

August 2021



The Landscape of Federal K-12 School Health Efforts, 2010-2020

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This report was written by a research team at Child Trends and was funded by Kaiser Permanente

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Acronym Dictionary

- ACF** – Administration for Children and Families, U.S. Department of Health and Human Services
- CDC** – Centers for Disease Control and Prevention, U.S. Department of Health and Human Services
- CNCS** – Corporation for National and Community Service
- COPS** – Community Oriented Policing Services, U.S. Department of Justice
- DASH** – Division of Adolescent School Health, Centers for Disease Control and Prevention
- DOD** – U.S. Department of Defense
- DOJ** – U.S. Department of Justice
- DOL** – U.S. Department of Labor
- DOT** – U.S. Department of Transportation
- ED** – U.S. Department of Education
- EPA** – Environmental Protection Agency
- FCC** – Federal Communications Commission
- FTC** – Federal Trade Commission
- HHS** – U.S. Department of Health and Human Services
- HRSA** – Health Resources and Services Administration, U.S. Department of Health and Human Services
- HSB** – Healthy Schools Branch, Division of Population Health, Centers for Disease Control and Prevention
- IHS** – Indian Health Service, U.S. Department of Health and Human Services
- NCSSLE** – National Center for Safe Supportive Learning Environments
- NEA** – National Endowment of the Arts
- NGO** – Nongovernmental organization
- NIA** – Notice Inviting Applications
- NOFA** – Notice of Funding Availability
- NOFO** – Notice of Funding Opportunity
- OESE** – Office of Elementary and Secondary Education, U.S. Department of Education
- OMH** – Office of Minority Health, U.S. Department of Health and Human Services
- ONDCP** – Office of National Drug Control Policy within the White House
- OSSS** – Office of Safe and Supportive Schools (fmr. Office of Safe and Healthy Students, Office of Safe and Drug Free Schools), Office of Elementary and Secondary Education, U.S. Department of Education
- RFP** – Request for Proposals
- SAMHSA** – Substance Abuse and Mental Health Services Administration, an agency within the Department of Health and Human Services
- SEL** – Social and emotional learning
- TA** – Technical assistance
- USDA** – U.S. Department of Agriculture
- WHA-API** – White House Initiative on Asian Americans and Pacific Islanders
- WSCC** – Whole School, Whole Community, Whole Child framework

Executive Summary

In 2020, Kaiser Permanente convened a group of national organizations to form the National School Health Collaborative (NSHC). The NSHC's vision is to fundamentally shift how school health is integrated into—and supported within—school, district, state, and federal policies and programs to more directly improve student and staff health, particularly for those who have faced systemic barriers to receiving necessary supports and services.

As a first step in accomplishing this vision, Kaiser Permanente tasked Child Trends with comprehensively mapping how the U.S. federal government currently defines, funds, and supports school health. Specifically, Child Trends conducted a systemic review of federal programs, initiatives, and funding streams that support school health work to answer the following research questions:

1. What federal agencies support school health initiatives? To what degree do those agencies have formal working relationships?
2. How does federal funding for school health advance the Centers for Disease Control and Prevention's (CDC) Whole School, Whole Community, Whole Child framework? How do programs overlap and/or present competing objectives?
3. How do federal school health efforts target improving outcomes among groups that have faced systemic inequities?

We identified 10 formal interagency groups, 13 formula grant programs, 91 discretionary grant programs, and 67 technical assistance centers and initiatives that supported school health from 2010 to 2020. Key findings include the following:

Key findings

- **The U.S. Departments of Education (ED), Health and Human Services (HHS), and Justice (DOJ) each play a central role in federal school health efforts.** ED, HHS, and DOJ each have significant formula and discretionary grant funding and technical assistance efforts. However, each agency approaches school health from different frameworks and with varying foci.
- **Existing school health-related interagency collaborations lack representation from all relevant agencies.** For example, DOJ is not currently involved in the two interagency collaborations that are directly focused on school health. Moreover, interagency collaboration memberships largely do not include groups whose missions specifically focus on historically disadvantaged populations, such as the White House Initiative on Educational Excellence for Hispanics and the White House Initiative on Educational Excellence for African Americans.
- **Federal efforts to support students' physical health are largely siloed from those focused on broader elements of school health, such as social and emotional climate.** Whereas social and emotional climate—covered in nearly half of grant programs and 70 percent of technical assistance efforts—is well integrated into broader initiatives, students' physical health is often only addressed in grant programs specifically focused on that issue. Far fewer discretionary grant programs and technical assistance efforts address physical health topics, which include school health services, health education, and physical education and physical activity.
- **Few federal school health efforts include a focus on employee wellness.** Only three grant programs explicitly support efforts around employee wellness and only limited technical assistance efforts, primarily from the CDC, touch on the topic.

- **Federal school health efforts that make an effort to reach students who face systemic barriers to health and education are limited.** Although 70 percent of grants include a focus on one or more target populations (primarily children from low-income families and communities, students with disabilities, military-connected children, and American Indian and Alaska Native students), only five grants (5%) specifically include a focus on students from historically marginalized racial/ethnic backgrounds other than those grants focused on American Indian and Alaska Native students. Moreover, most grants that include a targeted focus do so from a deficit lens, often labeling students or schools as “at-risk” or “low-achieving” rather than focusing on addressing specific systemic inequities.

Introduction

The health of students and staff is central to their respective abilities to learn and teach, but health is often considered on the periphery of the education system. Schools play a critical role in not only nurturing children’s academic achievement, but also supporting their social, emotional, and physical health (LeWallen et al., 2015; Michael et al., 2015). Indeed, helping children succeed academically is often predicated by ensuring that their basic health needs are met (Michael et al., 2015). The COVID-19 pandemic showcased schools’ central role in providing students with nutrition through school meal programs, with health and mental health services, and with social and emotional learning (Fulks, Anderson, & Harper, 2020; Fulks et al., 2021). Moreover, growing teacher burnout resulting from the pandemic has necessitated that schools take more deliberative efforts to address employee wellness (CDC, 2021; Steiner & Woo, 2021). Still, despite the schools’ critical role in promoting student and staff health, and the critical role of health in academic achievement, the education and health fields remain strongly siloed (Chiang, Meagher, & Slade, 2015). Even as certain elements of school health, such as social and emotional supports, enter more mainstream education discussions, broader school health topics—such as the availability of school health services, balanced nutrition, and time for physical activity—are rarely discussed as core components of a successful school.

School health researchers and advocates stress the interconnectedness of the supports that schools provide to students (LeWallen et al., 2015). In 2014, the Centers for Disease Control and Prevention (CDC), in partnership with ASCD, proposed the Whole School, Whole Community, Whole Child (WSCC) framework for school health, which illustrates 10 broad domains of supports that are critical to the health and academic success of students: nutrition environment and services; physical education and physical activity; health education; health services; counseling, psychological, and social services; social and emotional climate; physical environment; family engagement; community involvement; and employee wellness. However, many schools and districts struggle to implement this idealistic vision, in part based on competing policies, funding streams, and other external pressures that often require a siloed rather than comprehensive approach. For example, nearly every state has a complex landscape of policies across each WSCC domain (Chriqui et al., 2019; Temkin et al., 2021). States vary considerably in their emphasis on some domains over others. Very few states, for example, have any policy regarding employee wellness. When states do cover an array of topics across domains, such policies lack coordination. For example, states require schools to provide professional development across multiple topics (e.g., suicide prevention, bullying prevention, trauma-informed practices)—in some cases up to 11 different topics—without consideration of whether schools can feasibly implement such trainings.

Figure 1. The Whole School, Whole Community, Whole Child Framework



These silos are further driven by a lack of coordination in funding mechanisms that require schools to prioritize some elements of the WSCC over others. Although the federal government is the smallest

source of funding for most schools and districts, federal funding—and the requirements and priorities that come with it—often has a disproportionate influence over educational practice (McGuinn, 2012). Understanding where and how the federal government is supporting schools' attention to school health—and in ways aligned to the WSCC—is a first step in understanding how to move toward a more coordinated school health system, and toward a better recognition that all elements of school health are foundational to successful, supportive, and equitable schools.

In 2020, Kaiser Permanente convened a group of national organizations to form the National School Health Collaborative (NSHC). This group's vision is to fundamentally shift how school health is integrated and supported in policies and programs at the school, district, state, and federal levels to more directly improve student and staff health, particularly for those who have faced systemic barriers to receiving necessary supports and services. As a first step toward accomplishing this vision, Kaiser Permanente tasked Child Trends with comprehensively mapping how the U.S. federal government currently defines, funds, and supports school health. Specifically, Child Trends conducted a systemic review of federal programs, initiatives, and funding streams that support school health work to identify: (1) what federal agencies support school health initiatives and the degree to which those agencies have formal working relationships; (2) whether federal funding for school health advance the WSCC framework and how programs overlap and/or present competing objectives; and (3) whether and how programs focus on improving outcomes among groups that have faced systemic barriers in health and education.

Methodology

To conduct our review, we followed procedures as laid out in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009). See Figure 2 for the flow diagram. We used a multimodal approach to identify relevant documents. First, we worked with the NSHC to devise a series of structured search strings, designed to return documents that related to any of the 10 WSCC elements as applied in K-12 schools in the United States. Those search strings are as follows¹:

1. ("school" | "schools" | "school-based" | teachers) & (health | healthy | "wellness")
2. ("school" | "schools") & (climate | safety | security | bullying | harassment | discipline | nutrition | lunch | meals | "physical education" | environment | "physical activity" | "social emotional" | "social and emotional" | trauma | gangs | truancy | violence | "soft skills" | nurses | counseling)

We used these search strings to search four sources: (1) *The Federal Register*, which logs most requests for comment and notices inviting applications for grant programs²; (2) *GovTribe*, a fee-based database service that logs government grant and contract opportunities and other related documents; (3) *Grants.gov*, which lists most federal solicitations for discretionary grant funding; and (4) *agency websites*, via Google, to capture documents and information not captured through other searches. We constrained searches to a period from January 1, 2010 to December 31, 2020. We repeated searches using the full string followed by searches using "school" and each individual keyword separately to ensure that all relevant sources were captured. When grant programs repeated over multiple fiscal years, we retained the most recent iteration of a grant program for review. We supplemented these search results with feedback and input from internal team members and reviews from the NSHC. Across all sources, we identified 876 unduplicated sources for initial screening.

¹ For these search strings, a "|" indicates an "or" qualifier, so the search will return documents containing any terms contained within a given parentheses set.

² All searches on the Federal Register included additional qualifiers to help limit the search results for download. These qualifiers were determined based on an initial review of search results and included removing the following: "medical school," "law school," "professional school," "Notice of Closed Meeting," "fisheries," "Department of State," and "Decision and Order." Federal Register searchers additionally included the string ("grant" | "funding" | "applications") to help limit the search results to relevant documents.

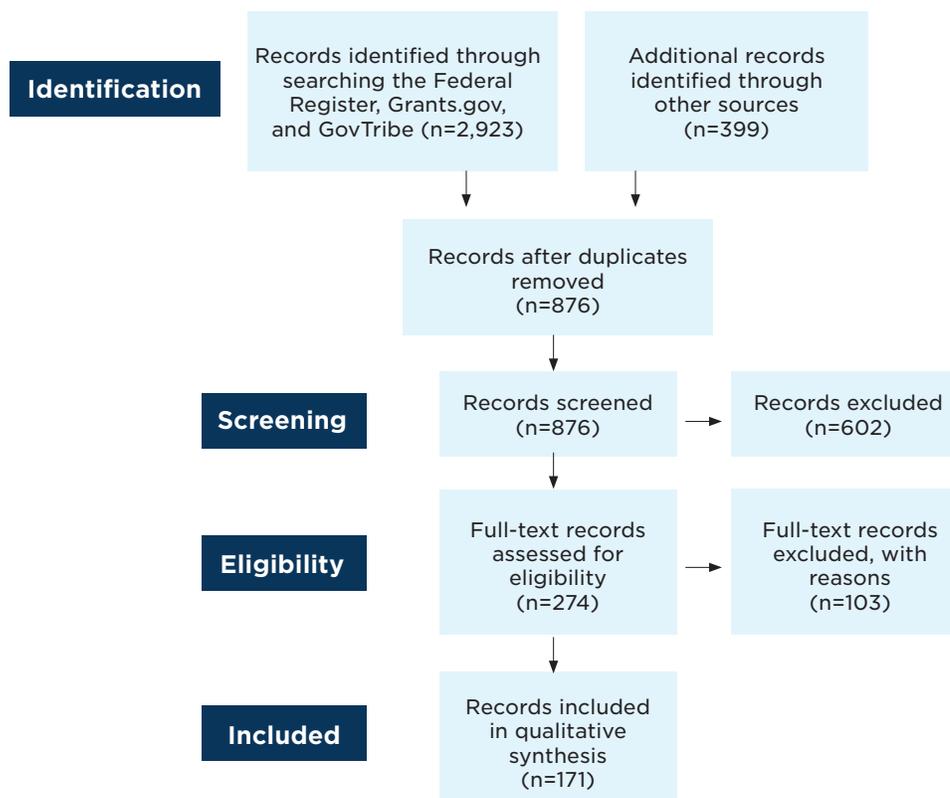
The research team then screened the search result titles and abstracts to remove any documents that: (a) did not appear to address K-12 education in the United States (documents addressing only early childhood, post-secondary education, or education outside the United States were removed); or (b) did not explicitly address any WSCC domain. We included documents that fit within four primary types of federal efforts:

- **Formal interagency collaborations** are established groups of two or more federal agencies working together to further collaborate around a common topic. In most cases, these groups, often called interagency working groups, were established under a Presidential Executive Order and continued across administrations, although some groups were established without formal fiat.
- **Formula grant programs** allocate funds primarily to state agencies based on a funding formula, typically commensurate with counts of the end-user recipients for those funds. State agencies must opt into receiving the funds, but the programs do not require competition. While most formula grant programs have strict rules about how funds can and cannot be used, they often offer states broad flexibility within those rules. Although school health may be an allowable use of formula funds, states may opt to use funds for other allowable uses.
- **Discretionary grant programs**, including cooperative agreements, require recipients to compete for available funding based on the requirements set forth in a Request for Proposals (RFP), Notice Inviting Applications (NIA), Funding Opportunity Announcement (FOA), or Notice of Funding Opportunity (NOFO). Discretionary grant programs are often much more prescriptive about allowable uses of funds, as compared to formula grant programs, and often establish absolute and competitive priorities that govern what, how, and to whom the funds and programmatic activities are allocated. Additionally, discretionary grant programs are typically time-bound, providing funding for only a short period of time. For the purposes of this analysis, we focused on discretionary grant programs that could be used to fund activities within a school setting.
- **Technical assistance efforts** are supports provided by the federal government apart from funding programs. Often, such efforts take the form of a grant, cooperative agreement, or contract issued to a nongovernmental organization to provide training and technical assistance services to support specific grant programs or the broad public on a set of topics. In some cases, an agency may produce technical assistance resources internally or in collaboration with another agency.

Our criteria required these efforts to specifically speak to supporting the well-being of students or staff; grant programs and other documents were not included if they spoke broadly to implementing “evidence-based programs” without specifically defining the scope of such programs to include topics covered by the WSCC, or if they primarily funded research rather than program implementation.

Following screening, the research team conducted full-text reviews of the remaining 171 documents and coded them to identify the type of document (e.g., grant program, technical assistance center, interagency collaboration), primary agency, collaborating agencies (if relevant), and targeted WSCC domain(s). For discretionary grant programs, we additionally coded for the presence of accountability metrics, outcomes of interest, program budgets, evidence of effectiveness, and any identified absolute or competitive preference priorities that differentially target or affect specific groups or populations.

Figure 2. PRISMA Systematic Review Flow Chart



We used a variety of analysis techniques to illustrate the federal landscape of school health. We used descriptive statistics to quantify the number of programs by agency, WSCC domain, and targeted population. We then used social network analysis (SNA) via UCINET and NetDraw (Borgatti, Everett, & Freeman, 2002) to classify and illustrate the interactions among federal agencies and between and among WSCC domains.

Upon completion of our review, we additionally spoke with representatives from the Departments of Education (ED) and Health and Human Services (HHS) to validate and contextualize our findings. Insights from these key informants appear primarily in the discussion section of this report.

Findings

In total, our search identified 10 formal interagency groups, 13 formula grant programs, 91 discretionary grant programs, and 67 technical assistance centers and initiatives that supported school health from 2010 to 2020. A full listing of discretionary grant programs can be found in Appendix A and a listing of technical assistance centers and initiatives can be found in Appendix B. Tables of identified formula grant programs and interagency groups can be found below. We focus our findings on our three primary research questions: (1) which federal agencies support school health initiatives, as well as the degree to which those agencies have formal working relationships; (2) whether federal funding for school health helps advance the WSCC framework, and how programs overlap and/or present competing objectives; and (3) whether and how federal school health efforts target improving outcomes among groups that have faced systemic inequities.

Federal agencies that support school health

Across each of the four types of federal efforts, the U.S. Departments of Education (ED), Health and Human Services (HHS), and Justice (DOJ) are the most central agencies involved in federal school health work. Strikingly, however, no agency emerges as the clear leader in these efforts. As further detailed below, ED has the highest number of both discretionary and formula programs that could be used to support school health, while HHS has the highest total funding. Focusing only on programs that exclusively support school health efforts, DOJ's grants offer more funding than either ED or HHS grant programs. All three agencies have similar connections to other federal agencies engaging in school health work.

Beyond ED, HHS, and DOJ, several additional agencies—including the Environmental Protection Agency (EPA), the U.S. Department of Defense (DOD), the U.S. Department of Agriculture (USDA), the U.S. Department of Labor (DOL), and the Corporation for National and Community Service (CNCS)—also support school health efforts and participate in interagency collaboration. However, these agencies offer far less support for school health and are not as connected to other federal agencies.

Below, we provide further detail on each of these findings by federal effort.

Formula grant programs

Table 1 presents a snapshot of some of the available formula grant programs that may be used for school health activities. Four agencies are represented: ED, HHS, DOJ, and USDA. Some formula grants provide funds for broad use, whereas others provide funds on a reimbursement basis for services rendered, which can vary by state. For example, Medicaid funds are provided through reimbursements, as set forth through state Medicaid plans. Medicaid operates as a partnership between states and the federal government, so states vary considerably in how they utilize Medicaid funding to support school health services. In 2014, the federal Centers for Medicare and Medicaid Services (CMS) issued guidance that clarified that states can allow schools to be reimbursed for services that would otherwise be allowable under Medicaid, even if those services are provided to others without charge. However, states must actively opt-in, via amendments to their Medicaid plans, to take advantage of these reimbursements. As of Fall 2020, approximately half of states allowed schools to use Medicaid to offset the costs of free school-based health services, while the other half have barriers to allowing schools to do so (Wilkinson et al., 2020).

Other formula grants provide a set amount to grantees (typically state agencies). Although regulatory and other nonregulatory guidance make clear that grantees can use funds to support aspects of school health, states may opt to use funds to support other initiatives. Additionally, for some formula programs, broad school health efforts may only be allowable for a portion of available funding. As such, we did not analyze budget information for formula grant programs.

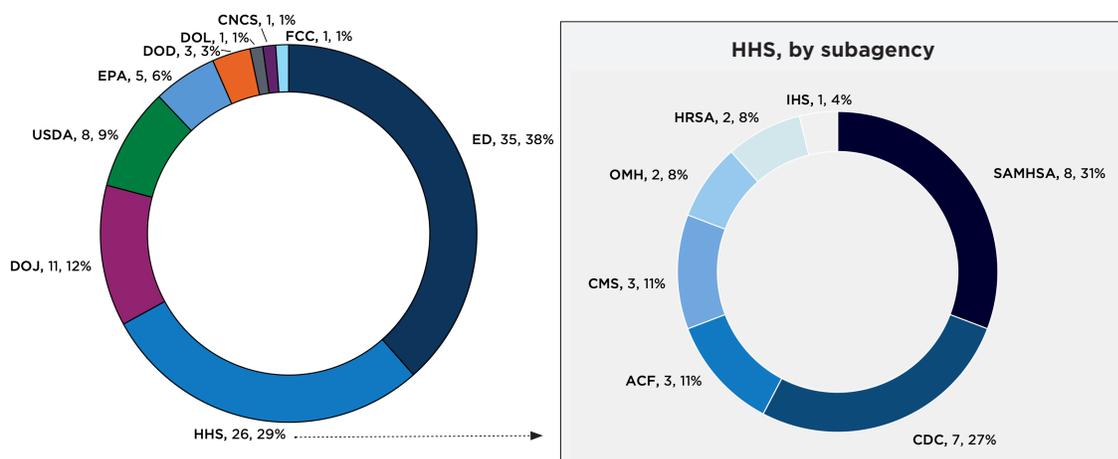
Table 1. Federal Formula Grant Programs that May Support School Health

Agency	Program	Applicability to School Health
ED	Title I, Part A (Education for the Disadvantaged)	Funds can be used to support a “well-rounded” education (including coursework in physical and health education), non-instructional supports (including social and emotional learning), and parent and family engagement.
ED	Title I, Part D (Neglected and Delinquent Students)	A portion of allocated funds can be used to support students who are at increased risk of dropping out of school, who are returning from correctional facilities, or who are pregnant or parents.
ED	Title II, Part A (High Quality Teachers and Principals)	Funds can be used to provide in-service training to school staff on identifying and supporting students affected by trauma or other mental health needs.
ED	Title IV, Part A (Student Support and Academic Enrichment)	Funds can be used to support: (1) well-rounded education, including health and physical education; (2) safe and supportive schools, including mental health, school climate, social and emotional learning, and other supports that improve conditions for learning; and (3) effective use of technology.
ED	Individuals with Disabilities Education Act	IDEA funding helps cover services detailed in students’ individualized education plans (IEPs), which may include health and mental health supports.
HHS	Title V (Maternal and Child Health Services Block Grant)	Funds can be used to support preventative and primary care for children, with a specific set-aside for children with special health care needs. In 2015, HRSA added bullying as a national performance measure with an explicit goal of having state public health agencies collaborate with schools to help prevent bullying among students.
HHS	Title X (Family Planning)	School-based health centers can receive Title X funding to support teen pregnancy prevention efforts.
HHS	Substance Abuse Prevention and Treatment Block Grant	At least 20% of funds must be spent on primary prevention strategies for substance abuse, which can include prevention strategies in schools.
HHS	Medicaid	Provides reimbursements for health services delivered to eligible students in a school setting, if allowable by state plans.
USDA	National School Lunch Program	This program provides reimbursement for lunches provided to students whose families’ income qualifies for either free or reduced-cost meals. During the COVID-19 pandemic, and through school year (SY) 2021-2022, USDA has waived income requirements and will reimburse schools for all meals provided.
USDA	National School Breakfast Program	Similar to the school lunch program, the school breakfast program provides reimbursement for breakfasts provided to students who qualify for free or reduced-cost meals.
DOJ	Title II (Juvenile Justice and Delinquency Prevention Formula Grants)	Funds can be used to support school-based delinquency and gang prevention programs, mental health services, and positive youth development.

Discretionary grant programs

Figure 3 details the number of unique discretionary grant programs (by issuing agency, from 2010 to 2020) that could be used to support school health. ED grant programs represent just over one third of those identified (n=35, or 39%). In part, this is a result of the growing inclusion of social and emotional skills as a focus in more curricular-focused grants (e.g., comprehensive literacy), as well as a number of grant programs targeting students covered under the Individuals with Disabilities Education Act.

Figure 3. Discretionary Grant Programs Related to School Health by Federal Agency



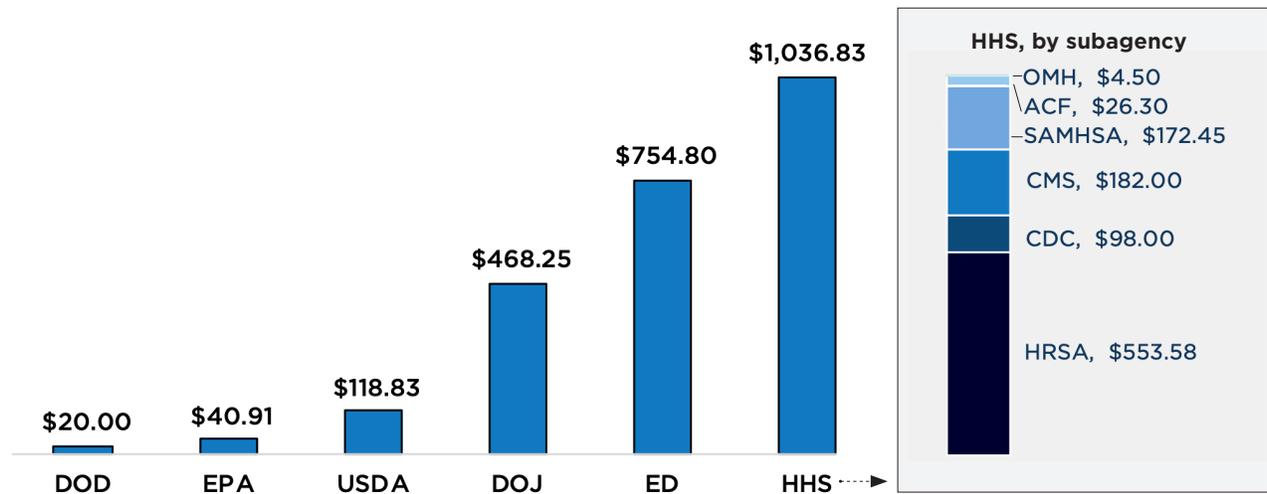
HHS agencies issued 26 grant programs, spread across the Substance Abuse and Mental Health Services Administration (SAMHSA; 8 programs), Centers for Disease Control and Prevention (CDC; 7 programs), Administration for Children and Families (ACF; 3 programs), Centers for Medicare and Medicaid Services (CMS; 3 programs), the Health Resources and Services Administration (HRSA; 2 programs), the Office of Minority Health (OMH; 2 programs), and the Indian Health Service (IHS; 1 program). The remaining grant programs were issued by DOJ (10 programs), USDA (8 programs), EPA (5 programs), DOD (3 programs), DOL (1 program), CNCS (1 program), and the Federal Communications Commission (FCC; 1 program).

Discretionary grant programs vary considerably in their funding levels. Figure 4 depicts the relative total school health-related discretionary funding for each agency, in millions of dollars and for fiscal years 2019 and 2020. In total, agencies offered \$2,439,624,463³ across 52 grant programs, with just under half of funding coming from HHS agencies (42%) and just under one third from ED (31%). We deliberately cast a wide net to include programs that could support school health initiatives, even if the bulk of funding likely does not go toward school health activities. For example, one of ED's largest included discretionary grant programs is the Education Innovation Research program (\$315 million total across FY19 and FY20). Although social and emotional learning was included as a funding priority, this program also supported

³ This figure does not include the FCC's Universal Service Fund - Schools & Libraries grant program, which provides funding to equip schools and libraries with broadband service. Total FY 2020 funding for this program was \$2,370,000,000.

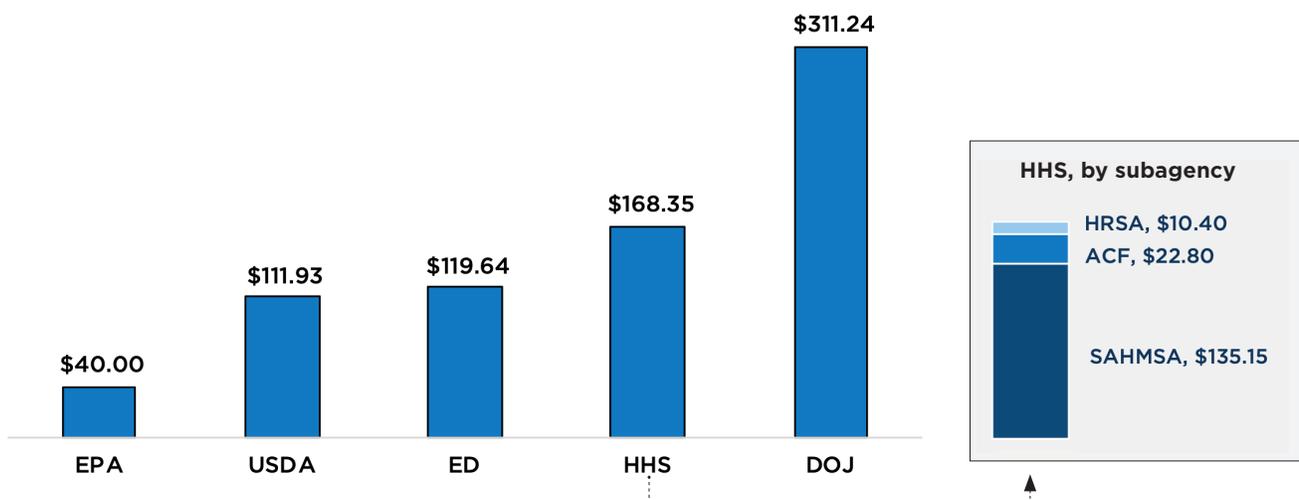
implementation of STEM programs and teacher professional development vouchers in 2020. As such, the total allocated specifically to school health-related activities is likely much smaller.

Figure 4. Total School Health-related Discretionary Funding in 2019 and 2020, by Agency, in Millions of Dollars



Thus, we also identified 27 discretionary programs funded in 2019 and 2020 that exclusively focused on school health, totaling \$751,154,666. Figure 5 depicts the relative targeted school health discretionary funding for each agency in millions of dollars for fiscal years 2019 and 2020. When considering only these programs, DOJ provides the most funding (\$311 million), followed by HHS (\$168 million) and ED (\$120 million). The bulk of DOJ's funding (\$163 million) supports the *STOP School Violence Program*, which focuses primarily on school security and mental health supports, and two grants from the Community Oriented Policing Services (COPS) office, which focus on hiring and training school-based law enforcement.

Figure 5. Total Discretionary Funding in 2019 and 2020 Specific to School Health, by Agency, in Millions of Dollars



Interagency working groups

Table 2 presents the title and membership of the 10 interagency groups with work that directly addresses school health topics. All information is derived from descriptions of these groups on public websites; subagency membership is listed for some groups but is not available for all groups. Additionally, the scopes for many of these groups extend into other areas of youth well-being.

At least one subagency of HHS is represented on every identified interagency group and ED is represented on all but one. For HHS, many subagencies, including the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC), each participate in many of these groups. DOJ is represented on many groups but is not included on the two groups (Healthy Students, Healthy Schools; National Coordinating Committee on School Health and Safety) explicitly focused on school health.

Notably, several agencies without formula or discretionary funding are represented on these groups—for example, the White House Initiative on Asian Americans and Pacific Islanders (WHAAPI), the Office of National Drug Control Policy (ONDCP), the Federal Trade Commission (FTC), and the U.S. Department of Homeland Security (DHS). DHS’s leadership role on the Federal Commission on School Safety (and its website, SchoolSafety.gov) is especially notable given that it does not provide funding support for school health efforts and is represented on only two other interagency groups. Generally, most agencies that provide funding to support school health are represented on at least one interagency group.

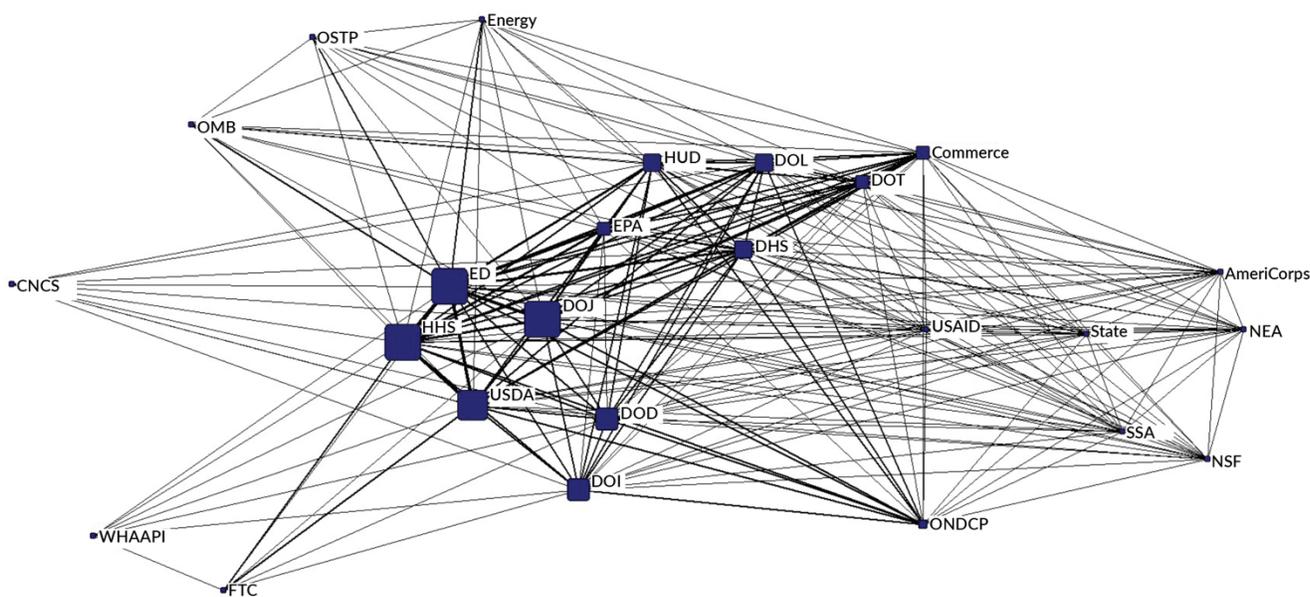
Table 2. Interagency Working Groups Related to School Health (2010-2020)

Interagency Working Group	Participating Agencies
Interagency Working Group on Youth Programs	USDA, Commerce, DOD, ED, HHS, DHS, HUD, DOJ, DOL, DOS, DOI, DOT, AmeriCorps, NEA, NSF, ONDCP, EPA, Social Security Administration, USAID
Interagency Task Force on Trauma-Informed Care	HHS (CMS, SAMHSA, SHRQ, CDC, IHS, NIH, FDA, HRSA, OMH, ACF, ASPE, OCR), DOD, DOJ, ED, DOI, VA, HUD
Federal Partners in Bullying Prevention	USDA, DOD, ED, HHS (CDC, HRSA, SAMHSA), DOI (BIE), DOJ, FTC, WHAAPI
Healthy Students, Healthy Schools	ED, EPA, HHS (CDC, HRSA, SAMHSA)
Coordinating Council on Juvenile Justice and Delinquency Prevention	DOJ, CNCS, ED, HHS, DHS, HUD, DOL, ONDCP, USDA, DOD, DOI
Federal Commission on School Safety	ED, DOJ, HHS, DHS
National Coordinating Committee on School Health and Safety	ED, HHS (CDC, HRSA, SAMHSA), EPA, USDA (and external nongovernmental organizations)

Interagency Working Group	Participating Agencies
Interagency Working Group on Food Marketed to Children	FTC, HHS (CDC, FDA), USDA
President's Task Force on Environmental Health Risks and Safety Risks to Children	USDA, Commerce, ED, Energy, HHS, DHS, HUD, DOJ, DOL, DOT, EPA, OMB, OSTP
Supportive School Discipline Initiative	ED, DOJ, HHS

Figure 6 presents a visual representation, or a sociogram, of the formal relationships between federal agencies on these working groups and initiatives. Here, each square represents an agency and a line indicates a relationship between agencies. The thickness of each line indicates the strength of the relationship—or, in this case, how many interagency groups the agencies serve on together. The size of each square indicates the centrality of the agency to the overall network. ED, HHS, and DOJ all share similarly high centrality in the network. The sociogram also depicts how close each agency is to the overall network, based on how far each agency's square is from other agencies. Here we see that many agencies are connected only by a single interagency group and appear separate from the network. In most cases, these are agencies that, on face value, do not engage in school health work (e.g., the National Endowment of the Arts (NEA)).

Figure 6. Network of Federal Agencies Involved in Interagency Collaborations Related to School Health



Technical assistance

Consistent with their representation in formula and discretionary grants, HHS (30 initiatives), ED (23 initiatives), and DOJ (9 initiatives) had the most identified technical assistance (TA) centers and initiatives. We identified one relevant TA initiative each for DHS, FDA, EPA, ONDCP, DOL, USDA, and the U.S. Department of Commerce. Most of the TA initiatives we identified took the form of formal centers, led via grant, cooperative agreement, or contract by nongovernmental organizations (NGOs). Notably, we observed considerable duplication of TA efforts not only between agencies, but also within agencies. For example, the CDC's Division of Adolescent School Health (DASH) and its Healthy Schools Branch (HSB) are separate offices, but both provide guidance on their respective websites and fund NGOs to provide direct TA to state and local education agencies on school health topics. We further discuss the scope of these TA initiatives, below.

For purposes of this analysis, we did not include one-time guidance documents that were not part of a formal overall center or initiative. However, we identified several standalone documents addressing school health topics from DOD, HUD, FTC, the Federal Bureau of Investigations, and the Federal Emergency Management Agency.

In addition to formal technical assistance centers and efforts, we identified several examples of innovative efforts led by HHS and ED to inspire schools to support school health activities, even without formal funding. For example, HHS (including CDC, SAMHSA, and HRSA) launched several public service announcement challenges, providing nominal prizes, to encourage students to make short videos in support of bullying prevention, the Veto Violence campaign, and suicide prevention. As another example, ED—through its Green Ribbon Schools program—recognizes schools that make efforts to make their campuses more sustainable and focus on local collaboration around health and environmental education.

Coverage of the WSCC in federal school health efforts

To analyze how federal agencies are defining and approaching school health, we primarily analyzed each agency's discretionary grantmaking and technical assistance efforts. As noted in the previous section, discretionary grants are often more prescriptive than formula grants. Discretionary grants thus provide richer detail about the activities that could be supported with the funding.

In general, federal school health efforts do not reflect the comprehensive and holistic vision set forth by the WSCC framework. With a handful of exceptions, we observed a divide between grants that focus primarily on traditional school health topics (e.g., nutrition, health services, physical education and physical activity) and those that focus on the broader learning environment (e.g., social and emotional climate, community involvement, physical environment). Moreover, our analysis revealed that, although a broad array of grant programs (e.g., Comprehensive Literacy grants) recognize the importance of social and emotional supports in achieving the grants' targeted outcomes—and provide funding to support the development of those skills—the same is not true for physical health supports. Instead, the vast majority of grants that support school-based physical health initiatives did so in isolation of other topics.

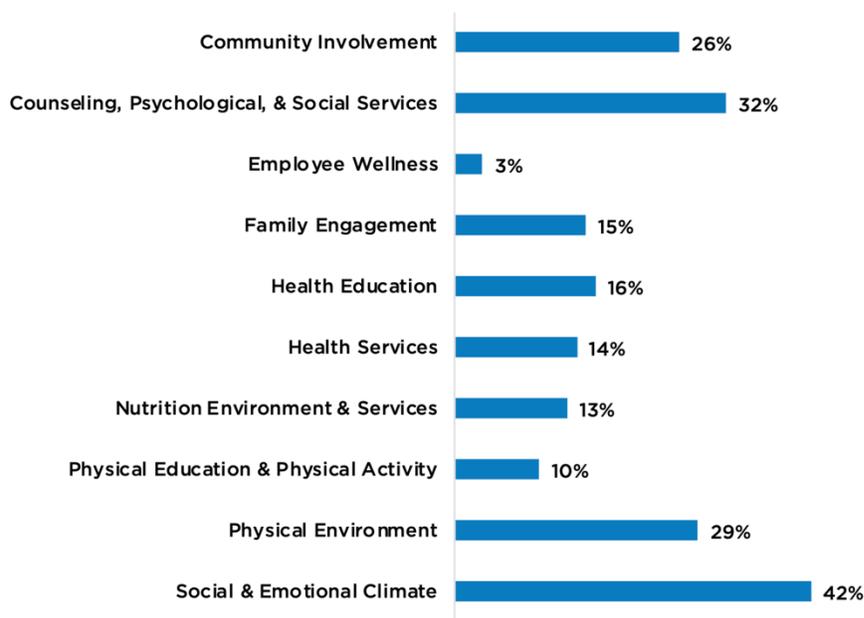
Below, we provide further detail on how discretionary grants address elements of the WSCC.

Discretionary grant programs

Figure 7 presents the breakdown of WSCC domains covered by grant programs. Grant programs could cover multiple WSCC domains. Two fifths (42%) of the 91 identified grant programs addressed elements of social and emotional climate, followed by counseling, psychological, and social services (32%) and physical environment (29%). Only three identified grant programs directly addressed employee wellness. Consistent with previous work exploring coverage of the WSCC in state policies, our conceptualization of

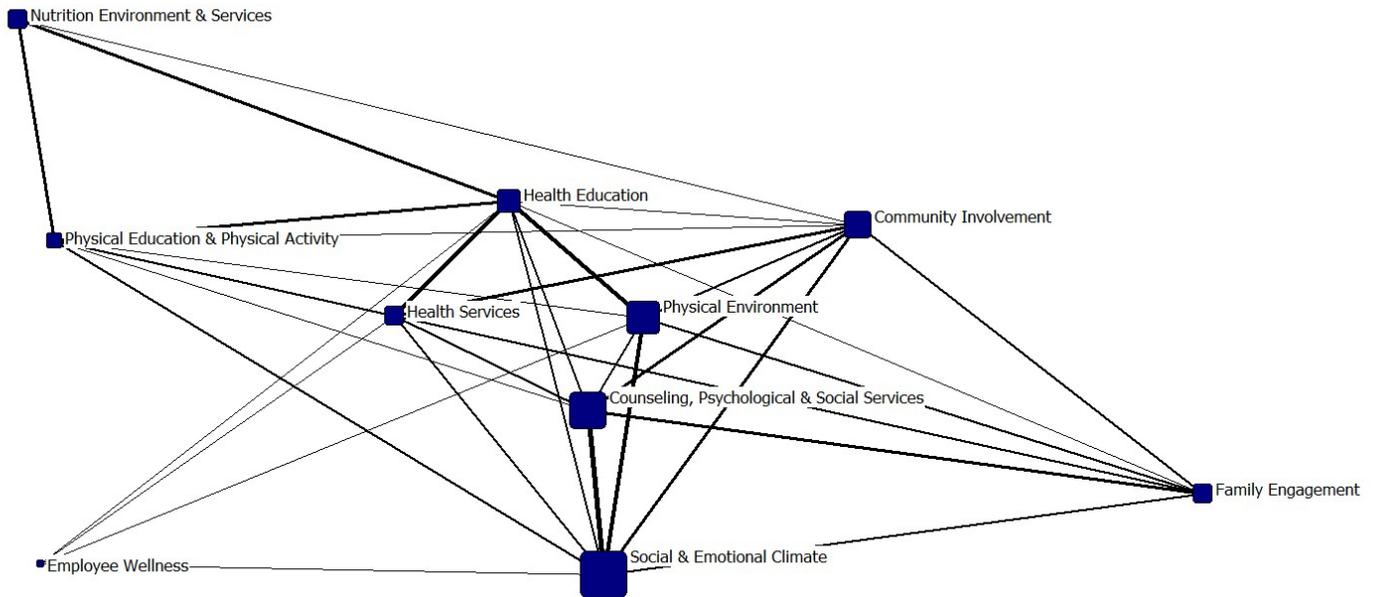
physical environment for this analysis covers the health of school buildings and infrastructure (e.g., *Lead in Drinking Water*), as well as elements of physical security (e.g., school-based law enforcement, security technology).

Figure 7. Percentage of Federal Discretionary Grant Programs Addressing WSCC Domains, by Domain



As we explored which WSCC domains appeared together in the grant solicitations, a clear pattern emerged. Figure 8 presents a sociogram of the relationships between WSCC domains. Here, the size of each node represents the number of grant programs each topic is noted in and the thickness of the lines represents how often topics are named together. Generally, we observed two clusters of connections, with more traditional school health categories such as nutrition environment and services and physical education and physical activity at one end of the network, and broader supports such as social and emotional climate at the other end. Physical environment and counseling, psychological, and social services serve as bridges between the two groups of topics. Employee wellness is not well-connected to either group, although it has weak connections to both traditional health topics and to social and emotional climate.

Figure 8. Visual Map of Intersections Between WSCC Domains Within Federal Discretionary Grant Programs



When we compared agencies on which WSCC domains they fund, we observed a similar pattern. Figure 9 illustrates grant programs by topic and agency. Although ED has funded at least some grant programs across WSCC domains, most agencies are concentrated among a few topics; correspondingly, most domains are funded by particular agencies. ED’s investments in certain areas, such as physical education, have dissipated over time; for example, ED last funded the Carol M. White Physical Education Program in 2016. As such, ED’s discretionary investment has become more siloed and concentrated, consistent with the other agencies. In part, this may be because topics such as physical education were included as allowable uses of funds for the Title IV Part-A (Student Success and Academic Enrichment) formula grant program, which was established in 2015 with the Every Student Succeeds Act reauthorization of the Elementary and Secondary Education Act.

Figure 9a. WSCC Domains Covered in Discretionary Grants, by Federal Agency

	ED	DOJ	USDA	EPA	DOD	HHS	
Community Involvement	7	3	1	0	0	8	Number of Grants 1-5 6-10 11-15 16-20
Family Engagement	8	3	0	0	0	3	
Employee Wellness	2	0	1	0	0	0	
Physical Environment	7	7	1	4	1	3	
Social & Emotional Climate	19	4	0	0	2	10	
Counseling, Psychological, & Social Services	12	4	0	0	0	13	
Health Services	2	0	1	0	0	10	
Nutrition Environment & Services	1	0	6	0	0	6	
Physical Education & Physical Activity	2	0	0	0	0	7	
Health Education	2	1	3	1	1	9	

Figure 9b. WSCC Domains Covered in Discretionary Grants, by HHS Subagency

	ACF	CDC	SAMHSA	HRSA	IHS	CMS	OMH	HHS (Total)	
Community Involvement	0	2	2	0	0	3	1	8	Number of Grants 1-5 6-10 11-15 16-20
Family Engagement	1	0	0	0	1	0	1	3	
Employee Wellness	0	0	0	0	0	0	0	0	
Physical Environment	0	0	2	0	0	0	1	3	
Social & Emotional Climate	3	2	4	0	0	0	1	10	
Counseling, Psychological, & Social Services	1	1	7	1	1	1	1	13	
Health Services	0	5	0	2	0	3	0	10	
Nutrition Environment & Services	0	6	0	0	0	0	0	6	
Physical Education & Physical Activity	0	5	0	0	0	0	2	7	
Health Education	2	6	1	0	0	0	0	9	

Coordinated grant efforts

We identified only a handful of examples across discretionary grant programs where grants were deliberately packaged under a single initiative and/or where two or more agencies collaborated on a single grant effort, leading to greater coordination between WSCC domains. For example, five grants—SAMHSA’s *Project AWARE* (focused primarily on counseling, psychological, and social services), ED’s *Project Prevent* (focused primarily on social and emotional climate), ED’s *School Climate Transformation LEA* grant (SCTG; focused on whole-school implementation of multi-tiered systems of supports), DOJ’s *Comprehensive School Safety Initiative* (focused on counseling, psychological, and social services and on social and emotional climate, as well as on physical environment), and DOJ’s *Juvenile Justice Education Collaboration Assistance* (JJECA; focused on enhancing coordination between schools and juvenile courts)—were issued together as part of President Obama’s *Now Is the Time* response to the school shooting at Sandy Hook Elementary School. *Project AWARE* and *SCTG* applicants were given competitive preference points if they indicated they would coordinate funding and activities with the other grant program operating in their communities. Communities could only apply for *JJECA* if they already had an *SCTG* and a *Project AWARE* grant. In 2018, ED released an evaluation on how the *Project AWARE* and *SCTG* funding

worked together (Kendziora, Mack, Jones, & Pate, 2018). In general, a majority of grantees engaged in collaborative activities and experienced increased efficiency of delivery as a result. However, even with the encouraged collaboration, grantees reported challenges maintaining alignment between the two grant programs and understanding the overall goal of the collaborative effort.

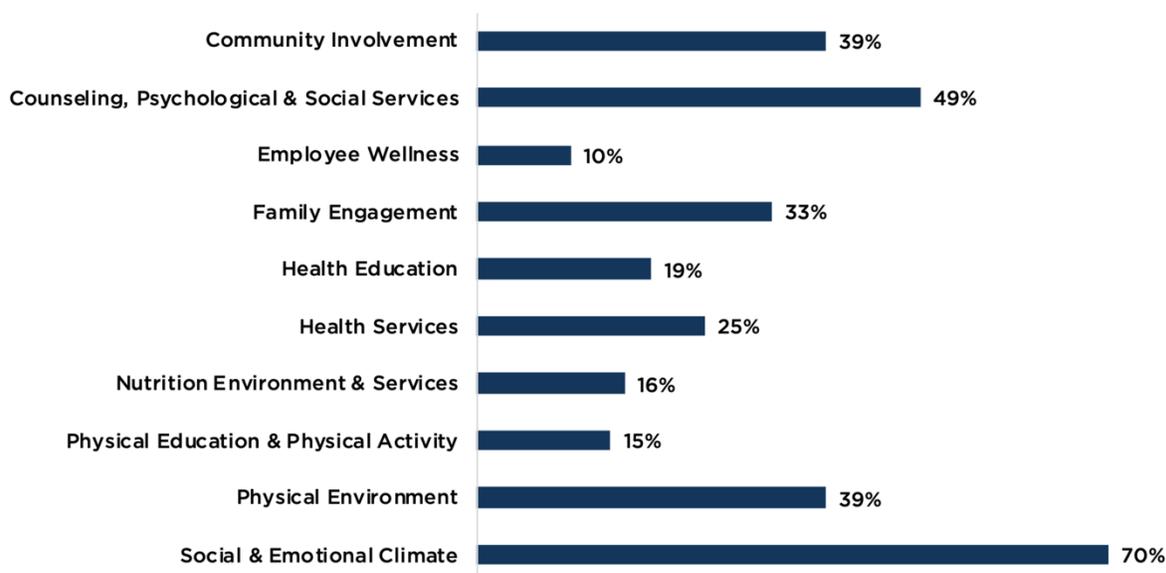
Although the *Now Is the Time* grants specifically focused on school-based services, we noted a few additional grant programs that provided incentives for coordination with other community-based grants. For example, nearly every CDC grant we reviewed contained explicit language around the requirements to coordinate with other CDC-funded grant programs in the same communities. As another example, applicants for ED's *Promise Neighborhood* grants are given competitive preference points for coordinating with DOJ's *Bryne Criminal Justice Innovation* grants and/or SAMHSA's *Drug Free Communities* grant. The DOJ's *Comprehensive Anti-Gang Programs for Youth* is part of the *Project Safe Neighborhoods* suite of programs focused on reducing violent crime. In each of these examples, however, the coordinated grants did not fall within our criteria for school-based grants.

Whereas *Project AWARE* and *SCTG* were issued as two separate funding opportunities, we identified at least two examples of collaborative funding issued as a single grant program. For example, in 2017, the Office of Minority Health (OMH) in HHS issued the *Minority Youth Violence Prevention* grant program in collaboration with the DOJ COPS office, a follow-up to similar funding issued in 2014. The grant provides funding for coordination between schools, law enforcement, and mental health agencies to improve supports for communities of color and provide training for law enforcement in community-oriented strategies and implicit bias.

Technical assistance

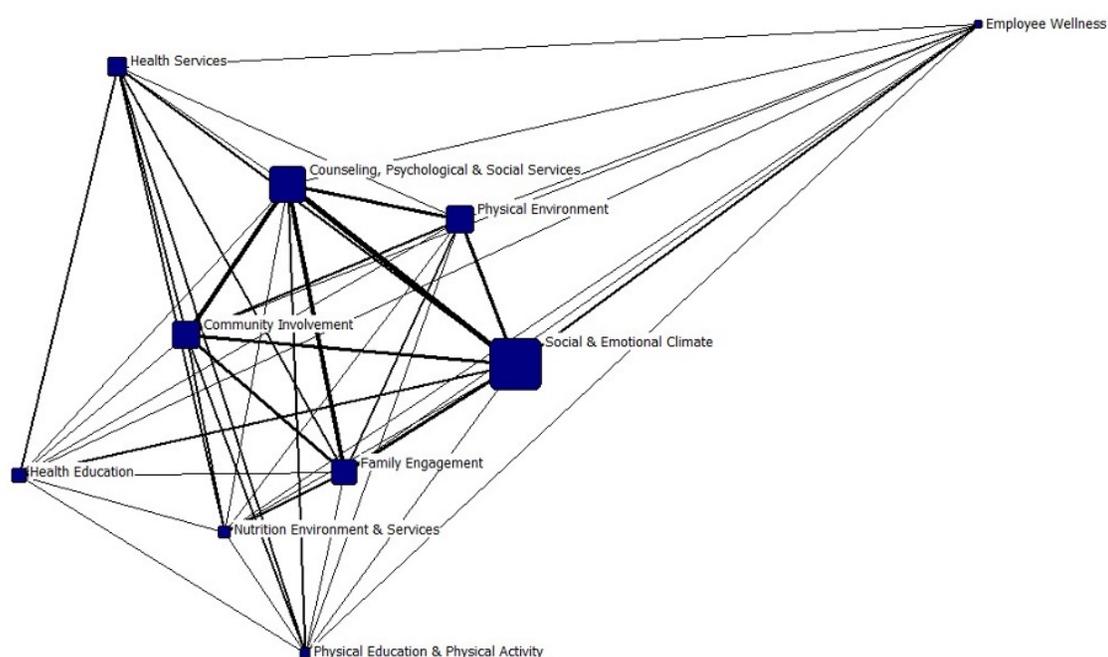
Figure 10 breaks down the percentage of identified TA initiatives that cover each WSCC domain. Overall, the relative distribution is similar to that of discretionary grant programs, with TA initiatives most often addressing social and emotional climate (70%); counseling, psychological, and social services (49%); and physical environment (39%).

Figure 10. Percentage of Federal Technical Assistance Efforts Addressing WSCC Domains, by Domain



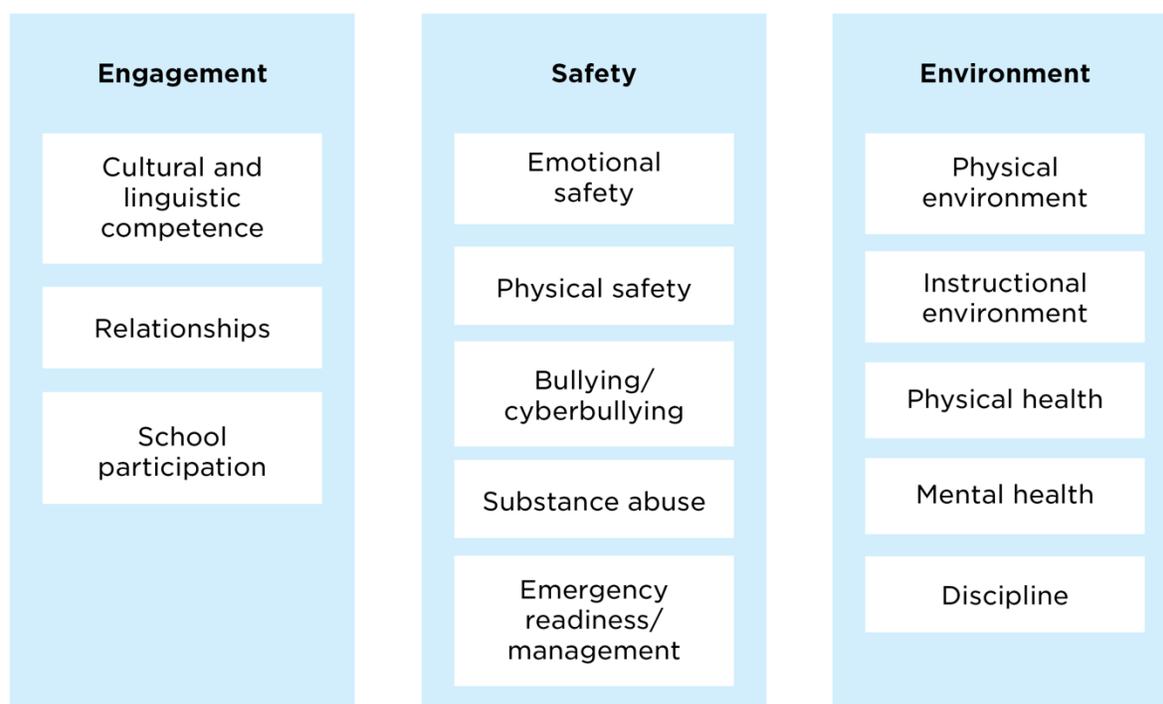
Many of the TA initiatives we identified directly corresponded to one or more grant programs. However, in nearly all cases, the content on TA providers' websites went beyond the scope of individual grant programs. Moreover, many TA providers crosslinked with other TA initiatives, particularly when they derived from the same NGO. As such, we observed slightly more comprehensive coverage of the WSCC in TA initiatives than in grants. Indeed, 16 of the 67 identified initiatives had content relating to at least half of the WSCC domains, five of which provided information surrounding each of the 10 domains. Figure 11 presents a sociogram of how the WSCC domains are covered together in TA initiatives. As with the diagram for discretionary grants, the size of the squares denotes how many TA initiatives cover each domain and the thickness of lines represents how frequently domains are covered together. Here, we found less of a clear division between traditional school health topics and other WSCC domains, but continued to see employee wellness as less connected to the overall network.

Figure 11. Visual Map of Intersections Between WSCC Domains Within Federal Technical Assistance Efforts



Even though several TA initiatives may touch upon each element of the WSCC, they do so with varying degrees of focus. Not surprisingly, both DASH and HSB align their information directly to the WSCC framework, given CDC's direct involvement in creating the WSCC. Nonetheless, although they provide some limited content on social and emotional climate, the bulk of their provided information and resources focuses on elements of physical health (e.g., nutrition, health services, health education, physical education and physical activity). Conversely, ED's National Center for Safe Supportive Learning Environments (NCSSLE), which presents its own model of the conditions for learning (see Figure 12), subdivides the concept of social and emotional climate into several subdomains but relegates all physical health topics to one category and provides only limited information on how schools can support that topic area. Indeed, one of NCSSLE's primary physical health resources is a link back to HSB's resources.

Figure 12. Department of Education’s School Climate Framework



Targeted efforts to support groups facing systemic inequities in federal school health efforts

We aimed to better understand how federal agencies focus school health efforts to benefit groups of students who have historically faced systemic barriers to accessing and benefiting from such supports. To do this, we explored representation in both discretionary grant programs and interagency working groups.

Overall, although many discretionary grant programs contain at least some language prioritizing support for groups that have historically faced systemic barriers—particularly youth either directly experiencing poverty or who reside in communities that have high rates of poverty—only a handful specifically prioritize communities of color. Further, federal agencies representing key populations are not well connected to broader interagency school health efforts.

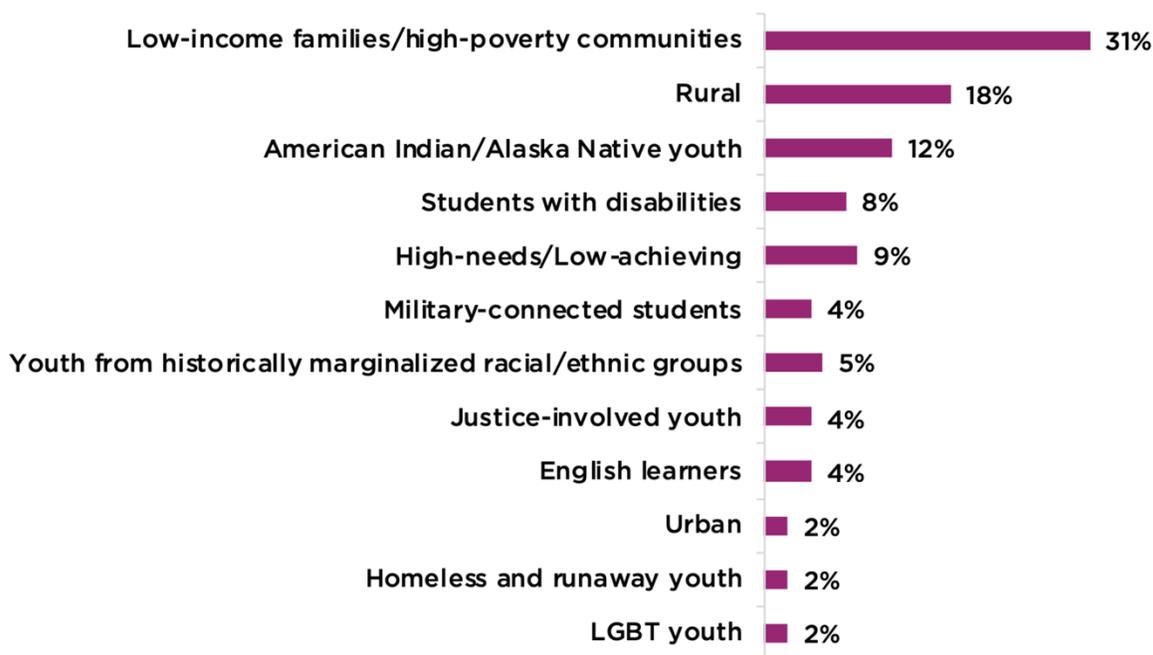
Discretionary grant programs

We analyzed whether identified discretionary grant programs contained language that: (1) required grantees to serve specific groups of students or communities; (2) gave bonus points (i.e., “competitive preference”) to grantees that serve specific populations; and/or (3) included specific activities or goals related to improving outcomes or conditions for specific groups. In total, 70 percent of the identified discretionary grant programs included specific language supporting one or more historically disadvantaged groups. Figure 13 breaks down the percentage of discretionary grants that target support for specific groups of students.

Nearly one third of discretionary grant programs (31%) explicitly support children from low-income families or from communities with high rates of poverty. Importantly, grant programs varied considerably

in how they defined this group of children. Several grants used the percentage of students served under the free and reduced-price lunch program at a given school or in a particular local education agency as a cutoff, although the specific cutoff varied. For example, USDA’s *Farm to School* grants used a cutoff of 40 percent, SAMHSA’s *Implementing Evidence-Based Prevention Practices in Schools* program used a cutoff of 50 percent, and CNCS’s *Learn and Serve America Youth Engagement Zone* program used a cutoff of 70 percent. Other grants, particularly those focused on health services, instead defined this group based on enrollment in Medicaid, the Children’s Health Insurance Program (CHIP), or receipt of benefits from the Social Security Administration. Five identified programs targeted communities designated as “locally distressed communities” and listed as qualified opportunity zones by the Internal Revenue Service.

Figure 13. Percentage of Discretionary Grants Tailored to Specific Groups of Students



Eight grants, all from ED, target “high-needs” and “low-achieving” students, schools, or local education agencies. The definition of these terms varied slightly between grant programs but provided broad latitude to potential grantees to define the conditions that may place students at risk of academic failure. The definitions typically included references to students living in poverty, attending “high-minority” schools (or schools where most students are Black or Hispanic), or who are English learners or have disabilities. Because these terms do not explicitly target any of these groups, we included “high-needs/low-achieving” as its own category.

Only five grants specifically targeted youth from historically marginalized racial/ethnic groups (beyond grants specifically focused on American Indian and Alaska Native students or Tribal communities⁴). Among these are two grants from OMH—the *Youth Engagement in Sports* program and the *Minority Youth Violence Prevention* program—the latter of which specifically aimed to “demonstrate the effectiveness of integrating public health and community policing approaches to reduce disparities in access to public health services

⁴ Grants focused on American Indian and Alaska Native students are considered separately because the federal government plays a more direct role in funding schools operated by and for Tribal communities. Federal investment in the education of American Indian and Alaska Native students is grounded in the United States’ federal trust responsibility to support the survival and welfare of Tribal communities. The Bureau of Indian Education (BIE) provides direct support to Tribally controlled schools (BIE, *n.d.*). Most, but not all, grants that noted a priority for American Indian and Alaska Native students did so in specific reference to BIE-supported schools.

and violent crimes and improve the health and wellbeing of communities of color.” These grants are exemplars in their targeted focus and their blending of WSCC domains.

Although not targeted specifically (and not included in our count), two grants from the DOJ—the *Comprehensive School Safety Initiative* and the *Juvenile Justice Education Collaboration Assistance* program—specified that the funds can be used for reducing racial and ethnic disparities in school discipline and referrals to law enforcement. Additionally, ED’s *Promoting Student Resilience* program did not specifically reference race or ethnicity but was designed to serve “communities that have experienced significant civil unrest.” At the time of its issuance (and as evidenced by its resulting grantees), “civil unrest” largely referred to protests stemming from the police killings of Black men in Baltimore, MD (Freddie Gray) and St. Louis, MO (Michael Brown).

Just because a grant targets one or more specific groups does not mean that it will lead to equity. Indeed, the vast majority of grants that have one or more focal populations frame their goals from a deficit lens, often referring to these groups as “at-risk” or focusing on disparities at the individual level. This framing can lead to problematic assumptions about the recipients of grant services by insinuating that individuals, rather than systems, need to be fixed (Shorters, 2019). Moreover, some strategies—such as the inclusion of “high-minority” schools under the label of “high needs/low achieving” in ED grants—can themselves perpetuate racism even as they attempt to target funds toward groups that have historically experienced systemic barriers to their education. Labeling “high minority” schools as “low achieving” implies, for instance, that a school is underperforming because of its number of Black or Hispanic students rather than as a result of the many historical inequities associated with school segregation and residential redlining.

It is also important to look not only at programs that target specific groups but also at universally provided programs that may lead to differential impacts. Very few of our identified grant programs had publicly accessible evaluations of their impact, and fewer still provided disaggregated data to assess whether groups—by race, gender, sexual orientation, etc.—benefited more or less from the programs. We know, for example, through external research, that school security measures such as cameras or increased presence of school resource officers are associated with lower feelings of school safety for all students, but particularly for Black students (Gonzalez, Jetelina, & Jennings, 2016; Laco, 2014; Perumean-Chaney & Sutton, 2013).

Interagency working groups

Our ability to assess the degree to which equity plays a role in the work of interagency working groups is limited based on publicly accessible documents; however, the membership of each group gives some insight into how the needs of specific populations are considered. Only four agencies—DOD (representing military-connected students), DOI (representing American Indian and Alaska Native students and families through the Bureau of Indian Education and Bureau of Indian Affairs), ED (representing students with disabilities through their Office of Special Education and Rehabilitative Services, OSERS), and WHAAPPI—represent the interests of specific groups in these interagency working groups. With the exception of WHAAPPI, these agencies all represent groups for which the federal government has a direct role in supporting education: DOD directly funds and oversees education for military-connected students through the Department of Defense Education Agency, the Bureau of Indian Education funds and oversees Tribally controlled schools, and OSERS provides dedicated formula funding for students with disabilities through the Individuals with Disabilities Education Act.

With the exception of ED, these groups are more distantly connected to the overall network than other agencies, indicating they are not included in many interagency working groups; WHAAPPI is represented on only one of 10 interagency groups. Other groups, including the two other White House initiatives (the White House Initiative on Educational Excellence for Hispanics and the White House Initiative on

Educational Excellence for African Americans), are not directly included in any interagency working group related to school health.

Because some interagency groups only publicly list the cabinet-level agencies, some targeted offices may not be included in our analysis. For example, both HHS and ED have dedicated Offices for Civil Rights, which work specifically to ensure that recipients of federal funding are abiding by federal civil rights laws. These groups, along with offices such as the Office of Minority Health at HHS, are not included in the largest interagency group—the Interagency Working Group on Youth Programs—for which we have office-level information.

Discussion and Implications

Modeling at the federal level is an essential first step for working toward more coordinated and integrated school health efforts that equitably support student and staff mental and physical well-being. Our analysis revealed considerable distance between the idealistic coordination modeled in the WSCC framework and where federal efforts currently focus.

First, we found that no single agency leads school health efforts. Instead, multiple agencies play some role in school health, largely without coordination, which results in parallel funding streams, technical assistance efforts, and other efforts that frame and prioritize school health in different ways. ED, DOJ, and HHS each play central roles, yet have largely distinct foci. While HHS agencies, collectively, tend to address most WSCC domains, ED's focus on school health within discretionary funding—particularly in the last five years—largely does not include more traditional aspects of school health such as physical education or health services. DOJ's investments, on the other hand, tend to focus more on physical environment (e.g., school security and law enforcement)—and, to a lesser extent, counseling, psychological, and social services—and primarily emphasize preventing and mitigating school violence rather than promoting student health.

When considering only grant programs exclusively focused on school health topics, it is particularly striking that DOJ's investment—the majority of which is narrowly focused on school security and mental health supports to promote school safety—exceeds that of ED and of HHS. Although each agency has some discretion in creating funding priorities for certain budget lines, Congress largely dictates which grant programs are funded in which agency. Still, despite DOJ's investment in school health programs, it is not currently included in the two interagency working groups directly focused on school health. The differing participation and foci among the 10 identified interagency groups reflect the largely siloed nature of school health at the federal level. None of the identified groups involved all relevant agencies and the existence of distinct groups for issues such as bullying, school safety, and school health may drive the field in conflicting directions.

Second, while social and emotional climate—covered in nearly half of grant programs and 70 percent of technical assistance efforts—is well integrated into broader initiatives, students' physical health is often only addressed in grant programs specifically focused on that issue. Far fewer grant programs and technical assistance efforts address physical health topics, including school health services, health education, and physical education and physical activity. Clearly, the central role of physical health supports in advancing academic achievement and broader well-being is not recognized in federal school health efforts. It is also notable that CDC and ED present competing models as to which elements are most important to overall conditions for learning. In ED's model, social and emotional climate is subdivided into several subcategories, with physical health comprising one single category. CDC's WSCC model presents a flipped version, with social and emotional climate a single category and physical health disaggregated. Neither model fully captures all elements of how schools support student well-being.

Third, the health and wellness of school staff has largely been ignored throughout federal efforts on school health. We identified only three grant programs that explicitly supported efforts around employee wellness and only limited technical assistance efforts, primarily from CDC, around the topic. Even before the pandemic, educators reported significant levels of job-related stress, and their well-being (or lack thereof) is directly associated with teaching effectiveness and student motivation and achievement (Cox, Solomon, & Parris, 2018; Shen, McCaughtry, Martin, Garn, Kulik, & Fahlman, 2015). Supporting staff wellness helps retain effective teachers and is foundational in promoting student health (Eaton, Marx, & Bowie, 2007).

Finally, federal school health efforts that target students who face systemic barriers to health and education are limited. Although 70 percent of grants include a focus on one or more target populations (primarily children from low-income families and communities, students with disabilities, military-connected children, and American Indian and Alaska Native students), only five grants specifically include a focus on students from historically marginalized racial/ethnic backgrounds beyond grants focused on American Indian and Alaska Native students. Moreover, most grants that include a targeted focus do so from a deficit lens, often labeling students or schools as “at-risk” or “low-achieving” rather than focusing on addressing specific systemic inequities. Moreover, we found that interagency working groups generally did not include the federal entities that work specifically to represent the needs of specific groups of children, such as the White House Initiative on Educational Excellence for Hispanics and the White House Initiative on Educational Excellence for African Americans.

Overall, our findings suggest that, despite the federal government’s significant investments in school health, such investments could be better coordinated, more inclusive of all elements of the WSCC framework, and more focused on equity. We believe this landscape analysis provides a foundation for achieving this goal.

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Appendix A: Reviewed Discretionary Grant Programs

Year Last Funded	Agency	Program	Relevant WSCC Domains	Targeted Populations
2020	ACF	Sexual Risk Avoidance Education	Health Education; Social & Emotional Climate	Low Income
2020	ACF	Human Trafficking Youth Prevention Education Demonstration Grants	Health Education; Social & Emotional Climate	N/a
2015	ACF	Family Violence Prevention and Services/Grants for Domestic Violence Shelters/Grants to Native American Tribes (including Alaska Native Villages) and Tribal Organizations	Family Engagement; Social & Emotional Climate; Counseling, Psychological & Social Services	American Indian/Alaska Native youth
2020	CDC	Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	Health Education; Health Services; Counseling, Psychological & Social Services	N/a
2018	CDC	Cooperative Agreements to Support Comprehensive School Health Programs to Prevent the Spread of HIV and Other Important Health Problems	Social & Emotional Climate; Health Services; Health Education	LGBT youth
2018	CDC	Improving Student Health and Academic Achievement Through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools	Health Services; Nutrition Environment & Services; Physical Education & Physical Activity; Health Education	Low Income
2018	CDC	Racial and Ethnic Approaches to Community Health (REACH)	Community Involvement; Physical Education & Physical Activity; Nutrition Environment & Services	Youth from historically marginalized racial/ethnic groups
2016	CDC	State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health	Health Services; Nutrition Environment & Services; Physical Education & Physical Activity; Health Education	N/a

Year Last Funded	Agency	Program	Relevant WSCC Domains	Targeted Populations
2014	CDC	Small Communities Transformation Grants	Social & Emotional Climate; Nutrition Environment & Services; Physical Education & Physical Activity	Rural
2011	CDC	National Programs to Improve the Health and Educational Outcomes of Young People	Health Services; Nutrition Environment & Services; Physical Education & Physical Activity; Health Education; Community Involvement	LGBT youth
2019	CMS	Integrated Care for Kids (InCK)	Health Services; Counseling, Psychological & Social Services; Community Involvement	Low Income
2019	CMS	Healthy Kids	Health Services; Community Involvement	Low Income
2019	CMS	Connecting Kids to Coverage (CKC) HEALTHY KIDS AI/AN	Health Services; Community Involvement	American Indian/Alaska Native youth
2011	CNCS	Learn and Serve America Youth Engagement Zone	Community Involvement; Social & Emotional Climate	Low Income
2020	DOD	Grants to Military-Connected Local Educational Agencies for Academic and Support Programs	Social & Emotional Climate	Military-connected students
2018	DOD	Promoting K-12 Student Achievement at Military-Connected Schools	Social & Emotional Climate	Military-connected students
2013	DOD	Department of Defense Program for Construction, Renovation, Repair or Expansion of Public Schools Located on Military Installations	Physical Environment	Military-connected students
2020	DOJ	COPS Cops Hiring Program	Physical Environment	N/a
2020	DOJ	Mentoring Opportunities for Youth Initiative	Social & Emotional Climate; Family Engagement	Low Income

Year Last Funded	Agency	Program	Relevant WSCC Domains	Targeted Populations
2020	DOJ	STOP School Violence Program	Physical Environment; Counseling, Psychological & Social Services; Health Education	Low Income
2020	DOJ	COPS Office School Violence Prevention Program (SVPP)	Physical Environment;	N/a
2020	DOJ	COPS- Preparing for Active Shooter Situations	Physical Environment; Community Involvement	N/a
2020	DOJ	Comprehensive Anti-Gang Programs for Youth	Community Involvement; Family Engagement; Counseling, Psychological & Social Services; Physical Environment	Low Income
2020	DOJ	Grants to Prevent and Respond to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Against Children and Youth Program	Social & Emotional Climate	Rural
2020	DOJ	COPS Community Policing Development Microgrants	Physical Environment; Community Involvement	N/a
2019	DOJ	Comprehensive School-Based Approach to Youth Violence and Victimization	Physical Environment; Social & Emotional Climate; Counseling, Psychological & Social Services; Community Involvement	N/a
2017	DOJ	Comprehensive School Safety Initiative	Counseling, Psychological & Social Services; Social & Emotional Climate; Physical Environment; Community Involvement	American Indian/Alaska Native youth
2014	DOJ	Juvenile Justice Education Collaboration Assistance	Social & Emotional Climate; Counseling, Psychological & Social Services	Justice-involved youth
2010	DOL	Persistently Dangerous Schools	Physical Environment; Social & Emotional Climate	N/a
2020	ED	Education Innovation and Research Program (formerly, Investing in Innovation Fund)	Social & Emotional Climate	High-needs/Low-achieving

Year Last Funded	Agency	Program	Relevant WSCC Domains	Targeted Populations
2020	ED	Comprehensive Literacy State Development Program	Social & Emotional Climate	Low Income
2020	ED	Supporting Effective Educator Development Program	Social & Emotional Climate; Employee Wellness	Low Income
2020	ED	Impact Aid Discretionary Construction Grant Program	Physical Environment	N/a
2020	ED	School-Based Mental Health Services Grant Program	Counseling, Psychological & Social Services	Rural
2020	ED	State Personnel Development Grants	Counseling, Psychological & Social Services	Students with disabilities
2020	ED	Teacher Quality Partnership Grant Program	Social & Emotional Climate	Low Income
2020	ED	Expanding Access to Well-Rounded Courses Demonstration Grants	Health Education; Physical Education & Physical Activity	Rural
2020	ED	Project School Emergency Response to Violence (SERV)	Counseling, Psychological & Social Services	N/a
2020	ED	Educational Technology, Media, and Materials for Individuals With Disabilities Program-Stepping-Up Technology Implementation	Social & Emotional Climate; Family Engagement	Students with disabilities
2020	ED	Indian Education Discretionary Grants Programs-Native American Language (NAL@ED) Program	Social & Emotional Climate	American Indian/Alaska Native youth
2019	ED	School Climate Transformation Grant Program-Local Educational Agency Grants	Social & Emotional Climate	Rural
2019	ED	The Mental Health Demonstration Grant Program	Counseling, Psychological & Social Services	Low Income
2019	ED	Project Prevent	Counseling, Psychological & Social Services; Social & Emotional Climate	N/a

Year Last Funded	Agency	Program	Relevant WSCC Domains	Targeted Populations
2019	ED	Trauma Recovery Demonstration Grant Program	Counseling, Psychological & Social Services	Low Income
2019	ED	Full-Service Community Schools Program	Family Engagement; Social & Emotional Climate; Community Involvement; Health Services	Low Income
2018	ED	Grants to States for School Emergency (GSEM) Program	Physical Environment	Rural
2018	ED	Indian Education Discretionary Grants Programs-Professional Development Grants Program	Social & Emotional Climate; Counseling, Psychological & Social Services	American Indian/Alaska Native youth
2018	ED	Innovative Approaches to Literacy Program	Social & Emotional Climate	Rural
2018	ED	School Climate Transformation Grant Program-State Educational Agency Grants	Social & Emotional Climate	N/a
2017	ED	National Professional Development Program	Family Engagement; Community Involvement	English learners
2017	ED	Promise Neighborhoods Program	Community Involvement	Low Income
2016	ED	Carol M. White Physical Education Program	Physical Education & Physical Activity; Nutrition Environment & Services	High-needs/Low-achieving
2016	ED	Promoting Student Resilience	Social & Emotional Climate; Counseling, Psychological & Social Services	N/a
2015	ED	Skills for Success Program	Social & Emotional Climate	High-needs/Low-achieving
2014	ED	Elementary and Secondary School Counseling Programs	Counseling, Psychological & Social Services; Physical Environment; Family Engagement	Military-connected students
2013	ED	Promoting the Readiness of Minors in Supplemental Security Income (PROMISE)	Family Engagement; Counseling, Psychological & Social Services	Students with disabilities

Year Last Funded	Agency	Program	Relevant WSCC Domains	Targeted Populations
2012	ED	Model Demonstration Projects on Reentry of Students With Disabilities From Juvenile Justice Facilities Into Education, Employment, and Community Programs	Social & Emotional Climate; Community Involvement	Students with disabilities
2010	ED	Building State Capacity for Preventing Youth Substance Use and Violence	Physical Environment; Social & Emotional Climate	N/a
2010	ED	Grants for the Integration of Schools and Mental Health Systems	Community Involvement; Social & Emotional Climate; Counseling, Psychological & Social Services	High-needs/Low-achieving
2010	ED	Grants To Reduce Alcohol Abuse	Physical Environment; Health Education	N/a
2010	ED	Race to the Top Fund	Community Involvement; Family Engagement; Social & Emotional Climate; Health Services	High-needs/Low-achieving
2010	ED	Readiness and Emergency Management for Schools	Physical Environment	N/a
2010	ED	Safe and Supportive Schools	Family Engagement; Physical Environment; Social & Emotional Climate	N/a
2010	ED	School Improvement Grants	Social & Emotional Climate; Family Engagement; Community Involvement	High-needs/Low-achieving
2020	EPA	Lead Testing in School and Child Care Program Drinking Water (SDWA 1464(d))	Physical Environment	Low Income
2020	EPA	Environmental Education Local Grants Program	Health Education	Low Income
2020	EPA	Healthy Communities Grant Program	Physical Environment	Rural
2020	EPA	Protection of Children from Environmental Health Risks	Physical Environment	N/a

Year Last Funded	Agency	Program	Relevant WSCC Domains	Targeted Populations
2012	EPA	Building Capacity to Implement EPA National Guidelines for School Environmental Health Programs	Physical Environment	N/a
2020	FCC	Universal Service Fund - Schools and Libraries	Physical Environment	Low Income
2020	HRSA	Service Area Competition	Health Services; Counseling, Psychological & Social Services	Low Income
2019	HRSA	Grants for School-Based Health Center Capital Expenditures	Health Services	Low Income
2016	IHS	Division of Behavioral Health, Office of Clinical and Preventive Services; Methamphetamine and Suicide Prevention Initiative-Generation Indigenous (Gen-I) Initiative Support	Family Engagement; Counseling, Psychological & Social Services	American Indian/Alaska Native youth
2019	OMH	Youth Engagement in Sports: Collaboration to Improve Adolescent Physical Activity and Nutrition (YES Initiative)	Physical Education & Physical Activity; Community Involvement	Low Income
2017	OMH	Minority Youth Violence Prevention II (MYVP II): Integrating Social Determinants of Health and Community Policing Approaches	Physical Environment; Counseling, Psychological & Social Services; Social & Emotional Climate; Physical Education & Physical Activity; Family Engagement; Health Education	Low Income
2020	SAMHSA	Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grants	Community Involvement; Physical Environment; Social & Emotional Climate; Counseling, Psychological & Social Services	N/a
2020	SAMHSA	Disaster Response Grant Program – School-Based Services	Counseling, Psychological & Social Services	N/a
2020	SAMHSA	Mental Health Awareness Training Grant	Counseling, Psychological & Social Services	N/a

Year Last Funded	Agency	Program	Relevant WSCC Domains	Targeted Populations
2020	SAMHSA	Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities	Counseling, Psychological & Social Services	American Indian/Alaska Native youth
2019	SAMHSA	Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program	Counseling, Psychological & Social Services; Health Services	American Indian/Alaska Native youth
2019	SAMHSA	Linking Actions for Unmet Needs in Children's Health Grant Program (Project LAUNCH)	Community Involvement; Social & Emotional Climate; Counseling, Psychological & Social Services	N/a
2013	SAMHSA	Safe Schools/Healthy Students State Planning, Local Education Agency, and Local Community Cooperative Agreement	Social & Emotional Climate; Counseling, Psychological & Social Services; Physical Environment; Health Education	N/a
2010	SAMHSA	Implementing Evidence-Based Prevention Practices in Schools	Social & Emotional Climate	Low Income
2020	USDA	Distance Learning and Telemedicine Grant Program	Physical Environment; Health Services; Health Education; Employee Wellness	Rural
2020	USDA	Farm to School Grants	Nutrition Environment & Services	Low Income
2020	USDA	Team Nutrition Training Grants for School Meal Recipe Development	Nutrition Environment & Services; Health Education	N/a
2020	USDA	Rural Health and Safety Education Competitive Grants Program (RHSE)	Community Involvement; Health Education	Rural
2020	USDA	Food and Agriculture Service Learning Program	Nutrition Environment & Services	Low Income
2019	USDA	Child Nutrition Technology Innovation Grant	Nutrition Environment & Services	N/a

Year Last Funded	Agency	Program	Relevant WSCC Domains	Targeted Populations
2019	USDA	Secondary Agriculture Education Challenge Grant Program	Nutrition Environment & Services; Health Education	N/a
2015	USDA	Professional Standards Training Grant	Nutrition Environment & Services	N/a

Appendix B: Reviewed Technical Assistance Centers and Initiatives

Agency	Program	Relevant WSCC Domains
ACF	National Clearinghouse on Homeless Youth and Families	Health Education; Social & Emotional Climate
ASPE	Youth.gov	All Domains
CDC	Adolescent and School Health	All Domains
CDC	Building the Capacity of State Education and Health Departments in Promoting Children's Health and Wellness (Center for State, Tribal, Local and Territorial Support)	All Domains
CDC	CDC Healthy Schools	All Domains
CDC	Convening of National Organizations Focused on School Health Services (Center for State, Tribal, Local and Territorial Support)	Health Services
CDC	Leadership Exchange for Adolescent Health Promotion (1807-3E)	Health Education; Social & Emotional Climate ; Counseling, Psychological & Social Services
CDC	National Centers of Excellence in Youth Violence Prevention	Social & Emotional Climate; Community Involvement; Family Engagement; Physical Environment; Counseling, Psychological & Social Services
CDC	National Collaboration to Promote Health, Wellness, and Academic Success of School-Age Children (Health Services)	Health Services
CDC	National Collaboration to Promote Health, Wellness, and Academic Success of School-Age Children (Physical Education/Physical Activity)	Physical Education & Physical Activity
CDC	National Collaboration to Promote Health, Wellness, and Academic Success of School-Age Children (School Nutrition Environment & Services)	Nutrition Environment & Services
CDC	Striving To Reduce Youth Violence Everywhere	Social & Emotional Climate; Community Involvement; Family Engagement; Physical

Agency	Program	Relevant WSCC Domains
		Environment; Counseling, Psychological & Social Services
CDC	Support to LEA Partners for Safe and Supportive Environments (1807-3C)	Social & Emotional Climate
CDC	Support to LEA Partners for Sexual Health Education & Sexual Health Services (1807-3A & 1807-3B)	Health Education; Health Services
Commerce	National Initiative for Cybersecurity Education (NICE) K12 Cybersecurity Education Outreach Program	Physical Environment
DHS	SchoolSafety.gov	Physical Environment; Social & Emotional Climate; Counseling, Psychological & Social Services
DOJ	Comprehensive School-Based Approach to Youth Violence and Victimization TA	Physical Environment; Social & Emotional Climate; Counseling, Psychological & Social Services; Community Involvement
DOJ	COPS - Tribal Resources Grant Program Technical Assistance	Physical Environment
DOJ	CrimeSolutions.gov	Social & Emotional Climate; Physical Environment
DOJ	Criminal Justice Testing and Evaluation Consortium (fmr. Justice Technology Information Center)	Physical Environment
DOJ	National Gang Center	Physical Environment; Community Involvement; Social & Emotional Climate
DOJ	National Resource Center on School-Justice Partnerships	Physical Environment; Social & Emotional Climate; Counseling, Psychological & Social Services
DOJ	National Training and Technical Assistance Center - Juvenile Justice Programs	Physical Environment; Social & Emotional Climate
DOJ	STOP School Violence Training and Technical Assistance Program	Physical Environment; Counseling, Psychological & Social Services; Social & Emotional Climate
DOJ	Youth Violence Prevention Coordinated Technical Assistance Program	Community Involvement; Family Engagement; Social & Emotional Climate; Counseling, Psychological & Social Services

Agency	Program	Relevant WSCC Domains
DOL	Persistently Dangerous Schools*	Physical Environment; Social & Emotional Climate
ED	Center for Effective Collaboration and Practice	Counseling, Psychological & Social Services; Social & Emotional Climate
ED	Center to Improve Social and Emotional Learning and School Safety	Social & Emotional Climate; Counseling, Psychological & Social Services; Employee Wellness
ED	Comprehensive Centers	Social & Emotional Climate; Employee Wellness; Counseling, Psychological & Social Services; Community Involvement; Family Engagement (varies by region)
ED	Education Facilities Clearinghouse*	Physical Environment
ED	Equity Assistance Centers	Family Engagement; Community Involvement; Social & Emotional Climate
ED	Healthy Students, Promising Futures	Health Services; Health Education; Nutrition Environment & Services; Physical Education & Physical Activity; Community Involvement
ED	Increasing Time, Instructional Effectiveness, Engagement, and State Support for Inclusive Practices for Students with Significant Cognitive Disabilities (TIES Center)	Social & Emotional Climate
ED	National Center for Safe Supportive Learning Environments (NCSSLE)	All Domains
ED	National Center for Students With Disabilities Who Require Intensive Intervention	Counseling, Psychological & Social Services; Social & Emotional Climate
ED	National Center for Systemic Improvement	Community Involvement; Family Engagement; Social & Emotional Climate; Counseling, Psychological & Social Services
ED	National Technical Assistance and Dissemination Center for Children Who Are Deaf-Blind	Social & Emotional Climate
ED	National Technical Assistance Center for the Education of Neglected or Delinquent Children and Youth (NDTAC)	Social & Emotional Climate; Community Involvement

Agency	Program	Relevant WSCC Domains
ED	National Technical Assistance Center on Positive Behavioral Interventions and Supports	Social & Emotional Climate; Counseling, Psychological & Social Services; Family Engagement
ED	Promise Neighborhood Training and Technical Assistance	Community Involvement; Family Engagement; Health Services; Nutrition Environment & Services; Physical Education & Physical Activity; Social & Emotional Climate
ED	Readiness and Emergency Management for Schools TA Center (REMS TA)	Physical Environment; Social & Emotional Climate
ED	Regional Education Laboratories (RELs)	Social & Emotional Climate; Family Engagement; Health Services (varies by region)
ED	Rethinking Discipline	Social & Emotional Climate; Physical Environment
ED	State Implementation and Scaling-up Evidence-based Practices	Social & Emotional Climate
ED	Student Engagement and Attendance Center	Social & Emotional Climate; Counseling, Psychological & Social Services; Family Engagement; Community Involvement
ED	The National Center for Homeless Education	Community Involvement; Nutrition Environment & Services; Health Services
ED	Title IV Part-A Technical Assistance Center	Social & Emotional Climate; Counseling, Psychological & Social Services; Health Education; Physical Education & Physical Activity; Physical Environment
ED	Center for Parent Information and Resources	Family Engagement; Health Services; Counseling, Psychological & Social Services; Social & Emotional Climate; Community Involvement
EPA	Children's Healthy Learning Environments	Physical Environment; Health Education
FDA	FDA's Education and Outreach Program Targeting School-Aged Children	Health Education; Health Services
HRSA	Center for School Mental Health	Counseling, Psychological & Social Services; Social & Emotional Climate

Agency	Program	Relevant WSCC Domains
HRSA	Children's Safety Network	Social & Emotional Climate; Health Education
HRSA	Collaborative Improvement and Innovation Network on School-Based Health Services	Health Services
HRSA	Health Center Program Technical Assistance	Health Services
HRSA	School Mental Health Program and Policy Analysis Center	Counseling, Psychological & Social Services; Social & Emotional Climate
HRSA	StopBullying.gov	Social & Emotional Climate
ONDCP	National Community Anti-drug Coalition Institute	Community Involvement; Social & Emotional Climate; Physical Environment
SAMHSA	Center for the Application of Prevention Technologies	Counseling, Psychological & Social Services; Social & Emotional Climate
SAMHSA	Disaster Technical Assistance Center	Counseling, Psychological & Social Services; Community Involvement
SAMHSA	Knowledge Application and Transfer for Youth Violence and Suicide Prevention*	Counseling, Psychological & Social Services; Social & Emotional Climate
SAMHSA	Mental Health Technology Transfer Center	Counseling, Psychological & Social Services; Health Services
SAMHSA	National Center for Child Traumatic Stress	Counseling, Psychological & Social Services; Family Engagement; Community Involvement
SAMHSA	National Center for Healthy Safe Children (fmr. National Resource Center for Mental Health Promotion and Youth Violence Prevention)	Counseling, Psychological & Social Services; Family Engagement; Community Involvement; Social & Emotional Climate; Physical Education & Physical Activity; Nutrition Environment & Services
SAMHSA	National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC)	Counseling, Psychological & Social Services; Family Engagement; Community Involvement
SAMHSA	Now is the Time Technical Assistance Center*	Counseling, Psychological & Social Services; Social & Emotional Climate; Physical Environment; Family Engagement; Community Involvement

Agency	Program	Relevant WSCC Domains
SAMHSA	Suicide Prevention Resource Center	Counseling, Psychological & Social Services; Family Engagement; Community Involvement; Social & Emotional Climate
USDA	National School Lunch Program	Nutrition Environment & Services

*Indicates a technical assistance effort no longer in operation