

# Funding Approaches and Sources to Improve Adolescent School Health

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## Introduction

Schools [play a unique role](#) in the promotion of adolescent health: [9- to 17-year-olds spend at least 875 hours in school per year](#) in states that have a mandatory minimum number of hours.<sup>ii</sup> Through [health education](#), schools provide knowledge and skills to help adolescents make healthy decisions, and [school-based health centers](#), school nurses, school counselors, social workers, and other support staff provide screening and other health services that [increase access to health care for students](#).<sup>iii iv v</sup> Activities and programs made available to students can [foster positive connections](#) among students, staff, and parents and caregivers to create safe and supportive environments.<sup>vi</sup> By [supporting student health](#), schools promote [positive youth development](#) and [increase students' academic performance](#).<sup>vii viii</sup> Put simply, healthy students are better prepared to learn.

This resource was prepared for the Leadership Exchange for Adolescent Health Promotion (LEAHP) project, funded by the Centers for Disease Control and Prevention Division of Adolescent and School Health (CDC-DASH) to provide training and support to multi-sector state teams working on adolescent health in schools.

Of course, the breadth of resources and activities provided by schools and their partners requires funding. Public schools (including charter schools) [receive funding from a diverse array of sources](#), including federal grants and state and local taxes.<sup>ix</sup> Staff in state education agencies (SEAs) help direct funding to the local level by working with local education agencies (LEAs) and schools to understand grant requirements (including reporting requirements, needs assessments, and allowable activities). SEA staff also manage health programs that coordinate efforts, either statewide or regionally within a state, based on need. These state efforts may include collaborative projects with partners in a state's department of health or other agencies.

This resource outlines some available funding and grant programs within the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Education (ED) that can be used to support health education, health services, and safe and supportive school environments. Although this resource focuses on federal sources of funding, many of its strategies can also be applied to pursue private and foundation funding. In select places, we use examples from the LEAHP project (boxes titled "LEAHP Spotlight") to supplement our recommendations. The resource concludes with a discussion of how efforts can be integrated into state budgets, using one state (Michigan) as a case study to demonstrate such an integration.



## Tips for Pursuing Funding Opportunities for Adolescent Health

- **Understand the key funding sources**, including government agencies, private foundations, and charitable organizations, as well as large corporations that may be willing to fund adolescent health initiatives as part of their corporate responsibility efforts.
- **Research and identify the relevant funding opportunities** within these funding sources.
- **Align with funders' priorities** by reviewing their missions, priorities, and funding histories.
- **Leverage collaborative partnerships**, as many funders prioritize funding proposals and initiatives that demonstrate a comprehensive approach to addressing adolescent health needs. Potential partnerships can include government agencies, local hospitals, community-based organizations, universities, parents and caregivers, and young people.

When pursuing non-public funding, identify the right foundations and consider that foundations may have topical or regional foci. Focus on foundations that fund either your region of interest, topic of interest, or both. Aligning your goals with foundations' priorities and funding strategies may increase the likelihood of securing funding.

# Federal Funding Sources for Improving Adolescent Health

Sources of funding have different strategies for securing funds and their allowable activities, based on the awarding organization or agency. For example, many U.S. Department of Education funds are [formula grants](#) that go to all eligible SEAs and LEAs in all 50 states, Washington, DC, and the U.S. territories.<sup>x</sup> [Formula grants](#) are noncompetitive programs awarded to designated recipients based on a formula determined by statutes or Congress.<sup>xi</sup> [Competitive or discretionary grants](#) are awarded to eligible recipients based on a competitive process that requires recipients to submit an application that is reviewed and scored based on the selection criteria.<sup>xi</sup>

The table below provides a list of federal sources that can be used to fund various components of the Centers for Disease Control and Prevention’s (CDC) [What Works in Schools](#) model.<sup>xii</sup> What Works in Schools is an approach to school-based health that has [shown evidence of improving health behaviors and experiences](#) of students in middle and high school.<sup>xiii</sup> The program applies a three-pronged approach by improving [health education](#), increasing access to [health services](#), and creating [safe and supportive school environments](#); the table is broken down into these three categories.<sup>xiv xv xvi</sup> Additionally, each category lists different components to further disaggregate which funding streams may be used to target specific activities. Some funding streams are only eligible to fund specific services or specific populations. The information in the table reflects how federal sources can be used generally; however, given the complexity of federal funding sources, users should confirm specific allowable uses of funds for each of the federal funding streams from federal websites and program offices. An “X” indicates that the activities are potentially allowable with the funding stream. While this list is not exhaustive, it provides a comprehensive overview of how states and districts can leverage currently available funding streams to holistically meet students’ learning and health needs.

**This funding information is current as of December 31, 2024.**

\*Indicates a competitive grant, instead of a formula grant; \*\* Indicates a program that has both a competitive grant and a formula grant

	Health Education			Health Services					Safe and Supportive School Environments				
	Health education curriculum	Health education training and professional development	Health education materials and supplies	Clinic supplies	General health care services and referrals	STI testing and treatment and referrals	School health provider compensation	Contraceptive services	Teacher professional development	Parent and caregiver engagement activities	Student mentorship and service-learning programs	Establishing school community partnerships	Mental health supports
<b>U.S. Department of Education<sup>xvii</sup></b>													
<a href="#">Title I, Part A</a> - Improving Basic Programs Operated by Local Educational Agencies	X				X				X	X	X	X	X
<a href="#">Title IV, Part A, Subpart 1</a> - Student Support and Academic Enrichment Program	X	X	X						X	X	X	X	X
<a href="#">Bipartisan Safer Communities Act Section 4108</a> -Stronger Connections Grant	X	X	X						X	X	X	X	X

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<a href="#">Title VII-B of the McKinney-Vento Homeless Assistance Act (Title IX, Part A of ESSA)</a> - Education for Homeless Children and Youths					X				X	X	X	X	X
<a href="#">Title IV, Part F, Subpart 2, section 4625</a> - Full-Service Community Schools*	X	X	X	X	X		X		X	X	X	X	X
<a href="#">Title IV, Part F, Subpart 3, Sec. 4631</a> - Project SERV (School Emergency Response to Violence)*							X						X
<a href="#">School-Based Mental Health Services Grant Program</a> *							X						X
<a href="#">Title II, Part A</a> - Supporting Effective Instruction State Grants		X							X			X	
<a href="#">Title I, Part C</a> - Migrant Education Program					X				X	X			
<a href="#">Title IV, Part F, Subpart 2, section 4624</a> - Promise Neighborhoods*					X					X	X	X	X

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<b>U.S Department of Health and Human Services<sup>xviii</sup></b>													
ACF Family and Youth Services Bureau - <a href="#">Title V State Sexual Risk Avoidance Education Program</a> **	X	X	X		X					X		X	
CDC Division of Adolescent and School Health (DASH) - <a href="#">Improving Adolescent Health and Well-Being Through School-Based Surveillance and the What Works in Schools Program</a> *	X	X	X		X	X			X	X	X	X	X
<a href="#">Medicaid</a>				X	X	X	X	X		X		X	X
ACF Family and Youth Services Bureau - <a href="#">State Personal Responsibility Education Program (PREP)</a> **	X	X	X								X		
Office of Population Affairs - <a href="#">Teen Pregnancy Prevention Program</a> *	X	X	X		X	X			X	X	X	X	
Health Resources and Services Administration <a href="#">Title V Maternal and Child Health Services Block Grant</a>	X	X		X	X	X	X	X					X

	Health Education			Health Services					Safe and Supportive School Environments				
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SAMHSA <a href="#">Project AWARE*</a>	X	X	X				X		X	X		X	X
Health Resources and Services Administration - <a href="#">School-Based Service Expansion (SBSE) Award</a>				X	X	X	X	X				X	X

## Securing Competitive Funds

Securing funding is a crucial step in advancing systems of support, programs, and goals aimed at improving the health outcomes and well-being of young people in our communities. The strategies outlined below provide a starting point for creating a proposal plan.

**Build multi-sectorial teams such as those created through the [LEAHP](#) cohorts to provide a unique opportunity to achieve mutually beneficial outcomes**, while leveraging combined funds and resources that are available to both the education and health sectors. Funders may prefer to support multi-sector teams because such teams represent a variety of perspectives, skills, and expertise across multiple sectors—a diversity often required to address issues such as adolescent health. A diverse team membership also strengthens the proposal’s credibility because it demonstrates a broad coalition of stakeholders working toward a common goal, which increases the chances of [better implementation, long-term success, and sustainability](#).<sup>xix</sup>

**Document shared visions, roles, objectives, and action plans, and how these work together to accomplish your goals.** As a team, document how each agency’s work connects and complements across sectors and how this is leveraged for greater effectiveness, efficiency, and impact. This is foundational to demonstrate how the proposal for funding aligns with the purpose and priorities of the grant being pursued. Funders will appreciate this, as it suggests a smaller chance of duplicative efforts and a larger chance of success and systems-level change.

**In addition to aligning with funder priorities, teams pursuing funding must build a strong case for adolescent health by using data to show trends in adolescent health**

Plan to leverage free resources to pull data and information to show need and evidence-based approaches that address those needs. Free resources include U.S. Department of Education-funded [Comprehensive Centers](#), [Regional Education Laboratories](#), [Equity Assistance Centers](#), and [Statewide Family Engagement Centers](#). Other TA Centers include [School-Based Health Alliance](#), [National Association of Community Health Centers](#), and [National Training and Technical Assistance Center for Child, Youth, and Family Mental Health](#). These centers may be able to provide research, resources, and TA support in ways and areas that help build a strong case for adolescent health.

**LEAHP Spotlight:** The LEAHP products on [Building a Story with Data](#) and [Seven Strategies for Telling Stories with Data](#) provide recommendations for making data accessible to your audiences. The strategies shared in both resources can be used in writing proposals.

**In addition to using data to demonstrate need, ensure that proposals for funding and programming are grounded in evidence-based research and demonstrate how these programs can lead to long-term improved health outcomes for young people. Also consider demonstrating plans for replicability and sustainability.** These strategies are especially important when funding may be secured from non-public sources with priorities that may shift after every funding cycle. For example, consider creating a plan where the initial round of funding serves as seed funding to launch pilot programs or initiatives. The outcomes from the pilot program can then be used to demonstrate impact, which, in turn, could lead to additional funding from the state or district to sustain and expand the program.

## Braiding and Blending Funds

Funding adolescent health programs may require creativity to maximize program impact, as funds may be limited and different streams of funding have legislation on allowable uses (as outlined in the table above). For example, competitive funds are only guaranteed for the grant period for which they are awarded (e.g., a five-year grant will only provide the funds for five years). Even formula funds may be subject to available funds. To provide holistic support, SEAs, LEAs, and schools may need to utilize funds from different funding streams to achieve their goals. Braiding and blending funds are two administrative approaches for combining funds from different sources to support an activity or set of activities.

**Braiding funds** involves [using two or more funding streams that are coordinated](#) to pay for services or programs to achieve an outcome. Braided funds require each funding stream to maintain its award-specific identity, such as its tracking and reporting requirements.<sup>xx</sup> This means that expenses are tracked separately and reported to the funders. Braiding funds is common with federal and state funding streams because [federal and state funding require careful tracking](#) to ensure that only allowable expenses have been covered.<sup>xxi</sup>

**Blending funds** involves [combining two or more funding streams into one source](#) to pay for services and programs. Blended funds do not retain their award-specific identity and, for this reason, some funding sources cannot be blended.<sup>xx</sup> In cases where blending funds is considered, [the funded party would need to work closely with funders](#) to ensure that all reporting requirements are met.<sup>xxi</sup>

Funds can be braided or blended across grant programs or across levels of government. In addition to federal and private funding, states also provide an avenue to fund adolescent health programs in schools. The subsequent section outlines how one state, Michigan, was able to procure state funding for a school health role within the Michigan Department of Education.

A resource from Region 9 Comprehensive Center, [Braiding and Blending Federal Funds: A Step-by-Step Guide for Illinois Schools](#) provides examples and guidance on how to braid and blend funds.

## Sustaining Adolescent Health Programs: Michigan's Success Story

It can be challenging to secure long-term support from state funds for school-based adolescent health programs, especially if programs are administered by a state's executive branch while funding is determined by the state legislature. State administrators have the greatest understanding of both the budget needs and the impact of their programs but have limitations on how they can engage with their state's legislative branch. Michigan is one state that has successfully secured funds from the state budget to support its school-based adolescent health programs. These efforts required strong partnerships and effective communication.

In 2018, Michigan learned that federal budget cuts meant that grants that had been the primary source of support for school health programs were being discontinued. The removal of these federal grants meant the potential loss of services within schools and the loss of staff to coordinate adolescent health efforts more broadly, as no state funds supported the continuation of the work. Michigan state administrators historically found it difficult to include funding requests for new staff positions and programs within the state budget. The grant amount from the federal funds served as a placeholder to show the resources needed to continue providing the same services and activities. Two factors allowed Michigan to act quickly after hearing about the discontinued funding: availability of data that



highlighted the impact of school health programs and a solid network of partnerships with community-based organizations and community members.

## Collecting data on impact of school health programs

Even when it was not a requirement of their grants, Michigan state administrators proactively gathered data about adolescent health programs. These efforts included gathering stories from students and their parents and caregivers who were impacted by these programs. Regular connection with community partners also helped state administrators understand what mattered to parents and caregivers and education leaders. By understanding these concerns and needs, administrators were able to ask questions and systematically gather data that would speak to those priorities. They were also able to use these data to create reports summarizing their work and its importance in the community and schools.

## Establishing partnerships with community-based organizations and community members

Over the course of their grant, Michigan state administrators took time to cultivate relationships with a variety of partners. Some of this relationship building occurred by offering content expertise to Michigan's legislative branch, school and educational leaders, and the state board of education. Through these educational efforts, Michigan state administrators were able to better understand their stakeholders' priorities and how best to frame data to speak to those priorities. At the same time, stakeholders had a better understanding about what school health is and how supporting it can help students and their caregivers.

In addition to engaging education decision makers, Michigan state administrators worked with [The Michigan Organization on Adolescent Sexual Health](#) (MOASH) and other groups that work directly with communities. State administrators focused time and effort on building trust and finding ways to work together on shared areas of interest to avoid silos and reduce duplicated efforts. Because of their direct connection to communities, groups like MOASH were able to gather perspectives from community members, including parents and other constituents. MOASH helped community members vocalize their support for continued funding of school health programs and a person at the state-level to coordinate efforts. Based on the data and impact of the school health programs, community-based organizations and community members were able to demonstrate to state-level decision makers what concrete losses might occur from ending the programs.

Ultimately, employing these approaches helped Michigan secure funds for its school health position and ensured continuity of the state's efforts and impact.

Focusing on [improving adolescent health in schools is crucial](#), as research indicates that healthy students are better prepared to learn.<sup>xxii</sup> Securing funding and implementing programs and activities that improve adolescent health will benefit from creative approaches such as blending and braiding multiple sources of public and private funds. This approach ensures a multisectoral strategy that reduces duplication of efforts and fosters long-term, sustainable collective impact.

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