



An Action Agenda for Mental Health and Well Being

This DRAFT Action Agenda for Mental Health and Well Being is the first in a series of Action Agendas to be considered by the Well Being Alliance and the WIN Network.^{1 2}

Introduction

This is a time of significant opportunity to reverse current trends in the [deaths of despair](#), and contribute to increasing healthy life years for all, by measurably improving mental health and addiction outcomes in the United States. Life expectancy has dropped the last three years, and much of this is due to deaths from drugs, alcohol, and suicide -- oft referred to as “deaths of despair.” Central to addressing these deaths of despair is a need to better integrate mental health and addiction treatment across community and clinical settings. Vitally important, is creating the conditions for human flourishing and well-being in the first place.

Mental health and addiction are among the most pressing health issues in the nation, with one in four Americans directly suffering, without respect to race, ethnicity, age, or socioeconomic status. Every one of us is impacted, and the trends are headed in the wrong direction. If current trends hold, there could be as many as 2 million deaths from drugs, alcohol, and suicide between the years 2017 and 2025—an increase of 100 percent compared to the previous ten years. In addition to the toll exacted on individuals, families, communities, and companies, the costs to taxpayers run into the hundreds of billions of dollars annually.

Immediate evidence-informed interventions for those already experiencing problems can help. Integrated whole person care can increase quality, decrease costs, and help make care more accessible. The vision? That primary care be better integrated with mental health and community services to address basic needs, so that whole person care is received no matter which door a patient comes through. But alone, these steps will be insufficient to reverse trends if we are not more conscious of prevention and “upstream” actors that can prevent more people from coming “downstream” and entering into the system.

¹ *The Well Being In the Nation (WIN) Network is a growing collaboration of communities and organizations committed to advancing intergenerational well-being for all. The Well Being Alliance (WBA) brings organizations together to shape organizational practice changes, public policies and uses of capital markets to accelerate systemic change.*

² *This DRAFT Action Agenda was prepared by Geoffrey Anderson, on a contract with Well Being Trust, and reflects the active input and contributions from over two dozen people from multiple fields. Being a Well Being Alliance “Member” does not imply agreement with, nor support for, this first draft document.*



The underlying causes that fuel increasing rates of anxiety, depression, substance misuse, and suicide are multiple and deeply-rooted. These include social isolation, loneliness, hopelessness, trauma, and shame—exacerbated by a lack of economic opportunity, toxic stress, stigma around taboo topics, and a blend of opportunity-limiting cultural and environmental factors in our communities that thwart human flourishing. Often, these dynamics present intergenerational and epigenetic risks, with risk factors present prenatally and continuing through early childhood for families lacking access to the factors and conditions needed to support healthy human development.

Conversely, reducing the number of people afflicted by the [deaths of despair](#) means reducing these stressors and increasing access to factors that build resilience and happiness -- the [“Vital Conditions for Intergenerational Well-Being:”](#)

- Basic health and safety
- Meaningful work and wealth
- Thriving natural world
- Belonging and civic muscle
- Lifelong learning
- Humane housing
- Reliable transportation

While many forces impact people’s mental health and well-being, these seven Vital Conditions are unequivocally important. When these Vital Conditions are satisfied -- they positively impact mental health and well-being. For instance, studies of those who are experiencing homelessness who have been rapidly rehoused, show that they are more likely to take advantage of supportive services and as a result are more likely to discontinue substance abuse, have fewer incidents of domestic violence and spend fewer days hospitalized. Conversely, when vital conditions are absent, mental health problems and addiction needs grow. For instance, studies have linked high levels of childhood lead exposure to mental health issues later in life, and unemployment is directly correlated with drug overdose deaths.

Expanding the vital conditions to address root causes can be a daunting prospect but there is reason for hope. There are communities all across the nation that are bucking the trends and demonstrating how to improve outcomes. For instance in 2015 in Cleveland, Ohio the Housing First Coalition launched an Integrated Physical and Behavioral Health Care Mobile Clinic, which provides access to critical health services for formerly chronically homeless residents. Innovative in its offer of comprehensive, integrated care for both physical and mental health, the mobile clinic visits each Housing First property to make on-site healthcare available to all. Providing on-site healthcare at home helps reduce healthcare costs for the county, improves residents’ health and lower unnecessary emergency room visits.

In an example of moving solutions upstream Cincinnati leaders, led by the Cincinnati Children’s Hospital Medical Center (CCHMC) working established All Children Thrive. This initiative is addressing some of the toughest, most complex problems affecting children. Their goals include eliminating infant mortality, eliminating child inpatient disparities across neighborhoods, and ensuring all children read proficiently by 3rd grade.



Results are promising. For instance, one highly-impacted neighborhood saw three straight years without a single preterm birth (a leading cause of infant mortality in Cincinnati). This work is now expanding into twelve new Cincinnati neighborhoods and in 2018, the lowest number of babies died in Hamilton County history.

However, these successes are too few, are not widely publicized and adapted, and not at the scale needed to impact the countless who could benefit. This agenda for action was created to help meet this challenge, to help move solutions to scale by identifying and catalyzing adoption of the most promising practices, policies and investments to support mental health and well-being.

In addition to expanding the vital conditions for mental health and intergenerational well-being, the actions in this agenda were selected because they are aligned with the WIN principles below— actions seek to secure the future for all, leave a positive legacy, increase rates of progress, bridge divides, and better enables children to thrive. These are further explained below.

The WIN Principles

Well Being In the Nation (WIN) is dedicated to making certain that all Americans have the Vital Conditions and is guided by the following principles in pursuit of that mission.

1. Our focus is on **creating the vital conditions for intergenerational well-being for all**. WIN seeks to create the conditions such that everyone has multiple opportunities to prosper and live well. It also means that we commit to additional supports for those who have the farthest to go to take advantage of these opportunities.
2. Our goal is to **bring our efforts together** to secure intergenerational well-being for all. We cannot achieve these conditions alone. It is our ability to come together, across differences, across initiatives, and in partnership with those who are most affected by poor outcomes, that will determine our pathway to well-being. We are interconnected, stronger because of our diversity.
3. **Past and future legacies matter**. Just as the legacies of generations past have brought us to where we are, our decisions today will shape the future of our children and future generations. Some past legacies have given us amazing improvements, like environmental protections and civil rights. Other legacies—such as disenfranchisement and discrimination—have meant that well-being and the opportunities to improve well-being are unevenly distributed. We have no say in the choices that our predecessors made. However, we possess an enormous capacity to transform those conditions—for better and for worse—both for ourselves and for those that follow. With so many lives at stake, our choices have profound significance. We can choose new paths and priorities that create legacies of well-being for generations well into the future.



4. **We must accelerate our progress in improving well-being and addressing inequities.** Despite decades of work by nonprofits, philanthropy, and others, many conditions have improved only very slowly and many have moved in the wrong direction for some groups. New approaches are needed. Choosing not to act in the face of poor well-being and inequity is the same as being complicit in perpetuating these inequities. The generations to come deserve better.
5. **We can accomplish more by working together.** The vital conditions that everyone needs—housing, health care, a good job, transportation, safe places to live and work, etc.—are intertwined and affect each other. Affordable housing in a location that requires a long commute can make it hard to hold down a job. Participating in exercise or community functions is difficult when basic safety is in question. Many different agencies and sectors hold the pieces of the puzzle needed to achieve these solutions.
6. **Unifying solutions should be actively sought and promoted when possible.** There are many places across the country, in every kind of political context, where ordinary people routinely confront shared challenges and reach across differences to work together to enrich their well-being as a whole community. We look to these communities and to their trans-partisan successes as models for our work together and seek to support their leadership with our own.
7. **Equity is our “price of admission” in process and outcomes** – We all commit to working together to achieve equity across sectors. This requires equitable processes and outcomes. Equity, in business, represents ownership over something. We believe that the ownership of people with lived experience of inequity needs to not only be included by actively grown in any process that improves well-being and equity for all.

The following agenda adheres to these principles as a means to ensure solutions lead to long term, sustainable improvement, fewer unintended consequences and are immediately actionable.

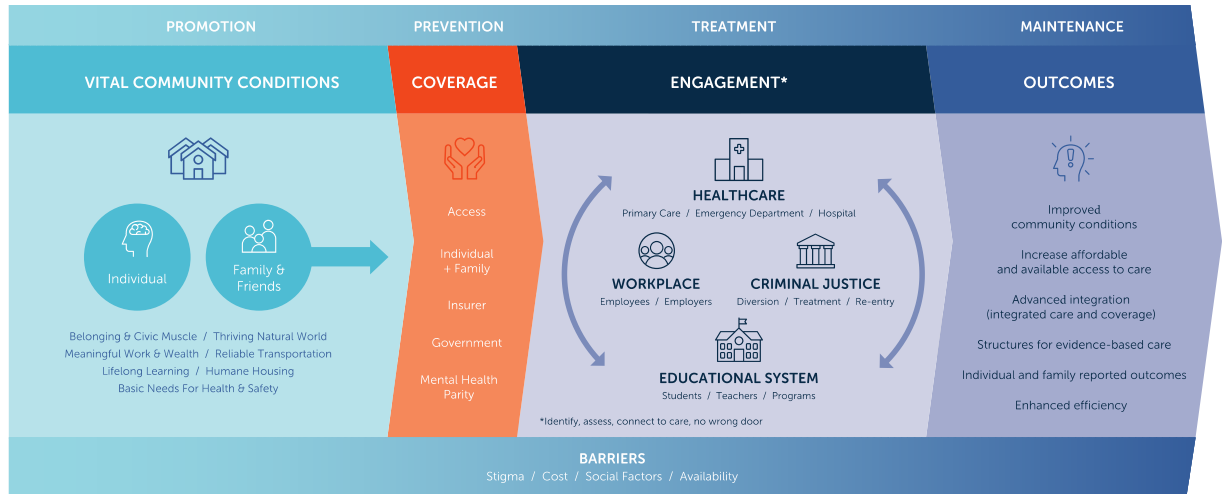
The Action Agenda for Mental Health and Well Being

This Agenda to Support Mental Health and Well Being is divided into two parts: the first focused on Alleviating needs among those struggling or suffering now and the second focused on creating intergenerational wellbeing to reduce demand.

This approach is consistent with an emerging Framework for Excellence in Mental Health and Well-Being that is rooted in a growing consensus among community, clinical, policy and philanthropic leaders regarding what can be done to improve outcomes at scale.



Framework for excellence in mental health and well-being



Alleviate Needs Among Those Struggling or Suffering Now

One in four people in the United States face mental health and addiction challenges now and that number is growing. Resources are limited and needs and capacities of those experiencing issues vary widely. Effectively helping those in need now means getting people in a position to help themselves by focusing on the basic, most important steps: 1) getting people the services they need, 2) housing, and 3) financial stability.

1. Ensure people have access to timely, integrated mental health and addiction services they need

Creating seamless access to allow for individuals to better be identified and treated for mental health and addiction is important in helping to achieve more positive health outcomes for our communities.



Nineteen percent of US adults experienced mental illness in 2018 with 4.6% or 11.4 million people experiencing serious mental illness. Roughly 3.7% of adults experienced both mental illness and a co-occurring substance use disorder. Of all adults with mental illness 43.3% received treatment while 64.1% of those with serious mental illness were treated. The effects of mental illness are widely felt from the personal where unemployment is higher and physical health issues are more likely, to the family and community where 1 of every 8 emergency department visits involve mental disorders and 37% of adults in the prison system have diagnosed mental illness. (all from <https://www.nami.org/learn-more/mental-health-by-the-numbers>).

Giving people timely access to treatment not only helps improve their clinical outcomes, but it also decreases overall health care costs. In addition, this approach is much more aligned with a patient and family centered approach as it allows for individuals to have their needs addressed when they present with them rather than wait for a referral or follow up visit.

- a. To help ensure that people get needed services in a timely fashion, the federal government can take the following actions:
 - a. **Improving access to care by:**
 - i. Enforcing laws that require equal coverage for mental health care in insurance;
 - ii. Increasing funding to cover uninsured;
 - iii. Pursuing delivery and financing models that better integrate mental health, and encourage CMS to support waiver projects that prioritize models of integration e.g. North Carolina
 - b. **Reduce wait times for care by:**
 - i. Redistributing mental health clinicians throughout the health care system and emphasizing community peer support networks – this means putting mental health clinicians into the places that people present with need e.g. primary care, and leverage the community workforce to also address low severity mental health needs;
 - ii. Encouraging increased off-site, mobile, and remote care options.
 - c. **Improve quality of care by:**
 - i. Distributing care guidelines that provide up to date evidence-based treatment info to mental health clinicians;
 - ii. Integrating mental health and physical health care into a single whole-person oriented system;
 - iii. Supporting training/education programs that support mental health in non-mental health settings with non-mental health clinicians;
 - iv. Creating clear standards for coverage, access and quality of service.



d. Practice primary prevention to identify mental health and wellness challenges early:

- i. Incorporating standard mental health screening and assessment in traditional health care centers (e.g. hospitals, ambulatory settings, clinics, emergency rooms)
 - ii. Engaging with nontraditional care institutions (churches, schools, places of work, jails, legal system) to equip them to identify mental health issues and take appropriate steps
 - iii. Ensuring that wherever an issue is identified (emergency room, at work, or in a doctor's office) it connects seamlessly to the needed range of psychosocial services by getting mental health providers and social workers into primary locations and treatment, and addressing insurance-driven fragmentation of medical, social and mental health issues.
- b. To help ensure that people get needed services in a timely fashion, states, local governments and the private sectors can:
- a. Adopt a whole person health approach integrating mental and physical health care by:
 - i. Assuring that benefits are robust and comprehensive for employees and other stakeholders
 - ii. Co-locating physical and mental health care services and developing collaborative, physical/mental health treatment plans;
 - iii. Assigning patients case managers to help them navigate the care system
 - iv. Implementing accountable communities for health models
 - b. Improve and ensure quality and effectiveness of care by:
 - i. Tracking and measuring the results of referrals to psychosocial services;
 - ii. Changing the focus of care away from a system that reacts to crisis with short-term episodic treatment to one that seeks to practice primary prevention with corresponding treatment regimes.
 - c. Use non-stigmatizing language and procedures to address mental illness
 - i. Assessing structure of policies and how they may reinforce stigma
 - ii. Examining language around mental health that's used across organization

2. Ensure People Have Housing by Adopting a Housing First Policy

Housing First is premised on the idea that it is difficult to deal with other issues if the basic need for housing has not been met. This stands in contrast to some housing programs that require that substance abuse or other problems already be addressed. Homelessness is significantly associated with higher rates of physical and mental health problems. Rapid rehousing has been shown to be effective in reducing future homelessness and in getting people to take advantage of other needed services.



- a. To support Housing First, the federal government can provide funding that is appropriate to the scale of the problem by substantially increasing funding for key federal homelessness and affordable housing programs. This funding is allocated to states and communities and is the backbone of state and local housing programs. Programs include:
 - i. HUD Emergency Solutions Block Grant program and the competitively awarded Continuum of Care program.
 - ii. Tenant-Based Rental Assistance, Project-Based Rental Assistance (particularly for new supportive housing projects and low income senior projects), and Public Housing Capital and Operating Funds.
 - iii. The National Housing Trust Fund, HOME, LIHTC, DCBG, HUD-VASH and Tribal HUD-VASH
 - iv. The federal government can also require Medicaid to cover housing support programs.
- b. States and local governments can adopt Housing First in state and local housing programs by changing program requirements to align with a Housing First approach ensuring:
 - i. Few to no programmatic prerequisites to permanent housing entry
 - ii. Rapid and streamlined entry into housing
 - iii. Practices and policies to prevent lease violations and evictions
 - iv. Supportive services offered proactively to all residents.
- c. States and local governments can increase investment in existing state and city funded housing programs. States and localities have created their own streams of funding for housing both to match federal funds and to supplement funding where the federal government has cut back. To protect existing affordable housing and increase future supply, a variety of funding mechanisms are available depending upon the tools available in a particular state or locality including:
 - i. Direct appropriations
 - ii. Linkage fees that charge non-residential developers for impacts their development may have on housing supply
 - iii. Inclusionary zoning in-lieu fees
 - iv. Document recording fees
 - v. Real estate transfer taxes
 - vi. Property and sales tax
 - vii. State or Local Housing Trust Funds
 - viii. Bonds
 - ix. State QAPs
 - x. Expanding Medicaid in states that have not done so
- d. Local governments can advance Housing First by reducing local barriers and providing incentives to create affordable housing particularly in high opportunity neighborhoods. They can:
 - i. Ensure zoning allows for the wide variety of housing types that exist including multi-unit buildings, accessory dwelling units,



townhouses and duplexes, and manufactured housing. In addition ensure zoning doesn't require over-parking, and allows for higher densities.

- ii. Adopt inclusionary zoning requirements, density bonuses, expedited permit review, use publicly owned land, reduced impact fees and other tools to incentivize construction.
 - iii. Ensure street outreach providers, emergency shelters, and other parts of the crisis response system are working closely with housing providers to connect people to permanent housing as quickly as possible.
 - iv. Implement a data-driven coordinated assessment system for matching people experiencing homelessness to the most appropriate housing and services based on their needs.
 - v. Unify and streamline processes for applying for rapid re-housing, supportive housing, and/or other housing interventions.
 - vi. Collaborate to ensure that a range of affordable and supportive housing options and models are available to meet local needs.
 - vii. Review policies and regulations related to supportive housing, social and health services, benefit and entitlement programs, and other essential services to ensure they do not create needless barriers to housing.
- e. Private investment can also support affordable housing and homelessness reduction by:
- i. Targeting CRA investment to housing in places that have adopted a housing first approach.
 - ii. Seeking investment from businesses and institutions that are directly affected by homelessness (e.g., hospitals providing emergency room care, law enforcement agencies, retail businesses, large property owners, etc.).
 - iii. Creating and growing a certificate program in Resident Service Coordinator best practices at schools of social work and an MSW RSC masters degree.
 - iv. Creating public private partnerships to create new intergenerational and integrated housing models that allow intergenerational living (so grandparents can help with grandkids) and include on-site day care, health care, education, and other services.

3. Help people get jobs, stay in jobs, and improve financial resilience

The links between income/wealth and health outcomes are significant and well established. Compared to their higher income counterparts, poor adults are more likely to report being in poor or fair health and have higher rates of heart disease, diabetes, stroke and other chronic disorders. Infant mortality and children's



health are also strongly linked to family income and maternal education. The link between income and mental health has also been established. Low levels of household income are associated with several lifetime mental disorders and suicide attempts, and a decrease in income is associated with higher risk for anxiety, substance use, and mood disorders. In addition to these direct affects, financial status affects all the other vital conditions and thus is instrumental both directly and indirectly to mental health and well being.

- a. The federal government, states and local governments can do more to help people get jobs by:
 - i. Reforming job training programs to ensure training incorporates employers' and workers' needs and is sector-based—focusing on the employer-identified skills that are needed to succeed in specific in-demand industries, such as health care, manufacturing, construction, or information technology, (as opposed to skills needed in an individual company);
 - ii. Expanding focus on apprenticeships in its approach to job training;
 - iii. Exercising purchasing power to encourage local and targeted hiring as well as high road business practices;
 - iv. Linking targeted hiring to economic development incentives;
 - v. Adopting legislation to ban the criminal background box on job applications, providing clean slate background checks for people with certain types of criminal records, banning credit checks as part of the hiring process, and adopting open hiring policies.
- b. The federal government can do more to ensure that those who earn too little can achieve basic standards of living by:
 - i. Raising the minimum wage;
 - ii. Expanding the Earned Income Tax Credit (EITC) for childless adults and families;
 - iii. Making the Child Tax Credit (CTC) stronger for lower-income households and families with young children;
 - iv. Extending eligibility for supplemental security and disability income to include people with substance use disorders;
 - v. Providing for paid leave and similar benefits;
 - vi. Providing a federal job guarantee. (Tyler?)
- c. States and local governments can do more to ensure that those who earn too little can achieve basic standards of living by:
 - i. Raising the minimum wage;
 - ii. Reforming court fines and fees that create downward financial spirals;
 - iii. Limiting the proliferation of alternative, high-cost financial service providers;
 - iv. Providing for paid leave and similar benefits;



- v. Incentivizing the creation and adoption of cooperative and other innovative business ownership models.
- d. The Private Sector can take actions and make investments that boost employment and financial stability by:
 - i. Raising wages, improving benefits, and advancing high road business principles and practices;
 - ii. Recognizing the stake businesses and institutions (especially Anchor Institutions) have in the community's success and engaging in local hiring, investment and purchasing;
 - iii. Eliminate barriers to hiring (e.g., ban the box, credit checks, clean slate);
 - iv. Creating apprenticeship programs and working with public job training programs to improve training, placement and retention;
 - v. Providing employees with financial counseling and mental health services;
 - vi. Creating Employer Collaboratives where employers address issues affecting employee stability and retention including transportation, housing and income support;
 - vii. Launch impact investments aimed at improving employability, for instance with Career Impact Bonds which allow low-income and underrepresented learners access to high-quality training programs without taking on traditional student debt—repaying their bonds only if they are successful at achieving good wages over a fixed period of time;
 - viii. Creating greater opportunity through the adoption of cooperative and other innovative business ownership models

Create intergenerational well-being to reduce the demand

Increasing intergenerational well-being and reducing future demand for health care and related services necessarily starts with kids, and their parents. Early childhood, from the point of conception, is a critical period that can easily determine a person's ability to reach his or her lifelong health, social, and economic potential. Comprehensive early childhood well-being—which consists of physical and mental health, cognitive functioning, and social and emotional development—has strong links to long-term outcomes such as educational attainment, annual income, and mental health.

For instance, it has been shown that the kids who are well behind at age two very rarely catch up. They are four times more likely to have asthma, five times more likely to use drugs and be depressed, six times more likely to get pregnant in school, and eight times more likely to go to prison. Development by age 2 is so important that it is possible to predict at age 2 who will likely be dropping out of high school. Sixty percent of African American males in their thirties who dropped out of school are in jail today. That



compares to ten percent of African American male graduates. These patterns are widespread. Eighty percent of the kids in jail in Scotland can't read. They also were all behind at age two.

But no one need be behind at age 2. Indeed, ensuring that kids are safe, healthy, and stimulated during their first years of life is quite possibly the most important thing we can do to secure future health, economic success, and personal well being for individuals and for the country. It has been calculated that every dollar invested in early childhood well-being has the potential to produce approximately \$8 in returns for society.¹ (this From a McKinsey Report)

To improve early childhood for children in the United States they must have safe, supportive environments in the places they spend the most time-- at home and in school. And this starts with family and the home environment.

1. At Home

Children's parents and home life are the most important influence in their lives and it is difficult for kids to thrive in an environment where their parents and family do not. The steps outlined below are meant to ensure that kids have the best chance at a supportive home life by ensuring their care-givers are secure and can provide high quality care. To do this parents and primary care-givers must have: housing, the ability to deliver the right care, child care, transportation, and financial resilience.

- a. Provide Housing First. The first step to a sound home life is a home. The Housing First recommendations outlined above should be followed to ensure that children and their families are safely housed. In addition, the results of this approach when used with families (as opposed to individuals), should be further studied to ensure that the same efficacy observed with individuals participating in permanent supportive housing is present here.
- b. Provide the Right Care from Age 0-5 (or first 1,000?):
 - i. To help ensure that kids get the right care from the start, the federal government can:
 1. Ensure that all mothers are engaged during pregnancy to provide access to and utilization of prenatal care and to connect them to other prenatal and family supportive services;
 2. Increase funding for the Healthy Start Program, the Maternal, Infant, and Early Childhood Home Visiting Program, and the Promoting Safe and Stable Families program;
 3. Enact paid family leave and paid sick leave;
 4. Provide adequate funding for Child Welfare Services.
 - ii. To help ensure that kids get the right care from the start, states can:



1. Ensure that children have access to and promote utilization of appropriate preventive, dental, mental health, and developmental, and specialty services by fully executing the requirements of Medicaid's Early and Periodic Screening, Diagnostic and Treatment health care coverage;
 2. Legislate paid family leave and paid sick leave;
 3. Provide adequate funding Child Welfare Services.
- iii. To help ensure that kids get the right care from the start, local governments can:
1. Fund preschools at a level that is adequate to serve the preschool age population;
 2. Provide funding for Child Welfare Services that is commensurate to the demands on the services.
- iv. To help ensure that kids get the right care from the start health care providers can:
1. Promote utilization of prenatal care and ensure care recognizes the different challenges faced by subpopulations providing culturally appropriate care and medical response;
 2. Screen pregnant patients and make referrals to and promote utilization of parenting support, and psychosocial services as appropriate;
 3. Provide seamless medical/psycho/social care to new mothers by deploying social workers in the maternity ward and using surgery follow-up protocols as a model for maternity follow up;
 4. Make mobile medical and telemedical services available to increase access to needed care for those with difficulty accessing fixed locations.
- c. Extend Access to Child Care
- i. To extend access to child care, the federal government can:
 1. Increase the child care and development block grant (CCDBG);
 2. Increase the child and dependent care tax credit and make it refundable;
 3. Increase the minimum wage, which would impact many child-care workers.
 - ii. To extend access to child care, states can:
 1. Expand eligibility for CCDBG;
 2. Supplement Child and dependent care tax credit with a refundable state version;
 3. Mandate paid sick leave and family leave;
 4. Expand Medicaid.
 - iii. To extend access to child care, local governments can:
 1. Provide universal prekindergarten;



2. Conduct an assessment of the status of young children in the local jurisdiction and use the bully pulpit and local convening power to engage businesses, parents, schools and child service providers on ways to improve lives for young children;
 3. Pass a dedicated local tax or earmark a specific portion of the local government budget to provide for greater child care services and support.
- iv. To extend access to child care, the private sector can:
1. Improve wages for child care workers to \$15 per hr so that parents can afford child care and other wrap around services;
 2. Provide paid sick and family leave for child care workers, as well as emergency child care vouchers to help cover unexpected needs and reduce callouts and unexcused work absences;
 3. Provide grants or flexible capital to minority and women-owned child care providers to ensure they can expand their operations and provide comprehensive services.
- d. Transportation
- i. The federal government can ensure that low income transportation funding and services are sufficient to meet needs for rides to work and essential services by:
 1. Rationalizing the dozens and dozens of programs across multiple agencies that are authorized to provide transportation services to disadvantaged populations;
 2. Ensuring funding is adequate to meet existing needs;
 3. Catalyzing innovation in the field through competitive pilot grant programs focused on using new mobility, technology, land use and non-traditional solutions.
 - ii. State and local governments can ensure that low income transportation funding and services are sufficient to meet needs for rides to work and essential services by:
 1. Using coordinating councils, one-call centers and other techniques to coordinate transportation services currently provided to the transportation-challenged;
 2. Utilizing new geospatial accessibility analysis techniques to identify places that are isolated from jobs and critical services and prioritize investments that improve accessibility in these locations;
 3. Investing in transit;
 4. Improving first and last mile connections to transit, and on demand micro-transit by making safety improvements for pedestrians and bicyclists in salient locations and



- experimenting with new mobility options including working with private rideshare entities and other transportation network companies;
5. Catalyzing innovation in the field through competitive pilot grant programs focused on using new mobility, technology, land use and non-traditional solutions.
- iii. The private sector can ensure that low income transportation funding and services are sufficient to meet needs for rides to work and essential services by:
1. Utilizing recent innovations in transportation and technology to examine market opportunities and public/private partnership opportunities to meet the transportation challenges of disadvantaged populations more effectively and efficiently;
 2. Forming employer collaboratives to analyze and seek shared solutions to employees transportation challenges particularly as they relate to retention;
 3. Providing catalytic investments in the form of grants, below-market loans, etc. to leverage federal and state funding while ensuring that transit projects come to disinvested communities;
 4. Providing flexible capital to minority and women-owned businesses to ensure they can fully participate in the bidding and contracting process for transit projects.
- e. Help parents and primary care givers get jobs, stay in jobs, and improve financial resilience.
- i. The actions described in the section above on jobs and financial resilience each apply here as well. In addition, the following federal actions can help to specifically ensure the financial stability of children:
 1. Increase the Child Earned Income Tax Credit;
 2. Increase the Child and Dependent Care Tax Credit;
 3. Increase Child Benefits within TANF and SNAP;
 4. Increase the Child Care and Development Fund.

2. In Schools

After home, schools are where kids spend most of their time. However, as discussed earlier, by the time many kids first go to school they are already behind in their learning and development. Schools can contribute greatly to children's well being by 1) engaging with kids earlier and 2) ensuring that the school environment is safe, positive and supportive.

- a. Engage Kids Earlier



- i. To help schools engage with kids earlier, the federal government can:
 - 1. Increase funding for Early Head Start and Head Start;
 - 2. Increase funding in the Every Student Succeeds Act.
- ii. To help schools engage with kids earlier, states can:
 - 1. Adopt Free Universal Pre-k;
 - 2. Create cooperation between schools and health departments or entities responsible for delivering Medicaid's Early and Periodic Screening, Diagnostic and Treatment health care coverage.
- iii. To help schools engage with kids earlier local governments/school districts can:
 - 1. Provide funding for and enact high quality pre-k education reaching all eligible students in the city or district
 - 2. Measure and benchmark pre-k programs using benchmarks such as NIEER's 10 evidence based benchmarks to monitor program quality and outcomes
- b. Create safe, positive and supportive school environments.
 - i. To promote supportive school environments, the federal government can:
 - 1. Provide funding dedicated to facilitating safe, positive and supportive school environments;
 - 2. Publicize successful examples as examples for other jurisdictions to learn from and adapt to their needs.
 - ii. To promote supportive school environments, the state can:
 - 1. Provide funding targeted specifically to facilitate safe, positive and supportive school environments
 - 2. Focus schools on school climate by including culture in curricula, teaching methods, teaching materials and accountability measures. These would include identifying social and emotional skill sets and competencies that teachers and students should be achieving, and replacing zero tolerance policies with restorative discipline.
 - iii. To promote supportive school environments local governments and schools can:
 - 1. Design school spaces and programming to foster safe, positive and supportive culture by:
 - a. Adopting proactive primary prevention strategies by teaching students social, emotional and cognitive skills including topics such as conflict resolution, empathy, social support, inclusivity and racism;
 - b. creating small schools or learning communities within schools, increasing teacher's time with



- students beyond a year, and other steps to improve teacher/student, student/student attachments;
- c. developing supportive school culture and norms;
 - d. adopting disciplinary strategies that emphasize learning social, emotional and cognitive skills and restorative justice;
 - e. engaging proactively in anti-bullying programs and campaigns;
2. Ensure students get the care they need by:
 - a. Training staff to recognize students in need of medical and/or psychosocial services;
 - b. Providing basic levels of in-house psycho-social services and connections and referrals to the broader array of potentially needed services.
 3. Provide high quality staff by:
 - a. Improving wages for teachers;
 - b. Providing paid sick and family leave for teachers;
 - c. Providing pre- and in-service training on psychosocial learning and on how to create a safe, positive and supportive culture in schools.
 - iv. The private sector can provide grants and investments to school districts and education providers, whether for capacity-building or pay for performance initiatives.