷ **Strategy**-Answering the question 'How?' Actions or policies that advance us towards our vision.

Whole Child - A whole child approach to education is defined by policies, practices, and relationships that ensure each child, in each school, in each community, is healthy, safe, engaged, supported, and challenged.³⁶

Whole Child Equity: Whole child equity exists when every child, and particularly those from vulnerable student groups, is guaranteed the culturally appropriate and linguistically accessible supports and resources needed to succeed in school and thrive.

Appendix D: Acronyms

Acronym	Definition
CAN	California AfterSchool Network
CBO	Community Based Organization
CDE	California Department of Education
CHHSA	California Health and Human Services
COE	County Office of Education
COS	Chief of Staff
CSU	California State University
DASH Legislation	Distinguished After School Health Legislation
DPH	Department of Public Health
EDD	Employment Development Department
HHS	Health and Human Services
LEA	Local Educational Agency
MAT	Medications for Addiction Treatment
MTSS	Multi-tiered System of Support
OD	Overdose
SEAD Commission	National Aspen Commission on Social, Emotional, and Academic Development
SEL	Social Emotional Learning
SSPI	State Superintendent of Public Instruction
SUD	Substance Use Disorder
UC	University of California

Endnotes

1. See Appendix A for a definition of “Expanded Learning” and fully glossary of other key terms in this document.
2. See Appendix B for a list of participants.
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9. National Academies of Sciences, Engineering and Medicine, “The Promise of Adolescence: Realizing Opportunity for All Youth,” 2019.
10. National League of Cities, “Supporting Schools Requires a Collective Action,” 2020.
11. The Science of Learning and Development (SoLD) Alliance, “Education in the time of COVID: 6 Priority Actions from the Science of Learning and Development”
12. Collaborative for Academic, Social, and Emotional Learning, “Reunite, Renew, and Thrive: SEL Roadmap for Reopening Schools”
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14. The California Children’s Trust and Breaking Barriers, “Practical Guide for Financing Social, Emotional, and Mental Health in Schools”
15. California Department of Education, “California’s Social and Emotional Learning Guiding Principles,” 2018.
16. The Quality Standards for Expanded Learning in California
17. The Expanded Learning and Afterschool Project, “Expanding Minds and Opportunities,” 2013.
18. Centers for Disease Control and Prevention, “Covid-19 Cases, Hospitalization, And Death By Race/Ethnicity,” 2020.
19. The California AfterSchool Network plans to detail these learning processes in a separate paper.
20. Links to the complete sets of strategies and resources developed by the work groups can be found in the appendices section of this document.
21. Please see Appendix D for the definition of acronyms used in this document.
22. California Children’s Trust, “A Practical Guide for Financing Social, Emotional, and Mental Health in Schools,” August 2020.
23. For full Whole Child Health and Wellness work group recommendations, see the links provided in Appendix C.
24. The “allied youth workforce” is defined as, “the paid workforce employed to labor in contribution to whole child health and wellness across all sectors.” See glossary in Appendix A for full definition.
25. Science of Learning and Development Alliance, “Education Leadership in the Time of COVID”, 2020.
26. California Association of Foodbanks, “Hunger Fact Sheet,” Accessed August 2020.
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29. Babey, S. H., et al., “Few California Children and Adolescents Meet Physical Activity Guidelines,” UCLA
30. California Children’s Trust, “A Practical Guide for Financing Social, Emotional, and Mental Health in Schools,” August 2020.
31. Leveraging Resources Through Community Schools: The Role of Technical Assistance, Learning Policy Institute (July 2020) https://learningpolicyinstitute.org/sites/default/files/product-files/Technical_Assistance_Community_Schools_BRIEF.pdf
32. Access includes access to online learning and enrichment, telehealth services, etc. and therefore creating access infers technology and broadband access for all.
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34. The National Equity Project. Liberatory Design is an approach to addressing equity challenges and change efforts in complex systems. Retrieved December 2020 at <https://www.nationalequityproject.org/frameworks/liberatory-design>
35. Equity Design Principles are described in Racism and Inequity Are Products of Design. They can be redesigned. Medium.com retrieved December 2020 at <https://medium.com/equity-design/racism-and-inequity-are-products-of-design-they-can-be-redesigned-12188363cc6a>
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